

Rejection of empathy and its linguistic manifestations

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Abstract. Trust is a crucial quality in the development of individuals and societies and empathy plays a key role in the formation of trust. Trust and empathy have growing importance in studies of negotiation. However, empathy can be rejected which complicates its role in negotiation. This paper presents a linguistic analysis of empathy by focusing on rejection of empathy in negotiation.

1 Introduction

Trust is a crucial quality in the development of individuals [1] and societies [2] and empathy plays a key role in the formation of trust. Display of trust and empathy are described as important for success in negotiation [3, 4, 5]. On one hand, studies indicate that empathy causes helping and prosocial behavior [6]. On the other hand, research show that lack of empathy is linked to anti-social behaviors [7] and attitudes.

Empathy is defined by Mead as the “capacity to take the role of the other and to adopt alternative perspectives vis-a-vis oneself” [2]; and by Hogan as the ability to take “the intellectual or imaginative apprehension of another’s condition or state of mind” [8]. Reik [9] describes four stages of the empathy process: (i) identification – projecting self into the other, (ii) incorporation – introjecting the other into self, (iii) reverberation – interplaying of own and other experience, and (iv) detachment – withdrawal from subjective involvement and recourse to use of methods of reason.¹ Negotiation between partners in asymmetric role relations, such as between doctor and patient, clergy and parishioner, teacher and student, etc. are particularly sensitive to the empathy stages.

Davis [6] distinguishes between cognitive and emotional empathy, which refers to empathy as attitude or taking the perspective of the other and empathy as emotional response to the emotions of the other, respectively. He suggests also a distinction between two types of emotive empathy: parallel empathy (PE) and reactive empathy (RE). Since every interactive act may be directed towards the modeling of the self and to the modeling of the other simultaneously [10] we may describe PE as empathy related to the other’s feeling directed to a third person and RE as empathy to the other’s feelings oriented towards it/her/himself.

¹ In that sense, empathy points to an interesting phenomenon of communication, namely uncertainty or rather openness to unknown outcomes, to the possibility of change of goals, needs and behavior in the course of communication (or negotiation).

Under stress people seek what Lazarus [11] calls problem-focused and emotion-focused social support. Empathy is one of the resources available in the process of seeking and giving social support, whether it is predominantly emotional or predominantly problem-oriented/cognitive. In this sense, empathy is a form of a coping strategy.

Research suggests that training can develop empathy skills [12]. Empathy is identified with interactive behavior such as empathic listening, openness, paraphrasing, and reflection [13] and is considered to be an important negotiation skill [14]. Negotiators are advised to use such 'signals' especially in the initial part of the negotiation [13] in order to ground the problem-oriented part of the negotiation on a positive affiliation base [15]. Taylor finds this approach quite useful in hostage negotiations [16].

However, empathy, either cognitive or emotional, does not always smooth over negotiations. It may also be rejected and thus complicate negotiations. Most of the research on empathy is focused on the ability or skill of giving empathy but reception of empathy can also be described as a skill and ability since both acceptance and rejection of empathy function as coping strategies.

In this paper we explore the linguistic and discursive realizations of empathy with a special emphasis on rejection of empathy in order to understand its mechanisms and functions in negotiations and thus contribute to the planning and design of empathy training systems or programs.

2 Method and Data

Empathy has been studied experimentally and theoretically, with short and long term perspectives [12]. Linguistic and discourse micro-analysis of sequences of empathy is more rare. Heritage [17] uses a conversation analysis method in his study of social empathy interplay. Goodwin & Goodwin [18] use ethno-methodology to study the realization of assessments in talk. Gail, Sacks & Schegloff [19] examine the use of laughter in the pursuit of intimacy. These studies however are not oriented towards situations of negotiation per se.

In the present study we will use discourse and conversation analysis methodology in order to observe the relation between linguistic and discourse features and functions of empathy in negotiation. Conversation analysis uses detailed analysis of specific and representative dialogue to isolate generalizable features. Before conducting any meaningful complex statistical analysis or modeling we need a sufficiently rich micro-analysis, which will help us to extract the focal features and their function and organization [20]. The aim of such analysis is to observe the micro dynamics, which cause social change rather than to infer how the macro conditions determine the interaction. Certainly, many factors shape the empathy episodes and their linguistic realizations e.g. institutions, biological states, temperaments, cultures, etc. Institutional settings structure the roles of the speakers with respect to their rights and obligation to elicit, give, and respond to empathy. For instance, in courts, the empathy elicitation is less successful and welcome; in the doctor's office and between friends all functions of empathy are quite expected; on a war field the wounded and

their protectors have the advantage of empathy, etc. For that purpose, we need representative samples of different relations and settings of negotiation.

We use data from several different genres of negotiation dialogue, including Talkbank, Role Play, and friends' talk. The Talkbank Clinical data involve interactions between a healthcare provider and a patient: <http://xml.talkbank.org:8888/talkbank/file/talkbank/Clinical/Holland/>. The other set of data consist of transcriptions of role-playing dialogues between a US captain and a lay-person playing the role of a Spanish doctor from a non-governmental medical organization in Iraq. The captain has been instructed to convince the doctor to move his clinic without exposing secret information and the doctor has been instructed that he cares mainly for his patients and that he is representing an independent non-militant organization. We will also use examples from Heritage's collection of informal conversations. The role-plays and the friend-friend constellations involve more egalitarian relations whereas the doctor-patient relation is more asymmetric.

3 Empathy in discourse

Like any other communicative act, the act of empathy can be elicited (E), given (G), and received (R). The reception may be either acceptance or rejection. These functions of the empathy signs may be realized in phases and different degrees. For instance, one may expect the default formulation of a 'fulfilled' empathy episode to start with elicitation of empathy, continue with empathy giving followed by empathy receiving (see example 1). One and the same utterance can have all three functions at the same time: it could be an elicitation, an expression, and a response (e.g. line 35 in example 1). The following example illustrates these distinctions as well as a situation of successful 'empathic moments' [17]. The example from Heritage [17] is presented with simplified and changed transcription. The utilized transcription conventions are: '[]' stands for overlapped speech; the index next to the brackets indicates the overlapped speech in two or more utterances; '<>' wraps a comment on the previous utterance and the commented utterance; '/' indicates pause; capital letters indicate emphatic speech; '+' indicates cut-off; '()' stands for inaudible speech; '?' stands for rising intonation; '.' stands for falling intonation; ',' stands for continuing intonation. Each line in the transcription indicates an intonation unit; {0.9} stands for seconds of pause.

(1) [Holt Xmas 85:1:4]

- | | |
|---------|-----------------------------------------------------------------------------|
| 1. Joy: | ye-:s I'm alright, |
| 2. Les: | oh:. hh yi-m- you know I-I- I'm boiling about something hhhheh [1 heh hhhh] |
| 3. Joy: | [1 wha::t.] |
| 4. Les: | well that sa:le. {0.2} at- at . the vicarag {0.6} |
| 5. Joy: | oh ye[2 :s], |
| 6. Les: | [2 t] {0.6} u ih your friend 'n mi:ne wz the:re {0.2} |
| 7. (): | (h[3 h hh]) |
| 8. Les: | [3 mmis] ter: R:, |

9. Joy: (oh ye:s hheh) {0.4}
10. Les: and em: we really didn't have a lot'v cha:nge that day becuz we'd been to bath 'n we'd been: christmas shoppin:g, {0.5} but we thought we'd better go along t'th'sale 'n do what we could, {0.2} we hadn't got a lot . of s:e- ready cash t'spe:nd. {0.3} t[4 hh]
11. Joy: [4 Mh]. =
12. Les: =In any case we thought th'things were very expensive.
13. Joy: oh did you. {0.9}
14. Les: AND uh we were looking rou-nd the sta:lls 'n poking about 'n he came up t'me 'n be said Oh: hhello leslie, . still trying to buy something f'nothing,
15. Joy: PEG-> .hhahhhhhh! {0.8 } oo[5 : : : LESLIE]
16. Les: PEE-> [5 oo:.ehh heh heh] {0.2}
17. Joy: PEG-> i:s [6 n 't he]
18. Les: REE-> [6 what] do you sa:y. {0.3}
19. Joy: PEG-> oh isn't he drea:dful.
20. Les: PEE-> eye-: :s: {0.6}
21. Joy: PEG-> what'n aw::f'l ma::[7:::n]
22. Les: PEE-> [7 eh] heh-heh-heh
23. Joy: PEG-> oh:: honestly, I cannot stand the man it's \ just {no[8 :]}
24. Les: RPEE-> [8 I] bought well I'm gon' tell Joyce
that,ehh[7 heh] =
25. Joy: [9 ()] =
26. Les: RPEE=[9 heh-heh he-e] uh: eh [10 eh hhhhh]
27. Joy: PEG-> =[10 O H : : : .] I do think he's dreadful
28. Les: PEE-> tch oh: dea-r
29. Joy: PEG-> oh: he r[11 eally i]:s,
30. Les: RPEE-> [11 he dra-]ih-he (.) took the win' out'v my sails c'mpletel(h)y .
31. Joy: REG-> I know the awkward thing is you've never got a ready a:n[12 swer have you. that's ri:ght,]
32. Les: REE-> [12 no: I thought'v lots'v ready a]nswers a:fterward[13 s],
33. Joy: REG-> [13 yes] that's ri::gh[14 t].
34. Les: RER-> [14 yes] .
35. Joy: REG-> but you c'n never think of them at the ti:[15 me a:fterwards I always think. oh I should've said that. or I should've said thi]s.
36. Les: RER-> [15 no:.no:. oh y e s e h- r i : g h t.] {0.7}
37. Joy: REGE-> b[16 ut] I do:'nt think a'th'm at the ti:me
38. Les: RERG-> [16 mm:]. eh h u h u h {0.8}
39. Joy: oh:: g-oh 'n I think carol is going, t'the [17 meeting t'ni g h t,]

The empathy episode starts with an announcement of trouble on line 2. It is welcomed and elicited on line 3. Then follows a narrative background on lines 4-13. Turn 14 gives the punch line, which elicits empathy, both parallel and reactive, cognitive and emotional. Joy gives her rather emotional empathy on line 15 and Les implicitly accepts it on line 16. Then starts the separation of parallel and reactive empathy. On line 17, 19, 21, 23, 27, and 29 Joy gives a clear example of what is

meant by parallel empathy i.e. she expresses a disapproval of the person by whom Les feels hurt in that way mirroring Les' dislike of this person's actions. These expressions of parallel empathy have also degrees; first it starts with a rhetorical question on lines 17 and 19, then the degree rises to clear assessments such as on line 21 and at last we have an assertive (e.g. 'honestly', 'I do think') and explicit formulations of subjective opinion, e.g. lines 23 and 27. Joy's parallel empathy is predictable and predicted by Les, in fact she motivates (line 24) her expression of a need of emotional support by pointing to Joy's disposition to the negative feelings they both share against mister R. At that point it is not even clear who gives the empathy, Joy or Les. On line 30 Les expresses her internal distress, which changes the character of the elicited empathy: on the next line 31 Joy performs a good example of the so called reactive empathy. This empathy type is realized here by the use of the generalizing pronoun 'you' and by a tag question followed by a confirmative assessment. The tag question is an elicitor of consent, which again turns the roles around: Joy is supposed to be the empathy giver but she often becomes the empathy elicitor as a form of empathy giving. Thus, being both the 'empathizer' and the 'empathee' is an important capacity in the mediating process of negotiation of social values and attitudes, all intertwined with associated and even negotiated emotions. On line 32 Joy exchanges the general "you" with a reference to herself, which in a sense functions as voicing Les' internal discomfort and embarrassment for which she seeks empathy. This voicing is expressed as a quotation of internal dialogue. Thus Joy internalizes Les' inner state i.e. she displays reactive emotive empathy. On line 37 Joy has completely taken Les' internal position and talks about her own experiences of the same state of mind Les complains from. Les now functions both as receiver and giver of empathy, the process has reached its climax and suddenly on line 39 Joy announces a completely new topic.

The empathy process in example 1 is fulfilled: there was elicitation, giving, and acceptance of empathy and there was also identification (e.g. line 31), incorporation (e.g. line 35), reverberation (e.g. line 37) and finally detachment (line 39). The verbalizations are at first more emotional and then become more cognitive as they turn to comparisons of experiences. In this empathy process both speakers verify, confirm, and reconfirm for each other the legitimacy of their experiences, values, and attitudes. The sudden change of topic at the end of example (1) and the constant turning of the roles in the process of empathizing suggest that the empathy process is rather ritualistic. It could also be a display of understanding or cognitive recognition of references with no actual emotive empathy. Thus, one may talk not only about emotional parallel empathy and reactive empathy but also about cognitive parallel and cognitive reactive empathy.

4 Rejecting empathy

One may expect empathy to always be as useful in negotiation as in example 1 but in fact even for empathy there are conditions for usefulness. Empathy is not always accepted – in this case it may be as much a source of trouble in negotiation as lack of empathy. The next two examples illustrate different ways of rejecting empathy. In the first example, the captain has to convince a doctor representing a non-governmental

medical organization to move his clinic. The captain (C) has introduced the request and now he has to deal with the reaction of the doctor (D).

(2) RPSASO'04.1b

14. C: we have , we have [1 (xx)]
15. D: [1 and WHERE] am i going to GO ?
16. C: we have [2 definite+]
17. D: [2 and HOW] am i going to GET there .
18. C: i certainly understand your concerns sir ,
[3 but we have+]
19. D: [3 all of a sudden] now you want
me to MOVE , and now you're willing to
give me HELP to move me out of here ,
when YOU wouldn't come here in the last year . //
you understand the position i'm in .
20. C: i do understand your position [4 sir ,]
21. D: [4 i i]
22. C: [5 but (xxx)]
23. D: [5 i i have to get back .]
24. C: [6 (xxxx)]
25. D: [6 i have to get back to my patients .]
I have to get back to my patients .
26. C: [7 i understand that sir ,]
27. D: [7 because I care] about my patients .
all YOU care about is GIVING me more patients . /
and i am NOT gonna gonna deal with this.
if you want to send your commander back here ,
he can come in here , and he can take me by FORCE.
and i will make SURE every camera see
this .
*now instead of coming in and telling me to MOVE / MY PATIENTS out of
here ,
WHY can't you come in here to tell me that you're bringing me SUPPLIES .
ANTIBIOTICS .
BANDAGES .*

In utterances 15, 17 and 19 the doctor repeatedly takes the turn without waiting for the captain to finish his turn; he verbalizes a list of issues and questions which need to be addressed and/or which make a decision difficult for him. At first, line 14 and 16 the captain tries to address the questions but in utterance 18 he signals understanding of the function of the questions without awaited answer as a call for display of empathy which he verbalizes in utterance 18. However, even this display of problem-focused (cognitive) empathy is ignored. In 19 the doctor starts right after the captain's continuous intonation and overlaps with the captain's continuation. Does the doctor react to the attempt to add a qualification ('but') or does he react to the expression of empathy? He might anticipate an argument and try to cancel it before it even starts. His utterance on line 19 expresses reasons to mistrust the captain's empathy giving expressions by pointing to inconsistency of behavior. Also, in the same utterance the doctor himself elicits empathy by reformulating the captain at the end of his utterance

“ you understand the position I’m in.” This elicitation is more of a response to or a reception of the empathy given on 18 because it is formulated as a declarative sentence with falling intonation. It functions as an argument in the negotiation, as a motivation of reluctance to accept suggestion. In that sense it is a way of facilitating negotiation because it displays desire to be understood. Thus we may tend to believe that the overlap in utterance 19 is a reaction to the display of empathy rather than to the anticipation of an argument. On line 20 the captain responds to the elicited empathy by repeating the elicitation expression of the doctor and reformulating his own formulation in utterance 18. In this way, he attempts to create greater similarity of positions on the negotiation floor. However, he is again overlapped and in utterances 22, 23, 24, and 25 we have simultaneous speech: the captain most probably continues his argument (this part not audible) whereas the doctor signals desire to remove himself from the negotiation in utterance 25 by repeating the same utterance twice, once as simultaneous speech and once after winning the turn. This rapid removal from the negotiation is met by the captain with continued display of empathy which is again completely overlapped by the doctor’s expression of lack of trust and direct criticism in utterance 26. This last utterance is complex because contains change of strategy and change of phase in the negotiation. The doctor rejected empathy (utterances 15, 17, 19, 21, 23, 25, 27), motivated why (19, 27), displayed desire to remove himself from negotiation (25, 27), threatened with intentions to refuse cooperation and damage planned operation (27) and at last stated conditions for further negotiation (27). In this sequence the rejection of empathy functions as a display of lack of trust, as a display of lack of desire to be locked in a disadvantageous negotiation and as a bargaining method.

Eliciting, giving, accepting and rejecting empathy are thus strategic resources in a negotiation. The actual realization or style of empathy exchange can be part of the strategy as such. In the above example (2) we had a rather aggressive doctor who used time pressure, listing of issues, interruptions etc. to realize his strategy of rejection of empathy which would give him stronger positions in negotiating more benefits for his party. In the next example (3), we have another pair of role-playing doctor and captain, where the doctor is realizing the same strategy (i.e. rejection of empathy) for the same reasons (namely, increase own benefits and avoidance of being locked in a disadvantageous agreement). However, here the doctor realizes the strategy in a more polite and evasive manner with even high degree of success because the captain is now truly anxious to satisfy the doctor’s needs.

(3) RPSASO’04.1a

C: 18 no ,
 19 but uh we just have some concerns about the increase in fighting [2 (xx)]2 ,
 D: 33 you're the commander of of a of the platoon ?
 ...
 C: 38 we can certainly i can certainly get some supplies ,
 39 i imagine in this area you're in you would have some difficulty getting supplies ,
 40 how+ how are you doing with supplies .
 D: 41 well to be honest uh captain ,
 42 our situation is very very difficult .
 43 we're low on bandages ,

44 low on penicillin ,
...
49 um if you have access to to medical supplies we are in great need of things like that .
C: 50 yes i i think i have some avenues where i could i could get some supplies for you ,
...
52 and quite frankly it would be much easier for us to KEEP you supplied if you were in
a safer area among our troops .
53 uh it's [3 a little (difficult)]3
D: 54 [3 i i i SEE]3 captain
55 but uh
...
<phone continues to ring>
60 excuse me .
C: 61 we're we're we're all busy .
62 yeah that that's perfectly fine .
...
66 but REALLY my major concern is is the safety of YOU and your STAFF .
...
D: 69 well i i uh ,
70 i APPRECIATE your concern captain ,
71 but you must understand that we are an independent organization ,
...
75 to tell you the truth i was in the middle of dealing with a patient ,
76 and i have a very very busy patient schedule today .
77 uh if if you don't MIND ,
...
81 we will uh consider whether this is in the best interest of our patients .
C: 82 well i can CERTAINLY understand your concerns ,
83 and i'm sure you're a very busy man ,
84 there's been a lot of casualties here
....
D: 87 [4 you must]4
88 you must understand captain that we we uh we cannot be connected too closely with
the united states army .
...
C: 93 we we don't want to get involved at ALL in ANY of the operations of your clinic .
...
D: 108 well thank you captain for your concern um ,
109 i'm i'm afraid i must uh get back to my patient now
...
C: 115 oh that's that's very understandable .
116 i i think this is a very difficult decision for you and uh know certainly
117 i i certainly know that you probably don't want to TELL your staff what to do ,
118 you want to get some consensus from them ,
119 um ,
120 i the only thing i'd like to urge is is to keep in mind that time is of the essence here .
121 a a as you know [5 from]5
D: 122 [5 i am]5 aware of the situation .
C: 123 as you know from your casualty rate ,
124 the fighting is only getting worse and ,
...
D: 130 well to

131 i i again i appreciate your CONCERN captain ,
 ...
 135 so i will look forward to meeting you again .
 136 now uh if if you will excuse me ,
 137 i have a very sick little girl who needs my attention .
 C: 138 wh+ wh+ when do you think the best time to talk would be ?

The captain is not in a position to get empathy whereas the doctor is. These positions influence the dynamic of the negotiation: the captain gives ritualistic displays of empathy and the doctor ritualistically accepts them and rejects them at the same time. The doctor is also clearly aware of his advantage and uses it as a negotiation strategy. On lines 41-49 he responds to the captain's elicitation of expression of a need of empathy (line 40) by providing the elicited request for cognitive empathy. He often repeats his obligations to his patients and at the end on line 137 he elicits even more strongly the captain's empathy by referring to a 'sick little girl' instead of a 'patient' thus leaving the negotiation without satisfying the request of the captain and at the same time putting forward his own request (of supplies). The captain repeats with increasing intensity the claim that he has 'concerns' (line 19, line 66). On 82-3 and 115-18 he starts to display reactive and parallel empathy (which reminds of Joy's empathy giver on line 31, example 1) after a sequence of unsuccessful problem-solution-oriented empathic displays (e.g. line 38, 50, 66, etc.) and at certain point phrases his own empathy giving on line 82 as a consideration of the doctor's 'concern'. The doctor, on the other hand, rebuts the negotiation proposals of the captain by first acknowledging the display of empathy and then disregarding or objecting the proposed empathic solutions (line 70-1, line 108-9, line 131-6). The references to honesty such as 'well to be honest uh' (line 41) and 'and quite frankly' (line 52) produced one after the other by both negotiators contribute greatly to the ritualistic proximity searched by the negotiators which takes even linguistic expression i.e. the negotiators tend to repeat each others expressions and even communicative acts, which is one way of signaling closeness or similarity. This similarity would then become a basis for more trust between the parties and thus facilitate acceptance of both empathy and propositions. Also, these displays of opening to the other (by opening, displaying ones true needs and intentions) motivate and justify the rejection of the empathic proposals of the parties by appealing to reason and rationality.

Empathy can be rejected in a more explicit way. In the following example (4) we have an excerpt from a conversation between a patient (P) who suffered a stroke and a nurse (N). The patient has demonstrated anger especially before doing therapy, which he refuses to do. The patient suffers loss of memory, general discomfort, worry for his life, and quality of life. The nurse deals with the patient's uncooperative behavior. She intends to assure the patient's cooperation with the medical personal in the future which she explicitly states in a few occasions during the long conversation. She has introduced the issue after an initial polite empathic chat and on line 65 below we see part of the patient's explanatory response.

(4) Whocares.TALKBANK'04

65. P: mhm forget all about it because it don't

- make no difference.
I mean it sounds silly to me and it don't matter what kind of methods I get anyhow.
66. N: you know what ?
67. P: hmm .
68. N: they do have a reason .
but I have a feeling + .
69. P: I don't even want to know about it .
70. N: you don't even care, huh ?
71. P: uhuh no .
72. N: ok .
73. P: I got enough problems on my shoulders
tonight.
I try a little bit I got shoulders by / day by day shoulder to shoulder day .
take it now I don't have time for that bull shit .
74. N: I think probably all they want to do is keep
track of your improvement .
75. P: mhm honey who cares ?
76. N: well I know a couple people that care .

The nurse is faced with an angry avoidance and rejection of empathy. The rejection here is not realized with interruptions and cut-offs but it is verbalized as cut-off and explicit rejection (utterance 69 above), confirmations of rejections (71), imperative orders and swear words (73), and rhetorical questions (75) and ironic signals of elicitation of empathy (e.g. initial reference 'honey' preceding rhetorical question). The nurse is not offering emotional empathy and she is not giving cognitive empathy as the captain in example (2). She does not use any of the parallel or reactive empathy expressions we observed in example (1) above. Instead, she uses devices such as ritualistic questions (utterance 66 is an almost ritual question which promises introduction of news or surprise, prepares the mind of the listeners to something unexpected or undesired but still true), guessing of mental state ('I have a feeling', 'you don't care', 'I think probably all they want...'), acceptance (utterance 72), personal formats and modal expressions ('I think', 'I know'), mitigators or 'softeners' (such as 'probably', initial 'well', final feedback requests such as 'huh') and even rebuts (76). The initial 'well' in 76 is typically used preceding partial disagreement and qualification of statement, which has been provoked by other's utterance and/or understanding of an attitude. Thus the nurse's display of empathy is antagonistic which reflects her position as a caregiver: she needs to display empathy with the patient's state but also needs to display commitment to the patient's medical treatment. The patient's rejections of empathy are also antagonistic and at first seem to have no bargaining purpose. The patient displays lack of desire to negotiate but also lack of belief in sincerity and true care or at least lack of desire to display trust. In contrast to the previous negotiation where the doctor takes over control of the negotiation, here the patient rejects empathy as a rebuttal but does continue to engage in the conversation and does not interrupt the nurse, which contradicts his linguistic display of no desire to talk. In fact, this conversation continues for quite a while despite the explicit refusals, which suggests that the rejections of empathy do have some strategic value for the patient (which might be the reason why the nurse is reluctant to engage in a more emotive empathy episode).

5 Conclusions

Empathy is a joint interactive construction or effort in which speakers verify, confirm, and reconfirm for each other the legitimacy of their experiences, values, and attitudes. This verification is of great importance for the development and the function of the individual in the social and discursive world. Being able to take the role of the 'empathizer' and the 'empathyee' is an essential characteristic of the empathic communication. Parallel and reactive empathy are realized both on a cognitive and on an emotional level. These are clear examples of the simultaneity of the manipulation of self models and others' models in empathic interaction.

Empathy functions also as a strategic resource in negotiation, bargaining and in coping. Thus empathic episodes are often ritualistic in negotiation. They consist of elicitation, giving, acceptance and rejection of empathy any of which could be eliminated of the sequence with consequences. The style of empathy exchange can also be a strategy in negotiation.

Giving empathy is not sufficient to realize empathy. There must be also willingness, ability and even skill in receiving empathy. In the analyzed examples, rejection of empathy is associated with lack of trust, lack of desire to engage in negotiation and/or with desire to gain control over the negotiation conditions i.e. as a bargaining strategy. The less trust there is between the negotiating parties the more unreceptive they are to expressions of empathy and the more strategic for the negotiation the functions of empathy become. The opposite is also true, the more receptive the speaker is to empathy the more trustful and smooth the negotiation is. Thus empathy is influenced by trust but also trust is dependent to the empathy process, which on the other hand demands time to fully evolve.

Rejection of empathy is displayed linguistically by refusal to release the turn, overlaps, interruptions, cut-offs, simultaneous speech, explicit rejections, confirmations of rejections, rhetorical questions, imperative orders, ironic signals of elicitation of empathy, swear words but also display of reception of given empathy followed by rejection. Giving empathy, on the other hand, is realized by answering questions, by display of non-elicited empathy, repetitions of elicited empathy, by ritualistic rhetorical questions, guessing of mental state, acceptance, personal formulations of modal expressions, quoting, mitigators or 'softeners', and rebuts. In our data exclamations, extra-linguistic emotional expressions, rhetorical question, assertions, and assessments realize the displays of parallel empathy. Reactive empathy is verbalized in the material as voicing of other's mental states, comparing of inner experiences, and exchanges of generic and personal pronouns.

The detailed discourse and conversation analysis methodology gives rich insight in the production of empathy. It allows us to study the complex relation between multiple expressions and functions of empathy as well as to follow its gradual evolving in social interaction. The extracted here linguistic features and functions contribute to the understanding of the process of face-to-face negotiation and to future studies of the influence of institutions and activity types on the participants' ability to give, receive, and elicit empathy.

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