

Rejection of empathy in negotiation

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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. Some of the rejections are due to failed recognition of the rejector's needs and desires whereas others have mainly strategic functions gaining momentum in the negotiation. In both cases, rejection of empathy is a phase in the negotiation not a breakdown.

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 behavior [7] and attitudes.

Empathy is identified with interactive behavior such as empathic listening [21], 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]. Research suggests that training can develop empathy skills [12].

Empathy, however, 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 given empathy in order to understand its mechanisms and functions in negotiations and thus contribute to the planning and design of empathy training. We will first clarify the definitions of the main concepts, then observe an example of a successful empathic exchange, followed by analysis of cases of rejection of empathy in negotiation, and at last summarize the identified discursive and linguistic features associated with rejection of empathy. Our discussion

and findings intend to enrich the general study of empathy and negotiation independently of the media of training and communication.

2 Definitions

Negotiation is commonly defined as the communication process through which a group of people or agents try to reach a mutually acceptable agreement on some matter [22]. Typical examples are business negotiations, labor negotiations, salary negotiations, negotiation in courtrooms, diplomatic negotiations. Negotiations can be seen as bargaining or as problem solving or as dispute resolution. One may also use negotiation in a broader social sense as the communicative process, through which social values are discussed before and as they are shared in the community. Negotiations thus involve not only problem solving skills but also general communication skills, including management of emotions. The involvement of empathy in the discussion of the process of negotiation may encourage a more collaborative rather than conflict oriented conceptualization of negotiation.

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. 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. In the case of negotiation, empathy may contribute to the unpredictability of the planned or desired outcome.

Davis [6] distinguishes between cognitive and emotional (or emotive) 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 also suggests a distinction between two types of emotional empathy: parallel empathy (PE) or empathy related to the other’s feeling directed to a third person and reactive empathy (RE) or empathy to the other’s feelings oriented towards it/her/himself [6].

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. In this sense, empathy is a form of a coping strategy.

3 Method and Data

Empathy has been studied experimentally and theoretically, with short and long term perspectives [12]. 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

pursuit of intimacy. These studies however are not oriented towards situations of negotiation per se and are concentrated on certain specific feature rather than looking for descriptive features.

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 or not features and processes. Before conducting any meaningful statistical analysis or modeling we need to understand the phenomena we are dealing with and one way to do that is through a sufficiently rich analysis, which will help us to extract the focal features, their function and organization [20]. The aim of such analysis is to observe the small-scale and local interactive events and processes, which cause social change rather than to infer how institutions 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 may have the advantage of empathy, etc.

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 nurse tried to negotiate with the patient to participate in the scheduled treatments without creating conflict.

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 negotiate with the doctor to move his clinic without exposing secret information and the doctor has been instructed that in his negotiation he must care mainly about his patients and that he is representing an independent non-militant organization.

In order to illustrate a successful exchange of empathy and to observe the phenomena of empathy in general we will start with an example from Heritage's collection of informal conversations.

4 Successful exchange of empathy

Before we examine the function of rejection of empathy giving in negotiations we will observe shortly the general realization of empathy in a casual conversation between friends who do not have conflicting interests and use that in comparison to negotiation situations where the parties try to overcome differences in interest.

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. One may reject an act of giving of empathy or reject an act of elicitation of empathy. We will study the first case. 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; ':' stands for prolonged vowel; '=' stands for latching speech; '/' 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-> .hhhahhhhhh! {0.8 } oo[5 : : : LESLI E]
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 hhhh]
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:]. ehh huh huh {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. This is followed by 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 a 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 process of informal discussion 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 a receiver and a

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 repetitive turning of the roles in the process of empathizing suggest that the empathy process is rather ritualistic.

5 Rejecting empathy

One may expect empathy to always be as successful as in example 1 but empathy is not always accepted which may be as much a source of trouble as lack of empathy. The next three examples illustrate different ways of rejecting empathy in negotiation. In the first example, we have a role-play, in which an US captain is in negotiation with a Spanish-speaking doctor representing a non-governmental medical organization. The Captain has to convince the Doctor 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, on 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 walk out 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 it 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 walk out (25, 27), threatened with intentions to refuse cooperation and damage planned operation (27) and at last, starting with a topic initiating 'now' he 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 benefits for his party, because he has no interest in moving unless he manages to gain something substantial for his patients.

5.1 Polite rejection of empathy

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 given empathy) for the same reasons (namely, increase own benefits and avoid 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: 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 are reflected in the dynamic of the negotiation: the captain gives repetitive displays of empathy and the doctor politely acknowledges them and rejects them at the same time. The captain repeats with increasing intensity the claim that he has 'concerns' (line 66, 82, 131). His first concern about accessibility to supplies is performed first by a form of reactive empathy starting with a self-report 'I imagine' and guessing the other's situation utterance and ending with a wh-question which shows care. This first concern and proposal is accepted by the doctor. The next expression of concern occurs after a weak promise to do a personal favor to the doctor: the captain refers to 'i i think I have some avenues'; also on line 38 the captain rephrases his utterance from 'we can certainly' to 'I can certainly' which shows that he is in fact not so certain how he can get supplies and that this proposal is his personal strategy for establishing trust before presenting the real cause of his visit, the mission to remove the clinic. Line 52 presents his purpose and request starting with an expression which mirrors the doctor's formulation of his needs 'well to be honest captain...' namely 'and quite frankly'. Thus the captain formulates a bargain in which even the linguistic expressions are even: I can find you supplies if you move close to us. However, if the promise of supplies is formulated as a personal favor the demand to move and 'keep save' is formulated as a collective gain: 'much easier for us to KEEP you supplied if you were in a safer area among our troops': the personal pronoun 'I' is changed to plural 'us' and 'our'. At that point, line 54 above the doctor performs the first interruption by voicing with emphatic idiomatic expression 'I SEE' his realization of the captain's negotiation strategy i.e. realizing that the supplies he agreed to accept at the beginning are conditional and the expressed concern and empathy were strategic, not authentic. At that same point the doctor starts to walk out of the negotiation. His initial trust signaled by acceptance of empathy and offer for help has been broken; from now on every following utterance by the doctor expressed his need to remove himself from the conversation. The captain realizes the lost trust with respect to his real purpose and he tries to fight for it by explicitly stating his concern and emphasizing the authenticity of his intentions and empathic feelings on line 66 'but REALLY my major concern is is the safety of YOU and your STAFF'.

This effort is acknowledged by the doctor in the following way: he does not interrupt; he also explicitly states his acknowledgement and also emphasizes his feelings 'APPRECIATE'; he gives authentic reasons why the captain's demands are problematic by demanding reactive cognitive empathy using strong deontic modal verb expressions such as 'you must understand', after which he implicitly points out what was missing in the captain's concern, namely the condition of the patients (on line 66 the captain emphasized concern for the staff and the doctor but not the patients, who are the doctor's main concern and purpose) and in that way again appealing for empathy towards the patients; at last he opens the possibility of future negotiation by promising to discuss the issue with others.

As a response to that on line 82-3 and 115-18 the captain 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.). The emphatic 'i CERTAINLY understand' on line 82 is a response in strength to the doctor's deontic appeal 'you must understand'. The captain again states cognitive empathy for the doctor's situation but he exchanges the term 'patients' for the more militant and mitigated term 'casualties'. This time he is met by a repetition of the deontic appeal for cognitive empathy presented in an interruption (line 87) followed by a reformulation of the previously stated reasons (line 88). When the captain does not show more empathy but gives promises the doctor evades the negotiation by an implicit rebuttal through the initial 'well' followed by a polite dismissal: an expression of gratitude (line 108) and a polite need to leave (line 109). The captain again perceives a need to express empathy and his following lines are tributes to that: he starts with impersonal formulations of understanding which are lexically emphasized with qualifiers such as 'very', then uses self-report formulations to voice the other's mental states thus expressing reactive empathy: 'I think... that you', 'I certainly know that you probably...'. The modally strong adverb 'certainly' and verb 'know' here seem not to be meant to state certainty in the other's state because they are followed by a modally weak adverb 'probably' but they seem to be meant to amplify the expression of empathy as such. These are followed by declarative guessings of the other's private desires (line 118) which function as invitations for confirmation of the guessing which is given space in a separate intonation unit on line 119 and filled with a hesitation sound. The doctor does not join this expression of empathy as Les did in line 32, example 1 thus the captain continued by stating new conditions of negotiation. This is met by a next repetition of polite acknowledgement of empathy ('I i again appreciate your CONCERN'), polite dismissal ('so I will look forward to meeting you again') and polite expression of desire to leave the negotiation ('now uh if you excuse me') with a new implicit lexical emphasis elicitation of empathy ('very sick little girl') towards the patients and the time pressure.

Thus in this dialogue, the doctor practiced the strategy of politeness, elicitation of empathy and walking out whereas the captain was using the strategy of giving empathy, presenting demands, deadlines, extending his authority, and at the end urging for caucusing.

5.2 Antagonistic style of giving and rejecting empathy

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 ensure 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 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 (the continuation is not displayed above) 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).

6 Discussion

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, as observed in examples 2,3 and 4. And the opposite, the more receptive the speaker is to empathy the more trustful and smooth the negotiation is, as we could see in example 1.

As a discourse phenomena empathy is complex: it is hard to pick one linguistic feature and tie it uniquely to one function only, but one can observe co-occurrences and patterns, in which multiple linguistic features realize multiple functions in particular sequences. The following table is a summary of the features we observed in our analysis of rejection of given empathy. In order to see differences and similarities between the functions of empathy we list features related also to giving and elicitation of empathy as of the utilized English examples.

Table 1 Giving and rejection of empathy and its discursive/linguistic manifestations in English

Empathy	Type	Communicative acts	Discourse/linguistic devices
Giving empathy	general	Self-reports; Answers to questions; Rhetorical questions on the other's state of mind/needs with tags; Repetitions of elicited empathy; Guessing of mental states;	Mitigators such as 'I think', 'I feel'; Expressions such as 'you mean' plus cooperative reformulations;

		Acceptances; Mitigating, 'softening' expressions; Quoting the other or others; Cooperative reformulations of other's self-reports	Questions with tags: 'you don't care, huh?' Overlap; Latching;
	parallel	Exclamations and other expressions of emotion; Rhetorical questions; Assessments	'oh:::', 'isn't he awful?' 'what a horrible man'
	reactive	Statements voicing other's mental states; Comparing inner states; Exclamations; Feedback	Expressions such as 'I understand you', 'I imagine', 'I know', 'it certainly is'; Generic 'you'; Exchange of personal pronouns 'you' for 'I' and the opposite; References to memory; Initial feedback words 'ye::s', 'no:::' with prolonged vowels;
Rejecting empathy	Rejecting given empathy	Explicit rejections; Confirmations of rejections; Criticism; Expressions of lack of trust; Rhetorical questions with topicalized mitigators Imperative orders; Ironic signals of elicitation of empathy (line , ex. 4); Expressions of negative emotions such as swear words; Reception of empathy followed by immediate rejection; Self-reports on honesty Rebuttals	Implicit refusal to release turn; Overlaps; Latching; Interruptions; Cut-offs; Simultaneous speech; 'mhm honey who cares?' Listing of questions; Initial and final emphatics in overlaps and simultaneous speech; Initial 'well' and 'but';
Eliciting empathy		Narratives; Walking out; Deontic declaratives, Repetitive deontic declaratives; Quoting; Exclamations; Laughter; Rhetorical questions Self-reports	Initial deontic verbs plus references to cognitive empathy 'you must understand'; Quoting others with particular prolonged intonation; 'what do you say:'

Rejection of given empathy is realized linguistically by discursive features such as refusal to release the turn, overlaps, interruptions, cut-offs, and simultaneous speech as well as by communicative acts such as explicit rejections, confirmations of

rejections, rhetorical questions, imperative orders, irony, swearing, 'walking out' moves but also display of reception of given empathy followed by rejection.

Giving empathy, on the other hand, is realized by communicative acts such as answering questions, display of non-elicited empathy, repetitions of elicited empathy, ritualistic rhetorical questions, guessing of mental state, acceptance, rebuts. All these are realized with the help of discourse devices such as personal formulations of modal expressions, quoting, and mitigators or 'softeners'. 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.

Elicitations of empathy are realized by narratives, 'walking out' moves, repetitive deontic declaratives, quoting, exclamations, laughter, rhetorical questions with prolonged such as 'what do you say'.

We may observe sequences of features such as:

Rejection of empathy = final-initial overlaps + enumeration of questions -> contrastive narrative of other behavior -> topicalized declarative descriptions of other's actions (see example 2)

There are also degrees for realization of empathy in e.g. giving of parallel empathy:

1st degree: rhetorical question (ex. Line 17 and 19, ex. 1)

2nd degree: assessment (ex. Line 21, ex.1)

3rd degree: assertive with self-report (line 23 and 27, ex. 1)

References to authenticity of feeling or intention such as 'well to be honest uh' (line 41, ex. 3) and 'and quite frankly' (line 5, ex. 3) produced one after the other by both negotiators contribute greatly to the ritualistic proximity searched in negotiation 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 proximity would then become a basis for more trust between the parties and thus facilitate acceptance of both empathy and propositions.

7 Conclusions

Besides being a cognitive and neural process, empathy is a joint interactive 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.

Rejection of empathy may be due to failed recognition of the rejector's needs and desires, it may have strategic functions gaining momentum in the negotiation or it may be a combination of both. In any case, it is a phase in the negotiation not a breakdown. Elicitation, giving, acceptance and rejection are functions of empathy any of which could be eliminated of the dialogue with consequences. The style of empathy exchange, e.g. antagonistic or polite can also be a strategy in negotiation.

The observed here discursive features and functions aim to contribute to the understanding of the process of face-to-face negotiation and to studies of the influence of institutions and activity types on the participants' ability to give, receive, and elicit empathy. In the future, we plan to extend our analysis over other representative samples of different relations and settings of negotiation and use our results in virtual reality simulations.

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