Parental empathy and child adjustment/maladjustment

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The relevance and significance of parental empathy as an important facet of positive parenting is gaining increasing salience in clinical and developmental psychology literature (Goldstein and Michaels, 1985). Parental empathy and related parental attributes such as sympathy, understanding, caring, acceptance, and sensitive parenting are theorized to have positive effects on the child. Conversely, lack of parental empathy, especially in the mother, is conjectured to be responsible for the fragmented self and other forms of psychopathology in the child (Goldberg, 1978; Kohut, 1971). The major aim of this chapter is to explore the theoretical relationship between parental empathy, particularly maternal empathy, and child adjustment and to report preliminary findings from two recent research projects that are pertinent to this association.

Since Freud (1925) first heightened our consciousness of the importance of the early experiences of the child, there have been many efforts to relate parental practices and attitudes to child behaviors and outcomes. Initial theorizing and data gathering regarding these early influences occurred in the context of psychotherapy, especially psychoanalysis. Through free association, interpretation, and reconstruction, many hypotheses were formulated. Maternal behavior, in particular, was conceptualized as having significant and possibly irreversible effects on the psychological development of the child. How and when the mother fed her child, and how she carried out other child-rearing tasks relevant to toilet training, modesty training, and control of aggressive and dependency needs explained the development of the normal personality and the abnormal personality.

An important assumption implicit in these early formulations, and more clearly and fully articulated in the quantified and the more behavioral efforts that followed (Maccoby & Martin, 1983; Sears, Maccoby, & Levin, 1957), was the notion that cold, rejecting parenting was counterproductive to the development of a well-adjusted child and well-adjusted adult. Conversely, a warm, tuned-in, responsive mother, was viewed as being facilitative to the emergence of a psychologically healthy child and subsequently a well-adjusted adult. By and large, the research efforts directed toward establishing empirical validation of hy-
potheses linking specific parental antecedents to specific development outcomes have yielded equivocal findings. The efforts relating broader parenting styles to child indices have, in general, been more revealing.

This body of theory and research was not directed specifically to the construct of parental empathy, even though parental variables such as warmth and sensitivity to the child are related to, or are aspects of, empathic responsiveness to the child (Clarke-Stewart, 1973). Even in contemporary literature there are few studies that directly link parental empathy as such to child behavior and development. The breadth of the construct and its diverse theoretical interpretations make it difficult to investigate this process with precision. A related problem is the challenge posed by the need for targeted measures of this attribute/process. Also, since the study of empathy in a socialization framework is relatively recent, I cite empirical literature that deals with parental attributes that are related but not equivalent to empathy. These attributes also tend to be broad in nature.

The construct of empathy

Conceptions of empathy have varied greatly. Empathy is sometimes conceived of as a sympathetic reaction to distress. Also, more broadly, it is said to reflect social understanding and emotional identification. A critical element in cognitive approaches to empathy is the acquisition of social empathy through role taking and imitation (Mead, 1934). Although Mead suggested that empathy involved feeling as well as thinking, it was the latter component that was predominant in his conceptualization of the term. Mead's attention to the activity of role playing anticipated an essential feature of cognitive definitions and explanations of the phenomenon of empathy (Borke, 1971; Chandler, Greenspan, & Barenboim, 1974; Deutsch & Madle, 1975; Hogan, 1969; Shantz, 1975). Although there are a number of different versions of affective approaches to empathy, the requirement of an affective correspondence between the emotional experience of an observer and the observed is, from my perspective, a critical dimension of the empathic response, distinguishing affective approaches to empathy from those employing predominantly cognitive criteria (Berger, 1962; Feshbach, 1975; Feshbach & Roe, 1968; McDougall, 1908; Stotland, 1969; Sullivan, 1953). This requirement of an affective correspondence does not imply that cognitive processes are unimportant in empathy. In fact, the most prevailing current view holds that empathy entails both affective and cognitive elements, the relative role of each varying with the situation and the age and personality of the child or adult (Feshbach, 1973b, 1978b, 1982; Hoffman, 1977, 1982).

The model of empathy that evolved from and guided my research in this area defines empathy as a shared emotional response that is contingent upon cognitive factors. In this integrative-affective model, the affective empathy reaction is
Postulated to be a function of three factors: (1) the cognitive ability to discriminate affective cues in others, (2) the more mature cognitive skills entailed in assuming the perspective and role of another person, and (3) emotional responsiveness, that is, the affective ability to experience emotions (Feshbach, 1973b, 1975, 1978b; Feshbach and Feshbach, 1969; Feshbach and Kuchenbecker, 1974; Feshbach and Roc, 1968). Implicit in this and other models of empathy is the critical requirement of differentiation of self from object.

Hoffman’s (1977) subsequent developmental model of empathy also has three components—cognitive, affective, and motivational—and focuses on empathic responses to distress in others as the motivation for altruistic behaviors. For Hoffman, empathic arousal is already reflected in infant behavior, and although empathic behavior is primarily affective, it subsequently becomes transformed when the cognitive system of the child develops and is afforded a strong role (Hoffman, 1977).

**Parental empathy and child adjustment: a theoretical framework**

**Overview**

In both the Feshbach and Hoffman models, empathy is conceived to be the outcome of cognitive and affective processes that operate conjointly. Given the emphasis on elements of emotional sensitivity and discrimination, and on emotional responsiveness as well as role taking, one can anticipate that empathy in a parent will be associated with a range of other parental attributes. Thus, although warmth is not a defining criterion of empathy, parental warmth is likely to be closely associated with parental empathy. The parent who is empathic with his or her child is attending to the child’s point of view and feelings, and is able to understand and share these feelings. These behaviors and attributes are not likely to be displayed by parents judged to be cold on the parental warmth-coldness dimension. Similarly, one can anticipate that the parent who lacks empathy would be less emotionally involved in his or her children and less attentive to satisfying their needs. Theoretically, empathy should foster close relationships between parent and child. Shared experiences tend to sustain and contribute to social bonds, and this should be the case for shared emotional experiences. In addition, the empathic response of the parent is probably experienced by the child as a form of validation, a sense of being understood. This kind of reinforcing experience should enhance the child’s attachment to the parent. Thus, it appears likely that there is a reciprocal, mutual, sustaining interaction between empathy and the strength of the attachment relationship between parent and child (Feshbach and Feshbach, 1982). Empathy, then, in addition to directly influenc-
ing the child’s development and adjustment, can influence the child indirectly through its relationship to parent attributes, such as parental warmth and involvement in child rearing, and through the effect of these latter attributes on the child’s adjustment.

Theoretical background

The notion of an empathic response functioning as a positive, validating experience for the individual who is the object of empathy is, of course, a basic tenet in Rogerian client-centered therapy (Rogers, 1951; Rogers & Truax, 1967; Truax, 1972). For Rogerian therapists, the process of empathy is central to the therapist–client interaction and relationship. In the Rogerian framework, empathy also plays a critical role in the nature of the parent–child relationship. A parent who can simultaneously express disapproval of an unacceptable action of a child and also convey understanding of the child’s perspective and feelings is communicating a fundamental acceptance of the child ("unconditional positive regard"). According to Rogers, the child is then able to acknowledge disapproved impulses while still feeling loved.

A number of psychoanalytically oriented therapists have also called attention to the reinforcing properties of parental empathy and its significance for the child’s development. Sullivan (1953) sees mother and infant bound together in a mutually empathic relationship. Sullivan suggests that maternal empathy is manifested in the mother’s display of tenderness to her child and in her sensitivity to her child’s needs. Object-relations theorists (Winnicott, 1965, 1970) attribute a similar importance to maternal empathy during the early infancy period. There is some debate among the object-relations group regarding the mechanisms mediating maternal empathy. Whereas Winnicott (1965) proposes that the mother is regressively relying on her own early childhood experience as a basis for empathy with her baby, Kaplan (1983) has argued that parental empathy can and should reflect maturity and competence in differentiation from the infant, rather than psychological regression, projection, and dependency.

Perhaps the most extensive treatment of empathy by a psychoanalytic writer is that of Heinz Kohut (1977). The views of Kohut and Rogers are strikingly similar in this regard, although they differ in emphasis and in theoretical context. For Kohut, the maternal empathic response functions as a "mirror" for the child’s manifestation of narcissistic grandiosity. This mirroring enables the child to identify with the validating parent, thus facilitating the vicarious accension and assimilation of feelings of grandiosity, and leads to heightened self-esteem in the child. The therapist, when treating patients with fragmented self, the so-called narcissistic personality, responds to the patient’s feelings of vulnerability and grandiosity with empathy. This process is referred to as "mirror transference" and is
believed to provide a mechanism by which the patient learns to accept formerly rejected narcissistic impulses and to develop internalized controls. Kohut (1978) writes:

Mirror transference is the reinstatement of the phase in which the mother's eye, which mirrors the child's exhibitionistic display and other forms of maternal participation in the child's narcissistic enjoyment, confirms the child's self esteem and by a gradual increasing selectivity of these responses begins to channel it into realistic directions. (p. 489)

For Kohut, as for Sullivan, empathy is a primitive reaction and mode of comprehension of which infants as well as adults are capable. He asserts, "This primary empathy with the mother prepares us for the recognition that to a large extent the basic inner experience of other people remains similar to our own...Nonempathic forms of cognitions are dominant in the adult. Empathy must thus often be achieved specifically before nonempathic modes of observations are interposed" (Kohut, 1978; pp. 451–452). Whether this concept of a primitive form of empathy that requires minimal cognitive competencies for the apprehension of the affective state of others has some validity is a question that lies outside the scope of the present chapter. I have argued elsewhere that these "primitive" forms of "empathic understanding" are probably precursors of empathy that are contingent upon affect discrimination and perspective-taking competencies as well as emotional responsiveness. For the present purpose, what is most relevant is the consensus by Kohut and other psychoanalytic writers that parental empathy is of crucial importance to the psychological development of the child. Parental empathy should foster positive psychological development in the child, and the lack of parental empathy should be associated with the development of maladaptive behavior patterns. Thus, parental empathy can influence the child's development and adjustment through validation and reinforcement of the child's experiences, thereby facilitating a secure attachment to the parent. Also, parents who lack empathy are less sensitive to their child's feelings and needs. If a parent is insensitive to a child's feelings or desires, these needs are less likely to be met, even when the parent may wish to meet them. Consequently, one can expect that children will experience a considerable degree of frustration and feelings of not being understood if they are reared in households with nonempathic parents.

Nonempathic parents are likely to have nonempathic offspring. In addition to transmitting empathy to the child through the process of modeling, the empathic parent is likely to be more accepting of the child's feelings and to reinforce specifically empathic responses on the part of the child. Many researchers in this field believe that empathy in the child is correlated with prosocial behavior. There is empirical evidence to support this expectation (Feshbach, 1980, 1982; Feshbach and Feshbach, 1986; Goldstein and Michaels, 1985). The empathic
child is likely to be sensitive to the feelings of other children, more able to understand the other child's perspective in conflict situations, and therefore more likely to be generous and cooperative and less aggressive than children low in empathy (Feshbach and Feshbach, 1969). Consequently, another factor linking parental empathy and positive adjustment in the child is stimulation and reinforcement of the child's empathic behavior.

The relationship between parental empathy and child adjustment cannot be adequately examined without considering the phenomenon of physical child abuse. A history of being reared in a physically abusive household is a major predictor of child maladjustment, and there are significant theoretical and empirical reasons to anticipate that parents low in empathy are more likely to engage in physical abuse of the child than parents high in empathy. The empathic parent, by virtue of greater understanding of a child's perspective and feelings, is less likely to misunderstand potential conflict situations. Consequently, there is a lower probability of abuse induced by conflict and misunderstanding in families where the parents are empathic.

Misunderstandings are not the only antecedent of child abuse. A parent burdened with stress or who lacks the skills necessary to modify the child's aversive behavior is disposed to child abuse. However, there is a critical emotional element in empathy, manifested in the vicarious sharing of another's feelings that should reduce the likelihood of parental abuse. Empathic parents should vicariously experience some degree of the pain and distress of the child who is in the object of the physical violence. This empathic response should inhibit abusive behavior in the parent since the abuse, by virtue of empathy, pains the parent as well as the child. The parent low in empathy is less likely to be upset by a maltreated child's distress and is more likely to misunderstand the situation that gave rise to the child's behavior.

A summary model

According to the theoretical analysis that has been presented, parental empathy should have a significant positive role in the socialization process and should facilitate the development of adaptive, positive behavior. However, empathy is not necessarily an "all-embracing good." There are circumstances under which empathy can have negative consequences for a child's development (Feshbach, 1980; Kaplan, 1983). Empathy can be damaging if it is excessive and blocks the parent from engaging in appropriate child-training behaviors that may cause the child some distress or if it fosters intrusiveness into the child's experiences and activities. Empathy can also have deleterious effects if it reflects lack of differentiation between the child and parent. If a parent's emotional re-
actions are essentially self-centered rather than child-centered, the process may not be empathy but symbiosis.

One might argue that narcissistically based and excessive empathy should be distinguished from "true" empathy. However, the fact remains that there are circumstances under which empathy-like responses can reflect pathological rather than constructive emotional processes. In addition, in order to have major child-rearing influence, parental empathy should be coupled with behaviors that reflect sensitivity and understanding. Despite these caveats, one should expect parental empathy to be positively correlated with child adjustment. This hypothesis is based on the several direct and indirect routes that have been described by which parental empathy should enhance the child's psychological development. A schematic illustration of these routes or influences is presented in Figures 12.1 and 12.2.

Several features of these diagrams warrant special comment. The intersecting circles are intended to convey the assumption that parental empathy does not exist in isolation from other parental attributes. Parental empathy is not merely correlated with parental warmth, sensitivity, and involvement with the child. Realistically, it is difficult to conceive of an empathic parent who would not display these other attributes. The converse is less likely to be true. Although an association would be expected between low empathy and low parental sensitivity/low parental involvement, there are undoubtedly many parents who are involved with and sensitive to their child who may not be particularly empathic. Thus, Figure 12.2, although in many ways a mirror of Figure 12.1, is not completely so. One notes also that a stronger empirical association is anticipated between maladjustment in the child and low parental empathy and related correlates than between healthy adjustment and empathy. Similarly, a strong association is anticipated between maladjustment and disturbances in the attachment relationship. Also noteworthy is the proposition implied from the diagrams that the absence or inhibition of child abuse is not predictive of the child's adjustment whereas the presence of child abuse is strongly related to the development of maladaptive behavior patterns.

The variables and interactions depicted in the figures are intended to be schematic rather than exhaustive. Figures 12.1 and 12.2 are not intended to convey a comprehensive description of parental socialization, or of the antecedents of child maladjustment or of the antecedents of physical child abuse.

Research is needed to provide data bearing on the specific hypotheses and interactions conveyed in Figures 12.1 and 12.2, and to supplement the relatively few data available regarding parental behavior correlates of parental empathy. As Goldstein and Michaels (1985) note in their review of the extant literature, "There is little existing research addressing the question of what qualities in the
Figure 12.1. A Schematic illustration of the multi-conceptual interplay between high parent empathy and child adjustment: (a) parental warmth, (b) parental nurturance and caring, (c) parental responsiveness, (d) involvement with child, (e) sensitive parenting.

Figure 12.2. A schematic illustration of the multi-conceptual interplay between low parent empathy and child maladaptive behaviors: (a) parental hostility and aggressiveness, (b) low nurturance and caring, (c) lack of parental responsiveness, (d) low parental involvement, (e) insensitive parenting.
parent or situation are likely to be associated with either high or low level of parental empathy” (p. 174). However, there are data linking these hypothesized parental behavior correlates of parent empathy to facets of the child's adjustment. This research is briefly reviewed in the next section. Subsequently, two recent studies bearing directly on parental empathy and child adjustment/maladjustment correlates are presented.

Empathy-related parental behaviors and children's adjustment: empirical summary

One of the principal dimensions that has emerged in factor analyses of parenting behaviors is warmth–hostility. Becker (1964), in a major review evaluating the results yielded by a number of different studies, concluded that hostility in mothers is significantly related to aggressiveness in children. He also reviewed the correlates of parental restrictiveness–permissiveness and arrived at a similar conclusion regarding the effects of restrictiveness. However, subsequent research indicating negative consequences of permissive parenting (Baumrind, 1971; Olweus, 1980; Patterson, 1982) suggests that the significant parent variable moderating the effects of restrictiveness–permissiveness is the warmth versus hostility of the parents.

The degree of parental involvement or noninvolvement, especially in parents of young children, a parental attribute that may be related to empathy, has also been linked to child outcomes. Thus, Egeland and Sroufe (1981a,b), in their longitudinal study of high-risk mothers, found that infants of mothers identified as “unavailable” (mothers who were detached, emotionally uninvolved, and uninterested in their children) not only showed disturbances in their attachment relationships but became increasingly dysfunctional with age.

Pulkkinen’s (1982) findings from a longitudinal study carried out in Finland also indicate the importance of parental involvement in promoting optimal psychological development in children. At age 14, children of child-centered parents (parents who were interested and involved with their children) were, in general, socially competent, related to their parents, responsible, and achieving. In contrast, the children of parent-centered parents (defined as selfish) were impulsive, had poor emotional control, had more complicated social relationships, and were less achieving. This contrasting pattern became more exaggerated when the sample was evaluated at age 20.

Related to the dimension of parental involvement in the child is parental sensitivity to the child’s feelings and needs. Studies of maternal responses to infants indicate that maternal sensitivity is significantly related to the quality of infant attachment. Ainsworth, Bell, and Stayton (1971, 1974) found that mothers of infants considered to be anxiously attached were less sensitive to and were more
likely to misidentify infant cues than mothers of securely attached infants. Similarly, Smith and Pederson (1983) observed that mothers of infants who were categorized as anxious-resistant or as anxious-avoidant responded less appropriately to and did less monitoring of the infant than mothers of secure infants.

Moreover, the quality of early attachment has been shown to be predictive of infants’ subsequent behavioral adjustment. Infants classified as securely attached at 12 and 18 months were found to be more cooperative, enthusiastic, persistent, and effective at 2 years of age than the insecurely attached children (Matas, Arend, & Sroufe, 1978). These same groups also reflected behavioral differences when observed in a preschool situation 3 years later (Sroufe, Fox, & Pancake, 1983). The children who had been classified earlier as insecurely attached behaved in a more overdependent manner than the securely attached children. Although there is some evidence that the stability of attachment is influenced by situational factors (Thompson, Lamb, & Estes, 1982, 1983), the evidence, on the whole, supports the proposition that an aspect of maternal empathy sensitivity to the child’s feelings and needs is positively related to the child’s adjustment. Consistent with this proposition is the Zahn-Waxler, Radke-Yarrow, and King (1979) finding that prosocial and empathic caregiving behaviors of 1 1/2–2 1/2-year-old children were associated with such empathy-related maternal behaviors as responding promptly and nurturantly to the child’s hurts and anticipating dangers and difficulties.

The final pattern of empathy-related parental behaviors to be reviewed here, in this case inversely related to empathy, is the use of strong physical punishment, particularly as manifested in child abuse. There is considerable evidence that repeated physical punishment by parents is associated with the development of aggressive or delinquent behavior patterns in children (Eron, Walder, & Lefkowitz, 1971; N. Feshbach, 1973a; S. Feshbach, 1970; Patterson, 1982). There is also evidence that children who have been subjected to physical abuse manifest more disturbances and maladjustment than nonabused children. Observations of abused children indicate that they tend to be withdrawn, have low self-esteem, and show hostile and aggressive reaction patterns (Kempe & Kempe, 1976; Martin & Beezely, 1977).

These behavioral difficulties are displayed quite early in the child’s development. In a series of observational studies carried out in a child-care setting, George and Main (1979) found that abused toddlers were more aggressive to caretakers and more avoidant of peers than a matched group of nonabused children. In a subsequent paper (Main and George, 1985), they report striking differences between the abused and nonabused preschool children in their responses to distress manifested by a peer: the abused children manifesting either little concern or negative responses. Howes and Espinosa (1984), in a study emerging from a larger project, carried out under the direction of Professor Carollee Howes
and myself, similarly report that abused children, in contrast to a nonabused group, responded more aggressively to signs of distress in peers, in both a free-play and a structured situation. The deleterious consequences of physical abuse and other forms of maltreatment of children can be shown, even for a population of children already considered at risk (Egeland & Sroufe, 1981a,b). At age 18 months, a higher proportion of children who were physically abused were anxiously attached to their mothers than children of a nonmaltreated control group. Manifestations of anxious attachment were also displayed by children whose mothers were verbally abusive, psychologically unavailable, or neglectful. Children in the physically abused and other maltreated groups also manifested more anger and noncompliance at 24 months than did the children in the non-high-risk groups. A follow-up study when the children were 42 months and 4½–5 years of age revealed problems in attention and in impulse control in all of the maltreated groups (Egeland, Sroufe, & Erickson, 1983). Abusing children, being hostile to children, and neglecting and being uninvolved with children are clearly parenting styles that foster the development of maladaptive behaviors in the child.

Several studies suggest that physically abusive adults are less empathetic than nonabusive adults. Frodi and Lamb (1980) compared the responses of a group of child abusers with those of a matched sample of nonabusers to videotaped scenes of crying and smiling infants. The abuse group had difficulty in discriminating the crying infant scenes from the smiling infant scenes. In addition, the abusive group displayed more anger and less sympathy than the controls when observing the videotapes of crying infants. That is, the abusers displayed less signs of empathy. In a more direct assessment of the relationship between empathy and use of physical abuse, Letourneau (1981) found that the two measures of empathy used in her study were better predictors of physical abuse by mothers than the life-stress measure. More indirect evidence consistent with an inverse relationship between empathy and abuse is provided by Evans (1980), who found that nonabusive mothers, in comparison with abusive mothers, were more likely to produce TAT responses judged as trusting, empathic, and supportive of children.

The empirical findings relating empathy to child abuse and the data on the effects of parental correlates of empathy indicate there is a need for further investigation of parental empathy. Inasmuch as extant scales of adult empathy assess empathy as a widely generalized behavior disposition, my colleagues and I decided to develop a self-report measure that focused specifically on parental empathy. Given the importance of relationships between caretakers for the child’s adjustment, the scale also includes items assessing empathy with one’s spouse or partner. In addition, we made a systematic effort to construct a parent/partner empathy scale based on the three-component model of empathy described earlier.
Parental empathy and child adjustment: two studies

Two studies recently completed in our laboratory at UCLA provided data bearing on the relationship between parental empathy and child adjustment and are relevant to the theoretical relationships discussed in the preceding section.

Study 1

The first study, part of a broader project carried out by Carollee Howes and myself on sociomoral development in abusive and nonabusive families, was concerned with the influence of maternal empathy, stress, and social support on compliance and self-control in young children (Howes & Feshbach, in preparation). The investigation was carried out with physically abusing families, with families receiving services in mental health clinics, and with a control parent group.

It was anticipated that the two clinical parent samples would manifest less empathy than the control sample and that parental empathy would be positively related to children's compliance and self-control. It was also expected that both cognitive and affective factors involved in parental empathy would contribute to these relationships. Compliance behaviors that emerge in the 9- to 18-month period and self-control behaviors that become evident at about 2 years of age are important parameters in the development of self-regulation in young children (Kopp, 1982). Recent data indicate that compliance and self-control are linked to the presence of sensitive communication and interaction between infants and caregivers (Kopp, 1982; Londerville & Main, 1981; Schaffer, 1984; Stayton, Hogan, & Ainsworth, 1971) and to secure attachment relationships (Sroufe, 1985). Thus, it was expected that compliance and self-control, reasonable indicators of adjustment in young children, would be less well developed in children of low-empathy parents. It was further expected that compliance and self-control would be less well developed in the abused and psychiatric clinical samples of children than in the control children.

Children were observed in a laboratory session that measured child compliance and self-control as well as mothers' investment and involvement in their children's behavior. Mothers also completed a set of instruments measuring empathy, stress, and social support.

The sample included 117 mother-and-child pairs. Twenty-six of the mother-child pairs consisted of physically abused children and their abusing mothers drawn from child guidance clinics, identified by the agency as well as the dependency court as documented cases of physical abuse. Twenty-five of the mother-child pairs were clients of the same child guidance clinics with no history of
abuse, nor were they suspected by the therapists of abuse. An additional 66 mother–child pairs were obtained from day-care centers and parent education classes.

The families were predominantly middle class and moderately well educated. About 80% of the families were Anglo, the remaining families were Hispanic, black, and Asian. All of the mothers spoke English. Children in the control sample were younger than children in the abused and clinic samples; there were proportionately more boys in the abused sample and more girls in the clinic sample than in the control sample; there were more single parents in the abused and clinic samples than in the control sample; mothers in the control sample had more years of school than mothers in the abused and clinic sample. These differences were not unexpected, given the known demographic characteristics of abusing families. Further analyses of differences between groups were carried out using age, sex, single parent, and mothers’ education as covariates. No other significant demographic differences between the family groups were found.

The data were collected over two sessions, scheduled approximately 1 week apart. During session I the empathy (Feshbach & Caskey, in preparation) and stress (Feshbach, 1985a) questionnaires were administered. During session II the mother–child interaction was observed and the parents completed the social support questionnaire. The empathy variable was assessed by the Parent/Partner Empathy Measure, a new paper-and-pencil inventory developed by N. Feshbach to assess parental empathy toward one’s child and toward one’s partner (Feshbach & Caskey, in preparation). The measure consists of 40 statements presented in a Likert format in which a respondent indicates whether the statement is always, usually, sometimes, or never true. The measure is based on the three-component conceptual model of empathy described above (Feshbach, 1975, 1978b). Individual items were designed to assess parental and spousal/partner discrimination of affective cues, role-taking skills, emotional expressiveness and general empathy. Cronbach’s alpha for the full scale is .87.

A factor analysis of this scale, in which a principal-components solution was employed, yielded four factors that were subject to a varimax rotation. The first factor, labeled cognitive, includes 13 parent and partner discrimination and role-taking items. The second factor, labeled affect expression, includes 10 items about one’s own expressiveness and attitudes about others’ expressiveness. Most of the items pertaining to this factor are directed toward children. The third component is a spousal/partner empathy factor and includes 9 cognitive, affective, and general empathy items with the object the spouse. The fourth factor, labeled empathic distress, consists of 7 items reflecting shared reactions to distress and discomfort in others.

It may be noted that the dimensional structure yielded by the factor analysis is highly consistent with the three-component model of empathy. The two cogni-
tive components appear on one factor and the items reflecting the affective component load on a second factor. Of the two remaining factors, empathic distress is of particular interest in that it corresponds to the function of empathy most emphasized by Hoffman (1982).

Parental stress was assessed by the Feshbach, Jordon, and Hoffman Sources of Stress Inventory, a paper-and-pencil measure designed to tap mothers' and fathers' perceptions of chronic stress (Feshbach, 1985a). Parents rated each of 12 items on a 5-point Likert scale ranging from 1 (little stress) to 5 (severe constant stress). Items include such life areas as money, household chores, time demands, job-related stress, relationships, and health. A total score is obtained by summing the amount of stress indicated for each of the 12 items.

A social support measure included the assessment of network stability, support, contact, integration, and reciprocated help (Howes & Olenick, 1986).

The laboratory sessions were videotaped and included four tasks (Howes & Olenick, 1986). The first task measured the child's ability to comply with the mother's request to complete and remain with a boring task. The second and fourth tasks measured the child's ability for self-control in the presence of the mother, and the third task measured the child's ability to comply with the mother's request to complete a familiar cleanup task.

Factors measured among children included compliance, the extent to which the child completed tasks 1 and 3, and self-control, the data yielded by the child's behavior in tasks 2 and 4. Child expressions of positive and negative affect were derived from frequencies of these responses observed during the four tasks.

Several parental measures were derived from the observations. Parent involvement in child compliance was the extent to which the mother helped the child in the boring and cleanup tasks combined with the rating of parental physical restraint in the forbidden toy task (task 2). Parental investment in child's compliance was derived from the mother's insistence on the child doing the various tasks, and the measures of parental expressions of positive and negative affect were summed from frequencies of these behaviors across the four tasks.

Of principal interest are the findings bearing on the differences between the clinical and control groups on the empathy measure and, especially, on the relationship between parental empathy and the indices of the child's social functioning. A comparison of the means of the three parent groups on the Parent/Partner Empathy Measure and its factorial components is presented in Table 12.1. With the exception of the empathic distress factor, the control parents manifested significantly greater empathy on each of the empathy factors than did the abuse or psychiatric parent groups, the mean scores of the latter two groups being quite similar. With regard to empathic distress, the control mean was almost identical to the psychiatric group mean, both groups manifesting greater empathic distress than the abuse group.
Table 12.1. *A comparison of mean scores of control, psychiatric, and child abuse groups on Parent/Partner Empathy Measure and its factorial components*

<table>
<thead>
<tr>
<th></th>
<th>Total empathy</th>
<th>Cognitive (F-1)</th>
<th>Affect expression (F-2)</th>
<th>Partner empathy (F-3)</th>
<th>Empathic distress (F-4)</th>
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<tbody>
<tr>
<td>Control</td>
<td>131.7</td>
<td>42.3</td>
<td>35.2</td>
<td>30.3</td>
<td>21.8</td>
</tr>
<tr>
<td>High risk</td>
<td>124.8</td>
<td>38.8</td>
<td>34.2</td>
<td>28.8</td>
<td>21.6</td>
</tr>
<tr>
<td>Abuse</td>
<td>122.8</td>
<td>39.2</td>
<td>34.1</td>
<td>27.2</td>
<td>20.2</td>
</tr>
<tr>
<td>p &lt;</td>
<td>.001</td>
<td>.001</td>
<td>.05</td>
<td>.05</td>
<td>.05</td>
</tr>
</tbody>
</table>

*Source: Feshbach & Caskey (in preparation).*

Table 12.2. *Relationships between empathy and mother and child behaviors when controlling for social support and stressa*

<table>
<thead>
<tr>
<th></th>
<th>Cognitive</th>
<th>Express</th>
<th>Spousal</th>
<th>Distress</th>
<th>Total</th>
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<tbody>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>compliance</td>
<td>.09</td>
<td>-.17</td>
<td>.05</td>
<td>.06</td>
<td>.16</td>
</tr>
<tr>
<td>self-control</td>
<td>.12</td>
<td>-.53**</td>
<td>-.05</td>
<td>.56**</td>
<td>.49**</td>
</tr>
<tr>
<td>positive affect</td>
<td>.31*</td>
<td>.01</td>
<td>.29*</td>
<td>.11</td>
<td>.20</td>
</tr>
<tr>
<td>negative affect</td>
<td>-.19</td>
<td>.31*</td>
<td>-.14</td>
<td>-.31*</td>
<td>-.27</td>
</tr>
<tr>
<td>Parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>investment</td>
<td>.23*</td>
<td>.15</td>
<td>.03</td>
<td>.65***</td>
<td>.67**</td>
</tr>
<tr>
<td>involvement</td>
<td>.39**</td>
<td>.11</td>
<td>-.17</td>
<td>.32*</td>
<td>.51*</td>
</tr>
<tr>
<td>positive affect</td>
<td>.14</td>
<td>-.04</td>
<td>.12</td>
<td>.34**</td>
<td>.39**</td>
</tr>
<tr>
<td>negative affect</td>
<td>-.10</td>
<td>.09</td>
<td>-.18</td>
<td>.35**</td>
<td>-.39**</td>
</tr>
</tbody>
</table>

*Partial correlation df = 109; *p < .05, **p < .01, ***p < .001.

*Source: Howes and Feshbach (in preparation).*

The correlations of the empathy scale factors with the child behaviors in the laboratory situation are presented in Table 12.2. These are partial correlations, in which social support and stress are held constant. The partial correlations of the empathy factors with measures of maternal behavior in the laboratory situation are reported here because these correlations bear on the validity of the empathy measure. On the whole, the correlations are consistent with theoretical expectation. Although the measure of child compliance is unrelated to the total empathy score, there is a significant positive correlation of .49 between total
empathy score of the mother and the amount of self-control manifested by the child in the laboratory situation. It also would appear that the children of mothers who encourage affect expression tend to display greater affect expression in the form of less self-control and more negative affect display. It is of theoretical interest that the correlations obtained with the empathic distress factor are most consonant with those found for the total empathy score. Both the total score and emotional distress factor scores correlate positively with child self-control, negatively with child negative affect, and positively with maternal investment, maternal involvement, and maternal positive affect. Only in the case of maternal negative affect was there a difference in the direction of the correlation. The findings of this first study indicate that parent/partner empathy is related to a significant feature of the child's adjustment – degree of self-regulation. The children of more empathic parents tend to display greater self-control. In addition, the findings indicate that the new Parent/Partner Empathy Measure has theoretical and empirical utility.

Study 2

Study 2 was concerned with the interrelationships between family environment, parental characteristics, and adjustment in school-age children (Repetti, Feshbach, & Nelms, in preparation). It was part of a larger project, codirected by Norma Feshbach and Seymour Feshbach (1986), which included a series of interrelated field studies on affective processes and academic achievement in nonpathological samples of elementary school–age children.

Although a variety of family and individual difference variables were included in the study, only the variables under consideration in this chapter are discussed.

A correlation design was used to relate parent variables to symptoms of maladjustment in children. Fifty-six mothers and 41 fathers (29 parent pairs) of 62 children aged 8½ to 11½ attending a university elementary school completed a series of questionnaires. These included the Parent/Partner Empathy Measure, the Block (1969), and the widely used Child Behavior Checklist (CBCL) (Achenbach and Edelbrock, 1981). The Externalizing Scale, which measures symptoms such as aggressiveness and conduct problems, and the Internalizing Scale, which assesses symptoms such as social isolation and depression, were our chief targets of interest. It was predicted that higher levels of parental empathy would be associated with fewer adjustment problems in children. As the data in Table 12.3 reflect, the hypothesis was supported by the findings. For mothers there is a significant inverse correlation between empathy and symptomatology across both adjustment scales, whereas for the fathers the inverse association holds only between empathy and externalizing symptoms.

The 29 mother-and-father pairs provided another opportunity to assess the
Table 12.3. *Intercorrelations between Parent/Partner Empathy Measure and child adjustment scales*

<table>
<thead>
<tr>
<th>Empathy</th>
<th>Internalizing Scale</th>
<th>Externalizing Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fathers (N = 21)</td>
<td>-.16</td>
<td>-.41*</td>
</tr>
<tr>
<td>Mothers (N = 38)</td>
<td>-.37**</td>
<td>-.42**</td>
</tr>
</tbody>
</table>

*Note: Probability levels are based on one-tailed tests; *p ≤ .05, **p ≤ .01.*

utility of the empathy measure. Discrepancy scores between parents were determined for each of the discipline items on the Block Scale, and then summed across all items. This discipline discrepancy score was then correlated with mothers’ and fathers’ total empathy scores, respectively. It was anticipated that greater empathy on the part of parents would be associated with greater sharing of discipline attitudes and practices. The obtained correlations were consistent with this expectation. The correlation between maternal empathy and discipline discrepancy was −.55 (p < .01) and that for paternal empathy was −.54 (p < .01).

Although the data analysis for this study is still in progress, the results yielded thus far support the positive role that parental empathy is hypothesized to play in the child’s adjustment. Low parental empathy is associated with greater behavioral symptomatology in the child and is also indicative of inconsistencies between the parents in their discipline attitudes and practices. At the same time, the findings again point to the utility of the Parent/Partner Empathy Measure.

Conclusion

Parental empathy has been proposed as a significant parameter of socialization. In this chapter, it has been theoretically linked to major dimensions of parental attributes and practices such as parental warmth, parental involvement in the child, and parental sensitivity to the child. It is believed to be a major element in the attachment relationship between parent and child. In general, it is suggested that parental empathy fosters positive social response patterns and facilitates the development of adaptive behavior in children. At the same time, it has been hypothesized that the negative influence of low empathy on children’s adjustment is likely to be stronger than the positive influence of high empathy. Thus, low empathy on children’s adjustment is likely to be stronger than the positive influence of high empathy. Thus, low parental empathy has been suggested as a very important element in the matrix of factors involved in physical child abuse. This proposed negative effect of low empathy leads to a number of
other hypotheses that warrant empirical evaluation. For example, low empathy may have particularly deleterious effects in interaction with development problems presented by the child or stressful conditions presented by the environment.

On an empirical level, the role that empathy plays in the socialization process is yet to be investigated. Extant data are limited, and the two studies reviewed here constitute only a beginning effort. The measurement of parental empathy has always been a challenge and a stumbling block. Although the data indicate that the Parent/Partner Empathy Measure is useful, the instrument has only recently been developed and requires further analysis and testing. Further work with the measure should help clarify the component structure of empathy, especially the different properties of the empathic distress and affect expression factors.

The findings of the two studies are consistent with the theoretical properties ascribed to parental empathy. Parents who physically abuse their children are low in empathy; parents who are low in empathy tend to have children who have problems in self-regulatory behavior and other symptoms indicative of maladjustment. These relationships need to be explored in other contexts, especially among populations that include fathers as well as mothers. From theoretical, empirical, and clinical standpoints, the further investigation of parental empathy appears to be an important and fruitful endeavor to pursue.

References


