Integrating empathy and interpersonal emotion regulation

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ABSTRACT

When individuals experience empathy, they often seek to bolster others’ well-being. But what do empathizers want others to feel? Though psychologists have studied empathy and prosociality for decades, this question has yet to be clearly addressed. This is because virtually all extant research focuses on a simplified model under which improving others’ well-being also comprises (i) heightening their positive affect or decreasing their negative affect and (ii) helping them reach their own emotional goals. In this review, I argue that empathic goals can be viewed more holistically by integrating them into the framework of interpersonal emotion regulation (IER). IER refers to the many ways that people influence their own and others’ emotional lives through social interactions. Work in this field demonstrates that people are emotional pragmatists—who strive for emotions that are useful, even if negative. Bridging empathy and IER creates a broad taxonomy of empathic goals that vary in (i) the hedonic or counter-hedonic goals one person forms for another, and (ii) whether two people agree about what one of them should feel. Further, different components of empathy, such as distress and concern, tend to produce different IER goals, oriented towards regulating one’s own, versus someone else’s, affect. I review the empathic IER spectrum in a number of contexts, including close relationships, professional caregiving, and group-based emotions. “Non-canonical” empathic goals, though obscured by the majority of the psychological literature, highlight the cognitive and emotional building blocks necessary for effective prosocial behavior. More broadly, integrating empathy and IER provides a synthetic and generative framework through which to ask new questions about how social emotions produce prosocial actions.

Keywords: empathy, interpersonal emotion regulation, prosocial behavior, affective forecasting
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HIGHLIGHTS

- People commonly attempt to influence others’ emotions and improve others’ well-being.
- Decades of research on empathy and prosociality have examined such actions, but this work focuses almost exclusively on prosocial choices that comprise bolstering others’ positive affect.
- The burgeoning study of interpersonal emotion regulation offers a broader perspective on empathic motives and choices, including cases in which prosocial choices involve worsening others’ affect or overriding their preferences, and cases in which apparent prosociality is actually driven by the desire to regulate one’s own emotion.
- These cases provide new insights into the cognitive and affective building blocks of empathic choice.
- Bridging the study of emotion regulation and empathy—two phenomena that have received much attention but little integration—can deepen and broaden psychological understanding of how social emotions produce social actions.
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*Introduction*

A group of relatives confront an individual struggling with alcohol abuse, describing how her drinking has damaged their family. A therapist instructs a patient with OCD to touch a toilet seat. An activist shares images of mistreated children on social media, along with the caption “If you’re not outraged, you’re not paying attention.” All of these people purposefully worsen others’ emotional state, sometimes without their consent. All of them also act in ways designed to increase others’ well-being.

Cases like these challenge common assumptions about empathy and prosociality. The vast majority of research on these phenomena takes a *hedonistic* perspective—assuming that empathy motivates individuals to decrease others’ suffering and add to their pleasure. In this article, I present a broader view of how people care for each other, drawing from the emerging field of interpersonal emotion regulation (hereafter: “IER”). Integrating empathy and IER generates new perspectives on prosocial motives and actions, two of which I focus on here.

First, different components of empathy produce varying IER goals, some aimed at regulating one’s own emotions, and others uniquely targeted towards those of others. Second, empathic individuals often seek to help others by worsening, rather than improving, their emotional states.

I will review evidence from three domains—close relationships, professional caregiving, and group-based emotion—that highlight empathy-IER connections, as well as the prevalence of “non-canonical” empathy in social behavior and affect. These cases highlight core features of empathy obscured by much of the psychological literature. In particular, empathic choices require individuals to understand, forecast, and regulate others’ emotions as well as their own.

Examining these building-blocks clarifies the deep connections between empathy and IER, and more generally helps elucidate the complex, sometimes counter-intuitive ways that social emotions produce prosocial actions.
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**History and scope of this review**

In the 21st century, *Annual Review of Psychology* has featured several pieces focusing on empathy (Bernhardt & Singer, 2012; de Waal, 2008), prosociality (Keltner, Kogan, Piff, & Saturn, 2014; Penner, Dovidio, Piliavin, & Schroeder, 2005; Tomasello & Vaish, 2013), and emotion-cognition interactions (Barrett, Mesquita, Ochsner, & Gross, 2007; Folkman & Moskowitz, 2004; Phelps, 2006). However, it has not yet featured coverage of IER. In this article, I review work on IER, but also use this framework to recast empathy and prosociality. I focus preferentially, though not exclusively, on research published in the last 10 years.

**A taxonomy of empathic goals**

Empathy describes ways in which “observers” respond to the emotions of social “targets.” It comprises multiple distinct, but related components. Mentalizing refers to explicit consideration of targets’ experiences, which allows observers to form internal representations of what targets feel and why. Observers also experience varying affective responses to targets’ emotion. Experience sharing entails vicariously taking on targets’ affect, and empathic concern entails experiencing motivation to improve someone else’s well-being, without necessarily taking on their states (Davis, 1983; Zaki, 2017).

Experience sharing and empathic concern are not mutually exclusive, but they do appear somewhat independent. Individual difference measures of concern and sharing are only weakly correlated, as are state-level reports of these empathic states in experimental contexts (Fultz, Schaller, & Cialdini, 1988; Jordan, Amir, & Bloom, 2016). Separability between these states takes on additional importance because concern tracks a number of prosocial and salutary outcomes that other empathic components do not. For instance, concern predicts volunteering, charitable donation, and generosity in laboratory tasks more tightly than sharing (Batson, 2011;
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Davis et al., 1999; Jordan et al., 2016). Concern, but not sharing, tracks individuals’ well-being (Leaviss & Uttley, 2015; Morelli, Lee, Arnn, & Zaki, 2015) as well as their ability to form and maintain successful close relationships (Crocker & Canevello, 2012; Morelli, Ong, Makati, Jackson, & Zaki, 2017). And whereas experience sharing puts caring professionals at risk factor for burnout, concern buffers them against these problems (Gleichgerrcht & Decety, 2013; Lamothe, Boujut, Zenasni, & Sultan, 2014).

Differences between sharing and concern have been documented and discussed for decades, but a deep understanding of their roots has remained elusive. One productive way to take a new look at these phenomena is through the lens of emotion regulation. According to contemporary models (e.g., Gross, 2015; Ochsner, Silvers, & Buhle, 2012), regulation occurs when individuals appraise their emotional state, form a goal to change or maintain that state, and then pursues that goal through a number of strategies. For instance, someone who realizes he is anxious prior to a job interview might calm himself by practicing mindfulness or reminding himself how well-prepared he is.

Importantly, he might also outsource emotion regulation, for instance by calling a friend who can offer support or distract him from his nerves with a funny story. This is known as interpersonal emotion regulation (or IER; Dixon-Gordon, Bernecker, & Christensen, 2015; Niven, 2017; Reeck, Ames, & Ochsner, 2016; W. C. Williams, Morelli, Ong, & Zaki, 2018). IER refers to ways in which individuals regulate their own and others’ emotions through social interaction. In this example, the nervous interviewee employs intrinsic IER—regulating his own affect through social means—whereas his friend engages in extrinsic IER—forming and pursuing a goal to shift someone else’s emotional trajectory (Zaki & Williams, 2013).

IER is prevalent and impactful across a number of social contexts. It scaffolds the development of self-regulation in children (Morris, Silk, Steinberg, Myers, & Robinson, 2007),
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is a core component of social support between friends and romantic partners (Butler & Randall, 2013), and factors heavily into professional contexts including management and psychotherapy (Grecucci, Theuninck, Frederickson, & Job, 2015; M. Williams, 2007). Disruptions in IER also characterize several disorders including depression and borderline personality disorder (Dixon-Gordon et al., 2015; Hofmann, 2014; Marroquín, 2011).

Both sharing and concern fit neatly within an ER framework. Observers who vicariously take on targets’ negative affect through experience sharing often feel a resulting motivation to relieve their own distress. They sometimes pursue this goal by helping targets, but other times salve themselves by avoiding or derogating targets, or attempting to prevent targets from expressing negative affect (Batson & Shaw, 1991; M. J. Lerner & Simmons, 1966). Even while occurring in social contexts, some of these cases represent “intrapersonal” ER. For instance, an individual who crosses the street to keep their distance from a homeless individual—and the guilt or pain encountering that individual would carry—is engaged in situation selection, a preemptive form of ER.

In other cases, empathic states drive IER goals, a phenomenon I will refer to as “empathic IER.” Again, types of empathy vary in the sorts of goals they produce. Experience sharing is more likely to drive intrinsic IER. An individual who becomes upset hearing about a friend’s trouble might change the subject, regulating their own affect by suppressing her interlocutor’s expression. By contrast, concern is defined as a fundamentally prosocial emotional response (DeSteno, 2015; Goetz, Keltner, & Simon-Thomas, 2010), which produces “a motivational state with the ultimate goal of increasing another’s welfare” (Batson 2011, pg. 20). This goal to improve others’ well-being often (though not always) produces an aligned extrinsic IER goal, to change the way a target feels.
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**Beyond empathy as hedonism**

Concern generates goals to help others, but what exactly do those goals entail? One strength of an emotion regulation framework is that it clarifies the nature of prosocial motives, by specifying the affective states an observer wants a target to experience. This is not typically true of the study of empathy and prosociality. A common assumption—both within and outside psychological research—is that improving someone’s well-being is a *hedonic* pursuit, comprising goals to increase their positive affect or decrease their negative affect. A second is that benevolent observers should form *cooperative* extrinsic IER goals that match targets’ intrinsic goals. In other words, both parties should agree about what one of them should feel and work together to pursue that outcome (see Glossary for more on these terms). In other words, prosocial goals and hedonic, cooperative empathic IER are treated as interchangeable in extant work.

These assumptions are “baked in” to the vast majority of research on empathy and prosociality. In canonical studies of these phenomena, observers’ empathy is either measured or manipulated; observers then make choices between acting selfishly or prosocially. For instance, they might decide between doling out money, electric shocks, or unpleasant tasks to themselves or a target. This paradigm has been enormously useful in exploring the psychological dimensions of self-other dilemmas. For instance, (i) empathy-related individual differences and (ii) brain activity, (iii) instructions to take targets’ perspective, (iv) ethnic or ideological similarity between observers and targets, (v) visibility of targets’ suffering, and (vi) the resonance of that suffering with observers’ past experience all track observers’ likelihood of making prosocial, rather than selfish choices (Batson, 2011; Cikara & Van Bavel, 2014; Slovic, Västfjäll, Erlandsson, & Gregory, 2017).
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Although this paradigm illuminates antecedents of prosociality, it also focuses on a single, simplified account of what prosocial behavior entails. It is safe to presume that targets prefer fewer shocks but more money, and experience more positive affect (and less negative affect) when they get what they want. As such, observers who act prosocially in response to the self-other dilemmas described above also act hedonically and cooperatively. By design, this confounds the empathic goal of improving well-being with the IER goal of bolstering positive affect. Likewise, the large majority of studies in this literature offers observers only one prosocial option, leaving no space to explore tension between forms of prosociality.

Outside the lab, many helpful acts are hedonistic and cooperative, but many are not. This means that psychological research essentially ignores the larger spectrum of empathic motives and goals. An IER framework allows us to address this gap and broaden conceptual models of empathic motives and choices. In particular, as delineated in Figure 1, we can acknowledge variance along two dimensions: (i) whether concern motivates hedonic or counter-hedonic extrinsic IER, and (ii) whether observers’ goals for targets match or do not match targets’ own. Considering these factors—and especially “non-canonical” cases of empathic IER—can foster a more complete perspective on the range of prosocial motives and actions.
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<thead>
<tr>
<th>Observer’s Goal</th>
<th>Positive</th>
<th>Negative</th>
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<tr>
<td>Positive</td>
<td>Hedonic cooperative</td>
<td>Counter-hedonic paternalistic</td>
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<td></td>
<td>Celebrating a colleague’s promotion</td>
<td>Family addiction interventions</td>
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<td>Soothing an upset child</td>
<td>Inducing in-group guilt</td>
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<td>Negative</td>
<td>Hedonic paternalistic</td>
<td>Counter-hedonic cooperative</td>
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<td></td>
<td>Inflating social feedback</td>
<td>Delivering exposure therapy</td>
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Figure 1: This matrix delineates different classes of empathic IER, determined by two “dimensions:” (i) an observer’s goal for a target to feel positive, versus negative affect, and (ii) a target’s goal for their own emotions.

Hedonism versus pragmatism. Much research in emotion regulation is undergirded by the notion that people strive to feel good and avoid feeling bad (Larsen, 2000). But this assumption is often violated, across people, groups, and situations. Depressed individuals and those with low self-esteem sometimes prefer to feel negative affect (Millgram, Joormann, Huppert, Lampert, & Tamir, 2018; Wood, Heimpel, Manwell, & Whittington, 2009), especially after sufferings a failure (Heimpel, Wood, Marshall, & Brown, 2002). People commonly subject themselves to horror movies, somber music, habanero sauce, marathon training, and other unpleasant stimuli (Oosterwijk, 2017; Rozin, Guillot, Fincher, Rozin, & Tsukayama, 2013). Some cultures embrace negative affect more than others (Koopmann-Holm & Tsai, 2014), and counter-hedonic motives also vary across the lifespan, for instance appearing more common in adolescence than older adulthood (Riediger, Schmiedek, Wagner, & Lindenberger, 2009).

These data suggest that people are not pure emotional hedonists. How, then, do we select what to feel? Many motives shape emotion goals; these include impression management,
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adaptive detection of threats, personal and cultural values, the desire for achievement, and “fit” between an affective state and one’s personality (Augustine, Hemenover, Larsen, & Shulman, 2010; Higgins, 2011; Ortner, Corno, Fung, & Rapinda, 2018; Tsai, 2007; Zaalberg, Manstead, & Fischer, 2004). These motives, in turn, can be aggregated under an overarching theme: people are *emotional pragmatists*—who pursue emotions not because they are pleasant, but because they are useful in a given context.

A wellspring of evidence now supports this “instrumental” view of emotion regulation (Tamir, 2016). People pursue anger prior to tasks that require them to aggress, fear prior to tasks that require them to avoid threats, and sadness prior to tasks that require them to garner others’ sympathy. These *counter-hedonic* motives are driven by individuals’ belief that negative emotions will serve their goals, and inducing people to hold such beliefs increases their desire to feel negative affect (Tamir, Bigman, Rhodes, Salerno, & Schreier, 2015). Finally, evidence suggests that instrumental emotion goals are salutary: people who flexibly desire negative or positive states when they are useful, as opposed to merely desiring positive affect, exhibit greater psychological well-being (Tamir & Ford, 2012).

People also approach empathy instrumentally, in at least two ways. First, individuals shift their experience of empathy in a motivated fashion: avoiding it when it is likely to be painful or negative, and approaching it when it is useful, for instance in helping form or maintain social bonds (Zaki, 2014). Second, observers who experience empathy develop instrumental goals for others’ emotions. A growing set of studies has found that observers engage in counter-hedonic extrinsic IER to benefit targets. When targets are about to play a game that requires either aggression or avoidance of threats, observers choose for them to listen to music or view images that will induce anger or fear (Netzer, Van Kleef, & Tamir, 2015). Observers high in trait empathic concern are more likely to select negative emotions for targets in these settings,
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and inducing observers to experience concern for targets likewise increases their likelihood of engaging in counter-hedonic IER (López-Pérez, Howells, & Gummerum, 2017; Niven, Henkel, & Hanratty, 2018). This work supports the argument that empathic IER does not always comprise a goal of improving another person’s hedonic state.

**Cooperation versus paternalism.** A key achievement of human empathy, compared to that of other species, is our ability to not merely “catch” others’ affect, but also to form detailed internal models of others’ desires and beliefs. These inferences allow us to negotiate and cooperate by pinpointing targets’ goals even when they differ from observers’ own and helping targets achieve their aims (de Waal, 2006; Tomasello, Carpenter, Call, Behne, & Moll, 2005). Prototypical studies of prosociality follow this paradigm, in that observers who improve targets’ well-being do so *cooperatively*—moving targets towards their own goals.

Cooperative goals can be counter-hedonic. In the studies described above, observers chose for targets to feel useful negative emotions. In similar paradigms, people choose to feel negative emotions themselves. Thus, an observer who makes a target to feel negatively is nonetheless engaged in cooperative IER—because the target would make the same choice for themselves.

Other forms of IER are non-cooperative. Negotiation often depends on people’s ability to advance their own agenda by altering others’ feelings (Niven et al., 2018). A car salesperson benefits from excitement, an insurance salesperson benefits from fear, but whatever their target emotion, service professionals commonly use IER to shift customers into a buying mood (von Gilsa, Zapf, Ohly, Trumpold, & Machowski, 2014). During competition, observers often use IER to “psych out” their opponents, inducing emotions that will rattle or distract them (Gneezy & Imas, 2014). Intergroup conflict, bullying, and online trolling are characterized by systematic efforts to emotionally destabilize others (Sest & March, 2017).
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The above instances of non-cooperative IER range from neutral to malevolent, but observers also engage in non-cooperative IER for benevolent reasons. Economists describe *paternalistic altruism*, in which observers act as though they know what is best for targets. For instance, people prefer to make “in kind” charitable donations—restricted to food or health-related expenses—rather than giving recipients money to spend freely (Gangadharan, Grossman, Jones, & Leister, 2018). Developmental psychologists have documented similar preferences. For instance, five-year-olds fulfill other children’s wishes by giving them chocolate, but refuse to do so if they first learn that chocolate will make targets sick (Martin, Lin, & Olson, 2016).

Paternalism has received scant attention in affective science, but some work suggests that empathy can drive observers to act paternalistically. In one set of studies, observers evaluated sub-par essays privately, and then evaluated them a second time, knowing that the writer would see their feedback. Observers high in trait empathy—or induced to experience empathy for the target—were more likely to inflate their evaluation: protecting observers’ feelings, but also depriving them of useful feedback (Lupoli, Jampol, Oveis, & School, 2017).

In another study, observers were either induced to feel empathy for a distressed target or to remain neutral. The target requested help solving an anagram task, but some observers learned that giving the target too many hints would be detrimental to their future performance. Observers induced to feel neutral provided comparable amounts of hints regardless of whether they were described as detrimental or not. By contrast observers who empathized and knew hints could harm the target in the long-term offered less help—disregarding targets’ wishes (Sibicky, Schroeder, & Dovidio, 1995).

Observers who inflate their feedback on essays avoid targets’ negative affect. Observers who deny targets’ requests for hints might instead *induce* negative affect. In other words, their choices range from hedonic to counter-hedonic. Yet across these contexts, observers who
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experience empathy for targets are driven towards paternalistic—rather than cooperative—IER strategies.

*Summary.* Atypical examples of a phenomenon sometimes illuminate how it operates more broadly. Counter-hedonic and paternalistic IER place greater—and different—demands on observers than hedonic, cooperative actions. As such, they can reveal parameters of empathy and IER that are not readily apparent in the bulk of the scientific literature.

In the following sections, I review non-canonical forms of IER across three contexts—close relationships, professional caregiving, and group emotion. I then use counter-hedonic and paternalistic cases as a wedge to consider features of empathy and IER more generally, especially focusing on their psychological “building blocks,” and on determining how, when, and in which ways different forms of IER are adaptive for observers, targets, and their relationships to each other.

*Non-canonical IER across contexts*

*Close relationships.* Individuals’ emotional well-being depends on close relationships. This is perhaps most obvious in the context of child development. Parents and caregivers not only regulate children’s emotions; their interactions scaffold children’s later abilities to regulate themselves (Eisenberg, Cumberland, & Spinrad, 1998).

Parents shape children’s emotional lives in many ways—including social referencing, modeling, household emotional “climate,” and reciprocal interactions (Morris et al., 2007). A key aspect of parenting is managing children’s experience and expression of negative affect. Psychologists have documented a slew of such parental strategies, many of which can be conceptualized as falling under one of two IER categories. The first is *hedonic paternalistic*—meaning that parents attempt to force or coerce children to suppress their negative affect, for instance by punishing,
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dismissing or belittling children’s feelings, or withholding attention or affection while children express negative emotion (Morelen & Suveg, 2012; Roth, Assor, Niemiec, Ryan, & Deci, 2009). A second is hedonic cooperative—in which parents validate and discuss children’s feelings with them, and work with them to pursue strategies, such as cognitive reframing, that can reduce children’s negative affect (Gottman, Katz, & Hooven, 1996). Both of these strategies entail parental attempts to reduce children’s negative affect, but they produce widely varying downstream results. Cooperative IER affect bolsters’ children’s own regulatory ability (Crowell et al., 2013; Morelen & Suveg, 2012), whereas hedonic paternalistic IER tracks later dysregulation and externalizing behavior in children.

Viewed through the lens of empathic IER, these outcomes might reflect differences in parents’ empathic IER goals. When parents work cooperatively with children, they focus on the ultimate goal of improving their affective state, consistent with empathic concern. When parents dismiss or punish children’s negative displays, they might in fact be more interested in reducing their own discomfort, consistent with experience sharing. Parents who vicariously take on children’s distress take whatever measures will most quickly reduce children’s expressions—thus regulating parents’ own reaction to those expressions—even if those strategies do not serve children in the longer term.

Two examples bear out this prediction. The first is parental responses to infant sleep disruptions. It will shock no one that night-time infant crying increases negative affect and arousal in adults. But parents vary in the way they interpret such crying, with some viewing it as a sign of severe distress that requires immediate intervention, and others viewing it as less urgent. Parents who believe crying signals an emergency are more likely to quickly intervene, for instance soothing their child as soon as they wake up. Ironically, such parental soothing
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tracks children’s later difficulty soothing themselves, and is a predictor of ongoing sleep disruption (Sadeh et al., 2016).

A similar effect characterizes parents of children with chronic pain. Some parents in this position “catastrophize” their child’s discomfort, agreeing with items such as, “when my child is in pain, it’s terrible and I think it’s going to overwhelm me.” This self-report measure of catastrophizing closely mirrors items associated with empathic distress (e.g., “I sometimes feel helpless when I am in the middle of a very emotional situation.”). Parents who catastrophize also engage in strategies to avoid pain: for instance, frequently keeping children out of school or other activities. Like excessive soothing of infants, this choice predicts negative outcomes for children in the long run, including increased depression and anxiety and reduced school functioning (Chow, Otis, & Simons, 2016).

These examples both comprise paternalistic, hedonic extrinsic IER strategies that—in avoiding distress—eventually leave targets worse off. As described above, this is consistent with work on personal distress, which motivates immediate, avoidant action that do not always benefit targets. Little work has directly tied these phenomena to each other, but this will be an important direction for future research.

Throughout adulthood, family, friends and romantic partners remain crucial sources of IER. When individuals experience strong affect, they gravitate towards others to express themselves and receive support (Rimé, 2009). Individuals who share their emotions benefit as a result, for instance quickly forming supportive relationships in new environments (W. C. Williams et al., 2018). People also appear savvy in their sharing. For instance, they seek different friends depending on their affective goals (e.g., to be cheered up when sad versus calmed down when angry; Cheung, Gardner, & Anderson, 2015), and disproportionately disclose negative events to empathic members of their community (Morelli et al., 2017).
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Supportive social partners, in turn, reduce targets’ negative affect during stressful times and intensifying their happiness following positive events (Gable & Reis, 2010; Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Some affective consequences of social contact are incidental; for instance, the “mere presence” of close others attenuates individuals’ responses to stress and pain (Beckes & Coan, 2011). In other cases, friends and romantic partners purposefully shape each other’s emotions through extrinsic IER. The bulk of their efforts are hedonic. For instance, when asked the extent to which they use different IER strategies with friends, colleagues, and partners, individuals endorse hedonic strategies twice to three times as strongly as counter-hedonic ones (Niven, Macdonald, & Holman, 2012). And in organizational contexts, managers consistently endeavor to reduce their supervisees’ stress to boost morale (Little, Kluemper, Nelson, & Gooty, 2012).

Though less thoroughly documented, friends, colleagues, and relationship partners also engage in counter-hedonic IER. One example surrounds “interpersonal alerting:” when an observer directs a target’s attention to a problematic situation they might otherwise ignore. For example, during discussions of the future, romantic partners alert each other to the seriousness of potential problems—up-regulating their partner’s worry (Parkinson, Simons, & Niven, 2016). Individuals fine-tune their hedonic and counter-hedonic IER based on their partner’s current emotional state. For instance, an individual’s distress tracks the likelihood that their partner will try to calm them. By contrast, individuals’ initial sense of calm, and their reappraisal of a problem, predicts their partner’s likelihood of trying to increase their worry through alerting.

Some forms of IER in close relationships are non-cooperative. Consider the support of individuals struggling with substance abuse. When drug and alcohol users resist or fail to seek treatment, concerned significant others, such as family members and friends, sometimes take the lead in guiding them towards it. Some of the strategies they employ are “unilateral,” proceeding
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at first without the participation of the individual with substance abuse issues. These culminate in an intervention, a surprise meeting held in which concerned significant others confront individuals concerning the scope and consequences of their behaviors (Loneck, Garrett, & Banks, 1996). Such interventions are both counter-hedonic and paternalistic, but nonetheless increase individuals’ likelihood of beginning and continuing treatment (Kirby et al., 2015).

Professional caregiving

“Caring professions”—such as medicine, social work, and psychotherapy—depend heavily on IER and empathy. Individuals in these lines of work encounter vast amounts of suffering and manage others’ emotions during volatile moments. It is thus unsurprising that empathy tracks caregivers’ effectiveness. Patients of empathic physicians report greater satisfaction with their care, are more likely to adhere to medical recommendations, and even recover more quickly than those whose physicians are less empathic (Hojat, 2016). And psychotherapy clients experience greater “therapeutic alliance” when clinicians empathically mirror their affect, posture, and levels of arousal during therapy (Koole & Tschacher, 2016).

The fact that empathy is valuable to caring professions does not mean its role is simple. When combined with intense, chronic exposure to others’ suffering, it can become an occupational hazard. Professional empathy tracks patient well being, but empathic caregivers—and especially those high in experience sharing—develop burnout and “compassion fatigue” at unusually high rates (Gleichgerrcht & Decety, 2013).

A surfeit of empathy can also interfere with caregivers’ decision-making (Hojat, 2016). A physician who experience intense empathy for patients might attempt heroic medical interventions, even when these treatments are more likely prolong suffering than to succeed. And when delivering bad news, caregivers often avoid language that will cause patients distress.
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This can be characterized as a form of hedonic, paternalistic IER, but also leaves patients unclear about their diagnosis in the moment and may leave them feeling alienated afterwards (Fallowfield & Jenkins, 2004). Several programs now train physicians in the delivery of bad news (Back et al., 2007). Some of their instructions focus on classic tenets of empathic communication, but others focus on helping caregivers overcome their desire to shield patients from suffering, in favor of communicating clearly.

These issues highlight a tension at the core of professional empathy. Caregivers’ mission is to improve others’ well-being, but that goal is not always consistent with hedonic or cooperative IER. One key example of this tension arises in exposure-based interventions, which involve helping patients approach stimuli or memories they find aversive. Exposure is among the most efficacious therapies for phobia, PTSD, and related disorders (Foa, Keane, Friedman, & Cohen, 2008), but it also requires generating intense negative affect in patients. By experiencing aversive emotions and sensations they habitually, patients can form new beliefs about these stimuli and ultimately learn they do not need to fear or avoid them. This, in turn leads to dramatic reductions in the symptoms central to their disorder (Craske, Treanor, Conway, Zbozinek, & Vervliet, 2014).

Despite the utility of exposure, evidence indicates that it is widely underutilized among clinicians. Clinicians who do use it are prone to “cautious delivery” of exposure—for instance, refraining from using highly anxiety-provoking stimuli, terminating exposure tasks early, or interweaving anxiety-reduction exercises into those tasks (Deacon et al., 2013). There is little evidence that cautious delivery improves the efficacy of exposure, and some evidence that it renders therapy less effective (Peris et al., 2017). Why, then, would clinicians favor it? One possibility is that they over-weight the negative impact of negative affect. Consistent with this prediction, clinicians commonly report reservations about exposure, largely rooted in the belief...
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that patients will be unable to tolerate the distress it produces. These reservations, in turn, track both avoidance and cautious delivery of therapy (Farrell, Deacon, Kemp, Dixon, & Sy, 2013).

This same study found that clinician trait empathy also predicted their tendency towards cautious delivery. At least some research demonstrates that therapists vicariously take on patients’ negative affect and physiological arousal during exposure (Schumacher et al., 2014). Together, this work opens the possibility that experience sharing might induce therapists to engage in hedonic, paternalistic IER—depriving their patients of treatment options that feel too aversive to deliver. Interestingly, clinical supervisors are now encouraging new clinicians to avoid cautious delivery through cognitive framing and “meta-exposure:” exposing them to patients’ distress, and teaching them that negative affect, though unpleasant, is crucial to optimal treatment (Farrell et al., 2013).

Cases like these highlight the complexity of empathic IER in caring professions. Caregivers walk a fine line: they must steward others’ well being, but this sometimes requires becoming a source of negative affect for patients, which could potentially induce guilt, moral distress, and avoidance. This could in turn prompt caregivers to use sugarcoated communication or cautious delivery, which do patients a disservice by trying to protect their feelings. Avoiding this outcome might require them to actively modulate their own empathy in an instrumental way (Zaki, 2014). Given its importance to health and well being, this is an idea that should receive more attention in future work.

Group-based emotions

The vast majority of affective science focuses on how emotions unfold within individuals. Research on IER and empathy extends this paradigm, but nonetheless focuses mainly on how one observer perceives and manages the feelings of one target. But people’s emotions and
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emotional goals also operate in larger, collective contexts. Pride in one’s flag, sadness at the anniversary of a national tragedy, and outrage at the actions of an outgroup are all forms of *group-based emotion*—affective responses to collective experiences of one’s group, even those that do not personally impact the individual (Smith & Mackie, 2015).

Such emotion depends on one’s identification with their group, be it a team, town, company, or country. People who experience high levels of identification are most invested in their group’s well-being, and most reactive to events that impact it. For instance, individuals who report psychological “overlap” between themselves and their group are more willing to protect the collective—even violently (Swann, Gómez, Seyle, Morales, & Huici, 2009). Group identification also affects empathy. Whether measured through self-report, behavior, facial expressions, or brain activity, individuals exhibit greater levels of experience sharing, mentalizing, and empathic concern towards members of their own group, compared to outgroup members (Cikara & Van Bavel, 2014)—especially if they are highly identified with their ingroup (Hackel, Zaki, & Van Bavel, 2017).

Individuals commonly regulate group-based emotion—both in themselves and in their peers (for review, see Goldenberg, Halperin, van Zomeren, & Gross, 2016). Collective rituals and holidays—from church services to fourth of July fireworks—are designed to produce shared emotional states across group members, enforcing group identification in the process. As with the individual level, much group-based emotion regulation is hedonic. People choose their media landscape to cultivate pride and hope for their group, and deny evidence of their group’s misdeed to avoid collective shame (Cohen-Chen, Halperin, Crisp, & Gross, 2014; Wohl, Branscombe, & Klar, 2006). In other cases, individuals have reasons to pursue counter-hedonic emotions for their groups. For instance, collective mourning produces sadness, but it might also increase group members’ sense of connection to each other.
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There are two classes of circumstances in which negative group emotion is particularly useful. The first is intergroup conflict. Fear and anger underlie xenophobia and aggression, but during conflict they also drive group members to band together, remain vigilant to threats, and protect each other (Bar-Tal, 2001). Consistent with a functionalist account of emotion regulation, during conflict individuals want to feel anger, and are less keen to experience goal-inconsistent emotions such as empathy for outgroup members. These affective desires predict actual experience of anger and empathy (Porat, Halperin, & Tamir, 2016).

Little psychological research directly examines people’s counter-hedonic regulation in the face of conflict, but history offers countless examples. During war and cultural conflicts, propaganda and media are used to ramp up anger and fear of outsiders. Collective negative affect paves the way for dehumanization and hatred—psychological states that, in turn, make violence more palatable for soldiers and civilians alike (Grossman, 2014; Kimani, 2007).

Collective action is a second context that favors negative group-based emotion. When groups are characterized by structural inequality, power asymmetries, or oppression, positive emotions favor complacency. Individuals from low-power groups who experience harmony with people in power are less likely to agitate for change, and more likely to trust high power individuals to act fairly, even when that trust is misplaced (Dixon, Tropp, Durrheim, & Tredoux, 2010). By contrast, outrage motivates people to challenge the status quo, and energizes movements for equality and justice (Spring, Cameron, & Cikara, 2018). Guilt experienced by high power individuals also tracks their openness to such movements, and their reluctance to endorse behaviors that harm low-power groups (Shepherd, Spears, & Manstead, 2013).

A functionalist account suggests that when collective action is urgent, individuals should seek out negative group-based anger and guilt for themselves and fellow group-members. At least some findings support this prediction. Protestors highlight injustice and suffering—
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endeavoring to incite anger and guilt within their group (Van Zomeren, Leach, & Spears, 2012). In many cases, protestors engage in IER that is not only counter-hedonic, but also paternalistic—by disrupting people’s comfort with reminders of ingroup transgressions.

Likewise, when individuals are reminded of ingroup transgressions, they up-regulate their experience of group-based guilt—especially when they believe guilt will be useful or when others do not experience sufficient guilt (Goldenberg, Saguy, & Halperin, 2014; Sharvit & Valetzky, 2018). In this latter case, individuals “compensate” for fellow group members. Emotional compensation involves purposefully changing one’s own emotion, but can nonetheless serve as a form of “indirect” IER in two ways. First, individuals who up-regulate their affect in response to low collective emotion do their part to nudge the group “average” emotion upward. Second, people conform to the emotions of others, especially when they share group membership (Izuma & Adolphs, 2013). Individuals who highlight their own guilt, for instance, might offer themselves as targets for conformity, exerting normative pressure on others to up-regulate their own negative affect.

Summary

Across diverse contexts, including family life, romantic relationships, professional caregiving, intergroup conflict, and collective action, people form goals regarding others’ emotional responses. Many of these goals are hedonic and cooperative, but many are not. Individuals also pursue negative emotions for their loved ones, friends, patients, and group-mates—not because they prize those others’ pain, but because they believe fear, anger, distress, or guilt will help those targets in the long run. The foregoing review demonstrates that empathic goals aimed at improving targets’ affective state are sometimes in tension with empathic goals aimed at
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benefitting those targets, and this tension is not obvious in the vast majority of research on empathy, prosociality, or IER.

The tensions between empathic goals also foregrounds psychological “building blocks” required for empathic IER. By building blocks I mean psychological processes that support IER, but are not specific to it. Here I will focus on two such building blocks, affective forecasting and self-control. These processes intersect with empathic IER most obviously in counter-hedonic and paternalistic contexts but are not limited to them. This is one reason that non-canonical examples provide a window into the psychological structure of empathic goals more broadly.

**Building blocks of empathic IER**

Prosociality can be a reflexive, automatic expressions of emotion (Levine, Barasch, Rand, Berman, & Small, 2018). But empathic concern also produces more sophisticated prosocial goals, which require cognitive and regulatory effort. Non-canonical IER—such as fostering counter-hedonic emotions in others or contravening their goals—provide clear examples of this effort.

To illustrate this, imagine that a friend of yours begins dating a new partner you find arrogant and emotionally abusive. Your friend gushes about his new infatuation to you over coffee and, with a wide smile, asks what you think. You realize that offering your honest assessment will hurt your friend, but because you feel the relationship will eventually cause even more pain, you tell him what you truly think. Here you pursue counter-hedonic, paternalistic IER. You engage in a behavior designed to sap your friend’s enthusiasm—replacing it with anger, sadness, or both—and do so without his consent. What type of calculations go into a choice like this one?
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*Forecasting.* Emotion regulation requires emotional forecasting: identifying how future events will affect emotional experiences, and visa-versa. Individuals often pursue emotions for their own sake, and in such cases need only forecast “one step” ahead in an affective trajectory. A parent who wants his child to be happy tickles her; a bully who wants his victim to be sad teases her. As soon as each target experiences the relevant emotion, the observers’ mission is accomplished.

Other forms of regulation require multi-step forecasting. When people work nights or study for difficult exams, they accept temporary discomfort in the service of positive long-term outcomes. Delay of gratification depends on similar calculations (Bulley, Henry, & Suddendorf, 2016). Instrumental emotion regulation (see *Hedonism versus pragmatism* above) is more direct: people specifically target *negative* affective states—not because they are desirable on their own, but because they will help produce positive outcomes later.

When you tell your friend a hard truth about their partner, you engage in multi-step interpersonal forecasting. By detailing his partner’s shortcomings, you purposefully increase your friend’s negative affect. Your short-term goal might be shared by a bully, but your IER differs from theirs in its long-term goal. You make your friend upset in the hopes that this negative affect might drive him to make a decision, such as breaking off the relationship, that will maximize his long-term well-being.

Emotions pervasively affect decision-making (Forgas, 1995; J. S. Lerner, Li, Valdesolo, & Kassam, 2015). When individuals experience anger, they tend to desire a change in their situation, and become relatively risk-seeking when considering future actions (Frijda, Kuipers, & Ter Schure, 1989; J. S. Lerner et al., 2015). By contrast, fear renders people relatively risk averse and pessimistic about the consequences of future actions (J. S. Lerner & Keltner, 2000). Emerging evidence suggests that observers hold consistent lay theories about how emotions
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guide future behavior (Ong, Zaki, & Goodman, 2016). It thus stands to reason that when regulating others’ affect, observers take into account not only the value of emotions themselves, but also of the decisions towards which they will drive targets, and the utility of those choices.

By stoking your friend’s anger, you make it more likely that he will take an action to change his situation. A parent who encourages their young child to fear busy intersections makes it less likely that she will impulsively run into the street. In both cases, observers forecast the positive outcomes of a decision driven by negative affect and decide the utility of that decision is greater than the cost of short-term negative affect.

This role of forecasting in empathic IER remains poorly understood, but is consistent with other aspects of empathic concern. Across both evolution and development, early arising empathic capacities such as experience sharing are later “layered” with the ability to draw specific attributions about what others feel, want, and need, even when targets’ experience diverge from observers’ own (de Waal & Preston, 2017; Epley, Keysar, Van Boven, & Gilovich, 2004). Such self-other distinction relies on a general capacity for self-projection: extracting one’s self from the here and now—which also characterizes autobiographical memory, counterfactual reasoning, and prospection about the future (Buckner & Carroll, 2007). Social perspective taking further draws on brain systems similar to those involved in prospection (Spreng, Mar, & Kim, 2009).

Empathic IER often requires both self-other distinction and forecasting, which might render it especially challenging. Decision-making is affected by both social and temporal distance, such that observers view their future selves and targets as (i) similar to each other but (ii) different than observers’ present selves (cf. Parfit, 1984). For instance, people value rewards for themselves now more than those available to their future selves, or to other people, a bias partially rooted in difficulty vividly prospecting and perspective taking (Hershfield & Kramer, in
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press; Pronin, Olivola, & Kennedy, 2008). Likewise, people exhibit systematic biases when forecasting their own future emotions and others’ feelings, and these biases compound when they are asked to imagine what others will feel in the future (Ong, Goodman, & Zaki, 2018).

The foregoing suggests that forecasting plays a pivotal role in empathic IER, and also places demands on observers who use it. Future work should further explore this relationship, as well as probing whether the capacity for forecasting (i) overlaps with social perspective taking ability, and (ii) tracks individuals’ use of counter-hedonic and paternalistic IER.

**Self-regulation.** When you tell your friend what you think of his new relationship, you generate negative affect in him, but the consequences of your choice reverberate to you as well. A smooth conversation becomes uncomfortable and charged. Your friend hears about his partner’s shortcomings, but perhaps notices some of yours as well. In order to generate useful negative emotions in him, you accept an unpleasant experience yourself.

Extrinsic IER centers around goals for others’ feelings, but executing IER goals often requires individuals to regulate themselves as well. At the broadest level, any prosocial behavior requires weighing one’s own utility against that of others (Keltner et al., 2014). But even after that tradeoff is made, empathic IER goals can require additional forms of self-regulation.

As we saw above, most psychological paradigms used to study prosociality obscure tensions between types of prosocial behavior. Likewise, standard assessments of emotion regulation—though vital for delineating the processes through which people alter their affective experience (Gross, 2015)—can obscure the prevalence of socially-directed self-regulation. In prototypical studies of ER, individuals react to stimuli such as evocative images, films, or memories, alone in a controlled laboratory setting. They change the trajectory of their emotional responses using strategies—such as reappraisal or suppression—experimenters instruct them to use.
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But in the field, people frequently regulate their own emotions for social purposes, such as avoiding conflict, managing their impression, and helping others feel better (English, Lee, John, & Gross, 2017). For instance, an individual might purposefully downregulate or hide their positive reaction to winning a prize if the runner up is standing next to them, or up-regulate their expression of emotion to be better understood by others (Eldesouky & English, 2018; W. C. Williams, Nook, & Zaki, under review).

Counter-hedonic IER likely places additional regulatory demands on individuals. When an observer worsens someone else’s affect, empathy can generate psychological conflict and negative affect, and cause individuals to question the morality of their actions (Crockett, Kurth-Nelson, Siegel, Dayan, & Dolan, 2014). Consistent with this, individuals who must harm others in the line of work—such as physicians who deliver painful treatments or managers who lay off employees—exhibit self-reported and physiological increases in stress, disrupted sleep, and worsened physical health (Grunberg, Moore, & Greenberg, 2006; Hulsman et al., 2010).

Individuals who do harm often down-regulate their empathic responding through moral disengagement: for instance, ignoring, dehumanizing, or derogating victims (Bandura, 2016). Disengagement is typically associated with pernicious behavior, such as violence or oppression. But observers might also disengage as a form of self-regulation, allowing them to engage in counter-hedonic IER to help targets. In one series of surveys, about half professionals who cause suffering as part of their work (e.g., physicians who deliver painful therapies to patients) report purposefully disengaging emotionally (Margolis & Molinsky, 2008). Likewise, medical students’ empathy decreases over their training (Neumann et al., 2011), and physicians exhibit blunted physiological and neural responses to others’ pain (Decety, Yang, & Cheng, 2010).

Empathic down-regulation in medicine is thought to be a self-protective mechanism, helping professionals reduce their propensity for burnout, though perhaps at the cost of their
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patients (Vaes & Muratore, 2013). But the foregoing raises an intriguing alternative prediction: during counter-hedonic IER, observers might purposefully down-regulate empathy in order to benevolently worsen targets’ affect. This would represent a complex push-pull between different forms of empathy—in which empathic concern for a target’s future well-being requires disengaging from experience sharing with that same target in the moment.

Although little work has explored this possibility, it is consistent with many of the findings described above. In order to *not* immediately soothe a crying infant, a parent might need to decrease their experience sharing with the child by reappraising their crying as normal, rather than a sign of urgent distress. In order to deliver exposure therapy without engaging in undue caution, a therapist might have to reappraise a patient’s distress as useful to their therapeutic outcomes. In order to produce social change, an activist might have to steel themselves for uncomfortable conversations with colleagues and friends. Although these conclusions may seem obvious given the framework presented here, the scientific study of self-regulation and IER remains in its infancy. Thus future work should explore the relation between these constructs.

**IER success: Metrics and antecedents**

How do we determine whether, when, and how emotion regulation has succeeded? At the simplest level, we can ask whether someone is able to change their affect in the way they intend. When an individual tries to decrease her sadness, anger, or fear and reports feeling less negatively afterwards, that provides evidence she successfully pursued her affective goal (Gross & John, 2003). Changes in other measures of affect—such as facial movements, physiological arousal, and patterns of brain activity—likewise index regulation success, and convergence across these channels provides even stronger evidence (Ochsner et al., 2012).
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Functionalist accounts offer us a second metric of success: did an individual’s ER help them accomplish a relevant goal? Someone who ramps up her anger and later dominates a hostile negotiation, or who practices reappraisal and then cooperates with an outgroup member, has succeeded in generating useful emotions (Halperin, Porat, Tamir, & Gross, 2013). A third metric goes beyond any one goal, and instead examines the role of ER in promoting broader adaptive outcomes. For instance, individuals who habitually regulate their emotion enjoy greater social integration and lower levels of depression in young adulthood (Ford, Lwi, Gentzler, Hankin, & Mauss, 2018; Tamir, John, Srivastava, & Gross, 2007) and greater marital satisfaction (Bloch, Haase, & Levenson, 2014).

Extrinsic IER—during which one person tries to change another’s emotional experience—complicates these metrics. To parse its effectiveness, consider the three variables captured in Figure 2: \( G(t)_o \), an observer’s goal for a target’s emotions, \( G(t)_t \), a target’s goal for their own emotions, and \( O(t) \), an adaptive or maladaptive outcome for the target.

\[ \text{Figure 2: This Venn diagram depicts different combinations of IER goals and outcomes.} \quad \text{\( G(t)_o \) = an observer’s goal for what a target should feel; \( G(t)_t \) = a target’s goal for what they should feel; \( O(t) \) = an adaptive or maladaptive outcome.} \]
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When all three of these variables overlap, IER reduces to standard prosociality as seen in the bulk of existing research. The observer and target concur about what the target should feel, and by some external metric, they are both right. As the observer executes her goal, she cooperates with the target, increases positive or decreases negative affect, and helps him.

Other combinations of these variables demand more nuanced perspectives on IER’s “success.” In the segment of the Figure 3 shaded red, two people share a goal about what one of them should feel, but that goal diverges from some external metric of adaptiveness. Here IER is cooperative but might not serve either party in the long run. A child with chronic pain might want to avoid discomfort, and their parents might share that goal. They can pursue it through situation selection, for instance keeping their child out of school or other activities, but as seen above, this effort can further limit the child’s functioning. In difficult times, both individuals in a couple might try to keep the peace by suppressing their anger or sadness. This strategy might be cooperative, but when it becomes a habit, it can lead to reduced marital satisfaction (Velotti et al., 2016). Cases like these highlight forecasting as a component of empathic IER—observers might empathize with targets in the short-term, endeavor to improve their immediate well-being, but ironically do them harm instead.

In the section of Figure 3 shaded blue, an observer forms an affective goal for a target, but that goal diverges both from what the target wants and from an adaptive goal. Cases like these, which we can refer to as maladaptive paternalism, represent two conflicts. First, targets’ and observers’ goals diverge, even well-intentioned actions can produce negative social consequences. As described above, observers sometimes engage in “prosocial lies,” for instance inflating their ratings of a poorly written essay to avoid making its writer feel bad. Though this hedonic paternalism is motivated by empathy (Lupoli et al., 2017), prosocial lies are not received
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well by targets—who feel greater negative affect, judge observers as immoral, and are more likely to punish them after learning they have lied (Lupoli, Levine, & Greenberg, 2018).

Research on social support demonstrates that recipients feel most helped when support providers are “responsive” to their needs—that is, helping targets advance their own psychological goals (Canevello & Crocker, 2010; Maisel & Gable, 2009). But even when observers work intently at understanding targets’ minds nonetheless come up short (Eyal, Steffel, & Epley, 2018). In the case of prosocial lies, an observer might assume a target wants to avoid negative feedback when in fact the target wants to be challenged. Being misunderstood, in turn, can lead targets to feel negative, undermined, and alienated from observers (Morelli, Torre, & Eisenberger, 2014).

Maladaptive paternalism also limits targets’ concrete opportunities. When a reader inflates her assessment of an essay to spare the writer’s feelings, she deprives him of the chance to improve. Evidence suggests that patterns like this are common. For instance, instructors with a fixed theory of intelligence are more likely to “comfort” students who have failed at a math task by assigning them less work or not calling on them as much in class, but such comforting demotivates students (Rattan, Good, & Dweck, 2012). Likewise, when individuals provide each other with “visible support,” making their help obvious, support recipients can feel less capable of handling problems themselves (Bolger & Amarel, 2007).

These negative effects are compounded by the fact that observers use paternalism more frequently when encountering groups traditionally low in status or power. In one study, individuals were more likely to donate to members of a negatively stereotyped group only if they could restrict the way these donations were used (Jones, 2017). Other forms of intergroup paternalism are subtler. “Benevolent sexism” (BS) comprises warm but belittling attitudes towards women. One dimension of BS is the idea that women’s well-being must be protected by
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men (Glick & Fiske, 1996). Though evincing a shallow positivity, such paternalistic attitudes generate negative affect and reduced self-efficacy among women, and can damage their performance in professional settings (Dardenne, Dumont, & Bollier, 2007).

Maladaptive paternalism also characterizes interracial interaction. White individuals manage their behavior around black individuals to avoid appearing prejudiced. This includes accentuating their own warmth, but also downplaying their own competence and withholding critical feedback in educational contexts (Croft & Schmader, 2012; Dupree & Fiske, 2018). Such paternalistic behavior produces negative affect in white individuals and is met with suspicion by minority individuals. Further, in educational contexts can limit minority individuals’ learning opportunities.

Maladaptive paternalism often comprises hedonic IER. An observer acts in ways designed to minimize others’ discomfort, often out of positive intention. But their actions might represent failures of the “building blocks” of empathic IER described above. First, as with maladaptive cooperation, the observer fails to forecast clearly enough into the future. As such, they make a short-sighted choice to protect a target’s affective state in the present at the cost of adaptive long-term outcome.

Second, maladaptive paternalism can represent a failure of self-regulation. Although ostensibly oriented towards targets’ well-being, observers who elide critical feedback, a parent who immediately soothes an infant’s every cry, and a physician who uses vague language when delivering bad news might actually be maintaining their own comfort. A similar logic applies to intergroup paternalism. Men who engage in BS uphold their own status by patronizing women. Majority individuals can experience anxiety during interracial interactions (Trawalter, Adam, Chase-Lansdale, & Richeson, 2012). Thus, their ingratiation of minorities might represent an attempt at self-soothing, rather than a truly other-oriented effort. The fact that paternalistic
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actions are received negatively by targets—across educational, gender, and racial contexts—suggests as much.

A fourth type of IER (shaded in marigold in Figure 2) is *adaptive paternalism*. Here, a target and observer have different goals for what a target should feel, but only the observer’s goal is aligned with an adaptive outcome for the target. In other words, the observer has greater insight into what is best for the target than the target himself.

Whereas maladaptive paternalism can result from observers’ failures in perspective taking, forecasting, or self-regulation, adaptive paternalism is predicated on targets making similar mistakes. Individuals often misread how future events and experiences will make them feel, and as a result make suboptimal choices. One way around forecasting errors is to lean on others’ experience. In one set of studies people formed more accurate judgments about how they would react to emotionally-relevant events after learning how others actually did react to those events (Gilbert, Killingsworth, Eyre, & Wilson, 2009). Interestingly, subjects in these studies failed to realize that others’ experiences were better barometers than their own forecasts. When targets make such errors, paternalism becomes adaptive. The toddler who swears that cotton candy is the ideal dinner and the tipsy friend who thinks another drink is in order can both be saved a stomach ache through paternalism. A person at risk for cancer who resists preventative medicine can benefit more deeply (Hoerger, Scherer, & Fagerlin, 2016).

Paternalism can also be adaptive when targets know what their goal *should* be, but have difficulty pursuing it due to failures of self-regulation. Addictive behaviors of all-sorts, from alcoholism to compulsive internet use, are often characterized by such a profile (Köpetz, Lejuez, Wiers, & Kruglanski, 2013). Interventions by concerned significant others—although paternalistic and counter-hedonic—can lead targets towards treatment. Afterwards, many of
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these individuals likely favor the goals their families and friends chose for them, rather than the shorter-term desires that previously drove their behavior.

**Conclusion**

People commonly alter each other’s emotional lives, often with the aim of improving the well-being of friends, family, colleagues, and group-mates. These efforts represent an intersection between empathy and IER—two psychological phenomena that have attracted enormous interest but have yet to be well-integrated. This review provides an account of what such integration could look like. An IER framework complements existing research on empathy, while offering a broader vision of empathic goals and behaviors than it typically considers. In particular, it highlights a multidimensional “space” of empathic choices, not all of which are designed to make targets feel positively or accord with targets’ goals.

Non-canonical cases of IER are poorly represented research literature. Nonetheless, probing them further can help psychologists pinpoint key ingredients, such as forecasting and self-regulation, that likely scaffold many types of empathic choices. As such, a broader model of empathy and IER can not only connects these phenomena within psychology; it can also deepen our understanding of the varied, sometimes surprising ways people help each other.
FUTURE ISSUES AND OPEN QUESTIONS

- What is the prevalence of hedonic, counter-hedonic, cooperative, and paternalistic uses of IER in the field?

- What is the relationship between different empathic components, such as experience sharing and concern, and the use of different IER strategies?

- How do individuals’ propensity for forecasting and self-regulation—or experimental inductions of those processes—affect their tendency to engage in different IER strategies?

- What features of targets and their situations predict their reaction to being the target of paternalistic or counter-hedonic IER?
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GLOSSARY

Observer: An individual focusing another person’s (or group’s) emotional state.

Target: An individual (or group) that is the focus of an observer’s attention and action.

Empathy: A suite of distinct but inter-related processes through which observers respond to targets’ emotions, including experience sharing, mentalizing, and empathic concern.

Experience sharing: An observer’s vicarious experience of a target’s internal experience, including motor, somatic, visceral, or emotional states.

Mentalizing: An observer’s explicit consideration of a target’s internal states, producing an internal model of their thoughts, emotions, and goals.

Empathic concern: Other-oriented emotions elicited by and congruent with a target’s well-being that motivate prosocial behaviors towards them.

Prosocial behavior: Actions designed to improve a target’s well-being.

Hedonic emotion regulation: Regulation guided by the desire to increase positive emotion or decrease negative emotion.

Instrumental emotion regulation: Regulation guided by the desire to feel emotions that are useful in a given context, regardless of their valence.

Interpersonal emotion regulation: The formation and pursuit of goals designed change one’s own or others’ emotions through social interactions.

Empathic interpersonal emotion regulation: Goals to change another person’s emotional state that follow from observer’s empathic experiences towards targets.
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REFERENCES


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