

Parent talk about the wellbeing of others in disciplinary situations relates to younger children's empathy

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It has been argued that parent talk about the emotions/wellbeing of others correlates with children's empathy, at least up to the age of 6 years. The present study used a sticker sharing task to examine the empathy of 51 children (aged 5 to 12 years), and how children's empathy relates to parenting disciplinary strategies and parents' general attitudes (empathy, SDO). There was a significant effect indicating that participants feel more empathy for a victim who was seriously hurt than a victim who experienced a minor hurt. Also, there was a significant positive correlation between parent talk about the wellbeing of others and younger children's empathy, but not in the older age group. In contrast, parents' general attitudes (empathy, SDO) were not related to children's empathy.

Keywords: Empathy; Parenting disciplinary strategies; Parent emotion talk; Social dominance orientation (SDO).

Introduction

New Zealand is a relatively peaceful country, with most inhabitants feeling far from the racial, religious and sectarian violence that has stained much of the world in recent years. Therefore, the shocking murders in two Christchurch mosques of so many helpless individuals by a single gunman raises many questions about the origins of such an extreme lack of empathy. While it is impossible to say with certainty why one individual acts in a particular manner, it is possible to explore such issues more generally. Allely, Minnis, Thompson, Wilson, and Gillberg (2014) provided a rare academic exploration of the risk factors for mass murderers or serial killers, arguing that a complex combination of neurochemical imbalance (e.g., neurotransmitters, testosterone, monoamine oxidase, hormones), genetics, and childhood experiences (psychological or physical abuse, rejection) are most likely at play.

In contrast to the dearth of research examining mass murderers, there is a great deal of research that has examined empathic versus unempathic behaviour more generally. This research might also shed light on the motivations of the Christchurch accused because some of the same explanations (e.g., adverse childhood experiences) again feature prominently. In the present study, we examined the way in which parenting behaviour and parent attitudes can affect the development of empathy. For this reason, we outline research on children's empathic development below.

Development of empathy

Empathy refers to the ability to understand and share others' emotion and plays a key role in social behaviour, affecting people's attitudes toward a target (Batson, 1991). It has previously been concluded that empathy is present at birth (Eisenberg et al., 1991) although such assumptions have recently come under scrutiny given newborns' uneven performance when listening to different crying stimuli (Ruffman, Lorimer, & Scarf, 2017). In toddlers, empathy is measured via helping behaviour, pupil dilation, or facial responses to the suffering of another. Yet positive findings can be interpreted as surprise or heightened attention (pupil dilation), desire for approval (helping), or aversion (negative affect when listening to suffering) (Ruffman, Then, Cheng, & Imuta, 2019). Consistent with the latter idea, Ruffman, et al. (2019) found that adults responded empathically (with more sadness) when watching a crying infant compared to when watching a neutral infant accompanied by white noise, whereas toddlers responded similarly. Toddlers' similar response to the two different kinds of stimuli is more parsimoniously interpreted as a response to an aversive stimulus rather than empathy. Moreover, even if empathy is present early in development, it is likely that it evolves throughout childhood. Thus, the aim of the present study was to investigate how children's empathy develops over age, and whether it is related to general parent attitudes (such

as social dominance orientation) or, more specifically, to parent talk (e.g., the things parents say to children when the child transgresses).

Some studies that examine changes in empathy over middle childhood indicate general increases between the ages of 7 and 12 years (Litvack-Miller, McDougall, & Romney, 1997), or increases in neurological markers for empathy (Cheng, Chen, & Decety, 2014). On the other hand, Michalska, Kinzler, and Decety (2013) examined 65 children aged between 4 and 17 years of age, giving them a self-report measure of empathy and measuring their pupil dilation and arousal when viewing videos of another person being hurt either intentionally or unintentionally. Michalska et al.'s findings did *not* indicate an age-related increase in empathy. Indeed, they found a decrease in participants' reports of their own sadness for both intentional ($r = -.20$) and unintentional ($r = -.25$) harm. Nevertheless, the sample was relatively small for such a broad age range, leaving few children of different ages. Given such considerations, it is important to examine age-related changes in empathy more carefully within the middle childhood period.

Other researchers have also examined empathy for those harmed intentionally versus unintentionally. Decety, Michalska, and Akisuki (2008) found that children aged 7-12 showed brain responses as if they were feeling pain when watching others come to harm. Likewise, Michalska, Zeffiro, and

Decety (2016) found a similar pattern in 9- to 11-year-old children. Explicit ratings of sadness when viewing intentional versus unintentional harm also appear to indicate greater empathy when viewing intentional harm. Decety, Michalska, and Kinzler (2012) found that child (4 to 12 years) and adult participants tended to rate themselves as feeling more sad when viewing intentional than unintentional harm (see also, Michalska, Kinzler, & Decety, 2013).

These findings are important and interesting, and suggest that children are, by and large, more empathic toward intentionally harmed individuals than those who are accidentally harmed. However, individual differences in empathy remain of interest, such as whether certain kinds of parenting tend to be more clearly linked to empathy. Thus, the present study adopted the intentional/accidental harm paradigm to examine whether and when children feel empathy toward victims who have been hurt, while examining parents' general attitudes and specific strategies as a potential means for facilitating children's empathy.

Extent of Harm

Common sense suggests that empathy will vary positively with the degree of perceived harm. Indeed, when considering the New Zealand public's response to events in Christchurch, it might be that a combination of an intentional act (deliberately killing unarmed individuals) coupled with massive harm (50 dead, including children), led to the highly salient outpouring of grief and empathy for the Muslim community witnessed in New Zealand. Thus, in addition to examining intentional versus unintentional harm, in the present study we also examined how the severity of harm influenced children's empathy toward a victim.

Parent Contributions

Children tend to adopt the attitudes and cognitive styles of their parents. For example, mothers showing negativity early in their child's life tend to have less compliant children (Kochanska, Aksan, & Nichols, 2003). Davidov and Grusec (2006) found that maternal responsiveness to distress predicted children's empathy and prosocial behaviour toward distressed others, with measures of empathy and prosocial behaviour including behavioural assessment, child interview, as well as reports from mothers and teachers. Meta-

analysis also sheds light on the effect of parenting style on children, indicating that positive parenting (warmth, firm control and clear standards of conduct) is associated with less relational aggression in children. Conversely, harsh parenting, uninvolved parenting and fathers' controlling parenting are associated with increased relational aggression (Kawabata, Alink, Tseng, van Ijzendoorn, & Crick, 2011).

Yet, children tend to be socialised not only by the general style of parenting, but also by modelling their parents' attitudes and cognitive styles. For instance, Allport (1954) argued that the home was the most important source of ethnic bias, with children adopting their parents' views to the extent that they desire affection and approval from their parents. According to a recent meta-analysis examining a broad range of parent and child prejudice, prejudice is learnt, with children's attitudes closely resembling those of their parents (Degner & Dalege, 2013). To this end, Sinclair, Dunn, and Lowery (2005) examined Allport's (1954) contention that the extent to which children like their parents, and wish to emulate their parents, would affect the intergenerational transmission of prejudice. Fourth- and fifth-grade children completed measures of implicit and explicit pro-white/anti-black bias, and also filled out a survey about child-parent identification. Meanwhile, parents completed a survey that measured their attitudes toward blacks. As hypothesised, parents' racially prejudiced attitudes had a positive association with children's discrimination, with a more substantial correlation among children who were highly identified with their parents compared to less identified children.

A study by Ruffman, O'Brien, Taumoepeau, Latner, and Hunter (2016) provided evidence that this link between parent and child attitudes begins earlier than was previously thought. They tested 70 mother-child dyads with the children aged between 6 and 34 months. Children were presented with 10 pairs of photos, each pair including an average-weight and an obese individual. Amongst the oldest group of children (aged 31 to 34 months, $M = 2.67$ years), there was a clear bias to look away from the obese individual and towards the average-weight person. Interestingly, they also found a positive association between the anti-fat attitudes of mothers and children; the more prejudiced parents were toward obese individuals, the more likely

children were to look towards the average-weight people and away from the obese individuals. Thus it is important to examine how children's empathy relates to their parents' general attitudes.

One such general attitude measured in adults is social dominance orientation (SDO). SDO is a measure of endorsement for unequal social relationships (Pratto, Sidanius, Stalworth, & Malle, 1994), that is, the belief that inequalities are justified by virtue of advantaged individuals being more deserving (e.g., "Some groups of people are just more worthy than others"). SDO is inversely related to empathy in adults (Pratto et al., 1994). In the present study, we examined parents' SDO to determine whether it influenced children's empathy.

Besides basic parenting style and children's modelling of parent behaviours, different kinds of parental talk can more directly affect outcomes in children. For instance, parents who talk about the wellbeing of a victim when a child transgresses have children with a more advanced theory of mind (Ruffman, Perner, & Parkin, 1999). Also, the degree to which parents discuss the mental states of others is predictive of children's behaviour. This includes their child's cooperation with other children, moral development, emotion understanding, and a greater inclination to help others in distress (Ruffman et al., 2006; Hoffman, 1975; Dunn, Brown & Beardsall, 1991; Zahn-Waxler, Radke-Yarrow & King, 1979). Denham, Zoller and Couchoud (1994) found that when mothers spontaneously discussed their own mental states, children had increased emotional understanding 15 months later, compared to mothers who did not. Thus, it is clear that maternal talk about mental states is beneficial for the development of emotion understanding, which in turn, likely facilitates empathy.

Brownell, Svetlova, Anderson, Nichols, and Drummond (2013) obtained more direct evidence for this idea. Parents read age-appropriate picture books to their children aged between 18- and 30-month-olds, and the content and structure of their emotion-related and internal state discourse were coded. Children who were better at helping in a task requiring complex emotion understanding, had parents who more often asked them to label and explain the emotions depicted in the books, providing evidence that parents' talk about emotions with their toddlers related to early prosocial behaviour. A similar

study was conducted by Drummond, Paul, Waugh, Hammond and Brownell (2014). They assessed children's helping behaviour with two tasks: an instrumental helping task and an emotion-based helping task that differed in whether there was a need for children to understand the helpee's emotional state (emotion-based: yes; instrumental: no). Drummond et al. found that parents' emotion and mental state discourse only related to children's emotion-based helping behaviour but not to their instrumental, action-based helping behaviour (Drummond, Paul, Waugh, Hammond and Brownell, 2014). In a second study, a similar pattern of results was obtained with children with aged 3 to 6 years old (Rollo & Sulla, 2016). Nevertheless, what is unclear is whether such talk would be more helpful for children 6 years and under versus those older than 6 years. We examined this question in the present study.

Present Study

The current study aimed to determine whether: (a) children show more empathy towards a victim harmed intentionally than a victim hurt accidentally, (b) children show more empathy when the harm was severe versus mild, (c) children's empathy related to their parent's self-rated RWA, SDO and empathy, (d) children's empathy related to the things parents said to children when their child transgressed, and (e) children's empathy changed over time.

To this end, we varied harm (severe versus mild) and intention (intentional versus accidental), thus resulting in four stories for each child: severe intentional harm, mild intentional harm, severe accidental harm, or mild accidental harm. Four pictures accompanied each story, with the experimenter narrating the storyline. After each story, the experimenter then gave the participant five stickers and, as a measure of empathy, asked her/him to share them with the story character.

METHOD

Participants

Fifty-one mother-child dyads participated in this study. Children were between the ages of 5 and 12 years. Children were split into two age groups: 5- and 6-year-olds ($n = 29$, $M = 5.76$ years, 16 boys) and 7- to 12-year-olds ($n = 22$, $M = 8.73$ years, 9 boys). Children were healthy and typically-developing, and recruited from a medium-sized city in New Zealand. As a measure of socio-

economic status, mother education was coded on a five-point scale: 1: less than high school, 2: high school or equivalent, 3: technical or vocational training, 4: university degree, and 5: postgraduate degree. Mean mother education in the younger age group was 3.26 ($SD = 1.10$) and 3.67 ($SD = 1.11$) in the older age group.

Materials

Participants were tested at a table in a small experimental room. The stories were given within subjects. Besides differing in intent and damage severity, each story had a different narrative, varying the way the character was hurt (either by a bat, being kicked, by a bowling ball, or being pushed off a swing). The order in which these four narratives were presented followed the same order, whereas the intention and damage severity were counterbalanced. Each story was accompanied by four pictures, with a text printed below that the experimenter read aloud. For instance, the first drawing showed two story characters pre-event (e.g., two kids playing baseball and looking happy), the second and the third drawings showed the mishap (e.g., showed whether one child pushed the victim (child) on purpose or by accident), and the last drawing showed the victim post-event, that is, showed whether the resulting harm was severe (broken arm/leg) or minor (sore arm/leg but okay).

There were five red floral stickers on the table, and after each story, the experimenter asked participants to share stickers with the story victim. According to Moberly, Waddle and Duff (2005), sticker sharing is one of the most common ways for teachers to provide positive rewards in early childhood classrooms, and is regularly used to measure empathy/prosocial behavior in experiments with children (e.g., Williams, O'Driscoll, & Moore, 2014).

We tested parents on their self-rated level of SDO and empathy, and also, on their disciplinary strategies in four hypothetical situations. SDO was measured using the SDO7, a short, 8-item scale, as found in Ho et al. (2015) ($M = 5.62$, $SD = 0.84$, $\alpha = .733$). Responses to the SDO7 were on a 7-point likert scale, ranging from 1 (strongly oppose) to 7 (strongly favour). Empathy was measured using the Toronto Empathy Questionnaire (TEQ), which consists of 16 questions (Kourmoussi et al., 2017), each rated on a five-point scale ("never", "rarely", "sometimes", "often" and

"always") ($M = 5.66$, $SD = 0.57$, $\alpha = .632$).

Parent disciplinary strategies were measured by four questions obtained from Ruffman et al. (1999) asking how parents would respond to situations in which their child transgressed. Their responses were coded into three response types: wellbeing talk (e.g., "How would you feel if he did that to you?"; "That makes me feel sad"), discipline (e.g., "I'd say we don't do that"; "I'd send her to her room"), and discussion (e.g., "I'd talk about it and try to find out what happened"). There were too few discussion responses to be meaningful so this category was not analysed further. One coder coded all of the parent responses and the second coded 25%. Inter-rater reliability for the two categories was good – wellbeing: $\alpha = .914$; general reprimand: $\alpha = .843$.

Procedure

Parents were given an information sheet describing the experiment and a consent form to sign. After parents signed the consent form, the experimenter gave parents the questionnaires on a laptop. The experimenter then explained the task to the child, explaining that they would read a story and then ask the child to give the character stickers. They explained that the stickers would make the character feel better, and the more stickers they gave, the better the character would feel. The experimenter said to the child, "First, I'll show you four pictures and tell you a story about the pictures. Then, we will play a sharing game after each story". After each story, the experimenter said, "As you can see, (victim character's name) is very sad. Now, you have five stickers, I'm wondering if you want to give some of the stickers to (name of the character). The more you like him/her, the more stickers you can give him/her". The experimenter then placed five floral stickers on the table in front of the child, along with the last picture (e.g., the character's broken arm/leg). Ethics approval for the study was granted by the University Human Ethics Committee (#F17/008), "Interactions Within a Virtual Reality Environment".

RESULTS

Descriptive statistics for the main variables are displayed in Table 1. The data were analysed with a 2 (Age Group: young, older) x 2 (Damage: severe, mild) x 2 (Intention: intentional, accidental) mixed analysis of variance. Age Group was a between-subjects variable, whereas

Damage and Intention were within-subjects variables. The dependent variable was the number of stickers children gave to the story character. Only one effect was significant, the main effect for Damage, $F(1, 49) = 16.72, p < .001, \eta_p^2 = .254$. The interaction between Damage and Age Group approached significance, $F(1, 49) = 2.77, p = .102, \eta_p^2 = .053$. All other effects were not significant (all $F_s < 1.14$, all $p_s > .29$).

Given a priori interest in whether parent talk would be beneficial for both young and older children, we then split the children into two age groups (young and older) and examined correlations between the main variables in each age group. Tables 2 and 3 include this information. Given the main effect for Damage in the analysis of variance above, we created a

sticker difference score (stickers given after severe damage minus stickers given after mild damage). As hypothesised, the correlation between parent talk about the victim's wellbeing (wellbeing talk) and the sticker difference score was significant in the younger age group, $r = .382, p = .041$. In contrast, it was not significant (and was negative rather than positive) in the older age group, $r = -.199, p = .387$. These two correlation coefficients were significantly different from each other, $p = .046$, and are illustrated in Figures 1 and 2. The only other significant correlations in both age groups were between the parent wellbeing talk variable and the parent discipline variable (uninteresting because these are logically intertwined). In addition, in the older age group, there were two significant correlations. First,

the parent discipline variable correlated with and parents' self-ratings of their empathy, $r = -.461, p = .035$, such that parents who said they would discipline their child or tell their child not to do it when the child transgressed, rated themselves as having lower empathy. Second, parent self-ratings of empathy and SDO correlated, $r = .473, p = .026$. We discuss this latter correlation further in the Discussion.

Given that the sticker difference score and the parent emotion talk variables correlated differently in the two age groups, we then used linear regression to explore the data further. The dependent variable was the sticker difference score and the predictors were age group, parent wellbeing talk, and the interaction between age group and parent wellbeing talk.

Table 1. Descriptive statistics for main variables in the study

	Younger Children	Older Children
	Mean (SD)	Mean (SD)
Child Transgressions: Wellbeing	0.43 (0.37)	0.34 (0.33)
Child Transgressions: Discipline	0.43 (0.38)	0.55 (0.36)
Stickers Unintentional Severe	2.97 (1.68)	3.77 (1.23)
Stickers Unintentional Mild	2.69 (1.61)	2.55 (1.34)
Stickers Intentional Severe	3.03 (1.61)	3.59 (1.40)
Stickers Intentional Mild	2.28 (1.60)	2.36 (1.79)
Parent Empathy	5.65 (0.56)	5.68 (0.60)
Parent SDO	5.53 (0.82)	5.74 (0.87)

Table 2. Correlations between the sticker difference score and main variables in the younger age group

	1	2	3	4	5	6
1. Parent Education	-					
2. Child Sex	.282	-				
3. Parent SDO	.085	.066	-			
4. Parent Empathy	.091	.041	.220	-		
5. Child Transgressions: Wellbeing	.198	-.177	-.132	.011	-	
6. Child Transgressions: Discipline	-.319	.073	.050	-.181	-.819**	-
7. Sticker Difference Score	-.088	-.037	-.097	-.044	.382*	-.386*

Note. * $p < .05$. ** $p < .01$.

Table 3. Correlations between the sticker difference score and main variables in the older age group

	1	2	3	4	5	6
1. Parent Education	-					
2. Child Sex	.533*	-				
3. Parent SDO	.356	.487*	-			
4. Parent Empathy	.023	.262	.473*	-		
5. Child Transgressions: Wellbeing	.219	.160	.039	.432	-	
6. Child Transgressions: Discipline	-.389	-.320	-.132	-.461*	-.886**	-
7. Sticker Difference Score	.087	.149	-.175	-.157	-.199	.140

Note. * $p < .05$. ** $p < .01$.

Given the a priori prediction that parent emotion talk would never be more highly related to empathy in the older age group than the younger age group, we used one-tail when evaluating the interaction. With all variables in the prediction equation, age group, $t = 2.83$, $p = .007$, $pr = .385$, and parent wellbeing talk, $t = 2.03$, $p = .048$, $pr = .287$, predicted unique variance

in the sticker difference score. Thus, after controlling for parent wellbeing talk, older children showed more empathy by giving more stickers to the severely hurt character than the mildly hurt character. In addition, after controlling for child age, parents who gave more wellbeing talk had more empathic children. In addition, the interaction between child age group and

parent wellbeing talk predicted unique variance in the sticker difference score, $t = -1.98$, $p = .027$, $pr = -.28$, in older age group. The interaction shows that the relation between parents' talk about the wellbeing of the victim and the child's empathy was significantly larger in the younger than the older age group.

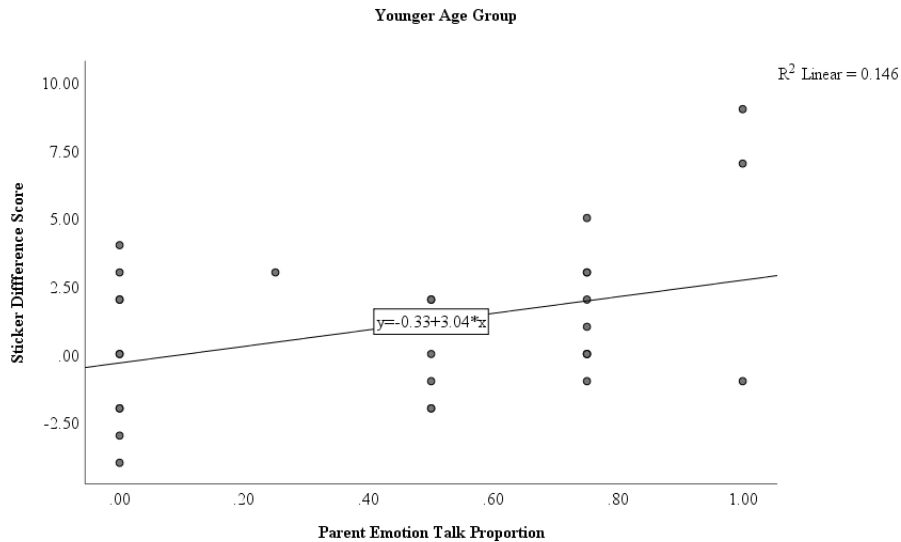


Figure 1. Scatterplot showing sticker difference score for younger age group.

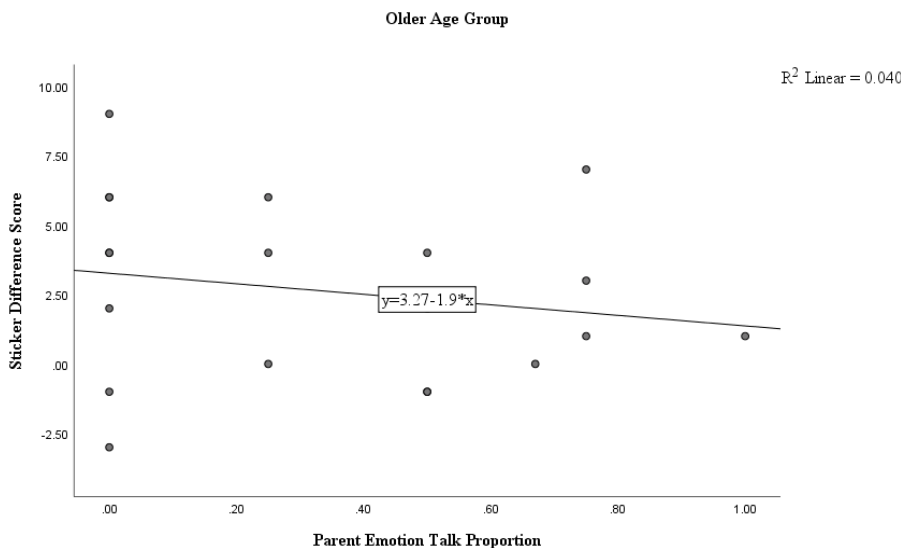


Figure 2. Scatterplot showing sticker difference score for older age group

DISCUSSION

Previous research indicated that parent talk about the emotions/wellbeing of others correlated with children's empathy, at least up to the age of 6 years. The present study aimed to investigate the way in which empathy develops in middle

childhood in an attempt to fill these gaps in the literature. Empathy was investigated by measuring sticker sharing behaviour in response to a character in a story being hurt, with manipulations of damage and intent. We also examined the relation between children's empathy and

their parent's self-rated SDO and empathy, as well as parenting disciplinary strategies. Our interest was in whether parent talk about the wellbeing/emotions of others correlated with children's empathy, or whether more general

parental attitudes (SDO, empathy) took precedence.

We obtained three major findings. First, on the basis of common sense, we expected that participants would feel more empathy for the victim who was seriously hurt than the victim who experienced a minor hurt. The results supported this idea, as participants gave more stickers with greater damage.

Second, based on research by Decety et al. (2012) and Michalska et al. (2013), we predicted that participants would show more empathy for a victim who was hurt intentionally than unintentionally. However, children did not distinguish between intentional and unintentional harm. A reasonable explanation for this finding is that the stickers were given after the last picture, which focused solely on the extent of damage caused. Thus, the intent, which was expressed in the first three pictures, was less salient and may have been forgotten. Future research could aim to investigate empathy for intentional and unintentional harm, without manipulation of other factors to directly examine the role of intent in children's empathy.

Although it might be that children in our study would have differentiated between intentional and unintentional behaviour had we not also manipulated the severity of damage, it nevertheless remains the case that they did not do so. It is also the case that once we controlled for parent wellbeing talk (in the regression), older children had a larger sticker difference score than younger children (i.e., gave more stickers to the severely hurt character than the mildly hurt character). This suggests that there might be development in empathy over middle childhood and it might be too soon to say that children fully understand empathy, even in middle childhood. Perhaps empathy is a more complex phenomenon than previously hypothesised. The observed effects highlight that children may not yet understand the social and moral processes behind the distinction of intentional and unintentional harm in that they do not integrate intention with damage severity. It is possible that empathy develops gradually, with empathy for physical hurt developing before, and taking precedence over, empathy for moral transgressions such as intentional hurt. Therefore, the present findings provide opportunity for future research in some of the more specific mechanisms of empathy, rather than

regarding it as an all-or-none phenomenon.

The third major finding concerns how parent emotion talk relates to children's empathy. The results (Tables 2 and 3) indicated that the correlation between parent wellbeing talk and empathy (sticker sharing difference score) was significantly larger in the younger age group than the older age group. As such, it can be concluded that younger children's empathy is more likely to be linked to parents' talk about a victim's feelings (Figure 1). Nevertheless, our results are correlational rather than longitudinal or stemming from an intervention. On the face of it, then, it is difficult to discern causality. Does parent talk about the wellbeing of others facilitate children's empathy, do more empathic children encourage parents to talk about the wellbeing of others, or is a third variable involved?

One result consistent with the idea that parent talk *facilitates* children's empathy is that the correlation amongst older children was significantly less than that for younger children. If parents' wellbeing talk was simply a response to child characteristics, then it should have related to empathy in the older age group too. The results suggest that parent wellbeing talk might have helped younger children to be empathic because they could learn from such talk, but that it wasn't helpful for older children because they should have known better already. Wellbeing talk (e.g., "How would you feel if he did that to you?") encourages simulation and follows the golden rule, 'treat others as you wish to be treated'. Knowing oneself and the way that you normally respond, in conjunction with an understanding of others' mental states, may aid in simulating how someone else might feel. Thus, introspection contributes to theory of mind understanding, and is related to empathy (Gonzales, Fabricius, & Kupfer, 2018). In addition, longitudinal results are also consistent with the idea that parent wellbeing talk facilitates children's empathy because such talk at an early time point is related to children's subsequent cooperation with others (Ruffman et al., 2006).

Finally, a fourth finding was that in the older age group, parent empathy was related to parent SDO. This result is perhaps surprising at first because SDO is inversely related to empathy (Pratto et al., 1994). However, we note that parents' empathy was measured by self-ratings, so

it may not be the true empathy (i.e., empathy toward others). Instead, parents' SDO could be accompanied by grandiosity in which they have an inflated view of themselves. Consistent with our hypothesis, Chiochka, Dhont, and Makwana (2017) found a relation between narcissistic self-evaluation and SDO, even after controlling for self-esteem.

Limitations

We acknowledge some limitations in the current study. First, as mentioned above, the last frame in which the damage was made clear could have overshadowed the intent in the story. This is particularly likely because the participant could have been able to detect the pattern that was arising, as the last pictures of each of the stories were all very similar. They could have noticed that they were asked if they wanted to give any stickers straight after they found out the extent of the damage, and only focused on that aspect of the story.

Further, the sample size was relatively small. We had 51 parent-child pairs in total in this study. Also, the study tested only one ethnic group (Caucasian). It will thus be necessary to extend the results to children from other ethnic groups to assess whether these findings can be generalised across all ethnic groups.

Conclusion

The present study investigated empathy development in middle childhood and aimed to determine the way in which it developed over age, as well as its relationship to parent disciplinary strategies. The results suggest that there were connections between parenting disciplinary strategies and younger children's empathy. In contrast, parents' general attitudes (empathy, SDO) were not related to children's empathy. If parents' emotion talk about a victim's feelings facilitates children's empathy, there is an opportunity for future research to examine both how these processes develop, and how we can encourage children to employ them when confronted with a person who has been hurt. For instance, parents could be trained to employ wellbeing responses and children's empathy could be monitored over time. This possibility opens up a promising area of research into what developmental mechanisms may contribute to the progression of empathy development.

Our results are also important in that they set the standard for future studies with children who exhibit social cognitive

disorders (e.g., antisocial personality disorder, conduct disorder) who are often deficient in experiencing empathy or guilt. Intervening to encourage parents to discuss the wellbeing of others (rather than employing more punishment-oriented strategies) is a relatively simple means of potentially facilitating empathy. Parents helping children to put themselves in the position of another may encourage them to feel more empathy for those who are at the bottom of a hierarchy. The present results suggest that if we want our children to grow into adults who are empathic and treat others as equals, then we should encourage them to think about the feelings of others, and put themselves in their position.

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