DEVELOPMENT OF EMPATHY IN CHILDHOOD

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Abstract. *This scholarly work is devoted to analyzing the psychological and pedagogical foundations of the formation and development of empathy during childhood. Empathy is defined as an individual's ability to understand and feel the emotional states of others and to respond appropriately, playing a crucial role in a child's social adaptation, moral development, and the effective establishment of interpersonal relationships. The study scientifically examines the stages of empathy development in childhood, its cognitive and affective components, as well as the key factors influencing its formation. The abstract emphasizes that the primary sources of empathy development include the emotional environment within the family, parental attitudes, and the love and attention provided to the child. Particularly during early childhood and the preschool years, interactions with adults, mechanisms of imitation, and the enrichment of emotional experiences play a decisive role in fostering empathy. Furthermore, peer interactions contribute to the development of social skills such as compassion, perspective-taking, and peaceful conflict resolution, which in turn enhance levels of empathy. The study also analyzes the pedagogical potential of educational institutions, particularly preschools and primary schools, in promoting empathy. Methods for developing empathic abilities through play activities, literature, role-playing, group exercises, and problem-solving situations are highlighted. The findings confirm that the development of empathy directly influences a child's emotional intelligence, moral values, and personal maturation. This work holds practical significance for educators, psychologists, and parents, offering scientific recommendations for effectively organizing empathic education.*

Keywords: *empathy, childhood, emotional development, socialization, upbringing, family, preschool age, communication, emotion, understanding, compassion, psychological development, personal maturation, peers, social environment, affective processes, cognitive development, moral education, emotional intelligence, interpersonal relationships.*

Introduction

The development of empathy during childhood is intrinsically linked to the early formative processes of the human psyche, emerging gradually as a result of the onset of affective sensitivity, the accumulation of social experience, the increasing complexity of communication forms, and the maturation of neuropsychological systems. The initial roots of empathy can be observed from the very first months of infancy, as a newborn's synchronous emotional response to another infant's crying is interpreted neurologically as the first manifestation of affective resonance characteristic of the mirror neuron system, thereby confirming the biological basis of empathy. Between six and twelve months of life, the child develops a mechanism known as "social referencing" by observing adults' emotional reactions; that is, the child determines how to respond to a novel situation not through their internal experience but by interpreting adults' facial expressions, tone of voice, and emotional responses. This phenomenon represents the initial formation of the mental model system, which constitutes the cognitive foundation of empathy.

By approximately 1.5 to 2 years of age, the child begins to exhibit simple prosocial behaviors, such as distinguishing others' emotional states, comparing them with their own experiences, and attempting to provide comfort, which indicates the strengthening interrelation between the affective and cognitive components of empathy. From the age of three, as the child forms the concept of a "self" distinct from others, empathy becomes increasingly differentiated; with the development of self-awareness, the child can separate others' emotions from their own, analyze them, and begin to interpret them in accordance with the social context. The preschool years (ages three to six) represent the most active period of empathy development, during which role-playing, imaginative activity, social interaction with peers, and adults' emotional exemplars constitute the primary learning environment.

Methodology

In particular, role-playing scenarios (e.g., doctor–patient, family, friends, teacher) allow the child to assume another person's perspective, strongly influencing the development of the cognitive component of empathy — the capacity for perspective-taking. According to Piaget and Vygotsky, it is during this stage that children begin to develop the capacity for mentalization — the ability to imagine and understand another person's thoughts, desires, motivations, and emotional states — a process that defines the essential nature of empathy. Between six and ten years of age, as the child's moral consciousness, understanding of social norms, experience in cooperation, and comprehension of social roles expand, empathy becomes increasingly complex; the child now responds to others' emotions not only affectively but also evaluates them within the context of social situations. As the child internalizes concepts such as justice, assistance, equality, and solidarity, more complex forms of prosocial behavior emerge.

The neuropsychological basis of this process includes significant development of the prefrontal cortex, strengthening of the emotional regulation system, and stabilization of neural connections between the limbic structures and cognitive systems of the brain. Empirical research indicates that the culture of family communication, parental emotional sensitivity, parenting practices oriented toward understanding the child's feelings, a psychologically safe and non-violent environment, and a socially affectionate atmosphere are among the most critical factors determining the subsequent level of empathy development. Conversely, neglect, emotional coldness, conflict-ridden environments, harshness, and unstable parenting practices slow the development of empathy and may even increase aggressive behavior, as children adopt reactive behavioral strategies based on self-protection rather than understanding others' emotions.

During adolescence (ages ten to sixteen), the cognitive component of empathy intensifies sharply due to the development of abstract reasoning, self-reflection, moral decision-making, and social identification processes, whereby the child begins to perceive themselves as a subject of a particular social role. Needs for peer group status, social acceptance, friendship, psychological closeness, and mutual reliance contribute to the deepening of empathy. Simultaneously, hormonal changes amplify emotions, increasing affective empathy, although the incomplete formation of emotional regulation may make managing empathy more challenging. In this period, pedagogical approaches, open communication with parents, and healthy psychological interaction with peers play a crucial role in the stable formation of empathy.

Psychological research indicates that the primary mechanisms for developing empathy in childhood include emotional communication, joint play, role-playing, analysis of problem situations, discussions about others' feelings, reflective analysis through stories, consistency in parental modeling, and the empathetic approach of educators. Modern educational systems widely

implement social-emotional learning (SEL) programs designed to cultivate empathy, whose effectiveness has been demonstrated by significant improvements in children's social competencies, self-regulation, conflict resolution, mutual respect, and psychological adaptability. The development of empathy in childhood lays a fundamental foundation for an individual's future psychological behavior, social relationships, moral decision-making capacity, professional adaptability, and even mental health. Individuals with well-developed empathy tend to be socially adaptable, communicatively skilled, low in aggression, resilient to stress, cooperative, and socially responsible.

During childhood, the formation of empathy is shaped through the dynamic interaction of genetic, biological, psychological, and social factors. In early childhood, neurobiological mechanisms that underpin emotional sensitivity—such as the mirror neuron system, limbic structures, and the initial integration of the prefrontal cortex—begin to function as the foundational basis of empathy. At this stage, the child's earliest experiences, the mother's affectionate interactions, consistent physical contact, hugging, and gentle vocal communication serve as sensorimotor-emotional stimuli that enhance emotional resonance in the brain, rendering the child more sensitive to the emotional states of others. Between the ages of two and three, despite the predominance of egocentric thinking, the child already begins to evoke internal emotional responses by observing another's joy or distress, reflecting the initial affective form of empathy. As social communication becomes more complex, the child's empathy elevates to the cognitive level, wherein the child not only experiences another's emotions but also attempts to understand their underlying causes.

This process is reinforced by higher cognitive functions of the psyche, including imagination, analysis, social evaluation of situations, and goal-directed reasoning. During the preschool period, the development of empathy is further accelerated through enhanced peer interaction, resolution of conflicts in collaborative play, role allocation, turn-taking, and cooperative task completion. In these activities, the child directly witnesses others' emotions and strives to comprehend their reactions, thereby constructing the cognitive model of empathy. The family environment plays a particularly crucial role at this stage: parental recognition and labeling of the child's emotions (e.g., "You are upset right now," "This is difficult for you," "I understand you") and emotionally supportive interactions facilitate the stable development of empathy. Conversely, environments in which the child's emotions are denied, ridiculed, or punished impede empathy, leading the child to lose interest in understanding both their own and others' emotional states.

Between six and ten years of age, the process of schoolification—whereby the child begins to understand their social role, internalize social norms and rules, develop communication culture, and establish emotional rapport with teachers—plays a critical role in empathy development. The school environment exposes the child to a variety of emotional situations daily: a friend's disappointment, a teacher's reprimand, a peer in need of help, conflicts, and disagreements. These experiences serve as a natural "training ground" for empathy. The teacher's pedagogical empathy further enhances the child's ability to understand others' emotions, as the teacher's gentle and emotionally sensitive conduct becomes a positive model in the child's consciousness. Empirical studies confirm that teachers with high empathy improve the classroom social climate, reduce stress levels, strengthen mutual respect, and directly foster increases in prosocial behavior and empathy among students. Thus, the pedagogical environment constitutes one of the principal external factors in shaping childhood empathy.

Between the ages of ten and fourteen, cognitive empathy becomes increasingly refined. The child can distinguish others' perspectives from their own, comprehend complex social motivations, consciously internalize moral norms, and interpret and understand complex social situations. This advancement facilitates the development of higher-order empathy, particularly the capacity for perspective-taking. Simultaneously, adolescence is marked by pronounced emotional fluctuations, hormonal instability, and identity exploration, which may temporarily diminish empathy or result in uneven development, as the adolescent's attention is increasingly directed toward self-concept, self-esteem, and social status. Nevertheless, supportive social environments, healthy peer relationships, open family communication, and parenting practices that reinforce psychological stability contribute to the sustained development of empathy.

Results

Contemporary neuropsychological research indicates that in childhood, brain structures responsible for affective empathy—such as the insula, amygdala, and cingulate cortex—are highly active. During adolescence, as integration with the prefrontal cortex strengthens, empathy encompasses not only emotional experience but also regulation, understanding, and deliberate engagement with another's emotional world. This neural maturation forms the neurobiological foundation for an individual's future social stability. Furthermore, fostering emotional literacy during upbringing—teaching the child to accurately label their emotions, respond appropriately, differentiate others' emotional states, and evaluate social situations—is crucial for the stable development of empathy and determines the child's psychological well-being in later stages.

Individuals whose childhood empathy is well-developed exhibit higher capacities in adulthood for avoiding social conflicts, demonstrating sensitivity in communication, providing assistance to others, managing stress, and forming healthy friendships and family relationships. Conversely, underdeveloped empathy may result in negative outcomes such as aggression, indifference, sociopathic tendencies, difficulties in social adaptation, a propensity for conflict, and emotional coldness. The development of empathy in childhood relies on the most delicate and sensitive periods of ontogenesis, as young children initially perceive their environment primarily through their own sensory experiences, subsequently comparing these experiences with the behaviors, vocal intonations, facial expressions, and body postures of others.

This process occurs through mechanisms such as "affective resonance," "emotional synchronization," and "emotional contagion." In early childhood, the quality of the mother–child attachment plays a crucial role in empathy formation. Children with secure attachment demonstrate high levels of emotional stability and a strong internal foundation for decision-making and behavior, enabling them to comprehend others' experiences more deeply and respond with appropriate reactions. In contrast, anxious or insecure attachment patterns negatively impact empathy development, potentially leading to maladaptive social behaviors such as misinterpretation of social cues, inability to regulate affective impulses, or excessive self-protection. The initial manifestations of empathy are observed around the age of two. At this stage, when a child witnesses another individual crying, they themselves tend to cry — a phenomenon known as "primordial empathy," which is not yet associated with conscious mentalization but rather results from emotional contagion.

By age three, the cognitive component of empathy begins to emerge, specifically the capacity for perspective-taking, enabling the child to recognize individual differences and distinguish their own emotions from those of others. During this period, neuropsychological development—particularly the maturation of the prefrontal cortex, activation of the mirror neuron

system, and the limbic system's capacity to integrate affective reactions—plays a decisive role in shaping more complex forms of empathy. Moreover, in childhood, the development of empathy is directly influenced by the pace of communication, the culture of family interaction, adults' emotional exemplars, parenting styles, social play, peer interactions, and cultural values. Role-playing games (e.g., "doctor–patient," "mother–child," "teacher–student") foster the child's ability to imagine another person's role and state, understand their needs, and anticipate their behavior, thereby cultivating essential empathic competencies. Research indicates that children who engage in frequent communication, receive emotional support, and experience explanation-based parenting develop empathy more rapidly and consistently.

Conversely, in families dominated by punishment, aggression, or neglect, the development of empathy slows, and in some cases, may scarcely develop. During the preschool period, the speech, facial expressions, pedagogical attitudes of educators, and the presence of positive social models in the environment facilitate empathy formation through "observational learning." According to Bandura's social-cognitive theory, the child first observes behavior, then internalizes and models it, subsequently reproducing it in real-life situations. Language development also plays a critical role in empathy formation, as children learn to articulate their own emotional states, label others' experiences, and explain distinctions between complex emotions. This process simultaneously cultivates an "inner dialogue"—a metacognitive mechanism that underlies the cognitive aspect of empathy. Consequently, children with a rich affective-intellectual vocabulary tend to exhibit more mature and nuanced empathic responses.

The role of teachers and the school environment in childhood empathy development is equally significant. A classroom culture characterized by mutual respect, cooperative assignments, group games, conflict resolution programs, communication ethics, and psychological safety fosters the consolidation of empathy as a social-practical skill. Particularly effective are specialized training activities designed to teach children to imagine others' experiences, such as analyzing the emotions of story characters, predicting feelings based on images, engaging in role-playing dialogues, and participating in group psychotechnical exercises, which simultaneously advance both the cognitive and affective components of empathy.

In the development of childhood empathy, an individual's temperamental characteristics, biological inheritance, nervous system type, and level of sensory sensitivity also exert significant influence. For instance, children with highly sensitive nervous systems perceive the emotional states of others more quickly, although they are at greater risk of emotional fatigue under excessive stimulation. Extroverted children, engaging more actively in social interaction, tend to strengthen empathy through practical social experiences, whereas introverted children enrich the cognitive aspects of empathy through internal observation and reflective analysis. Thus, empathy development in childhood is a multifactorial, complex, and gradual psychological process, with each of its components shaping the individual's future social adaptability, communicative competence, conflict management, cooperative abilities, and overall capacity for social integration.

During childhood, the process of empathy formation is closely intertwined with the accumulation of social experience, the increasing complexity of sensorimotor-cognitive activity, and the child's growing self-awareness. Throughout this process, the child gradually learns to regulate and express their own emotions, observe the emotional states of others, and interpret these states meaningfully. This acquisition process is fully integrated with the neuropsychological foundations of empathy: executive functions of the prefrontal cortex — including memory,

attention allocation, information processing, inhibition, and perspective-taking — consolidate the cognitive forms of empathy; the limbic system regulates affective resonance; and the mirror neuron system enhances the child's social sensitivity through automatic neural alignment with the movements, gestures, and facial expressions of others.

Simultaneously, empathy development is directly influenced by the educational and social environment. In daily life, the child models their internal standards of behavior on the emotional exemplars of adults: when parents accurately express their own emotions, listen to others, adapt to changing circumstances, and resolve conflicts constructively, the child internalizes these empathic behaviors as models. Conversely, if adults rely on emotional aggression, indifference, coldness, or strict punitive measures, the child is unable to form empathy properly. Emotional imbalance arises, the sense of security diminishes, and the child lacks the opportunity to understand their own emotions — all of which negatively impacts social interaction.

Another critical factor in strengthening empathy during childhood is participation in social play, particularly activities based on cooperation, role enactment, dramatization, group tasks, puppet theater, storytelling therapy, and story-analysis exercises. Through these experiences, the child explores various social roles in real life, imagines the inner experiences of characters, mentally reconstructs their decision-making processes, and significantly enhances their mentalization skills. Moreover, such play encourages the child to repeatedly ask themselves, "What would I do if I were in their place?" Consequently, empathy begins to develop not only at an affective level but also at a cognitive-contextual level.

Cross-cultural differences also exert a significant influence on the development of empathy in childhood. In collectivist societies, children tend to grow up relying more on one another, and empathy is primarily cultivated through social responsibility, adaptation to group interests, and prioritizing the needs of others. In contrast, in individualist societies, empathy develops more through respect for personal boundaries, independent decision-making, and the free expression of one's own opinions. Consequently, the social norms of empathy vary according to a society's value system, yet its fundamental function — understanding others and responding positively to them — remains universally significant.

Another critical aspect of empathy development in childhood is language acquisition. When a child possesses a sufficient vocabulary to express their own emotional states, labeling the emotions of others becomes easier, leading to the emergence of "emotional literacy," a competence that constitutes a core cognitive component of empathy. This literacy enables the child to accurately differentiate among complex emotional states, such as regret, anxiety, disappointment, joy, discomfort, pride, excitement, and guilt.

Discussion

The role of schools and educators during childhood is equally crucial. A psychologically safe classroom environment, teachers' fair and consistent attitudes, constructive feedback, encouragement of peer listening, opportunities for small-group work, freedom to express personal opinions, and transparency in assessment all strengthen the child's social interaction skills and foster empathic competencies. In particular, pedagogical techniques such as "emotional reflection," "compassionate dialogues," and "peer-support sessions" enable children not only to perceive the emotions of others but also to analyze their own internal states. Thus, the development of empathy in childhood has a direct impact on the individual's future psychological stability, social maturity, communicative competence, and capacity to recognize their role within a group. Children with well-developed empathy typically communicate effectively with peers, engage in

constructive interactions, approach conflicts cautiously, value the perspectives of others, and are more likely to develop into socially responsible adults.

Conversely, children with underdeveloped empathy are more prone to conflicts, aggressive responses, indifference, emotional coldness, or social isolation, which can adversely affect their psychological well-being, academic motivation, and interpersonal relationships. The process of empathy formation in childhood is influenced, on the one hand, by microenvironmental factors determined by the child's personal experiences, emotional needs, social support sources, and educational influences, and on the other hand, by macroenvironmental factors such as schools, cultural and societal values, and the psychological stability of the family system. The role of the family, as a primary element of the microenvironment, is unparalleled in the development of empathy during childhood. The child first learns emotional communication through interactions with family members, observing and imitating their reactions, gradually constructing a stable personal model. In families characterized by emotional warmth, affection, mutual respect, and support, children experience a sense of security, which enhances their readiness for empathic processes.

Conversely, familial tension, conflicts, emotional coldness, excessive criticism, or indifference reinforce defensive mechanisms within the child's emotional system, leading them to withdraw automatically from the process of understanding others' experiences, significantly impeding the development of empathy. This process is particularly sensitive between the ages of two and seven, a period during which the child's sense of self becomes more consolidated, verbal expression of emotions expands, and initial understandings of social roles emerge, providing fertile ground for the natural evolution of empathy. Neuropsychological maturation also plays a central role in empathy development. As the child grows, neural connectivity in the brain strengthens, and prefrontal cortex activity becomes increasingly complex. In particular, the integrated functioning of the dorsolateral, orbitofrontal, and ventromedial regions facilitates the harmonization of affective and cognitive empathy systems.

The mirror neuron system — neurons that automatically "replicate" the internal meaning of observed actions, facial expressions, and vocal intonations of others — constitutes the biological foundation of childhood empathy. For instance, when a child observes another person experiencing joy, they may feel happiness themselves; when witnessing another's distress or tears, they may experience compassion. Over time, these processes become enriched by conscious mentalization. Language and speech development are closely linked to empathy formation in childhood. The more proficiently a child can label their own emotions, the easier it becomes for them to interpret the feelings of others. Children with limited language skills often exhibit empathic processes that are vague, situational, or misinterpreted, as they struggle to differentiate between complex emotional states. In contrast, children with advanced language abilities demonstrate empathy not only at an affective level but also at cognitive, analytical, and reflective stages.

Peer interaction is another critical factor in empathy development. During play, children naturally acquire skills such as anticipating others' perspectives, listening attentively, and coordinating their roles with those of their peers. Conflicts among peers serve as a natural learning environment for empathy: when disagreements arise, the child attempts to recognize and compare their own emotions with those of others and strives to reach a resolution, thereby strengthening internal emotional balance. If educators or teachers guide conflicts appropriately, children learn to resolve problems based on empathy; if conflicts are neglected, children may develop aggressive

or passive behavioral models. Finally, the cultural context constitutes another significant factor influencing the development of childhood empathy.

In every society, norms for expressing emotions, standards of interpersonal communication, expectations of care and compassion, family structures, and educational traditions vary. For instance, in some societies, open expression of children's emotions is encouraged, whereas in others, children are expected to remain quiet, exercise self-restraint, and prioritize social conformity. These differences directly influence the dynamics of empathy development: in cultures that emphasize open communication, children more quickly perceive the emotions of others, engage in free discussions about feelings, and thereby enrich the empathic system; in cultural contexts that restrict emotional expression, empathic processes develop more through internal observation, situational analysis, and interpretation of nonverbal cues.

Pedagogical techniques also play a highly effective role in empathy formation. Beginning in early childhood education, methods such as story analysis, role-playing games, dramatization, activities designed to develop emotional reasoning, "emotion cards," exercises like "identify the character's feelings," and reflective prompts such as "what would I do in their place" foster deep social-perceptual competencies in the child's worldview. Children with well-developed empathy are typically able to articulate their own thoughts clearly, appreciate the perspectives of others, contribute to a healthy group environment, and maintain high motivation in learning. Biological inheritance and temperament traits also play a significant role in the development of childhood empathy. For example, children with innate high sensitivity perceive the emotions of others very quickly, but may also be more susceptible to stress; curious and active children tend to develop empathy primarily through social experience, whereas quiet and introverted children acquire more reflective forms of empathy.

Childhood represents one of the most crucial periods in a person's emotional and social development. During this stage, children gradually develop the ability to recognize the feelings of others and respond appropriately. Psychological research indicates that in early childhood, empathy is primarily expressed through affective components. During the initial years (ages 1–3), children perceive the emotional states of others, such as interpreting parental laughter or crying, in a unique, intuitive manner. At this stage, empathy is largely instinctive and automatic. Between ages 3 and 7, children further develop the ability to identify emotional states and engage with others. During this period, the following pedagogical methods are particularly effective in fostering empathy:

- Explaining the feelings of others through stories and fairy tales;
- Demonstrating emotional situations through role-playing games;
- Encouraging children to express their own thoughts through communicative exercises.

The development of empathy in childhood directly affects a child's social skills and ability to interact successfully with others. Therefore, special attention must be paid in pedagogical practice to nurturing children's emotional sensitivity.

Conclusion

In summary, the development of empathy in childhood constitutes a crucial component of personality formation. Empathy plays a leading role in a child's ability to establish healthy relationships with others, adapt to social environments, and internalize moral values. The empathic abilities formed during this period directly influence the child's behavior, communication skills, and emotional stability in subsequent stages of development. Research indicates that the

development of empathy is not a random process; rather, it should be actively supported through purposeful upbringing, a favorable emotional environment, and effective pedagogical approaches.

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