The Dangers of Empathy
It can distract us from rational thought and meaningful compassion.

By Jonah Goldberg — May 5, 2017

Just over 14 years ago, my daughter almost died minutes before entering the world. My wife had to have an emergency C-section. The whole thing was harrowing. Someday I’ll tell the whole story. But because of that experience, and simply because I am a father, I could empathize with late-night host Jimmy Kimmel’s story about his son’s birth. His story is almost surely more harrowing than my story, but that doesn’t matter. Empathy is the ability to feel what someone else is feeling.

Empathy is different than sympathy or compassion. Sympathy is when you feel sorry for someone. Compassion is when you do something about it.

But empathy is something else. Researchers studying the brain can actually see how the various centers controlling certain feelings light up when we observe or imagine the experiences of others. “If you feel bad for someone who is bored, that’s sympathy,” writes Yale psychologist Paul Bloom in his brave and brilliant new book, Against Empathy: The Case for Rational Compassion, “but if you feel bored, that’s empathy.”

Bloom, a liberal transplant from Canada, distrusts empathy because empathy is like a drug. It distorts our perspective, causing us to get all worked up about an individual or group. He compares it to a spotlight that illuminates a specific person or group, plunging everything and everyone else into darkness.

“When some people think about empathy, they think about kindness. I think about war,” Bloom writes. He’s got a point. Look at the Middle East today. Sunni nations empathize with the plight of suffering Sunnis, and that empathy causes them to further hate and demonize Shiites. Many people around the world empathize with the Palestinians, blinding them to the legitimate concerns of Israelis. And vice versa.

Adolf Hitler was a master of empathy — for ethnic Germans in the Sudetenland, Austria, and elsewhere. The cause of nationalist empathy for the German tribe triggered profound moral
blindness for the plight, and even the humanity, of Jews, Gypsies, and Slavs.

Again, Bloom is a squishy liberal by his own account, but he’s also a leading scholar of how the mind actually works, not how we wish it would work.

Human beings are naturally inclined to sympathize and empathize with people like them. There has never been a society where people didn’t give priority to helping family and friends over strangers. This tends to blind us “to the suffering of those we do not or cannot empathize with,” writes Bloom. “Empathy is biased, pushing us in the direction of parochialism and racism.”

Look at the intractable debate over the phrase “black lives matter.” The slogan itself is a kind of spotlight, argue supporters, highlighting the legitimate complaints of African Americans. But it also blinds them to why others respond to the term by saying “all lives matter.”

I don’t go as far as Bloom in detesting empathy. It seems to me not only natural but also defensible to give priority to figuratively kindred people. England is a lot more like America than, say, Singapore. That similarity has forged a long and important bond, both formally (e.g., treaties and shared institutions) and informally in terms of an emotional and cultural bond. If England were attacked, our empathy for its plight would inform our response in ways that I think are important and useful.

But where I agree with Bloom is that empathy alone is dangerous and can distract us from rational thought and meaningful compassion.

Which brings me back to Jimmy Kimmel. His story about his son aroused a riot of empathy across the nation. And he used that response to make an argument about health-care policy that was largely devoid of any consideration of the facts, trade-offs, or costs of what is the best way to deal with people, including babies, who have pre-existing medical conditions. He was largely wrong on the facts: Babies with dire medical conditions are covered by their parents’ insurance, and when their parents are uninsured, doctors don’t just let the baby die on the table. That doesn’t mean there aren’t inequities in the system or that the current health-care regime is anywhere close to perfect.

But it is very difficult to have a rational discussion about the trade-offs inherent to any health-care system — including socialized medicine — when all anyone can think about is the ordeal of a newborn baby and his loving parents.

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