Running Head: THE EFFECT OF EMPATHY TRAINING ON AGGRESSION

The Effect of an Empathy Training Program on Aggression in Elementary Age Children

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Abstract

In order to explore the relationship between the development of empathy and aggression in elementary age children, two groups of children (n=15) were rated on empathy and aggression levels and then participated in an empathy training program. The children were then administered the instruments again and before and after results were compared. The hypothesis was that exposure to empathy exercises would enable children to become more empathetic resulting in lower aggression levels. The results were not statistically significant, but the direction was positive.

The Effects of an Empathy Training Program on Aggression In Elementary Age Children

The following study seeks to explore the relationship between empathy and aggression in elementary age children. Research suggests that the development of empathy will act as an inhibitor for aggression. One definition for empathy is the ability to take on the perspective of someone else. Therefore if children are taught to view situations from other people's points of view, they will be less likely to act out aggressively towards other children. Children do not inherently operate at a high empathic level, and so the tools for empathy must be cultivated.

Empathy

Empathy is a multidimensional construct with a wide variety of interpretations. Many researchers present two sides to empathy: cognitive and affective (Sams & Truscott, 2004; Kaukiainen, Bjorkqvist, Lagerspetz, Osterman, Salmivalli, Rothberg, Ahlbom, 1999; Miller & Jansen op de Haar, 1997; Roth-Hanania, Busch-Rossnagel, Higgins-D' Alessandro, 2000; Damon, 1988; Wied, Goudena, & Matthys, 2004). The cognitive component is understood as the ability to understand another person's situation but not necessarily share in the person's response. At the basic level it is the ability to correctly assess another person's emotional states. More advanced cognition skills demand that one take on the role or perspective of another person. Damon (1988) refers to the advanced cognitive aspect as "perspective taking," which develops with age. Young children understand that each person is independent, that there are unhappy feelings, and that they need relief. However they are unable to take effective action. Damon gives the example of a two-year old giving her crying mother her own stuffed

animal for comfort. The child realizes her mother is in distress and brings one of her own comfort items to alleviate her mother's distress. The child correctly assesses her mother's sadness but lacks the skill to take her perspective to comfort her in an effective way. Feshbach(1979) describes that while the cognitive component of empathy is the understanding of the emotional experiences of another, the affective component is the vicarious experience of emotions consistent with those of another, basically sharing the emotions of another person. The author asserts that while there are cognitive elements of an empathetic response, the affective experience is requisite for empathy. There has been an historic emphasis on the affective component that continues to be represented in major contemporary approaches to understanding empathetic behavior today. According to Damon (1988), "empathy means reacting to another's feelings with an emotional response that is similar to the other's feelings" (p. 14). Damon reports that an infant as young as two days old will often cry or emit sounds of distress at the sound of another infant's crying. The emotional response of the individual to the situation of another requires a close match to the emotion experienced by the other individual. The affective component requires not only that one experience emotion but that he or she experience the same emotion being witnessed.

Feshbach's (1978) three component model is an attempt to bridge both aspects. At the cognitive level, empathy is influenced by the basic ability to discriminate the affective states of others. For example, a person must be able to distinguish different affective states separate from each other as well as the neutral affective state. A second cognitive factor influencing empathy is the ability to assume another's perspective and role, which reflects a more advanced level of cognitive ability. Feshbach describes it as

though the observing child is viewing the situation in the same way as the child who is actually experiencing the situation. Emotional responsiveness and capacity is the third component and is the ability of the observing child to experience the emotion that is being witnessed. According to the author, all three components must be present for an empathetic response to occur.

Aggression

Aggression is defined as behavior that is aimed at harming or injuring another person. Research has shown that along with individual, family, school and economic factors, early aggressive behavior and poor peer relationships are precursors of fighting, delinquency, and drug involvement (Dodge & Pettit, 2003, as cited in Fraser, et al., 2005). Aggression has several elements including physical and social, verbal and nonverbal, and reactive and proactive components, however, it can be summed up in two types – physical and relational aggression (Fraser, et al., 2005). Physical aggression is the act of using force to achieve a desired goal. Relational aggression, sometimes referred to as social aggression, is characterized as actions designed to damage another's self-esteem, social status or friendship patterns. Another useful distinction currently being made is between reactive and proactive aggression (Kempes, et al., 2005). Reactive aggression is an aggressive response to a perceived threat or aggravation whereas proactive aggression is defined as behavior that anticipates a reward.

Studies have shown that aggressive children have deficiencies in social problem-solving strategies (Kaukiainen, et al.1999). Children lack the cognitive skills needed to adopt the perspective of another person and instead react aggressively towards their peers. According to Feshbach (1983), the aggressive behavior of children in classrooms

puts stress on all parties, especially the teacher. The negative behavior is usually dealt with by removing the child from the classroom and thereby inhibiting the academic success of the child or by negative consequences that can only serve to reinforce the unwanted behavior. Other strategies are needed to effectively handle aggressive behavior.

Relationship between Empathy and Aggression

A number of investigations carried out among both children and adults have found a consistent inverse relationship between empathy and aggression (Feshbach and Feshbach, 1969; Mehrabian and Epstein, 1972). Evidence has also been found that the promotion and development of empathy-related skills are useful in the reduction of aggressive or antisocial behaviors. Taking on the perspective of someone else in a social situation can lead to the understanding of the other's position and prevent aggressive behavior (Wied, Goudena, & Matthys, 2004). Discovering the relationship between empathy and aggression can uncover resources for parents, classrooms, and the general public. There is a need to find a way to effectively manage aggressive feelings as well as accurately understand another person's point of view. Miller and Jansen op de Haar state that "in order to engage effectively in behaviors focused on meeting the needs of others, however, the child must be able to regulate his or her empathetic emotional arousal" (1997, p. 110). They further suggest that highly empathetic children are less likely to experience personal distress or negative affectivity when exposed to the strong negative emotions of others, and they are thereby disposed to act more prosocially.

Feshbach (1983) points out that the overall findings suggest that empathy may play a significant role in the control of aggression. Fesbach explains that the empathetic person is able to understand the other point of view and is less likely to become

aggressive due to misinterpreting another's behavior. Feshbach (1978) states that there are two steps to empathy: identification with the person and awareness of one's own feelings after identification. Aggression causes pain and distress and the observation of pain and distress should elicit empathetic responses even if the child is the initiator of the aggressive act. Role taking is considered to be the antithesis of egocentric activity, and refers to the ability to take the position or perspective of another (Feshbach, 1979). It would be consistent to say that the development of empathetic skills, both in the cognitive abilities to assume another person's perspective and correctly emotionally identify with another person, would decrease aggressive behavior in children and even adults.

This study has attempted to replicate on a smaller scale the empathy training study done by Fesbach (1983). Feshbach and her team of researchers designed an empathy training program for elementary school children. The program was a ten-week course during which the child performs role-taking and affect-identification exercises with an empathy "trainer" three times a week. The researchers developed thirty hours of lessons that included problem-solving games, tape recordings, and story telling. In the first studies the researchers found that the children who participated in the program showed an increase in prosocial activity during the course of the training and also showed somewhat of a decrease in their tendency to act aggressively.

This researcher hypothesized that children in afterschool programs in Marshall, Texas would engage in less aggressive behavior and more prosocial acts after going through an empathy training program. An additional hypothesis was that there would be significant gender differences in empathy and aggression before and after the program.

Method

Participants

Participants included seven kindergarten through fifth grade students from the Trinity Episcopal Elementary school afterschool care program in Marshall, Texas as well as nine kindergarten through fourth grade students from the Boys and Girls Club afterschool program at J. H. Moore Elementary school in Marshall, Texas. One child from J.H. Moore dropped out mid-way through the program leaving the total number of participants at fifteen.

Materials

The researcher has developed an empathy training program from the book Learning to Care: Classroom Activities for Social and Affective Development by Feshbach, Feshbach, Fauvre, & Ballard-Campbell (1983). There are twenty-three exercises ranging in difficulty from easy to more demanding. For example, one of the activities is called referential communication. Each child was given a blank ditto design – a worksheet with various shapes. The children sat in a large circle facing out, with their paper and a crayon. One at a time, each child was given the opportunity to direct the group regarding which part of the design was to be colored. The objective was for the children to learn that communicating information requires clear explanations and careful listening as well as the ability to assume the perspective of another by understanding the need for supplying missing information in communicating directions. Another exercise, called mirroring, required the children to sit in two rows, facing each other. One row plays “Actors,” and the other row plays “Mirrors.” “Mirrors” must imitate the behavior of

"Actors" exactly, copying every action. The rows then switch roles – "Mirrors" become "Actors," initiating the behavior. The objective is to improve the observation skills of each child, which is a preliminary skill to perspective-taking. The researcher used her judgment to pick out exercises from the curriculum based on amount of time and the empathy and attention levels of each group. The entire curriculum used is included in the appendices.

To assess each child's empathy and aggression levels, the researcher used two scales. Each child, with the help of the researcher answered the Empathy Index for Children and Adolescents (Bryant, 1982). The questions were a series of twenty-two true/false statements. Some example statements include "It makes me sad to see a girl who can't find anyone to hang out with," "I get upset when I see an animal being hurt," and "Adults sometimes cry even when they have nothing to be sad about." The children were to respond with a true or false answer, depending on their personal opinion. A higher score indicated a higher level of empathy. To assess aggression levels in each child, The Child Behavior Checklist (Ladd & Profilet, 1996) was used. Each child was rated on a scale of one to three - one being the statement doesn't apply, two being the statement applies sometimes and three being the statement certainly applies. There are two subscales on the checklist. There is a "Prosocial with Peers" subscale containing statements like "Helps other children" and "Kind towards peers," and there is the "Aggressive with Peers" subscale containing statements like "Taunts and teases other children" and "Fights with other children." Subscale scores are created by averaging children's scores across the items included in each subscale, with higher scores implying that children more frequently exhibit behaviors that correspond to the rated construct.

Procedure

At the beginning of the program, the afterschool care program staff at Trinity Episcopal School and the Boys and Girls Club staff filled out a modified subscale of The Child Behavior Checklist (Ladd & Profilet, 1996) on each child, and as a group the children were administered the Empathy Index for Children and Adolescents (Bryant, 1982). Then for seven to ten sessions, each lasting approximately thirty minutes, the program was implemented. The group at Trinity participated in activities number 1, 2, 3, 4, 5, 9, 11, 14, and 15. The group at J.H. Moore participated in activities 1 through 5, 9, 11, 14, 15, 17, 18, 20. At the end of the program, both instruments were given again, and the scores were compared.

Results

For each child, a correlated groups *t* test compared the mean score on The Child Behavior Checklist before the empathy training program to the score after the program. The alpha level was .05. This test was not found to be statistically significant $t(14)= 1.129$, $p>.05$, indicating that the child's behavior after ($M= 63.86$, $SD= 7.97$) was not significantly different than the child's behavior before ($M= 65.5$, $SD= 10.06$).

For each child, a correlated groups *t* test compared the mean score on Empathy Index for Children and Adolescents before the empathy training program to the score after the program. The alpha level was .05. This test was not found to be statistically significant $t(14)= -1.63$, $p>.05$, indicating that the child's empathy level after ($M= 14$, $SD= 3.14$) was not significantly different than the child's empathy level before ($M= 12.93$, $SD= 2.87$).

An independent groups *t* test compared the mean score on Empathy Index for Children and Adolescents before the empathy training program between boys and girls. The alpha level was .05. This test was not found to be statistically significant $t(15) = .11$, $p > .05$, indicating that the girls' empathy level before ($M = 13.25$, $SD = 2.19$) was not significantly different than the boys' empathy level before ($M = 12$, $SD = 3.7$).

An independent groups *t* test compared the mean score on Empathy Index for Children and Adolescents after the empathy training program between boys and girls. The alpha level was .05. This test was not found to be statistically significant $t(14) = .22$, $p > .05$, indicating that the girls' empathy level after ($M = 14.13$, $SD = 2.36$) was not significantly different than the boys' empathy level after ($M = 13.83$, $SD = 4.22$).

A correlated groups *t* test compared the mean score on subscale of the Child Behavior Checklist, "Aggressive with peers," before and after the empathy training program. The alpha level was .05. This test was not found to be statistically significant $t(14) = .06$, $p > .05$, indicating that the aggression level after ($M = 12.57$, $SD = 4.85$) was not significantly different than the aggression level before ($M = 11.36$, $SD = 4.13$).

A correlated groups *t* test compared the mean score on subscale of the Child Behavior Checklist, "Prosocial with Peers," before and after the empathy training program. The alpha level was .05. This test was not found to be statistically significant $t(14) = .36$, $p > .05$, indicating that the prosocial level after ($M = 14.86$, $SD = 4.09$) was not significantly different than the prosocial level before ($M = 15.86$, $SD = 3.42$).

Discussion

The results indicate that empathy training program implemented by the researcher had no significant effect on either the children's behavior or their empathy levels.

However, one must take note that although the results are not statistically significant, the significance levels were in the predicted direction. The before and after empathy scores were in a positive direction. Nevertheless, the mean score for The Child Behavior Checklist went up. A possible cause for the increase could be the afterschool care providers rating each child more strictly at the end of the program. A closer look at the subscales for "Aggressive with Peers" and "Prosocial with Peers" on the checklist shows the same picture. The average score for the aggression subscale went up, meaning the children were rated as being more aggressive than before, and the average prosocial score went down meaning that the children were rated as less prosocial than before. While there was not a significant difference in the empathy score between boys and girls, the females did score higher on the empathy index before and after. Similarly, as predicated, the girls averaged a lower score on the behavior checklist than the boys.

The original plan for the experiment was to hold sessions with the children twice a week for 30 to 45 minutes on a consistent basis for six to eight weeks. Due to school holidays, scheduling conflicts with afterschool care providers and miscommunication with the parents and school, this was not possible at Trinity Elementary school. A larger number of participants would have been possible if parents had been notified sooner of the program and the researcher's intentions. The program at Trinity was largely a learning experience. The researcher was able to obtain access to begin working with the children at J.H. Moore and did her best to make the necessary adjustments. A larger pool of participants was not possible as the number of students in the afterschool program was limited. The number of weeks was limited as well. The researchers saw an improved response from the children at J.H. Moore, and there is a possibility that this can be

attributed either to the longer amounts of time she was able to spend with the children or to researcher bias.

For future research, researchers should consider using more than one instrument to obtain a measurement of children's behavior. There are peer evaluations of behavior that were considered, but due to time constraints and lack of an assistant, they were not possible. Also, researchers should make every effort to help each child understand each element of the Empathy Index for Children and Adolescents. Researchers could consider administering the index on an individual basis instead of in a group setting. The setting for the empathy training sessions should be as private as possible. During several sessions the children were distracted by non-participants, and it may have reduced the effectiveness of the program.

Previous research has proven that the development of empathy can have a negative effect on aggression (Feshbach & Feshbach, 1969; Meharibian & Epstein, 1972). Therefore, it is prudent to continue to research the effect of empathy training exercises in elementary age children.

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