



# **Living with Uncertainty Working Paper 6**

## **A dynamic model of empathy and dyspathy**

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## Abstract

The new dynamic model of empathy in dialogue and interaction presented in this article brings together published findings from neuroscience, psychology, and social psychology with findings from six discourse-based studies relating to uncertainty, violence and conflict in UK, N Ireland, USA, Brazil and Kenya. An important feature of the model is its attention to negative processes and inhibiting factors that resist, block or deny empathy, which are labelled 'dyspathy'. Removal or reversal of dyspathic forces offers an alternative to building empathy with implications for improving social relations and for conflict transformation.

From an initial characterisation of empathy as 'understanding the world of the Other', the article builds a five-level model of complex dynamic systems that connects empathy processes in moment-by-moment dialogue with longer term empathic capacities, motivations and commitments, and socio-cultural histories. Findings from the discourse studies highlight the role of stories and scenarios in talk, and how visual and verbal images give access to emotions. Three types of verbal gestures of empathy are found that allow people to connect in dialogue, to enter into the world of the Other, and to signal shifts in perceptions of the Other. Empathy and dyspathy are revealed in talk about the Other through dyspathic referencing patterns that lump people into inappropriately generic groups. Metaphors of closeness and distance demonstrate a 'Goldilocks principle' in which empathy for the Other requires a comfortable distance from the Self, neither too close nor too far away. Increased uncertainty can result in a retreat from the Other into a safe space.

It is suggested that we each have personal responsibility for empathy in our encounters with the Other but that this needs to be supported by leadership for empathy.

## Introduction

Empathy is about one person connecting with another, reaching across gaps between Self and Other to understand how ‘the Other’ feels and thinks, lives their life, and sees their world. As a ‘hot’ topic both inside and outside of academia, empathy is suggested as having potential to ameliorate an extraordinary range of contemporary social issues, including global social relations (Rifkin, 2009) and, by the President, the state of the American nation (<http://www.northwestern.edu/observer/issues/2006/06/22/obama.html>, accessed 7 January, 2013). It is proposed as the foundation of morality (Waal et al., 2009), and, through ‘theory of mind’, as the foundation of our ability to communicate with others (Baron-Cohen, 2010). The ability to empathise is suggested as distinguishing humans from animals (Dunbar, 1998) while the absence of a capacity for empathy is suggested as an alternative to the notion of ‘evil’ (Baron-Cohen, 2011). The Living with Uncertainty (LwU) project<sup>1</sup> set out to explore a particular aspect of empathy: how it shifts and changes in dialogue and interaction, particularly in contexts of violence and insecurity. The dynamic model of empathy presented here was produced through recursive processes of reviewing the literature on empathy and analyzing discourse data from contexts related to violence and conflict in UK, N Ireland, USA, Brazil and Kenya.<sup>2</sup>

The idea of empathy was first introduced within aesthetic psychology as ‘*Einfühlung*’ (lit. *feeling into*) (Lipps, 1903), where it concerned interpretation of a work of art through imagining and projecting oneself ‘into’ the emotion of the artist and the art (Valentino, 2005). Since then the construct has been developed and divided. It has been explored by philosophers, experimental and social psychologists, and in the humanities. Advances in neuroscience are providing new information about the nature and mental basis of empathy through imaging that tracks brain circuits activated when people think about the Other. However, much remains imprecise (Decety, 2011; Preston & de Waal, 2002) or disputed when examined across disciplines (e.g. Pedersen, 2008; Zahavi, 2008).

Early in the LwU project, an apparent contradiction arose: if empathy is as automatic as suggested by recent neuroscience research, how do we account for acts of violence, abuse and neglect that continue to occur, and for rudeness and lack of consideration encountered daily? What happens to empathy when we decide not to act to help others who we know need our assistance? These questions, and what was being found empirically, prompted introduction of the construct of ‘dyspathy’ to serve as the contrast of empathy in processes of making sense of the Other.<sup>3</sup> Dyspathy, as the dynamic complement of empathy, refers to whatever stops or inhibits empathy in relations with other people. Naming dyspathy opened up new ways of thinking about empathy. The model is innovative in considering the interplay of empathy with dyspathy (hereafter ‘empathy~dyspathy’); it goes beyond existing process models (e.g. Morrell, 2010) in its application of complexity and dynamical systems theory to understand discourse and empathy as systems in continuous flux.

## Background

### *Empathy in dialogue*

The starting point for the model is an encounter between Self and Other, either face-to-face or as a topic of talk. After describing the broad approach taken, this section gives an initial illustration of what empathy in dialogue can look like.

The approach to empathy is ‘dialogic’ in two senses: firstly, in the sense that dialogue or talk is the context of data and analysis; and secondly, in placing alterity (or ‘otherness’) at the heart of dialogue and understanding (Bakhtin, 1981, 1986; Linell, 1999; Markova, 2000). Dialogue is a primary way of constructing understandings across alterity, not just between people but also internally. The Self is seen as engaging in internal dialogue with other people’s ideas and influences (their ‘voices’), producing a ‘dialogical Self’ that is not simple, finished or fixed, but rather is dynamic, partial and multivoiced (Hermans & Dimaggio, 2007). This dialogical Self is both real and imagined, an embodied self in space and a constructed self in the imagination, a self as present, past and future. The Other, as constructed in the imagination of this dialogical Self is, in some sense, part of the self, as well as an embodied other in space (Hermans, 2001; Wertsch 1991). Dialogic relations between Self and Other, that lie at the heart of empathy, are thus much more complex than a traditional ‘code’ model of communication allows, in which one individual encodes their meanings in language and sends them through the channel of text or talk to another individual who decodes them.

Empathy may sometimes be expressed explicitly to the Other as face-to-face talk (see extract 1 below). However, in group talk, the researcher is more likely just to catch a passing glimpse of empathy or dyspathy as people talk about themselves and others, or engage in joint reasoning. Methodology was developed to extract these glimpses and build a bigger picture of empathy~dyspathy dynamics.

To illustrate explicit empathy, extract 1 captures a moment of reaching into the world of the Other from the Northern Ireland study. The speaker here is Patrick Magee, who in 1984 planted a bomb for the Irish Republican Army (IRA) in a hotel, killing several members of the Thatcher government. He is speaking with Jo Berry, whose father was killed by the bomb, in one of a series of meetings they have had since 2000, instigated by Jo to try to understand why someone would turn to violence (Cameron, 2011). Pat has been explaining to Jo why her father was one of those targeted, but as he summarises this explanation, he shifts to put himself in Jo’s position and imagine how it might feel to hear such an explanation; this is an act of empathy:

#### Extract 1

397	...(1.0) there's that cruel word.
398	.. you know,
399	um,
400	cruel expression.
401	.. he was a legitimate target.
402	...(2.0) meeting you though.
403	...(1.0) I'm reminded of the fact that he was also a human being.

404           ...(1.0) and that he was your father.  
 405           ... and that he was your --  
 406           ...(1.0) your daughter's,  
 407           ... grandfather.  
 408           .. and that's .. all lost.

For Pat back in 1984, Jo's father was seen as a *legitimate target* (401). When he suggests that this is a *cruel expression* (397, 400), he is speaking as if from Jo's perspective, and making a 'gesture of empathy' (Cameron, 2011a). After this gesture, Pat moves into a more hesitant mode, with long pauses and reformulations (402-7), as he reflects on the changed understanding that is coming from talking with Jo (this was their second meeting). He describes the shift in his construction of her father: from a dehumanized *target* to a *human being*, and further re-humanized as a family man: *your father, your daughter's grandfather*. The summarising metaphor, *that's all lost* (408), seems to be speaking not just from Jo's perspective but with or alongside her, from a shared perspective.

Pat's shifting perception of Jo's father, from *target* to *lost grandfather*, reflects a shift in the balance of empathy with dyspathy, illustrating the important finding from the LWU project, that in order to understand empathy, we need to understand dyspathy as what inhibits or resists empathy. Back when Pat planned and planted the bomb, dyspathy limited his perception of potential victims as anything more than *legitimate targets*.

The short extract also illustrates several layers of empathy~dyspathy dynamics that are incorporated into the model. When Pat speaks of his own phrase as *cruel*, empathy appears as an imaginative act of 'entering into' the Other's world and their emotions (Bakhtin, 1981). The phrase *legitimate target* echoes with the voice of the IRA and its political construction of the British government as enemy. Pat, in voicing this phrase, connects back into the larger group (he is no longer a member of the IRA), and connects the present moment back into the past. Such moments of empathy in a conversation point to the emergence, on a longer timescale, of changes in how the Other is perceived: Pat comes to think of Jo's father differently as a result of their conversations, over the period of three months, and over nine years of meetings. To incorporate these different layers of social organisation (individual-dyad-group-wider culture) and timescales (moments-hours-months-years) into the model of empathy, use is made of ideas from complexity and dynamic systems theory, developing the author's discourse dynamics framework (Cameron, 2010).

When people talk to each other in groups, as opposed to face-to-face interaction with the Other, empathy~dyspathy was revealed in less explicit ways: in narratives told by participants that relate instances of empathy or dyspathy, or display empathic or dyspathic processes at work; in descriptions or positioning of the Other (Harré & van Langenhove, 1999); in the evaluative quality of metaphors used in relation to the Other (Cameron, 2003; Deignan, 2006); in sequences of moral reasoning (Haidt, 2007).

Extract 2 comes from a group of London woman speaking about helping others in need (Cameron & Seu, 2012). The woman talking about 'beggars' reveals something of the empathy~dyspathy dynamics of her everyday interactions with people in her neighborhood:

Extract 2

where I work  
 there's a lot of women wandering around,  
 like the Rumanian women,  
 holding the kids  
 and coming up to you and thrusting  
 ...

By constructing a category of *women wandering around*, then specifying to *Rumanian women holding the kids*, she is appealing to the group's shared experience; the distancing categorization also suggests dyspathy. When she continues and describes their actions in asking for money as *thrusting* and *coming up*, she positions the Other as threatening.

These examples illustrate how empathy~dyspathy dynamics can show themselves in talk, directly or indirectly. The model aims to place such instances within a framework of socio-cultural discourse activity.

***The inevitable incompleteness of empathy***

Empathy always involves an imagining of the Other; as such, it is dynamic, constructed and developed through dialogue, historically situated, never value-free, and unfinalisable.

Empathy requires a person (the Self) to think and feel how it is to be someone else (the Other) in the rich complexity of that other person's experience, from their perspective, in their situation, their history, physicality etc. (this complex is hereafter referred to as 'the Other's world'.) Furthermore, Self and Other are historically situated people who, even while choosing to try to understand the other, are limited in having to pursue that understanding through their own experience, and never able to reach 'full' understanding, identity or objectivity (Pedersen, 2008; see also Cameron, 2003, chapter 2). Complete empathy thus always remains a goal that cannot be achieved -- our subjectivity prevents such complete intersubjectivity (Pedersen, 2008; Rommetveit, 1979. The best that can be done is to base our imagining of the Other on what we know, informed by an awareness of what we can never know.

Bakhtin, dismissing as unhelpful the idea of empathy as emotional 'identification' between Self and Other, described the imaginative act of empathy as *vzhivanie* or 'live entering', later developed as 'creative understanding' (Morson & Emerson, 1990; Valentino, 2005). For Bakhtin, empathy as creative understanding is:

to enter actively into another individuality, another perspective on the world -- without losing sight even momentarily of one's own unique perspective, one's own "surplus" of life experience, one's own sense of self.

Valentino, 2005: 3

### ***The multiple nature of empathy***

The need for a complex and dynamic model of empathy is emphasised when uses of the term, from across the multi-disciplinary literature and as a ‘folk’ concept in everyday talk, are collected. ‘Empathy’ is applied to various processes and capacities, operating at different timescales:

Empathy is a more or less stable disposition or capacity of an individual. As such, it is ‘brought to’ dialogue and interaction.

Empathy is an automatic neural response to what is heard or observed. As such, it operates intermittently in the course of dialogue and interaction.

Empathy is an act of imagining or ‘entering’ the world of another person. As such, it requires conscious attention during dialogue and interaction.

Empathy is a mode of attending to the other. As such, it may be manifested in the nature of listening and invitations to talk or other elicitation moves in dialogue.

Empathy is an intention or an attitude that affects the whole of a dialogue or interaction. As such, it may influence the nature of interaction and may need to be continually renewed or adjusted.

Empathy can be a moral or ethical choice to accept the other as a fellow human being, complex and particular, deemed worthy of being understood. As such, it may be an *a priori* or life choice, and also a moment-by-moment choice.

At least one scholar questions whether these varied phenomena should all be described with one term (Decety, 2011). However, a multi-level dynamic model allows the various aspects to be brought together and for empathy to work as an ‘ensemble’ construct.

After setting out the basics of the model, a selection of the vast literature relating to empathy and dyspathy is reviewed. Findings from the discourse studies are then presented and the article concludes with discussion of implications.

### **The model of empathy~dyspathy dynamics**

At the core of the model are individuals engaging in dialogue and interaction<sup>4</sup>, doing, or failing to do, empathy as they talk with or about the Other in a specific discourse event such as a conversation or a meeting. From this core of the dialogic encounter, the model connects back into empathy and dyspathy processes active before the discourse event begins, and on to what emerges from it.

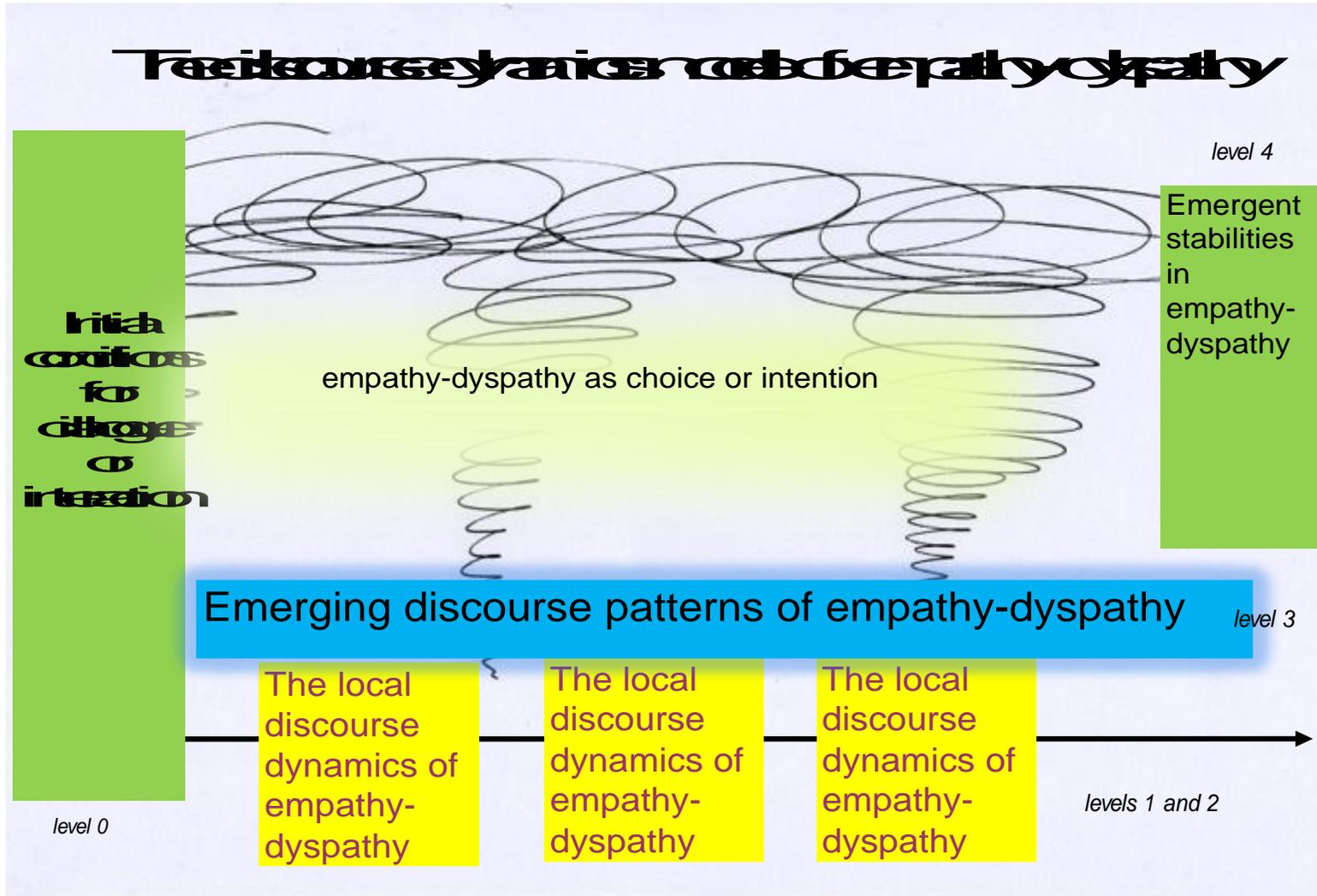
The discourse dynamics model of empathy builds on the author’s model of metaphor in discourse, developed in a series of publications since 2003, (Cameron, 2003, 2007, 2010, 2011a; Gibbs & Cameron, 2008; Larsen-Freeman & Cameron, 2008). Empathy~dyspathy is understood as a complex, dynamic system, flowing alongside and inside discourse and interaction. Ideas from complexity theory and dynamic systems theory help to theorize the

connectedness of world, body and mind, of Self and Other as individuals, and of Self and Other as collectives (Cameron et al., 2009; Gibbs & Cameron, 2008; Hutchins, 2010; Larsen-Freeman & Cameron, 2008; Sealey, 2010; Sealey & Carter, 2004; Spivey, 2007; Thelen & Smith, 1994). To describe and explain discourse dynamic phenomena and processes, such as metaphor and empathy, the complex dynamic perspective is combined with social-cultural theory and dialogism (Bakhtin, 1981; Hermans, 2001; Hermans & Dimaggio, 2007; Linnell, 1998; Markova, 2000; Vygotsky, 1967).

In a complex discourse system, many heterogeneous elements or agents are interrelated in different ways. Both elements/agents, and the relations between them, change over time, giving rise to the non-linearity and lack of predictability that characterize complex systems. The systems involved in discourse crucially include individual affective, cognitive and physical systems, the talk of two or more people engaged in interaction, and socio-cultural systems. The term 'level' is used to refer to combinations of timescales and social scales that emerge as important for a particular discourse system. Timescales of relevance for a discourse dynamics model of range from milliseconds of neural activity, through seconds and minutes of face-to-face interaction, to long timescales of society and culture. On any timescale, individual systems connect into large social systems: the family, friendship groups, institutions etc. At each level, the concern is with the dynamics of systems and subsystems in continual flux: the flow of talk with its shifting meanings and emotions; shifts in feelings and understandings in relation to the Other; changing cultural narratives and social attitudes. Levels are connected by feedback and feed-forward loops. Through continuous change, a complex system sometimes reaches a point where it self-organizes, and new stabilities emerge. External inputs to the system, such as a new awareness around the Other, are disruptions that spread unpredictably through the multiple, connected sub-systems, and may tip the system into a period of perturbation that eventually produce new stabilisations.

Figure 1 shows the five interacting levels (0-4) of empathy~dyspathy for individuals engaged in dialogue and interaction.

Figure 1 The model



Time is portrayed as moving from left to right in figure 1, and different levels of the system operate at different scales. Because of their multiple interconnections, complex systems are notoriously sensitive to their initial conditions, here represented by the vertical block on the left (level 0); any factor, however small at the start, may be enhanced as the system changes, and may producing large effects (commonly illustrated as the flapping of a butterfly's wings leading to a hurricane on the other side of the world). All that participants are and bring to the dialogue and interaction are part of the initial conditions and may impact on what develops in the dialogue. Level 0 potentially affects all the other levels, while other levels can feed back into the level 0 of future events.

Square blocks along the timeline at the base of the diagram represent moments of empathy~dyspathy during the discourse event (levels 1 and 2). As people engage in dialogue and interaction, so cognitive and affective processes of empathy are activated or inhibited. Feedback and feed-forward loops link on-going empathy and dyspathy processes with longer term changes in 'empathic understanding' of the Other.

Level 3 represents changes that emerge during a single discourse event, such as new understandings of the Other or reinforced negative attitudes, and feed back into the dialogue. The timescale of level 3 is minutes or hours of the specific discourse event.

Level 4 encompasses accumulated level 3 patterns that stabilize as 'empathic understandings of the Other'. These operate on a timescale beyond the immediate event and may spread across social groups. Empathic understanding is to be understood as a stabilized degree of empathy in respect of a particular Other, not permanently fixed but with degrees of variability that allow for feeling differently day by day and that contain the potential for further change. Empathic understandings of the Other feed back into level 0, influencing the initial conditions of new dialogue or interaction.

The spiraling background to figure 1 represents connections between individuals in dialogue and larger socio-cultural systems/groups. Socio-cultural systems, which are also complex and dynamic, operate on timescales that encompass and surpass lifetimes. Individuals participate in and identify with multiple social groups; groups are constructed through participation and the emergence of organization and structure (Sealey and Carter, 2004): families, schools, hobby and interest groups, neighborhoods, ethnic communities, faith groups, nations. The spiraling 'cloud' across the top of the diagram represents on-going socio-cultural life, from which downward spirals represent individuals engaging with others, bringing influences into the interaction and taking influences back out into the wider socio-cultural world.

### **Empathy: A selective review of the literature**

Because empathy is a topic of study in many disciplines, selectivity was required in reviewing the literature. Studies of empathy and discourse are clearly relevant, and results from recent neuro-imaging studies offer intriguing insights into the cognitive processes of empathy underlying dialogue to complement psychological studies. The sociocultural stance

of the project brings social psychological literature into the frame, in particular that on social identity and categorization. There is no explicit literature on dyspathy but relevant areas include studies of dehumanization, regulation of emotions, and prejudice.

### *Empathy and dialogue*

This section considers research in professional contexts of those who consciously practice empathy with clients, such as therapists, counsellors, and health care professionals.

Empathy has long history within psychotherapy, going back to Rogers (1959) and before that to Freud's interest in applying the idea of *Einfühlung* from aesthetics to his own work (Aragno, 2008). Feller and Coccone (2003; also Duan & Hill, 1997), reporting various summaries and meta-analyses of theoretical and empirical studies of empathy in therapy, conclude that, while empathy is a complex construct open to variability in definition and use, it is a component of most kinds of therapeutic method, and often a core component. Several studies investigate the practice of psychotherapists constructing empathy with clients (e.g. Aragno, 2008; Welkowitz and Kuc, 1973; Wolf, 1990; Wyn and Wyn, 2006). Rogers placed empathy at the heart of psychotherapy, seeing the therapist Self as maintaining a clear differentiation from the client Other but enabled, through empathy, to help the client understand more about themselves (Rogers, 1957). Sinclair and Monk (2005) argue for a Foucauldian 'discursive empathy' which takes account of power relations and sociocultural context within discourse activity between therapist and client. Aragno highlights the multimodal nature of empathic communication in clinical situations, as participants attend to and respond with "organic sensations, representational images, and raw emotions ... verbal expressions, metaphors, enactments, dynamics" (2008, p. 715). Wynn and Wynn (2006), in one of the few studies of actual dialogue between therapist and patients, describe three types of empathy found in sequences of talk and realised with a range of linguistic resources: cognitive empathy (directly expressing understanding of the thoughts feelings or behaviour of the patient); affective empathy (demonstrating sharing in the patients' feelings); and sharing empathy (the therapist expressing and patient perceiving that they have something in common). In the different context of a peer support line, Pudlinski (2005) examines instances of interaction and produces a list of 'techniques used in expression of empathy'. As with Wynn and Wynn's study, the list of techniques is not very helpful as a typology, mixing language use with interactional features and functions. Several studies attend not only to speakers but also to recipient responses, emphasising empathy as mutual achievement in dialogue (also Hakansson and Montgomery, 2003; Kerem et al, 2001; Pudlinski, 2005; Wynn and Wynn, 2006).

Within the medical profession, empathy has been investigated in the professional lives of both doctors and nurses, during training and in professional practice (e.g. Austin et al, 2005, 2007; Back et al, 2009; Bonvicini et al, 2009; Campbell-Yeo et al, 2008; McCamant, 2006; Miller, 2007; Ruusuvori, 2005, 2007; Silvester et al, 2007). However, research into how empathy is 'done' in health care discourse is not usually very sophisticated linguistically and

descriptions of communication strategies remain at a rather general level. Campbell-Yeo et al (2008) review research into empathy in nursing and, as with other studies already cited, highlight Self-Other awareness and emotional self-regulation (which would appear in the model at level 0 and operate at levels 2 and 3) as key attributes that distinguish empathy from related concepts. Medical studies highlight the demands of professional empathy and the need to restrain it through a kind of controlled dyspathy; experiencing or recalling similar feelings as the sick or troubled Other, day after day, may easily become too demanding.

Miller's (2007) study of compassionate communication in the workplace found adaptation of communicative strategies in 'connecting' with the Other through feelings and cognition. Rational strategies were used to regulate emotions and deal with dissonance. Martinovski et al's (2007) study of the 'linguistic and discursive realizations' of the rejection of empathy in negotiation sounds promising, but, as with several other micro-level studies, culminates in a list of participants' linguistic, communicative and discursive choices. Unsurprisingly, people are found to do empathy by drawing on whatever resources they have to do the job. This creates the 'listing problem': however long it gets, any list of features is bound to be incomplete. It will therefore be more helpful to work at a higher, more functional level and describe the dialogic work of empathy in terms of discourse patterns and strategies.

Beyond the 'caring professions', Morell's recent work in the field of politics emphasizes the potential of empathy for contributing to successful 'deliberative democracy' (Morell, 2010). He brings together literature on empathy into a process model that includes most of the processes of empathy discussed here. The dynamic model goes a step further by adding change to a process model, setting everything in motion, as it were. It further allows connection between processes through self-organization of systems and emergence from one level to another.

The idea of 'malignant positioning' is relevant to dyspathy in dialogue. Positioning describes how a speaker uses language to relate him or herself to other people ...

### ***Empathy as disposition or capacity***

Capacity for empathy is brought as a kind of baseline to instances of dialogue and interaction as a level 0 factor, part of the initial conditions that influence the course of dialogue.

Based on neuroimaging studies that observe an 'empathy circuit' at work in the brain, Baron-Cohen and colleagues rate empathy as a capacity on a seven-point "Empathy Quotient" (EQ) scale, with a normal distribution across a population. They define empathy as "our ability to identify what someone else is thinking or feeling, and to respond to their thoughts and feelings with an appropriate emotion" (Baron-Cohen, 2011, p. 11)<sup>5</sup>, presenting this as a permanent and stable feature of the individual. Baron Cohen's "zero degrees of empathy" would equate with extreme dyspathy; it presents as psychopathy, borderline personality disorder and narcissism, and also, more positively, as Asperger syndrome. Most people, however, do not lie at this extreme of the EQ scale, nor at the other extreme of total empathy, but rather towards the middle. The Living with Uncertainty project is concerned with how

people do empathy in some situations yet fail to do it in other situations, or how they switch from empathy into dyspathy or from violence into empathy.

Capacity for empathy can be affected by events and emotional damage; an extreme case would be ‘brutalisation’ (Stollznow, 2008) such as that suffered by child soldiers. In this kind of dehumanization (see below), individuals are convinced or forced to engage in actions, usually through an organisation or institution, that render them numb to emotion and thus to empathy. De-sensitisation of the Self, destruction of moral agency and accountability towards the Other as a person opens the way for acts of violence to be committed.

### ***Empathy as activity***

When we move from the initial conditions of level 0 to individuals engaging in dialogue or interaction at levels 1 and 2, there are two kinds of empathy that are relevant: automatic empathy as instantaneous response to another person and more considered, controlled empathy. Brain imaging studies and experimental psychological studies have established that these two types of empathising can be distinguished, although there is continuing disagreement as to whether they are actually separable, “related yet distinct” (Galinsky et al., 2008, p 378), or whether interacting (Baron-Cohen, 2011).

### ***Empathy as automatic response to another person***

An example of automatic empathy at level 1 would be the ‘ouch’ felt by someone who sees another person hit their thumb with a hammer. The empathic ‘ouch’ is an instant response to how the other person appears to be feeling or acting. Automatic empathy is also referred to as emotional empathy, emotional attunement, or emotional contagion. Explanations for automatic empathy posit a process of embodied simulation that enables an observer to make sense of the physical actions of others, through mirror neuron activation and/or somatic markers (Barsalou, 2010; Damasio, 1999; Gallese, 2003, 2005; Iacoboni, 2005). In this process, the Self understand how the Other feels by simulating their actions, perceptions and emotions as if they were the Self’s own. The use of vivid or emotive language in dialogue, for example in accounts of traumatic events, may contribute to evoking automatic empathy (Arbib, 2002).

Experimental and imaging studies show automatic empathy to be influenced by familiarity, similarity, past experience, learning and salience (Preston and de Waal, 2002; Xu et al, 2009). Familiarity, e.g. from previous experience with the Other, or similarity, e.g. having the same gender or ethnicity as the other, produce activated representations that are richer and more elaborated than those activated by an unknown or dissimilar other (Khalil, 2002). In other words, the better we know someone, the more nuanced and accurate will be our understanding of how they are feeling. Similarity in demographics produces more empathy,

as does similarity in experience. Salience affects empathy because it increases the probability of empathising processes taking place.

### ***Social group effects on automatic empathy***

Empathy is an individual response to another individual, from Self to a single Other. However, empathy is often spoken of as something relating to groups, e.g. group X may be said to lack empathy with group Y. Speaking of empathy in this way is metaphor or personification – the group is attributed capacity for empathy as if it were an individual. Since groups do not have brains or eyes, social empathy must work in a quite different way from individual empathy, and while extending the idea of empathy to apply to groups may be useful, it must also – like any metaphor employed to develop theory or practice – be used with care.

There is, on the other hand, good evidence that an individual's social affiliations and group memberships influence their empathy; in terms of the model, social group factors, working at level 4, feed down to interaction at levels 1 and 2 (influence in the other direction is also possible). Empathy to an observed Other may be influenced by attitudes towards social group(s) that s/he is assumed to belong to, i.e. their perceived social identity. Social Identity Theory (Billig, 2002; Tajfel, 1981), and its extension in self-categorisation theory (Hogg, 2000; Turner, 1991), provides social psychological explanations of such phenomena in which people construct their own 'in-group' through contrast with other 'out-groups' (Billig, 1985, 2002; Tajfel, 1981). This contrast of in-group Self with out-group Other is complexified by hybridized and hyphenated multiple identities produced by recent globalization and migration (Hermans, 2001; Hermans & Dimaggio, 2007). In any instance of dialogue or interaction, people can move between several social identities and 'voices' (Bakhtin, 1986).

Emotional investment in in-group status provides social identity. Particularly in troubled times, a desire to belong to the in-group may lead to inaccurate categorization, stereotyping or prejudice towards other groups, building up into 'powerful social myths', operating at level 4 of the model, that are helped to exist and persist by the human desire for coherence and making sense of the world (Billig, 1985; Tajfel, 1981: 134). A need to reduce uncertainty can motivate simplified self-categorization through alignment of the Self with an in-group prototype, and by building self-identity through negative attitudes to out-groups. In extreme - or extremist -- cases, uncertainty may be minimized, and self-esteem enhanced, by alignment with rigid or fundamentalist categorisations (Hogg, 2000; Kinvall, 2004, 2010).

Experimental social psychological studies summarised in Dimaggio et al. (2008) demonstrate how, if the Other is perceived as dissimilar from the Self, then stereotypes come into play in response, rather than nuanced understanding of an individual; reliance on stereotypes is particularly likely when feeling fearful. Furthermore, the behaviour of out-group Others tends to be attributed to stable personality traits - 'that's how they are' - rather than being explained through situational context. Extreme in-group adherence, stereotyping and interpreting behaviour on the basis of group membership all work to create dyspathy, in opposition to the individual connection of empathy.

Neuro-imaging studies are showing that racial prejudice, activated by observing skin colour, work dyspathically to block automatic empathy towards out-groups (Avenanti et al., 2010; Chaio and Mather, 2010; Gutsell and Inzlicht, 2010; Xu et al., 2009). Avenanti et al. conclude that racial bias and stereotypes produce changes in what they call ‘emotional resonance’ with outgroup members. It may be that out-group members spark less interest, with in-group members receiving more, and more detailed, attention, or that in-group others are more familiar and thus prompt more differentiated automatic responses (Kahneman, 2003).

Singer et al. (2006) show how empathy can be changed over a relatively short time period by adjusting learned preferences. Before using fMRI scans to test empathic responses to observed pain, they engaged participants in an economic game that was played fairly or unfairly. Both males and females displayed empathic responses towards people perceived as playing fairly, but, for male participants only, responses were significantly reduced for people perceived as playing unfairly. In addition, these male participants showed “increased activation in reward-related areas” (2006: 466), suggesting a desire to punish people who had played unfairly. In terms of the dynamic model, playing the game seems to have generated a new level 3 moral stance towards the Other, feeding back into level 0 initial conditions for subsequent interactions at levels 1 and 2. The adaptability of empathy found by Singer and colleagues has important implications in connection with media stories, which may work down from level 4 of the model to evoke a moral stance in readers, usually negative, towards ‘Othered’ groups. Bandura (2002) also notes the potential effect of ideological or moral positions adopted towards the Other, particularly in conflict situations, that can render a social group or individual as undeserving of attention or perceived as morally repugnant; the possibility of automatic empathising is closed down and the avoidance of more deliberate empathy is socially and ideologically sanctioned

### ***From automatic to controlled empathy***

Automatic emotional empathy interacts with more conscious or controlled empathy (Baron-Cohen, 2011; Decety & Jackson, 2004), a level 2 process often labelled ‘perspective-taking’ and characterized as “the cognitive capacity to consider the world from another individual’s viewpoint” (Galinsky et al., 2008: 378). For some researchers, the target of perspective-taking is restricted to the affective state of the Other: “the intellectual or imaginative apprehension of another’s emotional state” (Spreng et al., 2009: 62) but, following Halpern and Weinstein (2004), the goal of empathy in the LwU model is to understand the Other in their ‘world’, which includes, but is not limited to, the affective.

‘Regulation of emotion’ studies offer evidence about more controlled empathy and dyspathy, since the stimuli used often include people showing fear or pain (Decety, 2011; Frith, pc). Ochsner and Gross (2005) construct a continuum of emotion regulation types from a review of imaging studies. At one end of the continuum, control of attention reduces the intensity of an emotional response by limiting or distracting attention; at the other end, the use of higher

cognitive abilities changes interpretation of stimuli through deliberate focussing. Between these extremes, anticipation or expectation of a particular emotion seems to enhance response. Cognitive actions that attend explicitly and reflexively to emotions in response to others, are of relevance in intervention to minimise dyspathy (also Boston, 2007; Decety, 2011; Decety & Jackson, 2004; Gutsell and Inzlicht, 2010; Lamm et al., 2007; Watt, 2005). Decety's 'core affect' model allows for "motivation, intentions and self-regulation to influence the extent of an empathic experience, and the likelihood of prosocial behaviour" (Decety, 2011: 93), what he calls 'mature empathic understanding'. Lamm et al. (2007, 2009) show how people can activate controlled cognitive mechanisms to overcome strong emotional response tendencies to infer the emotions of an individual who responds differently from themselves. In a study of subjects with a rare condition of congenital insensitivity to pain observing another person in pain, Danziger et al. (2009) also showed that more conscious inferring or perspective-taking can compensate for absence of automatic empathy.

Empathy with others in conflict and post-conflict situations presents a particular challenge to self-regulation and motivation, as noted by Halpern and Weinstein (2004). This challenge is dealing with the 'moral dissonance' that arises when trying to understand the world of people with whom one has been in conflict or who belong to a hostile social group. The Other in such cases may have held attitudes and values, and committed acts, that prompt anger, disgust or repugnance, and that are at odds with the 'moral commitment' (a term from Pedersen, 2009) of the Self. An emotional ambivalence may result and be difficult to manage; feelings that arise from trying to understand the Other must be acknowledged but must also be managed so that they do not stop further understanding. (To see how this is dealt with in one particular case, see Cameron, 2011a.)

### ***Group effects and controlled empathy***

The in-group bias found in studies of automatic empathy is echoed in more conscious empathy but findings around the regulation of emotions highlight a moral dimension at this level.

Vorauer and Sasaki's psychological study (2009) showed an intriguing additional effect. Before testing, White Canadian participants watched a documentary about the hardships of Aboriginal Canadians, having been asked to take either an empathic perspective towards the film and imagine how a member of that group would feel, or an objective perspective. When later participating in (simulated) written interaction with an Aboriginal Canadian, those who had taken an empathic perspective were found to activate 'meta stereotypes' i.e. negative views of White Canadians that they thought Aboriginal Canadians might hold. It seems that, having once empathized with the out-group, evoking their perspective in later contact triggered defensiveness and increased prejudice, as participants imagined the Other's negative perceptions of the Self. Feedback in empathy~dyspathy dynamics produces complex patterns.

*Dehumanisation and psychic numbing.* Dehumanisation blocks empathy by reducing the Other to less than human, makes violence more possible by reducing or removing moral accountability towards the Other (Bandura, 2002; Kelman & Cohen, 1976). Whereas empathy individualizes and particularizes the Other, dehumanisation in conflict situations works by stereotyping and generalising across entire social groups (Halpern and Weinstein, 2004). This individual/group distinction helps to explain why dehumanisation is both easier and faster than reversing it can ever be. The Other as group can be dehumanised “in one fell swoop” (Halpern & Weinstein, 2004, p. 569). Particularising and individualising the Other, in contrast, require controlled attention and learning over longer periods of time. Replacing strong categorisation of the Other with more nuanced and complex individualisation is not only cognitive work but also potentially threatening to a social identity of the Self (Tajfel, 1981).

There is evidence that being faced with many suffering people at the same time leads to increased dyspathy. Slovic and colleagues (Fetherstonhaugh et al., 1997; Slovic, 2007) use the term ‘psychic numbing’ to describe the effect of being unable to empathise with large numbers of people, even when they are victims of genocide or similar events. Cameron & Payne (2011), studying the similar phenomenon of the ‘collapse of compassion’, offer an alternative account, finding that people actively down-regulate emotion towards groups that they expect to require help. Rather than it not being possible to empathise, it seems that, when feeling expected to help, or in fear of being overwhelmed by negative feelings, emotion regulation works as a kind of motivated dyspathy that actively prevents empathy and thereby avoids the anticipated costs. They make a provocative suggestion:

People might prospectively down-regulate their moral emotions not only to avoid costly moral obligations but also to license immoral actions. It is well known that people often rationalize immoral behavior (e.g., Bandura, 1999; Bersoff, 1999; Tsang, 2002). Our research suggests the hypothesis that not only do people rationalize immoral behaviour after the fact but that they may prepare for it by numbing themselves to emotions beforehand. (p 13)

Because people are able to regulate emotions around empathy, evidence that they sometimes choose to avoid trying to understand the Other points to a moral dimension that needs to be considered.

### ***The moral dynamics of empathy***

Haidt’s distinction between ‘moral intuition’ and ‘moral reasoning’ (2007) reflects the level 1 / level 2 distinction between automatic and controlled empathy. Moral intuition is held to be evolutionarily older, cognitively faster, and driven by affect. Moral reasoning is a post-hoc process that comes into action after intuition, and may support or modify it. Initial affective moral reactions may influence but do not ultimately control moral judgements which may be shifted by verbal reasoning, by re-framing, or by encountering new arguments through social interaction.

Moral issues of concern for the study of empathy~dyspathy in dialogue include: noticing when moral intuitions work to resist empathy; when people engage in moral reasoning to reinforce or override moral intuitions; and which aspects of morality are at stake in dialogue. In addition, as Singer et al's study (2006, above) showed, moral stance in terms of fairness can change very quickly, and increase dyspathy. It seems likely that some aspects of morality are less open to change, particularly when, at level 4, they are tied into social identity and self-categorisation (Hogg, 2000). Moral commitments, including those that come from religious faith or social affiliations, are relevant as level 0 initial conditions for empathy.

### **Empathy~dyspathy dynamics in dialogue and interaction**

The LwU empirical studies investigate empathy~dyspathy dynamics in two types of settings<sup>6</sup>: face-to-face, in which Self and Other meet and talk, and focus groups in which people talk in a group of people like themselves about a non-present Other. Six studies are drawn on here. The analyses sought to answer the question: How do patterns of talking-and-thinking contribute to the dynamics of empathy and dyspathy in dialogue and interaction?

#### ***Data and participants***

1. Northern Ireland: post-conflict reconciliation conversations between Jo Berry and Patrick Magee, four meetings over 9 years (Cameron, 2011a; Seu & Cameron, in press)
2. USA: police-community meeting in Portland, Oregon, following police shooting of a young black woman in 2003 (Cameron & Ritchie, under review)
3. UK: London women's focus group talking about human rights abuses and charitable giving, locally and at distance (Cameron & Seu, 2012).
4. UK: Muslim and non-Muslim focus groups in Leeds and London, discussing the risk of terrorism in their everyday lives. 96 people in 12 groups. (Cameron et al, 2009; Cameron, Maslen & Todd, 2013)
5. Brazil: Student focus groups in Fortaleza, north-east Brazil, discussing the risk of urban violence in their everyday lives. 11 people in two groups. (Cameron, Pelosi & Pedroso de Moraes Feltes, under review).
6. Kenya: Interviews with around 20 individuals in inter-tribal conflict transformation processes in Maralal district, northern Rift Valley (Cameron, Weatherbed & Onyiego, in preparation).

#### ***Method***

Full details of methods are not included for reasons of space, but can be found in the articles mentioned above. Briefly, after transcription of recordings, metaphor-led discourse analysis (Cameron & Maslen, 2010) was applied. This combines identification and analysis of metaphors (Cameron et al, 2009), with appropriate discourse analytic tools. A recursive and developmental methodological process produced a set of tools suitable for the analysis of empathy~dyspathy dynamics in dialogue, principally analysis of labels and categories attributed to Self and Other, narrative analysis (Ritchie, 2010), and analysis of positioning of Self and Other (Harré and van Langenhove, 1999).

***Findings***

People 'do' empathy by drawing on discursive and linguistic resources in interaction with cognitive, emotional and social activity, and make choices at all levels of language: phonological, lexical, syntactic, rhetorical and discourse. The recurring patterns of talking-and-thinking that contribute to empathy~dyspathy dynamics are reported for each level of the model, below and in the third row of Table 1.

Table 1 Factors suggested by the literature as influencing empathy~dyspathy dynamics

	0	1	2	3	4
Levels in the model	initial conditions for empathy~dyspathy  before interacting with the Other	automatic empathy~dyspathy  individual, instant processes, driven by emotions	controlled empathy~dyspathy  individual, more conscious processes	emergent patterns of empathy~dyspathy  arising out of level 1 and 2 processes, for individuals	social / cultural dynamics of empathy~dyspathy  longer-term, social processes
<b>Literature review:</b> affective, cognitive, social processes	<ul style="list-style-type: none"> <li>• capacity for empathy</li> <li>• social affiliations and identity</li> <li>• Self-Other awareness</li> <li>• personal experiences</li> <li>• beliefs, attitudes</li> </ul>	influenced by: <ul style="list-style-type: none"> <li>• uncertainty</li> <li>• knowledge of Other</li> <li>• in-group bias</li> <li>• prejudice</li> <li>• sense of fairness</li> </ul>	<ul style="list-style-type: none"> <li>• influenced by in-group bias, uncertainty</li> <li>• open to regulation of emotions</li> <li>• moral reasoning can override moral intuition</li> <li>• malignant positioning</li> </ul>	<ul style="list-style-type: none"> <li>• moral dissonance</li> <li>• emotional ambivalence</li> <li>• affected by learning</li> <li>• dehumanizing</li> </ul>	<ul style="list-style-type: none"> <li>• social identity</li> <li>• cultural myths</li> <li>• stereotypes</li> </ul>

***Level 0: Initial conditions for empathy~dyspathy***

Initial conditions for empathy~dyspathy in dialogue can never be fully established by research, or by participants. Some factors are revealed during the talk; others make a difference without being observable. Level 0 factors and influences brought to encounters in the studies include moral commitments, social investments and affiliations, and personal experiences, often with place/space holding memories of significant events.

***Commitment to engage with the Other***

People bring varied commitments or motivations to dialogue. Success in the reconciliation process investigated in study (1) depended on the personal commitment and determination of Jo Berry, starting from her initial reaction to the death of her father: *I wanted to bring something positive out of it*. She persevered over many years to arrange a first meeting with her father's killer and to understand the politics and history of the Irish conflict; she continued to meet and talk with Patrick Magee even when she found it emotionally challenging.

Sometimes a moral stance on what is right/wrong forbids engaging in dialogue at all: in contrast to Jo Berry (study 1) another IRA victim refused to meet with perpetrators on the basis that, "It is quite simply wrong". In study 4, the views of some white British participants about Others receiving social housing or benefits showed moral reasoning that drew on views of (un)fairness.

Adherence to a religious faith usually entails a moral stance in relation to empathy: e.g. Christians believe that all people are 'children of God', Quakers that 'there is of God in everyone'; a commitment to empathy follows from those beliefs. In the conflict transformation work of study (6), organized from the Catholic church, people described their faith as helping manage fear when they took physical risks. While both Jo Berry and Patrick Magee (study 1) deny active religious affiliations, their discourse choices show some religious influences, illustrating how influence may operate indirectly via social contact or upbringing (Cameron, 2011).

The prospects of empathy increasing through dialogue seem to be affected by what might be called 'imaginative commitment'. In study 6, conflict transformation leaders helped groups, before meeting, to imagine how their lives could improve if fighting stopped. Jo Berry came to reconciliation with a clear belief in the possibility of creating a peaceful world.

*Social investments and affiliation.* Evidence from all studies showed people in dialogue drawing on their social group histories, which often include beliefs and attitudes about other groups. Study 2, where old 'fault lines' between white police and black community were re-activated during the meeting, illustrates the findings of Halpern and Weinstein (2004): that dyspathy between groups runs very deep, and, in contrast to longer and more intricate processes of developing empathy, repeated dehumanizing of the Other can easily occur.

All studies showed how personal relations – friendships, in the community, and at work – provide for empathy when individuals from other groups become known and familiar. Empathy felt for a single person can extend to their wider group. On the other hand, it is much easier to dismiss a whole group as Other when there is no contact (study 3).

*Physical, embodied experiences.* All studies showed people bringing memories of experiences in particular places, both good and bad, to dialogue. Place and space acted as important carriers of emotions and feelings, particularly if participants had experienced violent or threatening events there.

In addition to actual physical experiences, there was evidence of influence of images and opinions from TV and news media (studies 3, 4 and 5). A clear effect of terrorist attacks experienced via the media was uncertainty and fear for self and family.

*Preparation for dialogue.* Several of the encounters studied were preceded by preparation by participants, sometimes mediated. Where things went wrong, as in the Portland public meeting (study 2), gaps or errors in preparation could be hypothesised: underestimating the current force of historical social divisions, not checking the proposed content of key contributions to the meeting, not establishing agreed guidelines on how to talk about the groups involved; inaccurate calculation of timing.

In study 6 – conflict transformation in Kenya – the peace-building team’s preparation for inter-group dialogue often included talking separately with each group, importantly developing the team’s own empathic understanding of each group, as well as persuading groups of the need to meet the Other.

### ***Level 1: Automatic empathy~dyspathy***

In the dialogic encounters at the core of the model, visual and narrated images of personal experiences are important for offering access to emotions and thus enabling the automatic processes of level 1.

Access to the Other’s emotions in face-to-face encounters was accomplished through accounts of ‘how it felt’ at the time, and, more vividly, through stories told about violent or painful events. For example, Jo Berry told Patrick Magee (study 1) about the pain of telling her siblings of their father’s death; he told her about the experience of being shut in a barracks’ cell by the British army; a young black man in Portland (study 2) told of his fear and anger at being followed from home by a police car. In these vivid stories, participants were literally brought face-to-face with the pain, anger, grief of the Other. It was notable that, in the strongest stories, metaphor was reduced to a minimum, producing ‘bare narratives’ of embodied experience in specific places (Cameron, 2011). Emotions were conveyed in these stories by direct descriptions of physical responses: *screaming in the back seat of the car*.

It is hypothesized that stories contribute to building empathy and reducing dyspathy by affording access through simulation to emotions attached to Others’ experiences (see XX above). Re-telling stories from the past activates emotions in the Self, and people engaging in empathy through dialogue may have to re-live painful memories.

Alongside verbal accounts, participants in studies 1 and 2 could physically see the faces of the Other as they told their stories, allowing more direct access to their emotions.

In contrast, strong visual images of suffering Others (study 3), that violated the Goldilocks principle (see below) by coming ‘too close’, seemed to work dyspathically to block empathy, as suggested by Cameron and Payne (2011).

Whereas telling stories of pain supports empathy by sharing emotions, actively failing to acknowledge emotions seemed to contribute to dyspathy in study (2). The death of a young woman shot by a police officer was described by the mayor of Portland as *a tragedy*, in an expression of empathy with the family. However, the same word, *tragedy* was then applied to consequences of the shooting for the city, the police, and the officer. Choosing other words would have been a more sensitive gesture of empathy that acknowledged differences between a family’s grief and problems caused for the police department. Later in the meeting, the police report of the shooting was notable for the absence of emotions attributed to the officers at the scene, apart from repeating that the officer who shot her was ‘in fear for his life’ – the formulation that justifies police use of their weapons when brought before a grand jury. While accepting that the police do not generally share their emotions with the community they serve, by concealing emotions they also block possibilities of empathic connection.

### ***Level 2: Controlled empathy~dyspathy***

Language and discursive choices play a bigger role at this level of controlled, more conscious processes. Face-to-face dialogue reveals ‘gestures of empathy’ (Cameron, 2011), while empathy~dyspathy between Self and Other are systematically described in terms of *CLOSENESS/DISTANCE* metaphors (Cameron & Seu, 2012), and manifested through ways of referring to the Other. Stories, and less detailed scenarios, are used in dialogic moral reasoning about relating to the Other. Successful empathy in dialogue is shown to benefit from ‘empathic mutual positioning’ (Seu & Cameron, in press).

*Gestures of empathy.* Reconciliation talk in study 1 showed three types of ‘gestures of empathy’ that changed empathy~dyspathy dynamics (Cameron, 2011):

- gestures that ‘allow connection’ between Self and Other;
- gestures that ‘enter into’ the world of the Other;
- gestures that acknowledge a shift in the perceived relation between Self and Other.

‘Allowing connection’ gestures offer access to thinking and feelings about the past, present and future, and open up possibilities for empathic understanding. They include: explaining feelings about events and situations to the Other; explaining reasons for committing violence and other decisions; engaging in critical reflection on past choices and actions, and sharing that with the Other; engaging in shared activity with the Other, e.g. learning a new skill.

Such gestures require willingness to recall and describe past events and situations that may have been extremely traumatic. Explaining these to the Other is likely to cause renewed pain that must be prepared for and dealt with. A perpetrator has to be willing to try to explain what led to violence happening, opening up multiple sources of difficulty. It will be painful for victims to hear, and may make them angry or more hurt. Honest appraisal of decisions and justifications made many years earlier may face perpetrators with an almost impossible

choice, between standing by what was decided, in the face of the pain it caused, or re-assessing decisions and then having to live with guilt or regret.

The Kenya study (6) showed how small local interactions, such as successful buying and selling of tea and snacks on a road building project, provided the beginnings of trust and empathy. A single gesture that allows connection, however small, can offer sufficient trust for further gestures of empathy that can eventually lead to shifting perceptions of Self and Other.

Entering into the Other's perspective is a more strongly empathic process which involves creative understanding of the Other and their world view (Bakhtin, cited by Valentino, 2005). Gestures included: listening to the Other and learning about their world; offering the Other a summary of what has been heard; anticipating the effect of one's words on the Other, and mitigating them (as in extract 1); acknowledging the Other's feelings, through choice of words, or through action; adding to the Other's explanation or argument with one's own supporting contribution; speaking as if from the Other's perspective.

Through gestures of empathy that allow connection and enter into the Other's perspective, understanding of and attitudes towards the Other can shift, and prompt a third type of gesture of empathy. These local, specific utterances reflect an emergent re-organization of relations between Self and Other that are shown at level 3 of the model: e.g. from seeing oneself as 'victim' of violence to taking some responsibility for it; from seeing the Other as a 'perpetrator' or 'enemy' to seeing them as a more full human being, in many ways similar to the Self; acknowledging that both Other and Self have suffered from violence and conflict.

*Empathic mutual positioning.* In a further analysis of data from study 1, Seu & Cameron (under review) have described 'empathic mutual positioning' (EMP) as a repositioning of the Other, formerly seen as an enemy, into someone with a story to tell and as worth listening to. They suggest that EMP is key to reaching conciliation through dialogue. As a conscious choice or as an emergent stance, EMP affects everything that happens in the dialogue.

*The Goldilocks principle:* Moral reasoning based on *CLOSENESS/DISTANCE* metaphors in study (3) produced a 'Goldilocks principle of empathic understanding' (Cameron & Seu, 2012). In this scenario, people want to remain at what feels like a safe distance from the Other, close enough to 'see clearly' or understand the Other, but not so close as to feel threatened. At a literal level, people reported feeling threatened by beggars who come up close asking for money on their local streets or at cashpoints (ATMs), and find it relatively easy to ignore distant suffering others they encounter in charity adverts who are *too far away to imagine*.; they prefer to give to charities with some personal connection. They feel threatened by charities that metaphorically come too close, asking for bank details or sending frequent demands.

The Goldilocks principle suggests an optimal distance (metaphorical and literal) of Self from Other that minimises both indifference and threat, developing McGilchrist's 'necessary distance for empathy' (2009). Outside of this optimal distance lies the risk of dyspathy.

*Referring to the Other.* When people talk about the Other in focus groups, empathy and dyspathy are glimpsed through the choices made in referring to and grouping people (Cameron et al, in press). ‘Lumping’ is a process of social categorizing that downplays variability by bundling disparate people into a single block (Zerubavel, 1996). In the studies lumping appeared as a discourse pattern that employs an inappropriately generic label for a group, e.g. *terrorists; refugees and asylum seekers; Asians*. The process of labelling positions the Other, usually negatively and at distance from the Self. In study (4), lumping appeared as a frequent response to uncertainty generated by terrorism. British Muslim participants used emotional metaphors like *branded* or *trademarked* when reporting themselves labelled as *terrorists*. Non-Muslim participants spoke of others in terms of their group membership, particularly when expressing negative views, e.g. of *asylum seekers*. Visible social markers, particularly items of clothing or aspects of appearance, served as indicators for lumped groups; for example, because bombers carried rucksacks, the rucksack became a marker for lumping people as potential terrorists: *a weird chap..with a rucksack*.

In Kenya (study 6), lumping people through ethnic group/tribal labels (as *Turkana, Samburu, Pokot*) was part of the process of turning another community into ‘the enemy’. We were told how a child of 8 or 9, when asked what his bow and arrow was for, answered ‘*to kill a Turkana*’.

Lumping removes individual differences, positions all members of the Other group as the same. Since empathic connection is individual to individual, by hiding the individual within the group, lumping effectively removes the possibility of connection. By restricting interaction to members of one’s own group, lumping and distancing also provides opportunities for reinforcing prejudices and suspicion, and for appeals to circulating stories (Billig, 1985; Tajfel, 1987). By denying individuality to the Other, lumping increases the potential for dehumanization and violence (Halpern & Weinstein, 2004; Kinvall, 2004).

Lumping and distancing sometimes generated a moral dilemma that participants resolve with a complementary discourse pattern of ‘moral splitting’ (Cameron et al., in press). In the multi-ethnic communities of the UK (study 4), negative lumping of Muslims was often rejected by non-Muslim individuals with Muslim friends, neighbours or work colleagues. ‘Moral splitting’ divides the lumped Other into ‘goodies’ and ‘baddies’, and aligns with the ‘goodies’: *normal Muslims don’t go blowing up people ... those people that blow up people are not to me normal Muslims*. Sometimes a particular individual is split off from the rest of the lumped group: *all Muslims are just terrorists...but not you*.

In Kenya, we heard about splitting in action when a man in a raid on another community found himself face to face with someone who had formerly been his friend. He did not shoot. If forced to shoot, he said he would have shot this person in the leg. Because of the earlier 1-1 connection, empathy with this individual survived the dyspathic force of lumping the rest of the other group.

Splitting was usually justified on the basis of personal experience with the Other, and relates to ‘particularization’ (Billig, 1985), disrupting the dyspathy of lumping by insisting on individuality.

In studies 2, 3 and 4, moral splitting often included attempted explanations of why people turned to violence, and in some instances, this involved reducing the Other to something pathetic or ‘abject’ (Kristeva, 1982): *brainwashed, crazy*.

*Stories.* Old stories of social division worked negatively by providing a short cut to dyspathy. In the Portland study (2), a black pastor roused community emotions through his rhetoric when he described the shooting of the young woman as a *girl* being shot by a *220 pound officer* and the officer leaning into the car as him being *80% on top of her*. Such verbal choices open up resonances with historical stories of rape by slave masters. While the study had no access to listeners’ interpretations or reactions, other than the applause and cheers noted in the transcript, this invoking of strong ‘social myths’ (Tajfel, 1981) potentially blocks empathy if people retreat back into an old social identity which highlights division.

Language was used in all the studies to create imagined or hypothetical scenarios that brought alternatives into the dialogue, or were used in persuading people towards a particular course of action. These verbal pictures were both utopic and dystopic (Markova et al., 2007), literal and metaphorical (Cameron & Stelma, 2004). Dystopic scenarios, often highly exaggerated through metaphor, suggested how bad life might be if empathy was not developed, and violence or bitterness continued (studies 1 and 6). In focus group studies (3, 4, 5), people often lamented an imagined lost past in which life was better. In study 6, conflict transformation mediators painted pictures of the good life available if violence stopped and development came to the area; they also showed films like ‘Hotel Rwanda’, hoping that seeing the dystopic alternative would deter young men from violence.

### ***Level 3: Emerging patterns of empathy~dyspathy***

The dialogic work of an encounter produces level 3 emerging patterns of empathy~dyspathy as shifts in the relation of Self and Other, shifting understandings of Self and Other, and shifts in relation of current Self with younger Self.

The most significant shift in empathy dynamics at this level was in how the Other was perceived in relation to the Self. In study 1, Jo Berry’s father, once seen as *a legitimate target* (extract 1), became a more real individual, someone Patrick Magee could imagine ‘sitting down and drinking tea with’. Jo speaks of seeing Patrick Magee as *more than just a perpetrator*. In study 6, a joint workshop on dairy goats helped change perceptions of people from other ethnic groups from enemy to fellow goat-keepers.

Although obvious, it is important to note that dialogue and interaction offer opportunities to learn more about both the Other and oneself. The studies show how learning about the Other can be blocked by lumping or prevented by distance. Empathy and rehumanising require

detail and individuality, but the potential to do this through dialogue is compromised by these dyspathic forces.

In post-conflict dialogue (studies 1, 2, and 6), perpetrators who allow empathy re-encounter their justifications for violence alongside its consequences. One way of coping with the emotions raised is a kind of psychic separation from the younger Self who decided on and carried out the violence. Patrick Magee has mentioned in project meetings how he has come to understand his younger Self in more depth through engaging in dialogue with Jo Berry.

***Level 4: Emergent stabilities in empathy~dyspathy***

These longer-term socio-cultural dynamics stabilize out of repeated instances of dialogue and interaction, and feed back into future encounters. The most important level 4 emergent stabilities appeared as stories that characterise the Other through stereotyping and the dissolving or renewing of social divisions. At this level too, institutional change is an important resource for supporting empathy.

*Circulating stories.* Circulating stories induce and reinforce dyspathy, but are more recent and temporary than social myths. Those in the studies were usually generated by the press/media/tabloid newspapers, based on some element of truth but expanded inaccurately and remembered in their expanded untrue form. An example evidenced across groups in study (4) concerned ‘refugees and asylum seekers’ (already a category lumping two distinct groups) who are said to receive large handouts from the UK government but in reality do not. The phrase ‘Rumanian women with children’ (extract 2, from study 3) indexed a circulating story of migrant beggars. In Brazil (study 5), circulating stories about violent incidents were often indexed by the victim’s name. In group talk, circulating stories are drawn on as a resource for testing, sharing, and building attitudes to the Other.

*Changing group relations.* Shifts in perceived relations with the Other, positive or negative, spread out from individual encounters into the wider social group as people talk to friends and families. It was important in study 6 that young men stayed overnight in each others’ villages when building a road together – there they sat and talked with family members, reactivating earlier relationships lost through conflict.

Studies 1 and 6 have led to participants engaging together in shared peace-building activities, as a direct result of their own empathy-development through dialogue. Jo Berry and Patrick Magee have shared a platform in the Lebanon, Germany, South Africa and UK; Maralal peace committees, formed from the three ethnic groups previously in conflict, have walked into neighbouring areas to describe their conflict transformation processes and try to persuade others to do something similar.

When UK Muslims were subjected to repeated lumping as terrorists by others (study 4), one reported outcome was increased awareness of, and claim to, identity as Muslim alongside identity as British. Repeated dyspathic experiences revitalized this aspect of identity across the wider group. An alternative outcome involved disguise or pretence, as individuals chose not to acknowledge their religion in encounters with non-Muslims, e.g. a young man not

using an obviously Muslim name when applying for jobs; a taxi driver saying he was Hindu when driving ‘*rough*’ looking passengers late at night.

*Institutional change.* Halpern and Weinstein (2004) pointed out the importance of changes in individual empathy being reflected in and supported by institutional change, such as the South Africa Truth and Reconciliation Commission. In Kenya, customary practice around punishing cattle raiding was adjusted to reinforce conflict transformation; rather than a village/ethnic group being held responsible, individuals ‘thieves’ are apprehended and punished. This prevents a raid leading to increased dyspathy towards a whole group, and to revenge attacks.

*Retreat to the safe space.* An extreme social response to uncertainty and fear is the ‘retreat to the safe space’, both metaphorical and literal, which was observed in several studies. Participants in all studies spoke of *home* as the place where they expected to feel safe; threat to the safety of home was felt particularly strongly. Study 3 produced the Goldilocks principle already described, in which *home* and *family* lie at the centre of the ‘comfort zone’ of emotional safety. Observations in Brazilian cities (study 5) show people more and more choosing to live behind barriers and gates to try to ensure safety from violence. These gated communities are a literalisation of the comfort zone metaphor, as well as a social-level consequence of fear of violence on the streets. Retreating to the safe space is a dyspathic dynamic that blocks empathy by removing the Self from encounters with the Other.

## Conclusions

Empathy is a bridge across the alterity of individuals or groups separated by violence, conflict, and uncertainty. The innovative model of empathy~dyspathy dynamics in dialogue and interaction brings together published findings from neuroscience, psychology, and social psychology with findings from six discourse-based studies relating to violence and conflict in UK, USA, Brazil and Kenya. It sites empathy and dyspathy within complex dynamic systems of talking-and-thinking that involve linguistic, affective, cognitive and social processes. As well as being designed for theoretical, empirical, and ecological validity, the model also aims to be a useful tool for professionals and practitioners in contexts such as conflict transformation, health care, restorative justice, and social cohesion. To conclude, three key implications are briefly highlighted: a two-fold approach to increasing empathy, personal responsibility, and leadership for empathy.

Firstly, we note that the introduction of dyspathy as the complementary construct to empathy opens up two distinct ways of improving relations between people: by encouraging empathy and by dissolving dyspathy. A clear target that emerges from the project are the narratives that exaggerate and justify social stereotypes and divisions, both longstanding social myths and more contemporary circulating stories, that push to dyspathy. Deconstructing, changing and replacing these narratives would contribute greatly to supporting empathy.

Secondly, the findings suggest that each of us has personal responsibility for the dynamics of empathy and dyspathy in our everyday encounters and interactions. This implication arises

firstly from the finding that empathy and dyspathy work differently in dialogue: while dyspathy works at a social level, with group factors invoked to block or distance the Other, empathy works through individual connection. The specifying processes involved in connecting with another person seem to be a vital factor in making empathy resilient in the face of violence and uncertainty. Empathy at one level supports empathy at other levels. The studies also showed how individual commitment to empathy can regulate dyspathic tendencies, even within contexts of uncertainty, violence and conflict and when old divisions and stories lie under the surface ready to be re-activated.

Empathy may be an individual responsibility, process, and capacity, but increasing empathy to improve society, as urged by several recent publications, requires, I would suggest, leadership and support at a social and institutional level. All studies showed individual contributions to dialogue influenced by, and influencing, social interaction, social identity, and group moral reasoning. While the Kenya study showed the impact of leadership for empathy in conflict transformation, the US study showed how leadership insufficiently sensitive to empathy~dyspathy dynamics could prevent desired-for improvements in community relations, and suggest that awareness of dyspathic patterns of talking-and-thinking would help in mediating dialogue. Findings suggest that leadership for empathy importantly models attitudes towards others, brings groups together and supports their interaction in imaginative ways (also Lederach, 2005). Leaders' empathic understanding of the people they are working with is shown to be essential to support the growth of empathy and trust (Cameron, Weatherbed & Onyiego, in preparation). Leadership for empathy can help avoid our instinctive retreat to a safe space, be that physical or affective, where empathy is effectively blocked.

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## Notes

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<sup>3</sup> Dyspathy is an English word that has mostly fallen out of use, originally meaning absence of sympathy. (An exception is an interesting use by Misselhorn, 2010). I have appropriated the word to serve as the complement of empathy, in a figure/ground relation.

<sup>4</sup> Dialogue is one of the most human ways of Self encountering Other, through talk or writing; 'interaction' extends beyond communication to physically doing things together such as walking or working.

<sup>5</sup> Whether or not a definition of empathy should include appropriate response is an issue for debate. Since my work investigates empathy in dialogue and interaction, responses to what is understood/felt are sometimes evidenced. For the most part, responses remain inaccessible, although fMRI may reveal neurological responses. Other responses can occur on different timescales: altruistic action to alleviate suffering or poverty may materialise minutes, days or weeks later; empathy felt just once may change the direction of a life.

<sup>6</sup> Apart from study 2, which used a transcript already in the public domain, ethics procedures for each study were approved by the appropriate university ethics committee.