Recent developments in research cast doubt on early conceptions of young children as primarily egocentric and uncaring of others' needs. Studies reviewed indicate a broad range of social competencies children bring to their interpersonal relationships. As early as 2 years of age, they show (a) the cognitive capacity to interpret, in simple ways, the physical and psychological states of others, (b) the emotional capacity to experience, affectively, the state of others, and (c) the behavioral repertoire that permits the possibility of attempts to alleviate discomfort in others. Both temperament and environment may contribute to individual differences in concern for others. Early socialization experiences that lead to adaptive and maladaptive patterns of responsiveness to others' needs are described. Examples of environmental risk conditions include parental depression, marital discord, parental maltreatment. Implications of this work for broadening existing conceptualizations of empathy and related prosocial orientations are addressed.

Human beings are strongly motivated to be connected to others as well as to retain independence and autonomy. A major developmental task that persists throughout their lifespans relates to the balance and integration of these two sets of needs. A number of constructs have been used to characterize connection to others. These include terms such as attachment, warmth, emotional availability, dependency, nurturance, succorance, inter-

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1This work was supported by the National Institute of Mental Health and the John D. and Catherine T. MacArthur Foundation, Research Network on the Transition from Infancy to Early Childhood. Portions of this work were presented at an invited symposium on Empathy in Infancy and Later Development, American Association for the Advancement of Sciences, New Orleans, 1990. We would like to thank Jean Mayo for manuscript preparation.

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personal commitment, caring, and compassion, to name just a few. Considerable research has focused on these dimensions in the context of adolescent and adult love relationships, or as an important feature of caregiving with corresponding implications for the welfare of the young. Except for research on attachment, less effort has been directed toward understanding ways in which children establish and maintain positive connections, especially as this pertains to their capacity to care for others. In this article, we explore one aspect of social connection: namely, the early development of empathy. This emotion is described by some as at the center of what it means to be fully human. The construct of empathy is particularly complex. Theoretical explanations can be traced historically to the ideas of early aesthetic, sociological, social-psychological, developmental, and counseling/psychotherapy writers (see review by Gladstein, 1984).

Empathy has many definitions that derive, in part, from its diverse theoretical heritage (Eisenberg & Strayer, 1987). At its core, however, empathy refers, in various ways to the experiencing of another’s affective or psychological state and has both affective and cognitive components. The cognitive component involves apprehending or understanding the other person’s experience, i.e., imagining oneself in the place of the other so as to know what the other feels or senses. In some conceptualizations of the affective component, a strict or near match of another’s emotions is required (e.g., sadness in response to another’s sorrow, anger in response to another’s anger). The concept of contagion of emotion also is relevant here, e.g., as in “catching” the fear of another person. Sullivan (1947) was one of the first to describe this phenomenon in the mother-child dyad, indicating ways in which even infants pick up on the caregiver’s affective state. In other conceptualizations of the affective dimensions, feelings of empathic or sympathetic concern for the other person in distress are emphasized. Eisenberg and her colleagues distinguish conceptually between empathy and sympathy, though they indicate the difficulty of distinguishing empirically between the two (Eisenberg, Fabes, Miller et al. (1989a). In this view, empathy is an emotional response that is congruent with and stems from the apprehension of another’s emotional state or condition. Sympathy, which may stem from empathy, is defined as a vicarious emotional response to similar external conditions, which consists of feelings of sorrow or concern for others. Both empathy and sympathy are thought to differ from personal distress, defined as a self-focused, aversive reaction to another’s state and experienced as anxiety or distress. Empathy is thought to be a process that generally induces sympathy or personal distress.

From a developmental perspective, the origins of these different patterns of vicarious emotional response and their linkages to different