Caring as the Default of Empathic Direct Perception

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Abstract

The phenomenological understanding of empathy as the direct experiencing of the mental states (feelings, intentions, moods) of others eschews the identification of empathy with caring. At the same time, it leaves open the possibility of sadistic pleasure, indifference, or malice as consequences of empathic experience. In this paper, I intend to defend the place of caring as an inseparable part of the empathic experience, specifically when understood as direct perception. My defense relies on (a) conceiving of attentive concern as a perceptual predisposition, and (b) understanding the caring responsiveness of the empathizer as embedded in her direct perception of the empathic’s mental states. My claim proceeds by three steps. Firstly, I will present the need to include caring within empathy through the problem that arises from excluding it. Secondly, I will argue for the presence of active responsiveness, inherent in the phenomenological concept of perception and expressed more explicitly in its Gibsonian understanding. Thirdly, I will propose my understanding of attentive concern as a predisposition, which together with the intentionality attributed to the other (itself also a disposition) forms the pre-perceptual basis for identifying empathy with caring.

Keywords
empathy, sadistic-pleasure, caring, perception, phenomenology, affordances, pre-dispositions

Introduction

In recent years, several scholars have suggested to include caring for others as one of the prerequisites for defining a certain experience as empathy. According to this condition (hereinafter: CC), only caring-acquaintance with the mental-states of others could be labeled “empathy”, since indifference or aversion do not encourage us to imagine others’ mental state and feel their emotions – i.e., to be empathic (de Vignemont & Jacob, 2012; Garrett & Graham, 2014; Jacob, 2011).

The associative connection between empathy and caring is embedded in the way in which we use the word “empathy” in everyday language and popular culture – as a term that relates to pro-sociality, identification, and emotion-sharing. Here empathy is understood as a kind of fellow-feeling that includes various levels of other-focused caring, at least as concerns suffering and distress, similarly to what 18th-century Scottish philosophers called sympathy. This commonplace understanding sees caring in its various forms – affective-tending, attention, relief, help, healing, or rescue – as a convenient basis for empathy, or conversely, as its result. The associative link between empathy and caring is so common that the two are often used interchangeably (“He’s in a lot of pain. Show him some empathy.”).

Nevertheless, the academic study of empathy – from philosophy of mind to cognitive-developmental psychology; from sociobiology to neuroscience and thence to cultural studies – has created a plethora of different definitions for empathy, and a need to clarify its link to caring. Even the aforesaid suggestion, to consider caring as a prerequisite for empathy, isn’t derived from daily discourse but from a dominant theoretical view that identifies empathy as simulation, and that links at least some of its manifestations with positive emotional attitude towards others. This view is countered by the phenomenological approach, which was the first to offer a theoretical framework of empathy as a sui generis experience of another’s experiences, relinquishing the strong identification of empathy with caring. This relinquishing will be the starting point of this discussion, in which I accept the phenomenological understanding of empathy but suggest to include caring within it.
Some linking of empathy and caring has been part of simulation theories ever since Adam Smith suggested to understand moral sentiment as resulting from our ability to imagine ourselves in others’ place and experience their pain as ours (Smith, 1759, ch. I, p.1). In their present form, simulation theories define empathy as the simulation of another’s mental states via one’s own mental resources and/or subconscious neural resources (mirror neurons, pain matrix) that inform and enable our social interactions. (Avenanti & Aglioti, 2006; Gallese et al., 2007; Goldman, 2006, 2011; Lamm et al., 2009). Being empathic means imagining myself in the other’s place through a simulation in which their emotions are echoed or generate a similar indirect emotion in me. Thus, empathy is typified by shared emotion and a measure of overlap between self and other (Brown et al., 2011; Decety & Jackson 2004; De Vignemont & Jacob, 2012; De Vignemont & Singer 2006; Keysers et al., 2010).

According to these views, since simulating another’s mental state is an emotional reconstruction, replication, or projection, there is room to also assume an “emotional connection” and a measure of identification, which inevitably take the form of caring for others, sharing their feelings, feeling compassion, etc. In this sense, a sympathetic emotional position, prosociality, or moral sentiment must be the default result of simulation - whether a low-order simulation based on unconscious neural-emotional imitation; or high-order and reenactive empathies, which are conscious acts embedded in our language and folk psychology (Goldman, 2006; Stueber, 2010). In all cases empathic simulation “narrows the gap” between ourselves and others whom we now perceive as similar to us and as sharing a common emotional space.

The identification of empathy with simulation can also lead to an inverse understanding of the connection between empathy and caring. To the extent that we are social, committed, human-loving people who care for others, when these others suffer, we shall be inclined to reproduce their mental states and share in their feelings – that is, to simulate and be empathic. As suggested by Jacob and de Vignemont, who proposed the abovementioned CC, caring is not the default state of gaining acquaintance with another’s pain, but a prerequisite for empathy (Jacob, 2011; de Vignemont & Jacob, 2012, pp. 307–310). According to their empirically-supported claim, in states of indifference or negativity towards a sufferer, we might sense their pain through neural resonance or imitation, but there will be no simulation, since we will be disinclined to perform it. And since simulation is identified with empathy, the possibility of empathy depends on the preexistence of caring (in this regard, Jacob and de Vignemont contest the view of neural resonance as empathy). In this case, the term “empathy” will only apply to the situations in which the other is encountered through caring – as in friendship or parenting. In other words, we cannot apply the word “empathy” to acquaintance through indifference or fear: the callous, conniving, strategic, or reserved will be left a priori outside this discussion – for while they might have some stake in another’s pain, this involves neither the projective simulation of that pain, nor thus a similar emotional experience by the observer. Broadly generalizing, in identifying empathy with simulation, we can recognize two dissimilar and even opposite modes of the nearly-essential link between empathy as a simulative-acquaintance with another’s mental world and concern for their welfare when they suffer.

The view of caring as a condition or result of the empathic experience is challenged by the phenomenological understanding of empathy as a direct experiencing of an other’s mental state, which takes place in an encounter of bodies. This understanding relates to the first-person experiencing of another’s experience – sometimes from a (third-person) observer’s viewpoint, but mainly in interpersonal (second-person) interaction. Experiencing the other is socially significant, since it lays the foundation for recognizing the other and understanding him as different than me; and in a sense, actualizes our intersubjectivity and sociality in general (Fuchs, 2012; Krueger, 2018).

However, the phenomenological conceptualization rejects simulation as a basis for empathy and includes neither specific prerequisites nor the sympathetic emotional and/or mental response to experiencing the other (Gallagher & Zahavi, 2008; Gallagher 2012; Jardine & Szanto, 2017). It is quite clear that our encounter with the other takes place in a context that affects it and even determines its possibility. It is possible that as a result of this encounter we will feel either sympathy, compassion, or understanding – or rejection, anger, or aversion – but these aren’t part of the empathy itself, which is perception-like. Empathy is an experiencing of the other qua an other, which does not include shared emotion, identification, or merger, but a “walking alongside the other person”, getting acquainted with her viewpoint, emotion or state of mind (Stein, 1917/2008). The preceding context of perception is to be regarded as its potential space, not its prerequisite; and what arises in us by experiencing others’ mental states is to be denoted through other concepts such as sympathy, compassion, knowing, etc. (Zahavi, 2011; Zahavi & Overgaard, 2012).

In this paper, I will defend the possibility of caring as an inseparable part of the empathic experience, specifically when understood as direct perception. As I will claim, this possibility is based on (a) understanding caring as a perceptual disposition, and (b) understanding the empathizer’s caring responsiveness as embedded in his or her direct perception of the empathee’s mental states.

My claim proceeds by three steps. Firstly, I will present the need to include caring within empathy through the problem that arises from excluding it. Secondly, I will argue for the presence of active responsiveness, inherent in the phenomenological concept of perception and expressed more explicitly in its Gibsonian understanding. Thirdly, I will propose my understanding of attentive concern as a
predisposition, which together with the intentionality attributed to the other (itself also a disposition) forms the pre-perceptual basis for the generation of caring through empathy. Towards the end of the discussion, I will also point to the possibility of including an additional predisposition, that of affiliation, that may be derived from a proposal put forth by Gallagher and Varga (2013).

Before I attempt to explain the possibility of including caring in the empathic experience, I must briefly answer why it matters. What problem will be solved if we identify some degree of caring as early as during the primary act of direct acquaintance?

**The Challenge of “Sadistic Empathy”**

Jacob’s (2011) CC proposal, appears as part of a larger model that includes five conditions for identifying empathy. One of these is what Jacob terms the *interpersonal similarity relation condition*, by which an occurrence can be identified as empathy so long as an identical or similar feeling arises in both the observer and the empathee (you hurt and I feel a similar pain). If the feeling that arises in me differs from yours, it is not empathy but sympathy (you hurt and I feel compassion for you). But all is not perfect: as Zahavi and Overgaard (2012) explain in their criticism of Jacob, if we accept CC as a defining condition for empathy, we’ve also relinquished emotional similarity and the same distinction that Jacob himself proposes between empathy and sympathy, since caring is the emotional positioning of the observer but not the sufferer.

This claim is true, of course, but does not cover the problem of understanding care as part of sympathy. If we reject emotional similarity as a condition for empathy and accept that empathy is obligated neither to shared feelings nor even to a shared intentional object (Scheler, 2009, p. 13), then there is no problem in understanding caring as the logical or acceptable outgrowth of experiencing another’s distress. Thus, for example, we can adopt Max Scheler’s definition of fellow-feeling as one possible mode of empathy that combines two different mental states in a human encounter: you’re hurt and I feel tenderness-caring. The empathizer’s feelings generate directly in parallel and in proportion to those of the sufferer, but their content is not dictated by them:

Here also, one person’s sorrow is not simply the motivating cause of the other’s. All fellow-feeling involves *intentional reference* of the feeling of joy or sorrow to the other person’s experience. It points this way simply *qua* feeling – there is no need of any prior judgment or imitation ‘that the other person is in trouble’; nor does it arise only upon sight of the other’s grief, for it can ‘envisage’ such grief, and does so, indeed as a feeling. (Scheler, 2009, p. 13)

But this interactive understanding of empathy as fellow-feeling still does not necessitate a link between empathy and caring. Even though a person’s sorrow includes the possibility for generating feelings in those who observe him, this is not a binding causal link, and its content is not predetermined. Thus, for example, my pain can actually cause you joy or happiness:

The cruel man owes his awareness of the pain or sorrow he causes entirely to the capacity for visualizing feelings! His joy lies in ‘torturing’ and in the agony of his victim. As he feels vicariously the increasing pain or suffering of his victim, so his own primary pleasure and enjoyment at the other’s pain also increases. (Scheler, 2009, p. 14)

This invites another reservation. From a phenomenological standpoint, care is a problematic concept when denoting a potential response. On one hand, its field of reference goes beyond empathy, since it indicates an emotion or intention that isn’t part of a direct perception, interaction, or physical encounter (compassion for dolphins in the Pacific, fear for a missing person, worry for the “state of the nation” or an unborn child, etc.) On the other hand, it is too narrow, since it limits our empathic response for others to various types of affective tendering, rescue, assistance, and prosociality – thus precluding indifference, disgust or sadistic pleasure (SP) as possible responses to others’ pain experience.

In light of Zahavi’s criticism and the rejection of caring as a background condition for empathy, Shaun Gallagher (2012) has proposed a promising compromise that partly addresses the above reservation: instead of care, we might favor alternative concepts such as attention, interest, or concern (Gallagher, 2012, p. 362), since these are more tightly bound with direct perception and interaction, and in many regards also condition it. Every intentionality supposes a certain degree of attention, and as demonstrated by de Vignemont and Jacob in their experiments, lack of empathy is measured primarily in cases of indifference and unwillingness to imagine others. Thus, to ensure that empathy takes place, it is enough to require attention or interest. According to this proposal, we may and even *should* require a degree of interest in others as a condition for empathy, but there’s no reason to “paint” that interest as caring: Even a robber is keenly interested in his mark’s mental state and undergoes an empathic experience. Thus, as Gallagher comments, the possibility of SP as prepositioning empathy must not be ruled out – an observation that joins Scheler’s abovementioned clarification, that nor should they be ruled out as a response (Zahavi, 2016, p. 116).

In other words, the phenomenological discussion not only rejects caring as a condition for empathy, but also accepts both the generation and preexistence of what may be termed antisocial emotional experience (from indifference to sadistic pleasure, SP) as a real possibility related to empathy. This is fundamental, because rejecting the possibility of the sadist as empathic seems to contradict the idea of empathy as a direct perception that must *a priori* be “neutral” and unbound to the observer’s mental state.
believe this position is problematic and ignores the place of empathy vis-à-vis social cognition in general.

But what is the meaning of “sadistic pleasure” in this context? Roy Baumeister (1996), for example, suggested an explanatory model for SP which went beyond the formerly-commonplace psychiatric idea of an “aberrant personality trait” or “deviance”. Baumeister holds that SP is an everyday experience with addictive potential: “sadism can be used to describe getting enjoyment or pleasure from hurting others, as well as the desire for that pleasure” (p. 285).

According to Baumeister, hurting others creates psychic distress which unbalances the psychophysiological system, which the body (brain) rebalances via “pleasure in the backwash” – a burst of pleasure which may become addictive when repeatedly exercised in the absence of social inhibitors (i.e., conscience). This would imply that we are all potential sadists, with most of us held back by mere social conditioning.

I wholly reject this idea, as I neither consider a burst of pleasure to be the default response to others’ pain – nor suppose conscience to be the barrier to sadism and passive (voyeuristic) SP. As I shall explain, I claim that caring is our perceptual default.

I do concur with Baumeister that experiencing pleasure in another’s pain is a commonplace, universal phenomenon. Low-level SP, in fact, is pervasive to so many scenarios of feeling others’ pain, that Breithaupt has given it the unfortunate designation of sadistic empathy:

Elements of this everyday practice of empathic sadism include: embarrassing and shaming, disappointing, criticizing, teasing, testing whether we have the power to shame others, putting pressure on students in learning situations, moralizing, mistreatment by subordinates in the work place, sexual domination, being devil’s advocate in moral situations, etc., often in quite subtle forms, such as irony. (Breithaupt 2016, p. 13)

Breithaupt is right to broaden SP’s applicability to various social situations, yet most of what he describes doesn’t fall under the understanding of empathy as “directly feeling others’ experience”, and thus isn’t empathy as defined by the current discussion. Furthermore, it is clear that the pairing of sadism and empathy is an oxymoron, and thus in my view redundant and meaningless.

Additionally, we must note that Baumeister and Breithaupt’s definitions address only the pleasure of the pain-causing subject. The present focus, in contrast, is on the pleasure supposedly generated in the empathic experience, regardless of who causes that pain. In most cases relevant to this discussion, the causer is not even the empathizer himself, who merely observes. To put it differently: the relation between SP and empathy can be understood when we define SP as “any pleasure that arises in directly experiencing another’s pain experience.”

I will attempt to examine the difficulties arising from this definition:

First, the definition of empathy as an experience of another’s mental state indicates that the sadist, who draws pleasure from another’s pain, is in fact the perfect empath. The sadist’s psychological dependence on his victim’s pain-experience places him at an advantage over any other observer. He is especially sensitive to any expression of pain, focuses attention on it, and easily identifies it as “being there”, without confusing self and other.

This rises to a problem that is not only terminological, but also conceptual. In describing emperor Caligula’s madness, Seneca (4 BC – 65 AD) writes:

> Only recently Gaius Caesar slashed with the scourge and tortured Sextus Papinius, whose father had been consul, and Beutilienus Bassus, his own quaestor and the son of his procurator, and others, both Roman senators and knights, all in one day - and not to extract information but for amusement. Then so impatient was he of postponing his pleasure - a pleasure so great that his cruelty demanded it without delay... [H]e had tortured them by every unhappy device in existence - by the cord, by knotted ropes, by the rack, by fire, by his own countenance... [B]ut here also I shall hear the answer “That which surprises you so much is the daily habit of that beast; for this he lives, for this he loses sleep, for this he burns the midnight oil.” (Seneca, 1900, On Anger, III. Xvii-Xviii. my emphases)

How can we regard this passage as a description of empathy? The very possibility alters not only the field of reference for “empathy”, but also the term’s very meaning, regardless of how rare the phenomenon described. In any event, I believe the passage speaks for itself.

Secondly, public executions, torture spectacles, human zoos, public humiliation of rivals – these have all existed for centuries in cultures around the world, often as legitimate family entertainment; although some have been nearly eradicated in western Europe and North America in the past 80 years, and it seems private and public sentiments have changed. What is of interest here is the simple fact that many of these social horrors included the generation of pleasure, thrill, and joy in the viewers (and sometimes in the torturers), based on identifying the victim’s suffering while expecting its amplification through the most expressive methods imaginable. In fact, without a degree of “directly experiencing another’s mental states”, it is hard to explain the psychological appeal of being hanged, drawn, and quartered in England, witch-burning in the Christian world, or Linchi (凌遲) in China.

Thirdly, if we accept the logic that ties empathy with the identification of others’ expressive behavior, we would have the assume that the more skillful people become at hiding their inner workings, the more difficult it would be for us to empathize with them. This assumption would again suggest, historically, that people in Victorian England, for example, where restraint, concealment, and self-control were rewarded with social currency, would have severe difficulty discerning others’ thoughts and intentions (Andersson, 2015). That is, they would be less empathic than, e.g., medieval people,
who watched public torture for pleasure, experienced victims’ emotional expression, and did not hesitate to express their own feelings. This conclusion entirely contradicts what is known, thanks to Norbert Elias (1994), as “the civilizing process”: a socio-cultural process that in historic-sociological analysis points to the moderation of expressive violence and cruelty accepted in previous epochs, and the socio-psychological generation of humanitarian sentiment (compassion, sympathy, and simulated empathy) in later modernity (Pinker, 2011; Sznaider, 2000) until the present era, known as the age of empathy (de Waal, 2010; Rifkin, 2010). This last point deserves a separate discussion that goes beyond this paper, but it is worth noting that against the dichotomy of care versus SP, the assumption of empathy as a direct, normatively “neutral” experiencing has complex and even problematic ramifications on socio-historical understanding.

Fourthly, and again, further to the same logic, it would seem clear that the more people are restrained, emotionally frugal, and introverted (that is, “cultured” in Eliassian terms), or else are in a state of unconsciousness and stupor, the harder it would be for us to empathize with them. Conversely, the more their behavior is externalized, loud, violent, expressive, and wild, the more simply and directly will empathy be possible. Thus, we should expect to empathize with the rampaging bully or the wife-beater much more easily than with their mute victims.²

Fifthly, as I’ve mentioned and in contrast to what some phenomenologists claim, sadistic pleasure is not rare or limited to pathological cases (Scheler, 2009, p.14). We needn’t hark back to the “Roman Holiday”, or Torquemada’s breaking wheel to identify it: the simple, immediate wish to intensify and even enjoy another’s pain is common in child’s play (Breithaupt, 2019, pp. 197–198), family disputes, hierarchies, neighbor disputes, and so on.

Thus, if we insist on including these possibilities within the empathic experience, we must forgo the identification of empathy with pro-social cognition and the potential for human closeness. We might have to change the dialog on empathy and the examples cited for it: rather than argue over Good Samaritan folklore and care for the bereaved as representations of empathy, we should adopt other real-life examples—such as “pleasurable” control, abuse, authority, and exploitation of others; and inflicting pain on the helpless.

The aforesaid indicates that assuming empathy to be neutral in regard to the empathizer’s attitude to the empathzee is, at the very least, problematic. The problem is not merely terminological but essential, and I believe it is important to seriously examine the exclusion of SP from the discussion on empathy (along with maliciousness, indifference and cruelty, if and when they are generated through the direct experience of another’s mental-state.)

One of the possible ways to do this is accepting care as essential to empathy. But how can we do this without relinquishing the assumption of empathy as direct perception?

**The Invitation to Care**

I believe there is no dispute that high-order dispositions, such as identifying behavior patterns or attributing personality traits, are inseparable from how we experience people, since they are woven into language and culture. Students perceive their teacher as strict, their bus driver as irritable, and their therapist as compassionate or penetrating. Karsten Stueber (2009) claims that this attribution of dispositional properties is woven into our folk psychology, and are embedded in reenactive empathy (Stueber, 2009). By this logic, we can also assume that simple dispositional properties that appear in an immediate, unmediated, intuitive manner, such as intention, will, rejection, or attention, are subjective projections of some sort; that is, that the way we perceive others relies on a sensory perception which is supplemented by some interpretive attribution stemming from language, social interaction, memory, conditioning, or neural structures. Put otherwise, it appears we have a tendency (in the first person) to attribute a dispositional property to an object: to see the glass as fragile; the oil stain as slippery; the table as “woody”; or the gathering clouds as a threat—all this in relation to physical objects. When it comes to people or minded creatures in general, the attribution will be of mental traits—such as intention, mood, emotion, etc.—we tend to experience people around us as hostile or welcoming; to perceive them as happy, sad, irritated, or indifferent. Even a baby tends to attribute potential traits to its environment, and even a dog can distinguish between various human or canine intentions—who to go to, and who to keep away from.

Obviously, some of the traits attributed to people and objects are “in the eye of the beholder”: some verge on anthropomorphism or animism, while others are given to us as part of folk psychology and ordinary language (Gilbert Ryle). But what matters to this discussion is (a) the fact that these attributions also take place directly in perception rather than projection, and (b) that in many cases these are not attributions at all, but outwardly-derived data. As concerns human interactions, these given properties are critical for our understanding and prediction of others’ behavior, and as definers of our place vis-à-vis others.

The proposal to recognize the dispositional properties of human objects as part of the given—and not as subjective attribution, inference, or projection—is part of the raison d’être for phenomenological thought,³ according to which some of others’ mental states are given to us directly:

For we certainly believe ourselves to be directly acquainted with another person’s joy in his laughter, with his sorrow and pain in his tears, with his shame in his blushing, with his entreaty in his outstretched hands, with his love in his look of affection, with his rage in the gnashing of his teeth, with his threats in the clenching of his fist, and with the tenor of his thoughts in the sound of his words. If anyone tells me that this is not ‘perception’, for it cannot be so, in view of the fact that a perception
is simply a ‘complex of physical sensations’, and that there is certainly no
sensation of another person’s mind nor any stimulus from such a source.
I would beg him to turn aside from such questionable theories and
address himself to the phenomenological facts (Scheler, 2009, p. 260).

The idea of an empathic experience as a direct physical
encounter – one that provides the epistemological and emo-
tional basis for receiving another’s experience, and that gen-
erates our attitude to them based on the emotions and insights
arising in us due to the empathic experience – presents an
overly-simplified theoretical model. Our acquaintance with
another does not take place in a vacuum, and does not
exist as a dyad or a triad on a desert island: it is always
part of an interaction with other humans, and of a com-
prehensive cultural, linguistic, and physical setting. The appear-
ance of others in our field of perception is not a “clean”
physical event (whatever that might be), but is informed
and inhabited. Instances of acquaintance, planned encoun-
ters, parent-child interactions, random run-ins, forced
clashes, and sideline observations of others all take place in
a context – and include expectations, intentions, implicit
assumptions, memories, images, and oftentimes also emo-
tions, or a psychological position (Gallagher 2008; Fuchs
& De Jaegher 2009). From a phenomenological standpoint,
these all background direct perception and form part of it:
they dictate its possibility and range, and sometimes populate
it as part of the experience.

The ecologistic idea of direct perception, in its Gibsonian
form, takes the idea of the given a step forward: affor-
dances, the possibilities for action offered by the environment, are
within perception and integral to its ecologic structure.4

According to Gibson’s conceptualization (2015, ch. 8), an
affordance has a twin role: When I perceive the glass cup
that’s about to fall, its potential quality of “fragileness” is
there. Since that being-there is potential, it enfolds an invita-
tion to action, and this invitation is part of that given: by way
of its fragility, the cup about to fall affords my motion to try
to catch it.5 But it’s important to remember that it equally
affords my ignoring or curiously watching glass break. In
other words, the cup’s fragileness solicits me to action
even though the type of solicitation and the terms of its
actualization are unclear.6

The attempt to apply the ecological view of perception to
social perception invokes complex philosophical and meth-
odological questions. For example, in what sense is “social
cognition” part of the ecological environment? Can we
speak of “mental ecology” or “social ecology” in the same
way we speak of the natural environment? Since even a nat-
uralistic position which seeks to reduce the human to the bio-
logical (Gibson 2015, p.36) still cannot address the socio-mental arena with the same tools that it uses to
address nature. How to explain the affordances linguistic
phenomena, for example, given only the sound waves of
speech? How to include in ecology that which isn’t given
to perception, such as dreams and thoughts? Do affordances
have any meaning or cognitive value (Dings, 2020) – being
as they are part of perception rather than cognition, and man-
ifesting so elusively (Shaw et al., 2018)? Yet the greatest
challenge is the absence of information; since according to
Gibson, the gaze at the root of perception is a “seeking”
and “attentive” one, gathering environmental information
according to the perceptual and interactive structure –
while social and mental relationships reside mostly beyond
the pale of sight! (de Carvalho, 2020)

In the present discussion, however, the absence of infor-
mation is not a problem, since as we’ve seen, direct
empathy is a mode of perception! It includes all the informa-
tion required to feel others’ mental states, through their
daily gestures.

In empathy, therefore, we could also refer to others’
mental states (as defined by Scheler above) as a type of affor-
dance: I notice your distress, and this distress invites me to
act. It is not merely a mental state there for me to respond
to by casting my “inner” mental states onto, but already
embodies me in the sense that I am invited to it: the other’s
distress, anxiety, and pain “call me” to act. This way of
understanding solves part of the problem of situating care
within direct perception: There’s no clear separation
between direct perception of the mental state of someone
who’s there and the empath’s response or motivation to
act. On the contrary, the possibility of action and the invita-
tion to act are already there as an inseparable part of the
given. To put this in terms of the preceding discussion,
your distress affords an act of caring, and in this sense the
invitation to care and my enactive caring are already included
in perception.7

Yet this reaches only halfway, and two questions remain:
First, how to explain the way in which caring empathy
becomes part of social cognition, i.e., is granted meaning
in language and factors into social convention? I will not
attempt to answer this question in the present discussion.8

The second question is: Why should we assume that
empathy affords caring, of all things, and not some diametric
opposite of it? I must address this question, since at this point
we still fail to eliminate the problem of sadistic pleasure.

Based on the Gibsonian conceptualization, it is unclear
how the roof of a building affords jumping for one person
and tanning for another; or how to explain the difference in
jumping for a suicide versus a paraglider. It seems that
although affordances are not observer-independent and
form part of the external environment, the possibility of iden-
tifying them and the specific responsiveness embedded in
them, entirely depend on the observer, including his state
at a given moment and the physiological and social condi-
tionings that define his perception (Dings, 2017). Put other-
wise, it is clear that a blind person will not identify the
affordance of a flashlight to see in the dark, and a psychopath
will not identify another’s emotional state as soliciting affect-
ive tendering. In this sense, accepting caring as a possibility
of direct perception does not exclude the possibility of
sadistic pleasure, which will appear for certain people as part of their particular social cognition or psychological makeup; subject to their unique “personality” or to particular social conditionings (Thielmann et al., 2020).

Here, if we are to insist on the place of caring in empathic experience, we have two options. The first is to assume that the other’s distress affords both caring and the generation of other reactions such as indifference or SP. This would require a sort of evaluation that positions empathic experience as invoking some action or another. This option seems reasonable, and to argue for caring as the empathic default, we will simply define it as such. That is, to the extent that becoming acquainted with another’s distress invokes caring, we shall include it under the term “empathy”; while the generation of any other emotion or relation shall simply be excluded from the definition of empathy. This is, again, a reasonable solution, but mostly semantic.

Yet there is another possibility: to suppose caring as latently built into our perception; i.e., that the actualization of potential action (and feeling) depends not only on the affordances themselves and the ecological environment, but also on the conditions of perception.

Thus, in order to state that, in particular circumstances, enactive-caring is the preferred default over any other response, we must regard the condition of empathy as a direct perception that is committed to caring rather than merely “allowing for” it. As I will claim, this view is also a possible answer to the question: What defines for the observer the affordances and the reactivity embedded in them?

The Predispositional Conceptualization of Empathy

To define caring as the perceptual default of empathy, afforded directly through the invitation or demand embedded in another’s distress or vulnerability, we must identify the substrate that guides, limits, and amplifies various elements of perception. This substrate I will call empathic predispositions: the perceptual foundations that, in every acquaintance with others’ mental states, condition the attempt and limit it for us — at the sensory-physical level (e.g., field of vision); psychological level (e.g., what we are able to feel); and enactive level (what invites action or interaction). Some of the perceptual predispositions such as habitus (Hume, Husserl) or curiosity have been distinguished in the past, but to identify the preexisting basis of empathy, we must point out those predispositions that allow to experience another person’s mind-state.

To return to tension between understanding empathy as concern and understanding it as a perception-like, judgment-free experience, we may find the basis for connecting both in the encounter between two predispositions easily discerned in our human encounters: the intentional and the attentive. My assumption is that even though these are two different dispositions that may each appear separately, they are both simultaneously present in an empathic experience.

1. The intentional-perceptive predisposition is an inseparable part of experiencing the other as a sentient creature. It is the dictate placed on our perception to identify intention in moving objects and smiling faces, or to perceive the expressive aspect of gestures and behaviors as intention – that is, as minded. This attribution is primary and pre-verbal, but appears later in language as the differentiation of people (or any sentient beings) as distinct both from one another and from tables and chairs. It can manifest, for example, in a motion or sound as affording an object’s intentions, and thus in various kinds of anthropomorphism and animism, which we experience plainly as children and more complexly as adults. The intentional predisposition means our tendency to perceive others as intentional (meaning their intentionality, not ours). When we see a person waving her hands, we will immediately perceive the hand gesture as signifying a meaning or attempting to communicate, although other possibilities exist – such as a neural disorder that causes involuntary movements, or a lack of intention. Each of the three possibilities is there, and at least one is independent of us, but the choice of which will take place in our primary cognition is dictated by the intentional predisposition. I believe this identification is essential for understanding empathy, since it explains not only the accessibility of others’ mental states to us, but also our ability to notice them as an experience: I perceive not only your sadness, but also that sadness as being in an intentional context, i.e., resulting from something and directed at something.

It is possible, and this is a mere hypothesis, that the presence of an intentional predisposition implies that any moving and/or sound-producing object is perceived as minded, since motion and sound afford intention and thus mind. In contrast to a behaviorist (and/or Cartesian) position, it may be that our primary default is to perceive reality as inhabited by “minded” meanings. That is, we do not distinguish a priori between animate objects and minded creatures, but firstly, from childhood, perceive everything moving as minded, in the sense that under the predispositional dictate, its movements and gestures betray its intentionality: the doll moves its legs to walk, and the approaching shadow is trying to catch me. It is only at a later stage, as we gain command of language, that we learn of the gap between perception and understanding; realizing that the sun does not shine because it wishes to warm us, and the car doesn’t “want” to run us over.9

2. The predispositional Attentive-concern is the tendency to perceive others’ invitation for caring on our part, which is embedded in our experiencing their mental states. This invitation is woven into the experience, and sometimes includes an instinctive feeling of urgency for caring, but it is also latent in perception without being activated. In this regard, we can sense the invitation to care even for a sleeping person, or one who isn’t in front of us, since even potential
distress affords our attention. We can notice this disposition as an inbuilt part of many animals’ experience towards their (and sometimes other animals’) offspring, and it appears rather prominently in expressions of distress in others (de Waal, 2010, p.95).

In social and interactive circumstances, this predisposition may be granted the status of position – that is, to appear as a psychological (or ethical) position of caring or loving attention, which dictates both the interpretation of reality and the instinctive reaction to it, e.g., in motherhood (Taylor et al., 2000; Taylor, 2002). Yet what matters to our discussion is the very presence of attentive concern in experiencing the mental lives of others, and its generation as care through perception.

The presence of the attentively concerned predisposition can be discerned in the simplest daily event. When we happen across a smiling girl on the street, we notice her smile and feel her joy or contentment, but there is no call or invitation for immediate action on our part. On the other hand, when we happen across a little girl crying by herself on the street, we perceive something else: not only her mental state in isolation, but also the invitation to caring embedded in it. Her overt distress calls to us, affords our caring intervention. Thus, if caring is part of empathy, clearly we will identify empathy more with expressions of pain, distress, and suffering which invite (potentially or actually) a caring response – and less with states of joy and happiness. Is this an inborn genetic tendency (Decety et al., 2016; Knafo et al., 2008)? A developmental process? Or social conditioning (Brown et al., 2011)? I do not know, and there is no simple way to answer this. On hearing a baby cry, my dog perks up and starts moving towards it, but does not respond the same way to human laughter. When she identifies a baby in a carriage making sounds of distress, she springs into action and tries to jump into the carriage with the baby (to its caretakers’ embarrassment and mine.) Is this an evolutionary canine instinct, a holdover from wolf pack life, or social conditioning that developed in her life with humans? Or perhaps it’s the development of canine maternal skills similar to human ones? As a pup, after all, she behaved differently; and compared to her caring response, the neighbor’s cat couldn’t care less. Of course, there’s no way to settle the matter, but it makes no difference for the present argument: We’re tuned for caring, the same way we’re calibrated to assign intentional meaning to the expressive gestures of other people.

Some months ago, pre-COVID-19, I visited a gym and witnessed the following: Not far from me, a young woman stood on a weighing-scale, probably after a workout. Suddenly she collapsed, losing consciousness. An older man standing behind her responded quickly by trying to catch her, but had difficulty and fell down with her. I quickly joined in, helped him to steady her head so that it wouldn’t hit the floor, and we both sat on the floor next to her. Within seconds her body began to convulse and she entered a sort of seizure. The man next to me responded with alarm. When I indicated the woman’s bracelet, which stated that she’s an epileptic, he seemed to calm down somewhat. We placed a towel under her head, and shortly afterwards she opened her eyes, saw the crowd that had formed, and her first words were: “It’s okay, I must have had a seizure – don’t be alarmed,” and then, “Please call my father, but don’t say I’ve lost consciousness so he wouldn’t worry.”

The above scenario can be seen to include three distinct situations:

1. The young lady’s fall afforded the older man’s act of care clearly, directly, and without interpretation, inference, or simulation – without “decision” or choice to act. These actions weren’t based on perceiving or feeling the woman’s actual mental state, but only on perceiving the danger afforded by the state of affairs, without actually experiencing her mind; meaning that strictly interpreted they were not empathy. (The status of a virtual experience in relation to empathy is controversial.)

2. Although the older man and I participated in the interaction together, at least in the beginning we did not share a joint intentional object – his interest was the falling woman, while mine was mainly him. My response to the older man, after stepping in, was embedded in his distress about an epileptic seizure, which solicited my care as an act of soothing. In other words, I had a quasi-direct experience of his mental state, which also included caring.

3. The girl’s reaction upon awakening was no less instructive: She immediately identified the concern of the actual people around her (all strangers), and despite being disoriented from the seizure, this concern afforded her act of caring speech, with the first words out of her mouth designed to soothe. She of course had other options: the onlookers’ gazes showed curiosity, which potentially affords withdrawal, for example – but this did not happen. Her default was caring, in this case through speech. Only afterwards did she request a familiar solace, simultaneously revealing her caring for the virtual other, in this case her father.

From my subjective viewpoint, in any attempt to analyze the above scenario, it is difficult or impossible to separate the empathic aspect in the sense of “experiencing another” from the caring-concern or enactive aspect. There was a clear interactive experience here, including a series of acquaintances with the embodied mind of several people, through their expressive behavior, interwoven with various forms of caring as action and as feeling.

Here it bears emphasizing that, although our tendencies dictate our primary mode of observation, we are not born
into a reality where every object has a soul, everything is perceived as an “expression”, and every interaction activates our caring. It is not a reality without randomness, inanimate objects, indifference, or SP; on the contrary, these are all present, often in greater force than intentionality and caring. To explain this, it is important to clarify: Firstly, that dispositions aren’t *a priori* qualities of cognition in the Kantian sense, applying to any cognition anywhere, and attentive concern (or intentionality) does not appear in what Jacob has termed top-down modulation. They are merely tendencies whose presence is potential and whose activation is context-dependent; to use Scheler’s metaphor, they are piano keys whose pressing will produce sound. Secondly, these predispositions dictate only the perceptual default, but neither rule out other possibilities nor determine the contents of perception. Thirdly, identifying a predispositional structure of empathy presents many “antisocial” feelings such as indifference and SP in a different light – they are potential reactions that are sometimes actualized, but do not have the same instinctive-perceptual status as caring, and, contrary to Baumeister’s contention above, are not present as a disposition. Thus, for example, social animals (excluding primates or humans) do not experience sadistic pleasure or gloat over their vanquished rivals, but do exhibit caring. Therefore, if caring is our first instinctive reactivity, then it must be overcome and the gaze averted in order to receive an invitation to other reactivity. In this sense, it is likely that the possibility of pleasure at others’ distress has more to do with overcoming caring than with the absence of caring.

At this point one may counter: If empathic predispositions are activated only in a specific context, then they themselves are reactions rather than a condition for reaction. Furthermore, if caring is activated only vis-à-vis pain and distress and not always, then its activation necessitates the primary identification of a certain state of affairs as dangerous, and the identification of another’s pain and distress. However, such identifications take place in empathy, and thus empathy precedes caring rather than results from it. To address this possible objection, I will further clarify: There is a difference between identifying a certain state of affairs as dangerous or as affording reaction and experiencing someone’s pain or distress. At least in relation to the present discussion, there’s no need to identify states of affairs “as something” for an instinctive reaction to occur. We extend our hand towards the falling cup before we’ve perceived it as “in danger of breaking” – and this hand extension, rather than our identifying of the situation’s “dangerousness”, needs to be explained. Similarly, a person perceives (or tends to perceive) another person falling before she recognizes the falling situation as dangerous. How are these instinctive reactions formed? We do not know for certain. Likely, some are inborn and others acquired. We may have been born to react to a baby’s crying, just as we were born to react to smiling faces; to react to certain sounds with relaxation and to others with anxiety; but we clearly were not born with instincts for driving or for diving into a stormy sea to save a drowning person. As explained by Gallagher and Varga (2013), the plasticity of the human brain allows for the gradual changing of tendencies, and for a reading of states-of-affairs that is largely determined by environmental pressures – including social conditionings – that shape how we qualify situations. Thus, the predisposition precedes the disposition and the reaction, or at least, the tendency to act precedes understanding and is woven into it. In other words, even though the intentional disposition determines my observation of the whining wind as sad, I can “overcome” and perceive it as an unintentional. Similarly, even though the attentively concerned disposition directs me to perceive the wounded person’s pain as affording my care, social conditioning to overlook an enemy’s pain, for example, will direct me to ignore it and towards other actions and even SP at his pain. In this manner, a group can train its members to overcome caring tendencies, and repetitive activation can erode both caring and our ability to feel others’ distress (as happens to, e.g., emergency services personnel, who experience compassion fatigue.)

To complete the tentative description of the dispositional structure of caring empathy, I wish to address another possibility, which may be derived from a proposal by Gallagher and Varga (2013). Although their article isn’t devoted directly to empathy, it does deal with the social restrictions on the generation of feelings and attitudes, which is part of the present discussion. Their central claim is that various expressions of social exclusion, e.g., dehumanization and racism, as outcomes of social dictates and conditionings, rely on a more primary distinction between in-group and out-group. This distinction is a type of sub-personal “prism” through which we perceive social reality, and they condition both the possibility and the range of perceiving and interacting with the other. In this sense, we are conditioned to distinguish between those belonging to our reference group (familial, biological, gender, national, social, etc.) and those outside it. This conditioning allows social dictates to influence the development of social cognition in all the dimensions in which it is shaped. Interaction, perception, imagination, memories, and narration all create for us the cognitive and psychological foundation for perceiving outsiders as non-human or subhuman, and vice versa. Gallagher and Varga take care to emphasize that although this is a process of cultural narration that takes place over time and changes how we perceive others, it does not detract from the directness of perceiving others, since the process does not add a “something extra” to perception (such as simulations or inferences). To support this claim, they present neuroscientific data that indicate the brain’s flexibility and mutability per environmental pressures and stimuli, including social conditioning. The brain’s inbuilt plasticity apparently indicates that, to the extent that direct perception can be identified with brain...
activity, the processes of social formation can also be explained as neurological change processes – thus apparently confirming the directness hypothesis.

In the context of our discussion, the distinction between in-group and out-group can also be regarded as a “perceptual filter” that conditions a priori the manner in which others appear to us. Experience teaches that people find it easier to be caring towards those closest to them, and to perceive the mental states of those similar to them. Thus, we may include in-groupness or affiliation as an empathic predisposition, a social or inborn cognitive condition for empathy. This possibility also seems logical in a broader common-sense perspective: Most animals easily tell their own species apart from other species or potential enemies and seem to have a native ability to distinguish belonging, or at least non-belonging. In sentient animals, the distinctions are more significant. They distinguish between pack members and other packs, and between their biological family and the pack – while exhibiting care for their offspring, both based on parenthood (humans, apes, cats, whales, dogs, penguins, elephants, and more) and on a pack/group basis (humans, crows, elephants, wolves, apes, and more). It goes without saying that many of these animals have empathic experiences. At the same time, further to the previous discussion, in human societies there seems to be a solid link between out-groupness or group rivalry and the generation of envy, vindictiveness, xenophobia, and rejection – all of which may preempt caring.

However, the distinction between in-groupness and out-groupness, and between these and affiliation, is unclear, and pointing to their presence in an interaction is not simple. Although it is logical to assume that we (and others) have a tendency to identify similarity and respond to it, it is unclear, at least intuitively, how much and in what way these tendencies are related to group affiliation. I believe that including group affinity within the dispositional structure of empathy would require further study beyond the scope of this paper – which is why I will leave the possibility open.

Summary

The question of how empathy is possible has been part of phenomenological thought for over a century. Various thinkers have proposed a series of insights on the cognitive, psychological, and environmental conditions that enable to experience another from the viewpoint of the observing subject. These insights continue to revolve around the identification of the other as a person, his analogous similarity to the physical self, and the uniqueness of his mental contents, as directly given to perception. In the past decades, as the discussion shifted to the enabling inner structure of perception, many phenomenologists have preferred to rely on hypotheses and findings from neuroscience and developmental science. There are several reasons for this reliance (I suspect that some, at least, are sociological), and it is sometimes productive and instructive – but I believe it overlooks some of the possibility of discerning the conditions for perception in experience itself: not in hidden physiological processes, which in any case are inaccessible to phenomenological study; or else in a reduction of mental experience to behavior.11

This discussion has uncovered the problem in relinquishing care as a condition for empathy. According to the understanding I’ve proposed, it is rather the identification of empathy as a direct experiencing of others’ mental states that almost necessarily leads to accepting SP as the most successful model of empathic experience – in contradiction both to the place of empathy in psychology and social cognition, and to the historical understanding of empathy as pro-sociality. In light of this, I have suggested a particular reading of the empathic experience that identifies caring as an integral component of empathy as direct experience.

To this end, I first proposed to pull classical phenomenological understanding slightly towards the ecologist-enactivistic view, an accepted move that many have already made (Fuchs & De Jaegher, 2009; Gallagher, 2017; Hutto & Jurgens, 2018; Ratcliffe 2017; Zahavi, 2017), but the conclusion was that the type of possibility of reaction, while relying on the affordance of context and interaction, must also rely on some latent structure of perception.

In light of this conclusion, I pointed to the possibility of identifying the primary latent presence of care in every acquaintance with people or other minded creatures – a presence generated through empathic predisposition. In this sense, caring may be one potential possibility of many for the reactivity embedded in direct perception, but in situations of distress, danger, and pain, it functions as the actual default. According to my conceptualization, attentive-concern, along with identifying all intentional beings as minded creatures, forms the predispositional basis for empathy. Another conclusion of this conceptualization is that the distinction between empathy and sympathy, through the attribution of caring, does not stand the test; and if the distinction should be preserved (I think it should not), then other criteria is required.

Towards the end of the discussion, I mentioned the possibility of including another disposition, that of group affinity, as part of the dispositional structure of empathy: to regard the in-group/out-group distinction, further to Gallagher and Varga’s proposal, as a type of predisposition. This distinction “colors” our direct experience and dictates a “positive” perception of those who belong to our in-group, in contrast to outsiders who may be perceived as nonhuman or subhuman. Since empathy and group belonging can be linked to a certain extent, it would appear that group affinity can be accepted as an additional predisposition of empathy. Despite the attractiveness of this proposition, which could add another explanatory layer to the connection between empathy, affinity, and belonging (family, biological, social, national, gender, etc.), I’ve decided to leave it open towards further discussion.
Another question that remains open is that of empathy when another’s joy and happiness are perceived. Can we apply caring disposition on these situations as well? I believe we can, even though according to the conceptualization I’ve proposed, empathy will always be a clearer experience in regard to pain and distress. To make this sort of move, we would need to demonstrate how and in what regard joy and happiness afford caring; but even before such a demonstration, we may assume that negative reactivity to others’ happy experience would involve overcoming the default of caring.

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Notes
1. This isn’t certain. Even today, the public execution of a “public enemy” may well take social media by storm and sweep an enthusiastic audience.
2. This last point should be of interest to those who link empathy with mirror neurons. These neurons are supposed to “fire” when watching the deliberate action of another as if it was our own, thus serving as the neurological basis for empathy. However, in watching one person beating another who lies helplessly motionless, our mirror neurons will automatically mimic the act of beating. That is, the “empathic neural resource” will be diverted to the aggressor and not to his motionless victim.
3. Husserl, Stein, and Scheler’s criticism of Theodor Lipps’ conceptualization of Einfühlung as a type of projection.
4. “I assume that affordances are not simply phenomenal qualities of subjective experience (tertiary qualities, dynamic and physognomic properties, etc.). I also assume that they are not simply the physical properties of things as now conceived by physical science. Instead, they are ecological, in the sense that they are properties of the environment relative to an animal.” (Gibson, 1982, pp. 403–404)
5. The broad discussion on Gibson’s conceptualization deals extensively with the ontological and epistemological status of affordances: are they objects, relations, or “states of affairs”? Do all affordances share the same status? Does a tree afford the climbing of it, even if no squirrels exist? And so on. But all that is relevant here is the possibility of including the perceiver (the empath) and his responsiveness within direct perception. In other words, we can accept Gibson’s conceptualization without committing to radical realism.
6. The transition from visually perceiving objects in the environment to social perception isn’t self-explanatory, and Gibson himself was unclear about it; although he did suppose its possibility and accord it great importance, especially in his later work (de Carvalho, 2020; Fiebich, 2014; Presti, 2020).
7. Caring refers to both a feeling and an action, but the relationship between feeling and action is bidirectional. As popularly described by William James: “Action seems to follow feeling, but really action and feeling go together; and by regulating the action, which is under the more direct control of the will, we can indirectly regulate the feeling, which is not.” (James, 1899, p. 100)
8. I’ve done so at length elsewhere (Lampert, 2022).
9. This hypothesis immediately means that the problem of other minds doesn’t exist: we perceive minds in the sense of intentionality, before we attribute inanimateness to objects. In other words, understanding that the cup didn’t fall on purpose is a significant – and subsequent – achievement.
10. As taught by Edmund Husserl and Gilles Deleuze, both the actual and the potential are present aspects of the perceived objects.
11. On this point, Jacob (2011) is right in criticizing a phenomenological discussion that might “give in” to behaviorist reduction; as is Ratcliffe (2017), who points to the fact that understanding empathy as a perception in the narrow physiological sense might leave it as a static physical sensing (a problem solved by the enactivist-process-driven understanding).

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