

# Compassion in Organizations: Cause for Concern or Distress

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## ABSTRACT

Compassion in organizations is researched as a three-stage interrelated process of noticing another's pain, empathic concern or feeling another's pain, and taking action to relieve all, or some, of their suffering. Current organizational compassion theory identifies agent capacities of emotional flexibility and agent diversity in the form of cognitive, affective and resource diversity as essential to compassionate acts in organizations. However, the sustained need to remain empathic for others in caring organizations, such as healthcare and social services, and in socio-economic contexts where suffering is endemic, may lead to empathic distress, and a need to express self-oriented actions. These experiences have an effect on both cognitive and affective processing. This paper advances a model of empathy according to Enaction, a dynamical systems approach to embodied cognition. It aims to illustrate the unpredictable and non-linear, dynamical nature of the empathic process. It highlights the contribution of self-awareness, based on embodiment and active sensing, in enhancing the recursive, intrapersonal processing of somatic, cognitive and affective factors. This is deemed to be essential to perspective-taking, thus encouraging empathic concern rather than empathic distress.

**Keywords:** Organizational compassion, empathy, empathic concern, empathic distress, enaction, embodiment

## INTRODUCTION

Care and compassion, empathy, and pro-social action have become important topics in organizational theory. The October 2012 issue of the Academy of Management Review Special Topic Forum was dedicated to Understanding and Creating Caring and Compassionate Organizations, with various articles expounding the importance of compassion at the micro-and macro levels in organizations. Researchers iterate the timely nature of compassion studies related to organizations, as more of the world seems to be suffering, and compassionate acts towards those who are suffering have positive effects on both the giver and receiver of compassion (Atkins & Parker, 2012; Rynes, Bartunek, Dutton, & Margolis, 2012), as well as the organization as a whole (Madden, Duchon, Madden, & Ashmos Plowman, 2012). The success of work units is dependent upon engendering helping behaviours amongst its members (Organ, 1997). The giving and receiving of compassion are associated with positive emotions and deepened senses of belonging among employees in the workplace, which, in turn, impacts positively upon work outcomes, most notably 'performance' (Dutton, Frost, Worline, Lilius, & Kanov, 2002; Kanov et al., 2004; Lilius et al., 2008, April, Kukard, & April, 2013).

Miller (2007) identifies the need for theory and practice in organizational communication that focuses on relationships with peers and clients. This is, in part, due to the prevalence of suffering of individuals within organizations, and in part due to the shift in global economies to service industries, and more recently to human service industries such as healthcare and social services (Miller, 2007). Research on compassionate communication in human service industries highlights the importance in organizations of encouraging a climate for compassion to flourish (Dutton, Worline, Frost, & Lilius, 2006; Miller, 2007).

Our work aims to advance a model of empathy, a determinant of compassion, with a two-fold contribution to theory. First, to the organizational theory literature, it aims to illustrate the futility of relying on spontaneous individual acts of compassion in organizations, by highlighting the complex dynamics in the agent's intrapersonal life in the potential empathic exchange. This is particularly so in socio-economic climates such as South Africa, where suffering may be endemic, and where agents in an organization may express vastly divergent current and historical, as well as psycho-social, contexts.

Second, it aims to apply the theory of Enaction, a dynamical perspective on embodied cognition (Thompson, 2007; Varela, Thompson, & Rosch, 1991) to the construct of empathy, illustrating how the intrapersonal dynamics occurring in an agent in response to another's suffering may emerge as either a pro-social, or a self-oriented, response. The paper explores the intrapersonal dynamics in relation to affect experience and embodiment in the empathic process, by linking the prevailing organizational theoretical framework for compassion in the workplace with current prominent thought on empathy and embodied cognition.

## DEFINING EMPATHY AND COMPASSION

The constructs of compassion and empathy are researched in depth in the literature with much overlap and little agreement as to the extent and precise boundaries between the two in relation to cognitive, affective and behavioural components. It is beyond the scope of this study to conduct an in-



depth review of this literature. There is some agreement in the psychology and cognitive science literature on three main components in the empathy process, namely: an experience of affect in the observer; a cognitive capacity of perspective-taking; and a process of identifying self and other elements in the interaction (Lamm, Batson, & Decety, 2007). Furthermore, the experience of affect may be experienced as empathic concern or empathic distress (Davis, 1983; Eisenberg & Miller, 1987; Kinman & Grant, 2010).

In this article the well-documented definition of compassion in organizational literature as a three stage interrelated process involving: noticing others pain; feeling other's pain; and responding to other's suffering (April, Kukard, & Peters, 2013; Atkins & Parker, 2012; Dutton et al., 2006; Kanov et al., 2004) will be applied, including the association between feeling other's pain and empathic concern (Lilius et al., 2008). Empathic concern has been lineated as an essential stage leading to compassionate acts (Dutton et al., 2002, 2006; Lilius et al., 2008).

## **COMPASSION IN ORGANIZATIONS: A SPONTANEOUS HUMAN ACT?**

Compassion at the organizational level has been ascribed to the orchestration of spontaneous individual acts of compassion in accordance with specific organizational architecture (Dutton et al., 2006). The activation and mobilization of individual acts of compassion is accordingly ascribed to human agency (Dutton et al., 2006). Madden et al. (2012) propose a theory based on a complex adaptive systems (CAS) approach that, providing certain conducive (initial) organizational conditions are in place, agents will reorganize themselves into compassionate actions given a fellow agent's suffering. Their theory is based upon the assumption that humans have an innate tendency to act compassionately towards one another (Madden et al., 2012). However, when considering human agency, one must consider the complex responses stimulated in agents in the face of another person's pain or suffering (Blair, 2005; Decety & Meyer, 2008). Many of these may inhibit action directed in a positive and productive manner towards a suffering person. These responses are further complicated when both potential giver and receiver of compassion in the empathic exchange have experienced, or are experiencing, similar suffering (Baird & Kracen, 2006; Figley, 2002a; Jenkins & Baird, 2002).

### **■ Existing research on compassion in organizations**

Compassion has recently become a topic of interest in organizational literature, with studies indicating the benefits at an organizational level of acts of compassion between agents of the organization (Madden et al., 2012; Organ, 1997) and between agents in the organization and those they serve (Lilius et al., 2008). Research has focused on compassion as a three phase process, which Atkins and Parker (2012) extend to include appraisals in the form of agent goal or self-relevance, agent coping efficacy and sufferers deservingness.

A limited number of studies identify specific agent characteristics as being conducive to compassionate acts. Atkins and Parker (2012) propose that the capacity for psychological flexibility in an agent, taken to be mindfulness combined with values-directed action, enhances the cognitive, affective and behavioural tendencies towards compassion. In their CAD model, Madden et al. (2012) hypothesize that a configuration of agents expressing diverse capacities, namely cognitive, emotional and resource diversity, contribute towards an adaptive system that will reorient towards compassionate outcomes. April, Kukard and Peters (2013) suggest an orientation of stewardship within the giver of compassion, which is dependent on the ego maturity levels of the individual. They similarly propose that such orientation emanates from a particular, personal values base.

Studies of compassion in organizations have been conducted where the sufferer has experienced discrete events of personal suffering, such as illness or the death of someone close to them (Dutton et al., 2006; Kanov et al., 2004; Lilius et al., 2008), context-relevant trauma (April, 2013), or large-scale disasters such as the World Trade Centre bombing of 11 September 2001 (Dutton et al., 2002). In societies experiencing multiple socio-economic challenges such as South Africa, employees of organizations may experience ongoing and repeated episodes of, or continuous, suffering. Agents working as service providers in service industries, under these conditions, may be experiencing similar, multi-dimensional suffering in their own lives to the suffering of those they serve. These circumstances warrant specific enquiry.

### **■ Empathy: A complex, non-linear, intrapersonal dynamic**

Understanding empathy gives one an insight into why agents may exhibit pro-social action versus actions that are self-oriented (Eisenberg & Morris, 2001). The construct of empathy covers a range of behavioural responses, with various authors distinguishing between outcomes that result from empathic concern and empathic or personal distress (Davis, 1983; Eisenberg et al., 1994; Kinman & Grant, 2010). Empathic concern results in a tendency towards sympathy or concern towards another (Wilhelm & Bekkers, 2010) and may, but not always, lead to outcomes directed towards those in need (Decety & Moriguchi, 2007). It is usually accompanied by feelings and expressions of warmth (Kinman & Grant, 2010).

On the other hand, empathic distress, or personal distress, is experienced with anxiety and discomfort (Batson, Coke, & Pych, 1983; Davis, 1983; Kinman & Grant, 2010) and is an aversive

emotion (Davis, 1983). Over-arousal, often associated with long-term empathic distress, may lead to an avoidance of contact with people perceived to be needy (Eisenberg & Morris, 2001) and, in the extreme, total disengagement from people in general (April, April, & Wabbels, 2006).

Empathy and emotional energy have been cited as driving forces in effectively working with people (Figley, 2002b). It is well recognised that empathy plays an important role in creating therapeutic rapport between practitioners and patients (Norfolk, Birdi, & Walsh, 2007), and in some cases it is considered to be the single most important factor (Sinclair & Monk, 2005). Furthermore, it is argued that an empathic physician can facilitate the physiologic effects of treatments through skilful participation in the meaning response facilitated by empathy (Frenkel, 2008). The experience of empathy in the practitioner is deemed to benefit both practitioner and patient/client (Chen, Lew, Hershman, & Orlander, 2007). Empathy allows a person to understand what is going on inside another's cognitive and emotional life in an experience-near way (Decety & Meyer, 2008).

While empathy, in the Western context, is interpreted through an individualistic lens, often in the therapeutic context (Bride & Figley, 2007; Gentry, Weber, & Sadri, 2007; Gilbert, 2009; Radey & Figley, 2007), the non-Western approach focuses on the individual and significant others in a societal context (Pedersen & Pope, 2010). Empathy is deemed to be developmental, providing the ground for developing capacities of non-egocentric or self-transcendent modes of inter-subjectivity (Thompson, 1999).

Such a developmental step is evident in moving from emotional identification with the experiences of another, to empathic concern and pro-social action (Decety & Meyer, 2008). People with a deficit in capacity for empathy are more likely to display anti-social behaviour (Geer, Estupinan, & Manguno-Mire, 2000; Marshall, Hudson, Jones, & Fernandez, 1995). People who experience empathic concern for a person in distress are more likely to assist that person (Batson et al., 1983), resulting in acts of compassion.

Noticing another's pain, as the initial phase in the compassion process, comes with some complexity. The sharing of experience or affect between people, the initial phase of the empathic process, has been described by some authors as unconscious and automatic (Decety & Meyer, 2008; Decety & Moriguchi, 2007), with developments in the cognitive and neuro-sciences ascribing the affect to the neural mechanisms of mirror neurons (Avenanti & Aglioti, 2006; Gu & Han, 2007). This would imply that the observer has very little, if any, control over the matter. Then, dependent upon the observer's capacity for cognitive and affective processing, and capacity to identify self and other inputs (Decety & Meyer, 2008; Decety & Moriguchi, 2007), they may moderate the affect experience resulting in empathic concern rather than empathic distress (Davis, 1983; Eisenberg et al., 1994; Kinman & Grant, 2010). Pivotal to a pro-social outcome, or the ability to actionably respond to another's suffering, is the capacity in the observer for self-awareness, the ability to make him or herself the object of observation (Decety & Meyer, 2008), which more than often emanates from self-love (Maharaj & April, 2013).

While the benefits of empathy are well recognized, the on-going need to remain empathic has been cited as a contributing factor to compassion fatigue (Adams, Boscarino, & Figley, 2006; Baird & Kracen, 2006; Bride & Figley, 2007; Jenkins & Baird, 2002; Radey & Figley, 2007; Stamm, 2010). Compassion fatigue may be defined as a state of tension and arousal experienced by people helping others, by re-experiencing of the traumatic events, numbing and avoidance, or persistent arousal over lengthy periods of time (Figley, 2002a). It is measured as burnout and secondary traumatic stress (Stamm, 2010). The on-going provision of empathic care to people who are experiencing adversity may result in a vicarious sharing of the adverse experiences, as well as an over-identification with such experiences and people, with consequent secondary traumatic stress (Figley, 1995; McCann & Pearlman, 1990), or, as in burnout, a more gradual, time-based onset of exhaustion, a need to cut off from those one is caring for, disengagement from the caring work and a loss of a sense of accomplishment (Maslach, Schaufeli, & Leiter, 2001; Maslach, 2003; McCann & Pearlman, 1990; Salston & Figley, 2003).

#### ■ **Socio-economic challenge: When compassion fatigues the carer**

What are the unique circumstances of a social climate in which many of the employees in an organization experience multiple incidents of suffering in their lives, and where the agents as potential givers of compassion experience similar suffering in their own lives? Dependent upon the observers' capacities for cognitive and affective processing, personal history and current context (Decety & Meyer, 2008; Decety & Moriguchi, 2007), the agents in an organization may experience empathic concern which may lead to compassion and pro-social action, or empathic distress leading to self-oriented behaviours (Decety & Meyer, 2008; Decety & Moriguchi, 2007; Kinman & Grant, 2010). The on-going need to remain empathic, and particularly the experience of empathic distress, is a contributing factor to compassion fatigue in carers (Bride & Figley, 2007; Radey & Figley, 2007). Furthermore, an agent is more likely to be susceptible to compassion fatigue if they have experienced or are experiencing suffering in their own lives, and if they are exposed to multi-dimensional or multi-layered suffering in others (Baird & Kracen, 2006; Jenkins & Baird, 2002). Baird and Kracen (2006) find persuasive evidence for the amount of trauma exposure that an agent

experiences in their work, and reasonable evidence for the personal trauma history of the agent, in the risk of experiencing secondary traumatic stress in the work context.

Interestingly, Lilius et al (2008), conducting a survey with 239 respondents from a large community hospital in the United States, were heartened to note spontaneous compassionate acts amongst employees in the organizations. They, however, recorded lower prevalence of such acts amongst employees working together in units performing direct care as opposed to administrative units, this being ascribed to compassion fatigue (Lilius et al., 2008).

South Africa, as an emerging economy, faces multiple socio-economic challenges. In the South African health arena, the Western Cape (Provincial) Department of Health identifies a Multiple Burden of Disease from infectious diseases such as HIV/AIDS and tuberculosis, injuries from motor vehicle accidents and violence, and chronic disease such as diabetes, heart disease and cancer (Myers & Naledi, 2007). A study of 250 carers working with HIV patients in various healthcare and educational capacities reported that they felt overworked, overburdened and unsupported by their employers, many exhibiting symptoms of occupational stress with feelings of depersonalization towards those they were meant to be caring for (van Dyk, 2007). Rock (1996) reports on the challenges carers face in working with children exposed to trauma in South Africa, the powerful emotions expressed by these children often bringing up fight or flight reactions in the carer. In child and youth care work, a gap is experienced between academic knowledge, research, and practical requirements of workers (Gharabaghi, 2008), with “new staff ... quickly abandon[ing] all theoretical concepts in the face of the sensory overload that immobilizes them as they start to work...” (Phelan, 2000, p.1). Bateman (2012) reported, in the South African Medical Journal, on a study conducted in 2011 in which three quarters of medical doctors in the Western Cape public health facilities exhibited clinically significant signs of burnout.

Thus, one sees that the capacity to maintain empathic concern and to display acts of compassion on an on-going basis, specifically when the agent is experiencing similar adversity in their own life, is indeed challenging.

## AN ENACTIVE MODEL OF EMPATHY IN ORGANIZATIONS

The aim in this section is to interpret the construct of empathy through the lens of Enaction (Thompson, 2007; Varela et al., 1991), an application of embodied cognition based on dynamical systems theory (Chemero, 2013). It thereby aims to illustrate the intrapersonal dynamics within the empathic agent in response to another person's suffering as leading to emergent behaviour that is influenced by multiple factors, and according to the principles of a non-linear, dynamical system. This will be achieved by interpreting the intrapersonal dynamics in the empathic process through the lenses of the enactive fundamentals of: (a) autonomy, (b) emergence, (c) sense-making, (d) affect experience, and (e) embodiment (Thompson & Stapleton, 2008). It begins with an introduction to Enaction, follows with an articulation of the researchers' understanding of current empathy theory, then goes on to interpret the empathic interaction from an enactive approach.

Enaction is deemed by these authors to be a relevant lens through which to interpret the construct of empathy, since it addresses the complex, non-linear, recursive nature of the various processes of cognition, self- and other awareness, as well as unconscious affective interaction of the agent with others in the environment. Furthermore, it provides a comprehensive understanding of embodied cognition, which adequately explains the unconscious proclivity of an agent to mimic the affect of another through the body and neural mechanisms.

### ■ Enaction: an approach to cognition

Varela, Thompson and Rosch (1991) introduced Enaction as an embodied, dynamical approach to cognition in their book *The Embodied Mind*. This was in an attempt to group together various ideas related to cognition as an emergent capacity in autonomous, embodied agents through the continuous, circular interaction of neural networks, the brain and the environment.

The enactive approach applies a combination of non-linear dynamical modeling with embodied cognition (Thompson, 2007). According to Beer (2000), both the dynamical and embodied approach function as stand-alone theories, but combine in Enaction to form a more powerful explanation of human cognition. From a dynamical perspective, cognition relies upon the functions of the brain as they are embedded in the whole body and the environment, rather than interpreting it as entirely a function of the brain (Varela et al., 1991). This occurs as a reciprocal interaction between awareness and the faculties of sensing, perceiving and acting as they occur through the nervous system (Varela et al., 1991). Enaction elaborates on this theme by introducing the cognizing agent and the process of cognition from the perspectives of the mutually-supporting core concepts of: autonomy; sense-making; emergence; embodiment; and experience (Thompson & Stapleton, 2008; Thompson, 2007; Varela et al., 1991).

The following is an introduction to these core concepts:

### ➤ **Autonomy**

The cognitive process in human beings is autonomous in that the individual self-determines their inner world of cognition in order to regulate their interactions with the outer world (Thompson, 2007; Varela, 1979; Varela et al., 1991). In other words, they specify their own laws (Maturana & Varela, 1992). An autonomous system is one in which the constituent processes within the system are dependent upon each other for the manifestation of the system, and act as a whole in whatever domain they exist. These processes determine a range of interactions with the world around them (Thompson & Stapleton, 2008).

### ➤ **Sense-making**

The human being, as an autonomous agent, in order to enable survival within the world, needs to create and maintain meaningful patterns of activity within themselves, and with the world. It thereby makes sense of itself and the world, as self and world are perceived through the circular, perpetual activity of sensory and motor neurons (Varela et al., 1991). This is an adaptive element of the system within the environment (Thompson, 2007).

### ➤ **Emergence**

Cognition, as an interaction of nervous system structures and processes within the human mind, emerges in response to recurrent, socially-constructed patterns of sensing, perceiving and acting in relation to the environment (Thompson & Stapleton, 2008; Thompson, 2007; Potter, 2003).

### ➤ **Experience**

Phenomenological experience, as a first-person account of the intrapersonal perception of self and of the world in which the self is embedded, is central to an enactive approach (Thompson, 2007).

### ➤ **Embodiment**

The human mind extends throughout the body and into the environment with which the person interacts. It is not limited to the brain and the structures within the head (Maturana & Varela, 1992; Thompson & Varela, 2001; Varela et al., 1991). This is postulated to occur in the various bodily self-regulatory mechanisms such as hunger and satiety, fatigue and vitality, as well as pain and comfort; in the coupling that occurs between the sensing and acting nervous system activity; and in the affect experiences that occur in inter-subjective interactions between agent and other people, and agent and the world (Thompson, 2007).

## ■ **The dynamical system**

The dynamical hypothesis states that humans, as natural cognitive agents, are dynamical systems, and accordingly sensing, perceiving and cognizing should be interpreted according to dynamical principles (van Gelder & Port, 1995). In contradistinction to the currently dominant, predictable computational model of cognition as the sequential processing of discrete, time-bound symbols or mental representations (van Gelder & Port, 1995), the dynamical approach focuses on the evolution or change over time of cognitive processes, where various elements in the cognitive field are working upon each other according to continuous, circular processes (Clark, 1999). Computationists identify a linear sequence of sensing, perceiving, thinking and acting in the cognitive and behavioural event, whereas for dynamicists these processes unfold in a circular, feedback manner (Thompson, 2007).

The dynamical approach is increasingly seen as a relevant model where cognition is recognized to be the emergent result of an embodied agent interacting with its environment (Beer, 2000; Borrett, Kelly, & Kwan, 2000). It is further noted that the dynamical approach could augment, rather than replace the computational or representational approach (Clark, 1999). The approach describes a co-ordination of agents' inner and outer worlds with an incremental trajectory of embodied experience, as sensed from the outer world of things and others, and integrated into the inner world of thought and experience (Clark, 1999).

## ■ **Current empathy thinking**

Individual human consciousness is said to be formed in the dynamic encounter between self and other, and expressed through the process of empathy (Thompson, 1999). Developments in the cognitive sciences have resulted in a cognitive-neural interpretation of empathy described as a psychological construct that "refers to an inter-subjective induction process of sharing of positive and negative emotions, without losing sight of whose feelings belong to whom" (Decety & Meyer, 2008, p. 1053).

The humanist, Carl Rogers, introduced empathy in the psychotherapeutic context by stating that:

"It is the counselor's function to assume, in so far as she is able, the internal frame of reference of the client, to perceive the world as the client sees it, to perceive the client himself as he/she is seen by himself, to lay aside all the perceptions from the external frame of reference while doing so, and to communicate something of this empathic understanding of the client" (Rogers, 1951, p. 348).

Eisenberg and Strayer (1987) describe empathy as an emotional state or condition that is congruent with another's emotional state or situation. An inner imitation process (Avenanti & Aglioti, 2006) occurs between the observer and the observed. This may be in response to overt perceptible cues indicative of another's affective state, such as a person's facial expressions, or as a consequence of inferring another's state through indirect cues, such as the nature of the other's situation (Decety & Meyer, 2008).



Empathy involves an inter-individual process of sharing of beliefs, inner states and experiences (Avenanti & Aglioti, 2006), a parallel construction of the other person’s experience (Blatt, 2013), and an understanding of their unique experience as well as the meaning they ascribe to the experience (Vanaerschot, 2007). Empathy occurs when one person shares the thoughts, perceptions and feelings of another person (Pedersen & Pope, 2010).

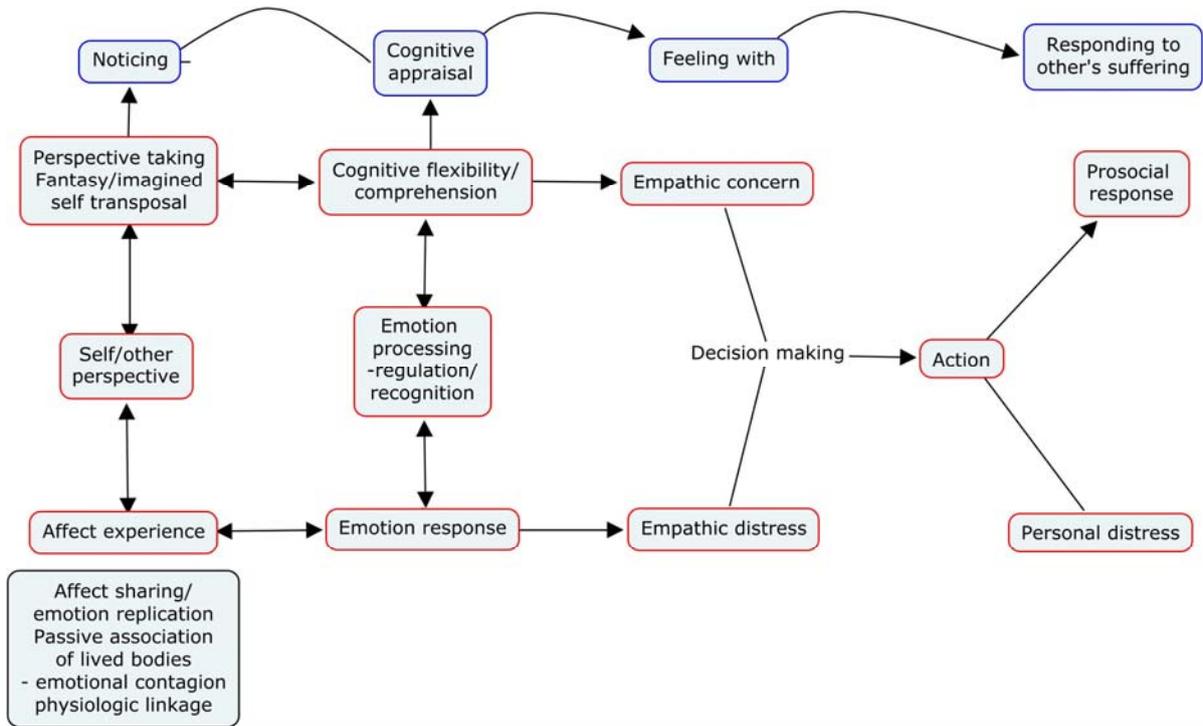
Various authors argue that the unitary construct of empathy should be divided into separate constructs, with Davis (1983) presenting four constructs: (1) perspective-taking, (2) fantasy, (3) empathic concern, and (4) empathic distress, and Blair (2005) arguing for three constructs, namely: (1) cognitive empathy, (2) emotional empathy, and (3) motor empathy. Cognitive empathy is described as knowing what another person is feeling, and emotional empathy as feeling what the other person is feeling (Soto, Levenson, & Ebling, 2005). Motor empathy is described as the tendency to automatically mimic vocalizations, posture and facial expressions (Blair, 2005; Hatfield, Cacioppo, & Rapson, 1994). Decety and Moriguchi (2007) argue that empathy is multivariable requiring consideration of behavioural, dispositional and biological factors.

Decety and Meyer (2008) propose a schematic representation of empathy involving the interplay of cognitive and affective processing of information, including contributing aspects of emotion sharing, self- or other awareness and emotion regulation. A proclivity to share emotions with others may consciously and intentionally be moderated through cognitive processing, allowing “individuals to be aware of their intentions and feelings and keep separate self and other perspectives” (p. 1055). The shared emotion or affect components of empathy are described by these authors as “emulation(s) in the observer of motor representations and associated autonomic and somatic responses that stem from the observed target” (p. 1055) and are deemed to be automatic, non-reflexive and unconscious.

Whether the construct is formally divided or not, most authors identify three or four components of empathy that correlate with the empathy constructs distinguished by Davis (1983) and Blair (2005). Table 1 summarises six of the prominent empathy models identified in the literature between 1980 and the present, which are grouped and presented in Figure 1 as a Revised empathy model. The various components of the six models identified in the literature have been categorized by these authors into behavioural, cognitive, affective, and perceptual characteristics. Two intermediary categories have been identified: one between the behavioural and cognitive functions where cognitive activities lead to an intention to act in the form of decision making; and the other where cognitive functions interact with affective elements in the form of emotion recognition, processing and regulation, and self/other awareness.

**Figure 1: Revised Empathy Model**

		King, 2011	Marshall, 1995	Proctor and Beail, 2007	Decety and Meyer, 2008, Decety and Moriguchi, 2008	Davis, 1983	Depraz, 2001, Thompson, 2007
<b>Behavioural</b>	Action	Altruism, therapeutic relationship		Action			Ethical responsibility
<b>Behavioural/Cognitive</b>	Decision-making		Response decision	Cognitive decision-making			
<b>Cognitive</b>				Cognitive comprehension	Cognitive flexibility		Interpretive Understanding of you as alien to me
	Perspective-taking	Perspective-taking,	Perspective-taking		Perspective-taking	Perspective-taking	
						Fantasy	Imaginative self-Transpos to your psychic state
<b>Cognitive/Affective</b>	Emotion processing		Emotion recognition		Emotion regulation		
		Interpersonal sensitivity			Self/other awareness		
<b>Affective</b>	Affect experience	Caring, congruence	Emotion replication	Emotional	Affect sharing,	Empathic concern	Passive association of your lived body with my lived body
					Affect response	Empathic distress	
<b>Perceptual</b>				Perceptual			



■ **An enactive approach to empathy**

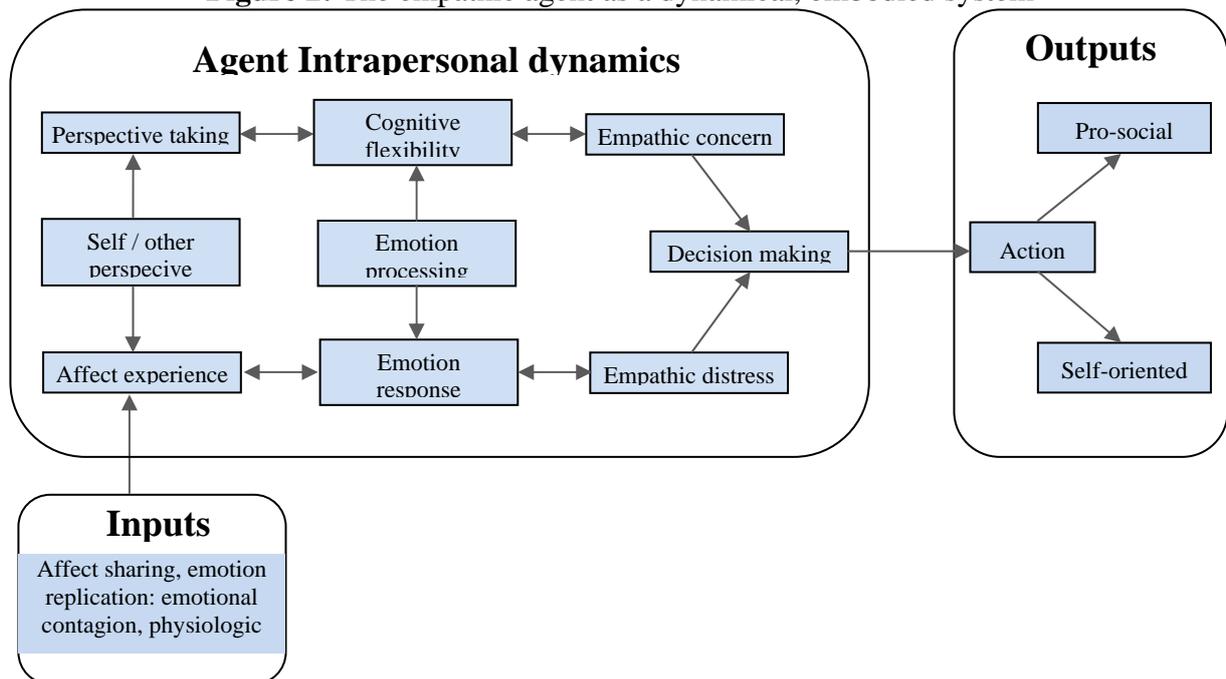
The following discussion presents the various components of the Revised Empathy Model according to an enactive approach to cognition, illustrating the non-linear, multi-variate and dynamical nature of empathy. Hence, in an enactive approach, empathy is interpreted according to the core concepts of autonomy, emergence, sense-making, experience and embodiment.

➤ **Autonomy**

Thompson (2007) states that "...living beings are autonomous agents that actively generate and maintain themselves, and thereby also enact or bring forth their own cognitive domains" (p. 13). In an enactive approach, agency and selfhood require that a system be autonomous (Thompson, 2005). An autonomous system requires that: the constituent processes within the system depend upon each other for their realization as a whole; these processes create the system as a whole in whatever domain they exist, and they determine a range of possible interactions with the world (Thompson & Stapleton, 2008).

Cognitive beings are autonomous in that they are self-constructive, self-defining, and self-determining in their intrapersonal world, in order to actively regulate their interactions with the outer world (Thompson & Stapleton, 2008). This is in contrast to a system that is determined from the outside by the world. Human beings bring forth their own cognitive world (Thompson, 2007).

**Figure 2:** The empathic agent as a dynamical, embodied system



In the *Revised Empathy Model*, one observes the processes of affect experience, emotion response, self/other awareness, perspective-taking, cognitive flexibility and emotion processing occurring as intrapersonal dynamics within the inner world of the empathic agent. While these processes make up the intrapersonal world of the cognizing, empathic agent, and create the intrapersonal system as a whole, they determine a range of interactions with the world borne of their outward manifestation as empathic concern or empathic distress. Thus, one observes a range of input and output interactions of the empathic agent with the world. Inputs result in unconscious, affect sharing between the empathic agent and the person with whom they are interacting. Outputs result in behaviour directed towards others as a result of empathic concern, or directed back to the self as personal interest.

The empathic process is deemed to begin with affect sharing between the empathic agent and the person observed (Decety & Meyer, 2008; Decety & Moriguchi, 2007). This unconscious affect sharing aspect of empathy has been described by various authors as emotional contagion (Hatfield et al., 1994) and physiologic linkage (Soto et al., 2005; Soto & Levenson, 2009), and is brought about by congruence (King, 2011) or emotion replication (Geer et al., 2000; Marshall et al., 1995) between the agent and the observed. The processes by which affect sharing comes about, and the similarities and differences between emotional contagion and physiologic linkage, will be discussed in the section on Embodiment below.

The outcome as pro-social or self-oriented action, based upon the input of affect experience, is dependent upon interdependent and recursive cognitive and affective processing as intrapersonal dynamics in the inner world of the agent. Specific cognitive processes of comprehension (Proctor & Beail, 2007) and flexibility (Decety & Meyer, 2008; Decety & Moriguchi, 2007), and affective processes of emotion recognition (Geer et al., 2000; Marshall et al., 1995) and regulation (Decety & Meyer, 2008; Decety & Moriguchi, 2007) are cited. It should be noted that there is no linear, cause-and-effect relationship between any of the components, but rather a circular and dynamic relationship between the various processes.

In the empathic interaction, the autonomous, empathic agent actively generates and maintains him- or her-self, as well as the empathic response, through a continuous, recursive interaction of cognitive, affective and behavioural processes. This leads to decisions to act according to a range of possible pro-social or self-oriented interests. The constituent cognitive, affective and behavioural processes depend upon each other for the realization of the empathic outcome, and create the empathic system as a whole in whatever environment or domain they operate. The recursive, non-linear and dynamic nature of the empathic process determines the response complexity when noticing another person's suffering.

#### ➤ **Sense-making**

The enactive approach to cognition is based upon the sense-making activity of cognitive agents (Varela et al., 1991). Sense-making adds an adaptive aspect to autonomy in that the agent is in relationship to, in interaction with, and adapting to, its environment (Thompson & Stapleton, 2008). The recursive cognitive and affective processes in the intrapersonal world of the autonomous agent are constantly receiving inputs from the environment and processing the information to maintain and generate meaningful activity. This occurs through the activity of the sensory and motor nerves in accordance with the brain. The nervous system actively generates meaningful patterns as it operates as a recursive network of neurons that constantly interacts with each other, and with the environment (Thompson, 2007). In this way, it does not process information as a configuration of static, time-bound mental representations, but creates meaning as an ongoing, recursive process (Thompson, 2007; Varela et al., 1991). The nervous system, as a closed, circular and re-entrant network of neurons and distributed brain, actively generates and maintains meaningful activity (Thompson & Stapleton, 2008; Thompson, 2007).

Whether the empathic agent experiences empathic concern, and consequently pro-social behavior, or empathic distress, with resultant self-oriented behavior, is dependent upon the meaning made of the affect experience. This, in turn, comes about through a recursive process of making sense of environmental inputs in the form of affect sharing and resulting in an affect experience in the agent. The sense-making activity manifests in, and through, the constituent processes of emotion recognition (Geer et al., 2000; Marshall et al., 1995), emotion regulation, cognitive flexibility (Decety & Meyer, 2008; Decety & Moriguchi, 2007), cognitive comprehension (Proctor & Beail, 2007) and perspective-taking (Davis, 1983; Decety & Moriguchi, 2007; King, 2011; Marshall et al., 1995).

Perspective-taking is the act of placing oneself either in the position of the observer, and imagining how they would experience the circumstance or event, or in the position of oneself and imagining how one would experience the circumstance or event if it happened to oneself (Proctor & Beail, 2007).

An outcome of these recursive processes would be the ability to distinguish between the experiences of self in response to the suffering of another person, and the experiences of suffering of the other person (Decety & Meyer, 2008; Decety & Moriguchi, 2007), leading to

environmentally adaptive behaviour. A study of hospital nurses yielded the following sequence of events leading to burnout: stressful interactions with supervisors increased the nurses' feelings of exhaustion, and high levels of exhaustion lead to cynicism in an attempt to cut off from the offending interactions (Leiter & Maslach, 1988).

#### ➤ **Current and historical life context**

The current and historical life context of an agent is recognized to be a determining factor in the empathic outcome, with Decety and Meyer (2008) identifying them as contributing towards an agent's capacity to distinguish between self and other perspectives in the empathic exchange. Segal (2011) introduces empathy as a social construct rather than a therapeutic one, citing the importance of the life context of the agent in the capacity to experience social empathy. A greater tendency to empathically understand the situation of another has been observed in people sharing an equivalent culture (Soto & Levenson, 2009). Blatt (2013) asserts the importance of the ability in a therapist to interpret their client's experience from the client's own frame of reference, rather than from the frame of reference of the therapist, implying a need for the ability to transcend the agent's own context in the therapeutic, empathic exchange.

The failure of valuable learning and insights coming to fruition has been ascribed to their conflict with narrow, internally-held images of the world, and how it is seen to operate (Senge, 2004). Furthermore, problem-solving and decision-making based on experiential or intuitive thinking may be highly susceptible to heuristics, preconceptions and biases (Kahneman, 2012; Myers, 2010). Subjectivity, preconceptions and preconditions manifest in response to mental models or representations as the mind's system of symbols, schemas, images, expectations, ideas and other forms of mental representations (Scharmer, 2009). Cognitive scientists and sociologists have traditionally studied these subjective, preconceptions and preconditions as mental models, proposition statements or images, and social constructions of reality, in understanding the human process of thought and emotion (Gardner, 1987).

#### ➤ **Context challenges**

As discussed previously in this essay, empathy may result in an expression of empathic concern or personal distress (Decety & Meyer, 2008; Nancy Eisenberg, 2000; Kinman & Grant, 2010). Emotional contagion, synonymous with the affect experience of empathy (Decety & Meyer, 2008) may result in responses that are similar to the person being observed, such as the response of a smile to a smile, or complementary, when, for example, anger expressed by a person provokes fear or responsive anger in another (Hatfield et al., 1994). This implies a personal, interpretative process occurring between the affect experience and the response. An expression of fear provoked in response to a display of anger would indicate a distress outcome.

An agent may be susceptible to two compensatory mechanisms: (a) becoming unconsciously identified with their own experience of the other's observed experience; or (b) becoming unconsciously cut off from their own experience of the other's experience, usually out of fear of the provoked personal feelings (Tagar, 2007). In the empathic concern experience, the observer is able to become aware of, own and embrace consciously, their own subjective experience, and use the awareness of it as an insight into the experience of the other (Decety & Meyer, 2008; Tagar, 2007). This requires a level of self-awareness and ego maturity (April, Kukard & Peters, 2013) and ability to separate self from the sufferer, resulting in pro-social regard rather than a desire to escape the challenging arousal (Decety & Meyer, 2008).

#### ■ **Contextual experiences that remain unassimilated**

The variation in response to an affective state between the agent and the person being cared for is the cognitive and emotional conditioning (van der Kolk, 1994) of the observer in response to life experiences, attributable to current and historical context (Decety & Meyer, 2008), and their outcome in the biography of the observer (Figley, 2002; Baird & Kracen, 2006). Unsatisfactory resolution of previous stress, in which a successful fight or flee response was inhibited, lead to unassimilated sensorimotor reactions, and resultant arousal and defence mechanisms (van der Kolk, 1994). These consist of sequential physical and sensory patterns, involving nervous system arousal, which condition emotional and cognitive processing, often disrupting the person's ability to think clearly, or glean accurate information from emotional states (Ogden & Minton, 2000; van der Kolk, 1994).

Thus, an agent applies the sense-making activity to create meaning of the affect experiences in order to adapt to the environment. Affect sharing inputs from others are processed in an attempt to generate meaningful activity. The affect sharing inputs are interpreted according to the current and historical life context of the agent, manifest as mental representations, symbols and schema, with associated sensorimotor or bodily responses. Recursive cognitive and affective processing, leading to sense-making emerge as meaning, and lead to emergent responses and behaviours as will be discussed in the section to follow.

#### ➤ **Emergence**

"The human mind emerges from self-organizing processes that interconnect the brain, body, and environment at multiple levels" (Thompson, 2007, p. 13). Accordingly, a cognitive being's



world is not a pre-specified, external realm, represented internally by its brain, but a relational domain enacted or brought forth by that being's autonomous agency and mode of coupling with the environment. Cognitive structures and processes emerge in response to recurrent sensorimotor patterns of perception and action (Thompson, 2007).

In the empathic interaction, cognitive understanding (Norfolk et al., 2007) or cognitive comprehension (Proctor & Beail, 2007) emerges in an agent as a result of the perspective taken (Davis, 1983; Decety & Meyer, 2008; Decety & Moriguchi, 2007; Geer et al., 2000; King, 2011; Marshall et al., 1995) on the situation of the other, and leads to a decision in an agent about a path of action or intention towards the other. The intention or decision has been referred to as a response decision (Geer et al., 2000; Marshall et al., 1995) or cognitive decision-making (Proctor & Beail, 2007). A cognitive understanding has also been described as an interpretive understanding of the other as different to me (Depraz, 2001).

These cognitive processes work recursively with the processes of emotion recognition and emotion regulation (Decety & Meyer, 2008), including the behavioural and physiological aspects of emotion (Decety & Moriguchi, 2007) upon the state of emotion replication (Geer et al., 2000; Marshall et al., 1995). Emotional over-arousal associated with negative affect leads to personal distress, and a need to focus on one's own needs (Eisenberg et al., 1994).

King (2011), in discussing the skills of social workers in the social-support interaction, identifies a capacity for interpersonal sensitivity in the empathic exchange. A progression towards pro-social behaviour requires self-awareness and the ability to distinguish between the affect experiences of self and other. This stage has been described as fantasy (Davis, 1983) or imaginative self-transposal of one person into the position or psychic state of the other (Depraz, 2001; Thompson, 2007).

Affect experiences, in response to congruence (King, 2011), affect sharing (Decety & Meyer, 2008; Decety & Moriguchi, 2007) and emotion replication (Marshall et al., 1995), occur, in the agent, as a result of coupling between the body of the agent and another person. These processes occur as self-organising processes of the brain and body of the agent coupled with its environment. The assertion of diverse cognitive skills on the shared affect state enables emotion regulation (Decety & Meyer, 2008; Decety & Moriguchi, 2007).

There is no linear, predictable outcome, but rather the emergence of an outcome as a result of the circular, recursive, self-organising processes of cognition and affect brought about through the coupling of agent and environment.

#### ➤ **Experience**

Experience, from a first-person perspective, is central to the enactive approach (Thompson, 2007). In this context, understanding the workings of the human being from an enactive approach requires a thorough investigation of experience from the perspective of the cognizing agent (Thompson, Lutz, & Cosmelli, 2005; Thompson, 2007).

In the therapeutic empathic process, Blatt (2013) iterates the importance of sensitivity to the client's experience, and the ability of the therapist to construct a parallel approximation of the client's experience in themselves. What is important here is that the observer has a felt experience in their own body, similar to the felt experience of the person they are observing or working with (Vanaerschot, 2007).

Various authors discuss the emotional (Decety & Meyer, 2008; Decety & Moriguchi, 2007; Marshall et al., 1995; Proctor & Beail, 2007) and affective (Decety & Meyer, 2008; Decety & Moriguchi, 2007; Segal, 2011) aspects of empathy, manifesting as experience in the agent. Described as empathic emotions (Betancourt, 2004), the affective component of empathy is associated with the emotional response in the agent to the thoughts or feelings of the sufferer (Blair, 2005), leading to emotional replication (Marshall et al., 1995) in the agent of the observed emotions. Emotional replication involves feeling what the other person is feeling (Soto & Levenson, 2009), and experiencing some form of emotion via mimicry or synchronization (Soto & Levenson, 2009) similar to the experience of the sufferer. This has been described as an unconscious and automatic proclivity to share affect (Decety & Meyer, 2008; Decety & Moriguchi, 2007) between an observer and the individual being observed, resulting in an affect response within the observer. Furthermore, Depraz (2001) and Thompson (2007) describe a passive association of an observer's lived body with that of the lived body of the observed. This has also been described as congruence between the observer and the observed (King, 2011).

Thus, a thorough understanding of the individual process of empathy in an agent requires an investigation into the felt experience in the body of the empathic experience. This is from the first-person perspective of the agent, and includes the emotional and affective aspects, as well as the nervous system aspects, manifesting as self-affect in the lived body of the individual.

#### ➤ **Embodiment**

In a dynamical approach to cognition, the human mental life extends throughout the body, and is embedded in the world (Beer, 2000). It is not just reducible to the functions of the head and brain. According to Thompson and Varela (2001), this occurs within three interweaving functions,

namely:(1) the bodily self-regulatory functions, (2) sensorimotor coupling, and(3) inter-subjective interactions. In this way, cognition is a form of embodied action, with a reciprocal feedback relationship between the coupling of agent and environment and the dynamic patterns of neural activity (Thompson, 2005).

As the following discussion aims to articulate, there is a link between experience and the living body through affect. The body-regulatory functions are evident in emotion and feeling, and are essential for being alive and being sentient (Thompson, 2005). They are, for example, wakefulness and sleep, hunger and satiety, fatigue and vitality, and are experienced as self-affect (Thompson, 2005, 2007). Sensorimotor coupling is expressed in perception, emotion and action, and involves the interactive coupling of the sensory and motor nerves, providing information about the world to the cognizing agent and correspondingly determining action in the world (Thompson, 2005, 2007). The inter-subjective interaction involves the cognitive and affectively charged experience of self and of other, and is expressed in empathy (Thompson, 2005, 2007). The human brain is essential for these modes of activity, but is also reciprocally shaped by them during the lifespan (Thompson, 2005).

In this context, Thompson (2005) distinguishes between three aspects of the body, namely, the body as: (a) self-image, (b) as body schema, and (c) as pre-reflective bodily self-consciousness. Relevant to this paper is pre-reflective bodily self-consciousness, which is described by Legrand(2006) as the experience of one's body at the convergence between perceiving and acting. Body image has been defined as the body as object, manifest in a complex set of representations, including the perceptual experience of, the conceptual understanding of, and the emotional attitude towards one's body (Gallagher & Meltzoff, 1996; Gallagher, 2005). It is one's body as one perceives it as an object in the world. The body schema has been described as a system, or set of organizing principles, governing perception and action in the body (Gallagher & Meltzoff, 1996; Gallagher, 2005).

One observes a reciprocal relationship between the emotions of a person and their expressive body, the body being a physical manifestation or expression of the internal emotions (Krueger, 2009). People who lose the capacity to express emotions, due to paralysis of their face, describe a blunting of the experience of emotions (Krueger, 2009). One has an internal experience of an emotion consistent with the facial, vocal or postural gesture that one adopts (Hatfield et al., 1994; Kemeny et al., 2012). Furthermore, Krueger (2009) describes the body as the space in which mental processes are enacted, and mental processes as embodied in the sensorimotor activity of the organism (Beer, 2000; Clark, 1999). Indeed, there is a large amount of evidence to inform that the movement of the body, more significantly the posture, informs cognition in the form of perception, emotional experience, judgement/discernment and understanding self and other (Gallagher, 2005).

Correspondingly, in the inter-subjective experience, there is an automatic tendency to synchronize with, or mimic, the facial, vocal and postural gestures of those around one (Blair, 2005; Oberman & Ramachandran, 2007). Empathy is particularly dependent upon the embodied expression and communication of emotions via the face (Cole, 2001).

The processes by which affect sharing, congruence and emotion replication come about are attributed to emotional contagion and physiologic linkage. Emotional contagion, a multiple-determined family of psychophysiological, behavioural, and social phenomena (Hatfield et al., 1994, p. 5), is synonymous with the shared affect component of empathy (Decety & Meyer, 2008). It may be produced by various internal and external stimuli, thoughts or emotional imagery, and is observed in facial, vocal and postural expression, autonomic nervous system responses, and emotional or behavioural responses (Hatfield et al., 1994). Physiological linkage is a form of emotion contagion in which observers have emotional reactions, including the physiological and somatic markers related to those emotions, similar to those of the person they are observing (Levenson & Gottman, 1983; Levenson & Ruef, 1992; Soto et al., 2005).

According to the perception-action mechanism (Blair, 2005; Decety & Meyer, 2008; Decety & Moriguchi, 2007), the observation of emotion in another person activates in the observer neural mechanisms responsible for the generation of similar emotions in the observer (Decety & Moriguchi, 2007). Perceptual, motor or emotional states in one person are theorized to activate corresponding neural representations in another person who observes that state via visuo-motor cells called "mirror neurons" (Avenanti & Aglioti, 2006). Similar neural pathways are activated both when a person experiences pain, and when they observe a similar experience of pain in another person (Gu & Han, 2007; Ochsner et al., 2008; Schulte-Rüther, Markowitsch, Fink, & Piefke, 2007) – this being so for both physical and emotional pain. In this regard, empathy-related processing of facial expressions activated "mirror neuron" areas of the brain of subjects (Schulte-Rüther et al., 2007) when measured with functional magnetic resonance imaging, a test to measure the area of brain activation related to certain experiences.

Merleau-Ponty's motor intentionality theory argues that the body understands, and is capable of responding to meanings without the need for any conceptual or linguistic content (Frenkel, 2008). Somatic senses communicate and feed back immediate information on the process of the on-going, unified soma (or body) as first-person perspective (Hanna, 1991): extero-receptive, from



the surface of the body; and proprioceptive, from the internal state of the body, including gesture as position stimulated by mechanical displacement of the body (Guyton & Hall, 1996).

When a person experiences emotional contagion or empathic affect in response to another person and mimics the gesture or facial, vocal and postural expression of the other, the information of this experience is available to the observer by the sensation of the body (Decety & Meyer, 2008). Through the mediation of gesture (Tagar, 2006) and the proprioceptive sensory system, the human body serves as a precise map for the experience of self and through empathy, of the experience of the other (Tagar, 2007). By learning to read the gesture of the body, one is able to make meaning of the experience of the other (Tagar, 2006, 2007).

In the interaction between a doctor and his or her patient, empathic skills are deemed to require the picking up of verbal and non-verbal cues (Norfolk et al., 2007). Proctor and Beail (2007) identify perception as the initial phase of the empathic process, perception being the internal experience of the sensed outer world. Various authors (Tagar & Steele, 2008; Tagar, 2006; Thompson, 2005, 2007) distinguish between active and passive sensing. Information is available to the awareness, via the senses, from an inner world of body, emotions, memories, associations and desires, and an outer world of environment and other human beings (Tagar, 2006). Sensing is a dual process: the world comes to meet me, and I make sense of it. In passive sensing, the individual is involuntarily influenced by the world. In active sensing the individual actively chooses to explore the world and its experiences (Tagar, 2006; Thompson, 2005, 2007). Thus one may actively and mindfully track the sequential movements and sensations associated with sensorimotor responses, such as motor impulses, muscular tension, trembling and various other micro-movements, as well as changes in posture, breathing and heart rate (Ogden & Minton, 2000).

Cognitive beliefs and emotional states continue to condition somatic functioning in a perpetual cycle (Ogden & Minton, 2000). Prospective studies consistently link certain emotional states to bodily function and loss of function: hostility, depression and anxiety are positively linked to coronary heart disease and cardiovascular death, and a sense of hopelessness is strongly correlated to cardiovascular problems (Das & Keefe, 2006). A sense of time pressure and impatience is positively linked to hypertension (Das & Keefe, 2006).

Thus, one identifies that the body, affective state and cognition interact with one another in a continuous, recursive process over time. In the empathic exchange, an agent may be passively affected by the affective state of the sufferer, or they may choose to actively sense the affect, providing an entry point for awareness of self. Self-awareness, facilitated by the active sensing of body, enables the cognitive and affective processing of inputs.

## CONCLUSION

The value of giving and receiving compassion in organizations is well recognized (Atkins & Parker, 2012; Rynes et al., 2012), with a need for theory and practice in organizational and compassionate communication (Miller, 2007). Compassion in organizations is researched as a three stage interrelated process of noticing another's pain, empathic concern or feeling another's pain, and responding to their suffering. Current organizational compassion theory identifies various agent capacities of emotional flexibility (Atkins & Parker, 2012) or agent diversity in the form of cognitive, affective and resource diversity (Madden et al., 2012) that will contribute to the spontaneous expression of compassion, given certain organizational architectures. However, to rely upon spontaneous acts of compassion amongst agents in an organization is futile. This is particularly so in caring organizations, such as healthcare and social services, when suffering is widespread and agents in an organization experience diverse current and historical contexts.

The sustained need to remain empathic in these conditions may lead to empathic distress and a need to express self-oriented actions (Figley, 2002a; Jenkins & Baird, 2002). Agents working with people are likely to unconsciously share in the experiences of those they work with. When those experiences have an expression similar to their own life experiences, and if they mimic past or present stresses or trauma, they may be experienced as own stress or trauma, stimulating defensive or protective behavioural patterns in the agent.

These experiences may have an effect on cognitive and affective processing, and correspondingly may impact upon the neural and physiological functions of the body. An intelligence associated with the soma, or body, enables one to read signals experienced in the body that provide information about the shared experience of another's emotional state and the components of past experience that may be reactivated within the observer.

This paper advances a model of empathy according to Enaction, a dynamical systems approach to embodied cognition. It illustrates the non-linear, dynamical nature of the empathic process, and the essential contribution of self-awareness based on embodiment and active sensing in enhancing the recursive, intrapersonal processing of somatic, cognitive and affective factors. This is deemed by these authors to be essential to sense-making and perspective-taking, thus encouraging empathic concern rather than empathic distress.

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