

Caring, Needs, and Empathy

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To provide good care, we must understand the needs of others; for this, an operation of the mind, empathy is essential. In terms of caring, needs are its object and empathy is an indispensable means. However, the interrelationships among them still remain to be examined. Therefore, the purpose of this study was to comprehensively investigate concepts such as caring, needs, and empathy, and their legitimate interrelation. My investigation comprised three phases: First, the multiple layers of caring were distinguished. Caring has a fundamental dimension of respect for others, which is desirable in virtually all human relationships, and serves to establish smooth relationships. In addition, caring has multiple layers according to the situation or relationship with other persons. These views of caring sometimes conflict with each other; however, carers or aid-supporters accumulate considerable experience before they come to entertain a “intermixed point of view,” and to be able to provide tailored cares suitable for the particular context.

Second is the analysis of the concept of “needs.” Although needs are regarded as crucial in nursing and educational theories, the concept of needs has not been adequately analyzed. Therefore, in this paper, while critically examining the concept of needs proposed by Nel Noddings, I consider what needs are in the context of providing good care and how they are grasped. As some philosophers like Michael Bratman have stated, humans are not only urged by shortsighted desires but also have long-term, planned visions, especially to which our attention is to be paid. In addition, we seem unconscious of some of these needs. Helpers are required to extract them and make them more accessible through conversation.

Third is the classification of the concepts of “empathy.” Empathy is an essential operation of the mind in caring, specifically in grasping the desires of others. However, the concept is so obscure and varied that empathy is often said to have the same number of meanings as its proponents. To untangle this situation, I shall classify its various operations for a deeper comprehension of caring: When do these empathetic operations do good or harm to caring? I differentiate “sympathy” and “empathy,” and then make two subdivisions of empathy: “cognitive” and “emotive.” These three operations play their own role in caring. My emphasis in caring is very much on “cognitive empathy,” while “emotive empathy” increases the risk of helpers’ mental exhaustion or even burnout.

1 Multilayered Caring and the Intermixed Point of View

In our social life, we assume several roles simultaneously. This is also the case with caring. For example, in private, two persons are friends: at work, one is a supervisor and the other is an employee. When the employee made a significant mistake and the supervisor consoled him, one took care of the other, to varying extents, as both a friend and the supervisor. The helper's social roles and positions can largely determine the sort of caring expected of him. In some cases, it is difficult to distinguish them from each other, while in other cases, the caring expected from one role may seem inconsistent with that from another role. In the above example, one party, as a supervisor, urges the other to make the most out of failure, while as a friend wanting to console him.

This seeming conflict is often coordinated as long as the carer—that is, his supervisor/friend—has accumulated sufficient experience. A friend suffering a major setback in his business may not be sensitive to this urge. Accordingly, what is required above all is caring for his emotional wounds. It may seem that such a process of coordination is accomplished by the operation of human reason, but rather it involves the cooperation of reason and sensitivity.⁽¹⁾ Sensitivity can feel the state or requirements of the person before one's eyes. The more experience we accumulate, the more sophisticated this operation of the mind and the more involuntary the process of coordination. Ultimately, except for fragmentary verbal thoughts, the solution arises directly in the mind. At the time, the supervisor's and friend's points of view mingle or melt together so well that he thinks from nothing but "his own" viewpoint, achieving a mingled, intermixed point of view specific to the person, time, and situation.

This intermixed point of view makes a decision on caring intuitively, though I want to distinguish such an intuitive operation from the simplistic intuition Daniel Kahneman calls "System 1."⁽²⁾ Under the simplicity of System 1, we are not greatly aware of objects. On the other hand, in the mode I name the "intermixed point of view," we are most aware of them. This difference was sufficiently large to distinguish the two modes of consciousness. Naturally, I emphasize not so much simplistic intuition as the intuition with attending to present objects—I mean, the intermixed point of view. By saying this, one may realize that quickness is not the exclusive reason for the intermixed point of view. In fact, quick judgment is needed in some severe situations. For example, when someone is about to commit suicide, how should we deal with him? Our minds may go around in circles and may not arrive at any decision, preventing us from saving his life. In such cases, quickness of judgment is highly important. However, *not enough*. It is more than likely that a hasty response inappropriate to the occasion will immediately lead to an evil consequence. Of course, I do not intend to say that solutions from the intermixed point of view are always perfect and faultless, but at least they can be said to

derive from a more serious, careful, and attentive attitude. The intermixed point of view does not eschew thinking or reflection but is a new state of mind that we achieve through thinking or reflection. To achieve it, sufficient experience in attending to objects is required. Although some people are gifted and quick to achieve it, generally, it is the number of times or frequency of encounters with similar kinds of objects and the strength of consciousness or attentiveness of the mind that make us closer to the intermixed point of view.

Finally, one point should be added. Thus far, I have discussed the importance of intermixing or mingling several viewpoints from social roles into an integrated one. These social roles are underlain by the fact that we are human beings. For example, a patient is a recipient of a doctor's caring, and simultaneously, they also, as human beings, mutually take care of each other. This means that a patient, as a human being, has an aspect as a carer for a doctor, and that a doctor is not only taken care of by a patient but also cares for a patient in terms of both a human being and a doctor. Ultimately, both viewpoints are intermixed. In other words, the doctor remembers himself as a human being.

Those in certain professions often forget that we are all human beings as well. For example, this sometimes allows a teacher to behave like a god, an absolute monarch, or a master of slaves toward his students. Incurrigibly, such behaviors may be produced through the teacher's goodwill. When a student forgets to do his homework, throwing him away in a bin makes him afraid and obedient and his test scores may increase. However, apart from the social relationship between teacher and student, we cannot simply throw away a person to be taken care of in a bin. Adding such a humane viewpoint to the intermixed perspective makes caring more complete and appropriate. Some may think that citing the viewpoint of a *human* unnecessarily makes issues too complex. In fact, it may be possible to consider throwing one's student away in a bin to be wrong *as a teacher*. Thus, we can thoroughly discuss what is desirable as a teacher. The coexistence of multiple viewpoints, however, has the merit of making it easy to compare them and review our judgments. The human viewpoint underlies almost all others; therefore, we need to return to it and incorporate it into our conclusions.

2 Analysis of the Concept of "Needs."

In this section, I use the concept of needs as a clue to examine what recipients of caring want or what they require. Although the concept of needs overlaps with that of desires or wants, it often implies that one cannot complete or has difficulty realizing them by oneself. Noddings, for example, explains that needs "should be met by persons other than the one who wants," and tries to distinguish them from mere wants "in the power (within the means) of those addressed to grant it."⁽³⁾ In this paper, I continue to examine cases in which one cannot

fulfill or has difficulty realizing one's own needs by oneself.

(1) Natural Needs or Basic Needs

Whether we like it or not, humans have natural needs in our nature as animals. Though this paper does not in the least intend to make a precise list of them, Noddings cites "food, shelter, and adequate clothing, protection from harm, affection (at least in infancy), and some form of affiliation or connection to other human beings," and these are called *basic* needs (*biological* needs, *objective* needs).⁽⁴⁾

An intriguing aspect of her list of basic needs is that it includes a home. She finds in homes the *integrating* function of needs, which means that a home "gathers needs under one roof and gives its members an essential form of identity,"⁽⁵⁾ as well as the *safety* function of needs, which means that one "has a place to store possessions but one has the *same* place to do so over an extended period of time."⁽⁶⁾

However, for adults living alone, can making a home be considered one of their basic needs? When Noddings says that "possibly there is no human task more demanding, more rewarding, and more universal than parenting,"⁽⁷⁾ I do not agree with (at least) the phrase "a universal human task."⁽⁸⁾ Parenting is not an essential but an optional matter, and factors other than the home can carry out the two functions of needs. In fact, we need a place we fit into or belong to, but this is not always a home. Workplaces, meetings with friends, and even a room to live in alone can substitute for the functions of a home.⁽⁹⁾ Therefore, what is important is establishing places to integrate and secure our needs through caring relationships. That place is sometimes a home, sometimes not.

(2) Higher-Order Needs⁽¹⁰⁾

Other needs than basic needs are exemplified typically by needs for immediate action, such as "I want to take a walk" or "I want to sleep in." However, there are not only immediate or "first-order" needs, but also more reflective, more consistent needs such as long-term plans or desires "to have certain desires (or not to have)."⁽¹¹⁾ I accept the existence of these reflective needs, which means that I also adopt a kind of hierarchy of needs. For example, even if I get up early but want to sleep in, I confront the deadline for the submission of a manuscript, which outweighs my wish to sleep in, or decide to finish the scheduled work. These reflective, higher-order desires or plans are also included in needs when they are necessary but difficult to meet or realize by oneself. Here I call the whole of one's plans one's *life plan*, and the whole of one's higher-order desires one's *values*. These high-order needs sometimes conflict with first-order needs and sometimes harmonize with them. In general, meeting higher-order needs—that is, completing one's plans and following one's values—affords greater satisfaction than meeting immediate desires. This contributes to one's own greater happiness. Consequently, carers or

helpers have to make efforts to grasp not only present, superficial, or first-order desires or needs, but also the life plan or values the person in question holds.

Values and life plans are persistent and durable, but are not unchangeable. They can change drastically with maturity or by encountering hopeless situations. It is a pity that people happen to be now and then placed in situations in which their life plans or values are destroyed. For instance, what if a soccer player is badly injured and has no option but to despair of that profession? He is crushed with grief thereafter, only achieving present aims, such as physical rehabilitation, without reconstructing his values and life plan, but then it is terribly hard that he must stand up again by himself when his long-cherished plans or values are devastated. In such a situation, carers need to stand by him and rethink his life plan *together* to rebuild it in a new way. Physical rehabilitation and mental rehabilitation are two sides of the same coin, but mental rehabilitation is apt to be overlooked; accordingly, it cannot be overemphasized, and what is more, a *long-term* one is required. Finding new social roles is effective in this process. Even when he is no longer a soccer player, he can start a new life as an experienced trainer, a good friend, or the father of his children.

(3) Expressed Needs and Hidden Needs

When a person's needs are explicitly expressed, helpers can respond relatively easily. Noddings calls these needs "expressed needs." However, non-expressed needs are more difficult to understand. These "hidden needs" I classify into another two kinds. First, what a person is conscious of but has not expressed I call "concealed needs." When a person intentionally conceals his needs, he often has a reason. Depending on the reason, carers must decide whether to reveal the secret of his needs. For example, if he is reserved or hesitates to seek help from the surroundings, helpers or carers are required to ease his mind and extract his concealed needs.

The other hidden needs are what a person is himself unconscious of or does not notice: I call these "potential needs." Like concealed needs, helpers have to guess or infer potential needs, but because of the fact that the individual is himself unconscious of them, this is extremely difficult for the helpers. The process of guessing or inferring is largely affected by empathy, which depends on the extent of accumulated experience and reflection. In particular, adequate experience and knowledge are needed to interpret nonverbal clues appropriately. In turn, they face the challenge that the needs inferred⁽¹²⁾ through such a process are attended by the person in question. It is not rare for the individual not to admit or to deny inferred needs. In this situation, it is important for helpers to be able to verbalize these needs. Helpers must name or explain feelings that the person himself cannot so that feelings and needs can be easily shared. This is a double-edged sword: If helpers have a strong bias, their words may easily lead them in a wrong, dangerous direction. Furthermore, I recognize that they sometimes dare

not verbalize the needs they have inferred. Even so, it contributes immensely to better caring for helpers to develop the ability to infer potential needs and verbalize them.

3 Sympathy and Empathy

Despite its current popularity, the concept of “empathy” is as obscure as that of needs. This is a newly-coined word; 18th century Scottish moral philosophers such as David Hume or Adam Smith used the word “sympathy,” which included the meaning of empathy.⁽¹³⁾ In this section, I attempt to order or classify complicated concepts that are similar to each other to gain a clearer understanding of caring or needs.

First, following Michael Slote, I distinguish between sympathy and empathy.

we nowadays have both terms and are constantly chattering about empathy, so it behooves us at this point to distinguish empathy from sympathy. In colloquial terms, we can perhaps do this most easily by considering the difference between (Bill Clinton’s) feeling someone’s pain and feeling for someone who is in pain. Any adult speaker of English will recognize that ‘empathy’ refers to the former phenomenon and ‘sympathy’ to the latter.⁽¹⁴⁾

The two play different roles in the care process. Sympathy mainly motivates caring, whereas empathy reflects the needs of the person in question in a crucial sense.

If “reason is a slave of passions,”⁽¹⁵⁾ as puts Hume, or if it is not reason but feelings in broad sense that motivate people to act, then “feeling for some who is in pain,” sympathy, can be a motive.⁽¹⁶⁾ However, I doubt that sympathy is a necessary condition for caring. Moreover, if this theory were the case, sympathy would sometimes even be dangerous for caring. This is because sympathy operates unsteadily depending on the situation; therefore, when sympathy is not provoked, no caring is induced according to this theory. How can the absence of care be prevented? I shall appeal to a sense of duty rather than sympathy. A sense of duty can motivate us to caring without sympathy. For example, a doctor with a sense of duty treats or takes care of a patient who is hurt through his own fault, despite thinking that no one is to blame but him. The doctor has no sympathy but is taking care of the patient through a sense of duty. A sense of duty is, so to speak, a lifeline of caring.

I do not say that sympathy is needless or hampering. Instead, sympathy is desirable for *better* caring. Sympathy can be stronger motives than a sense of duty. Moreover, when caring is performed, sympathy provides carers with more delight than a sense of duty, satisfying or enriching their lives.

Next, I examine empathy. As cited earlier, empathy is the ability to feel someone’s

feelings; however, this definition is somewhat obscure. Following psychologists like Paul Bloom, I distinguish “cognitive empathy” and “emotive empathy.” Cognitive empathy is an intellectual ability to reason, or “the capacity to appreciate what’s going on in the minds of other people without any contagion of feeling.”⁽¹⁷⁾ On the other hand, emotive empathy is “the act of coming to experience the world as you think someone else does,”⁽¹⁸⁾ and is basically an unintended phenomenon. To grasp the needs of others correctly, cognitive empathy, which senses the feelings of the people in question, is crucially important. This capacity can also be polished or sophisticated as one accumulates experiences, and one’s empathy can be tailored to a specific person whom one has continued dealings with. This means that experienced cognitive empathy can grasp the movement of the mind (and its signs) that is unique to a person.

What about emotive empathy? Seemingly, when seeing a person pleased or sad makes us as pleased or sad, we are supremely motivated to take care of the person. This may be the case in the short run. However, in the long run, emotive sympathy can do harm to caring. To give a somewhat extreme example, consider a patient who wants to die; if medical practitioners and his family come to hold the same feeling, namely suicidal feelings, they may be unable to provide him with appropriate caring. If, when patients are upset or panicked, medical practitioners also come to be so, it is likely to cause more tragic results or serious medical accidents. Instead, such a situation should be avoided.⁽¹⁹⁾

In addition, violent fluctuations in feelings triggered by emotive empathy greatly wear carers’ exhausted minds, and ultimately can readily lead to turnover or burnout.⁽²⁰⁾ Consequently, emotive empathy must be avoided to protect carers’ mental health and to encourage carers to make appropriate decisions. This is why carers need a rather detached concern for the recipients. Carers should feel concern for recipients; however, at the same time, they need to maintain distance from them. When carers are not calm or cool, they cannot provide appropriate caring, and what is worse, things can deteriorate. Therefore, I conclude that it is desirable for carers or helpers to develop cognitive empathy and refrain from emotive empathy.

4 Concluding Remarks

In this paper, I conducted a generalized examination of caring, needs, and empathy and sought to provide a floor plan to discuss these topics. The next issue is to deepen and detail our understanding, so here I refer to the following two aspects. First is the normativity involved in needs. Noddings sometimes talk about “desirable” needs; however, such objectively desirable needs can conflict with needs of the person in question. The potential danger of paternalism

can arise not only in education but also in medical treatment. Proper ways of dealing with these conflicts needs to be examined further.

Second, what is needed in addition to cognitive empathy? I argue that cognitive empathy is essential for caring, but is not enough. For example, if a psychopath has a high level of cognitive empathy, he can engage in crude behavior. However, if we rely on emotive empathy, we are at the risk of exhausting ourselves. As mentioned above, I now hold expectations regarding a sort of coordination between a sense of duty and sympathy or compassion. I shall give greater consideration to the role sharing between them.

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- (1) Here I take sensitivity in a quite broad meaning, including empathy and sympathy.
- (2) Kahneman also states as follows: "[w]e did not ask ourselves whether all intuitive judgments under uncertainty are produced by the heuristics we studied; it is now clear that they are not. In particular, the accurate intuitions of experts are better explained by the effects of prolonged practice than by heuristics. We can now draw a richer and more balanced picture, in which skill and heuristics are alternative sources of intuitive judgments and choices" (Kahneman 2011, p. 11).
- (3) Noddings 2003, p. 61. Similarly, in nursing theory, Wiedenbach uses "need-for-help" as a key concept (Wiedenbach 1964). Like education, which is Noddings' specialization, in nursing,

careful attention is paid to the impossibility or difficulty of self-fulfillment.

- (4) Noddings 2003, p. 58.
- (5) *ibid.*
- (6) Noddings 2003, p. 98. We need to pay more attention to the likelihood that the concept of “home” or “family” may be enlarged, though Noddings may not wish it to be. A home is naturally supposed to consist of a family; in the field of modern family nursing, rather than blood relationship of “family,” the emotional relationship of the members is emphasized (cf. Friedman et al. 2003, p. 10).
- (7) Noddings 2003, p. 138.
- (8) Of course, I heartily and willingly grant that parenthood or parenting is challenging and worth doing for people.
- (9) Contrary to this argument, it may be suitable to enlarge the concept of family or home and to regard mankind as a single inclusive family.
- (10) This section has been influenced by Michael E. Bratman and Harry G. Frankfurt, whose arguments have served to clarify my ideas.
- (11) Frankfurt 1988, p. 12.
- (12) By the same phrase “inferred needs,” Noddings means the needs those around him have inferred that he *should have* according to his situation: typically, what adults impose on children. “When we speak of children’s needs for schooling, discipline, green vegetables, and more hours of sleep, we are referring to what I have called inferred needs (Noddings 2003, p. 66).” In this paper, I avoid such a normative implication.
- (13) See Slote 2007 on the history of empathy (Slote 2007, p. 13).
- (14) *ibid.*
- (15) T 2.3.3.4.
- (16) A nursing theorist, Joyce Travelbee thinks sympathy to be a motive of helpers like this paper, though she understand sympathy integrated with emotive empathy. “There is a warmth or urge to act in sympathy not present in empathy. The empathic person can perceive another’s distress, identify its source, and anticipate the behavior which will result from it. But the sympathetic person feels another’s distress. He is touched by it and wants to do something actively to assist or alleviate the condition (Travelbee 1971, p. 143).” In addition, though Travelbee regards sympathy as “a necessary and essential element that is required in order to achieve relatedness (Travelbee, p. 148)”, I take a cautious stance on the necessity of sympathy.
- (17) Bloom 2016, p. 17.
- (18) Bloom 2016, p. 16.
- (19) Emotive empathy is useful for caring only where the person in question wants carers to feel the same feelings or to cry or be delighted with them as if these feelings were their own.
- (20) The extent of stress that helpers feel has been often pointed out. Therefore, many emphasize caring for oneself. For example, Mayeroff states “I become my own guardian, so to speak, and take responsibility for my life (Mayeroff 1971, p. 59).”