


Activation of Empathy Feelings in Raymond Carver's *A Small, Good Thing*

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Abstract

Raymond Carver's *A Small, Good Thing* portrays affective and cognitive empathy feelings between the characters. The narrative presents affective discourse in two situations. The protagonist Ann's empathy with her husband and with a Negro family enables her to communicate with them through sharing their mental states. Likewise, the narrative represents two situations in which cognitive empathy is generated. Dr. Francis's awareness about Ann's mental state alleviates her suffering. Additionally, when, at the narrative's end, Ann and her husband tell the baker the news of their son's death and he tells them his own childless life story, they mutually show cognitive empathy toward each other through identification of their mental states. My essay argues that engagement with evoked cognitive and affective empathy feelings between the characters in Carver's story is likely to generate narrative reader's cognitive empathy. Carver's narrative has the potential to elicit a reader's cognitive empathy through manipulation of the narrative perspective and representation of a familiar emotion, sadness evoked by death, as well as anthropomorphic or human-like reactions to this emotion.

Keywords: Narrative and emotion, empathy (affective and cognitive) / sympathy, reader, *A Small, Good Thing*, Raymond Carver.

Raymond Carver'in *A Small, Good Thing* Adlı Hikâyesinde Eşduyum Duygularının Etkinleştirilmesi

Öz

Raymond Carver'in *A Small, Good Thing* adlı hikâyesi, karakterler arasındaki duyuşsal ve bilişsel empati duygularını betimler. Anlatı, duyuşsal söylemi iki durumda sunar. Öykünün baş kişisi olan Ann'in kocasıyla ve bir Zenci aileyle olan empatisi, zihinsel durumlarını paylaşarak, onlarla iletişim kurmasını sağlar. Aynı biçimde anlatı, iki başka durumda da, bilişsel empatinin kurulmasını ortaya koyar. Dr. Francis'in Ann'in acı çeken zihinsel durumu hakkındaki farkındalığı, Ann'in acısını hafifletir. Bunun yanında, anlatı sonunda Ann ve kocası fırıncıya kendi oğullarının ölüm haberini verir, fırıncının da onlara kendi çocuksuz yaşam öyküsünü anlattığında, zihinsel durumlarını anlama ve farketme yoluyla birbirleri ile bilişsel empati kurarlar. Bu yazıda, Carver'in öyküsündeki karakterler arasında tetiklenmiş bilişsel ve duyuşsal empati duygularıyla etkileşim kurmanın, anlatı okuyucusununda bilişsel empati oluşturacağı öne sürülmektedir. Carver'in öyküsü, anlatı perspektifinin manipüle edilmesi ve tanıdık bir duygunun—ölümle tetiklenen hüznün—sunulması yoluyla, okuyucunun anlatıdaki duruma karşı insani tepkilerini uyandırıp, onun karakterlerle bilişsel empati kurmasını sağlama potansiyeline sahiptir.

Anahtar Kelimeler: Anlatı ve duygu, empati (duyuşsal ve bilişsel) / sempati, okuyucu, *A Small, Good Thing*, Raymond Carver.

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INTRODUCTION

Raymond Carver's narrative should be included among the "millennia of storytelling" activities that, as Hogan argues, "systematically depict and provoke emotion" (2011: 1). In his works, Carver primarily communicates "the emotional life" of his characters (Lainsbury 2004: 14). The portrayal of his protagonist in *A Small, Good Thing* is primarily based on the emotional interactions between the protagonist and the other characters and, as a result, through the narrative "a sense of humanity emerges between the characters" (Gearhart 1989: 439). Carver's fiction, accordingly, as Lainsbury rightly states, "has the ability to affect individual readers" (2004: 1). Through narrowing the focus of narration to the central characters' perspectives on particular situations, Carver's omniscient narrator generates readerly emotional responses since "granting to the hero the right to reflect his own story can insure the reader's sympathy" (Booth 1961: 282).

The omniscient narrator in *A Small, Good Thing* recounts how a family's preparation to celebrate their only child's birthday transforms into their mourning. One day after her mother orders his birthday cake at a bakery, the eight-year-old Scotty is struck by a car while walking to school. Despite the doctors' promising words, he dies after three days in the hospital. During their stay, the child's parents, Howard and Ann, separately go back to their home where an unidentified caller, later discovered to be the baker, intrudes on them by talking about "a cake" to Howard and "Scotty" to Ann (Carver 2015: 311, 321). The child's accident acts as a narrative device to represent how an undesirable event can evoke a variety of affective (emotional) appraisals or evaluations. Throughout her three painful days, Ann experiences two moments of affective empathy with a Negro family and with her husband. In addition to Dr. Francis's profound understanding about Ann, the baker's emotional reaction to her son's death brings about her negative-to-positive evaluation of the baker. Engagement with such narrative situations in which human-like emotions are represented can generate cognitive empathy in the reader.

Having perceived the similar mental states of her husband and those of the Negro family, Ann psychologically prepares for accepting her son's death when Dr. Francis, by his emotional expression, informs her about it. Moreover, in contrast with her initial feeling of revulsion toward the baker, her controlled behaviour towards the narrative's end is the result of his persuasively empathic rhetoric. Involvement with the emotional exchanges among the characters in the storyworld affects the readers as well. In this way, Carver's text "foster[s] openness to emphatic response" (Hogan 2011: 75) on both levels. Not only do emotions affect the inter-character relationships but also, their representation in narrative contributes to the reader's understanding of it because, as emphasized by Suzanne Keen, "character identification lies at the heart of readers' empathy" (2007: 68). In other words, "aesthetic objects" like literary fiction, in Theodor Lipps's words, are potential to "elicit the same responses in us that are elicited by expressions and movements of the body, and we project these inner subjective qualities onto them" (Coplan and Goldie 2011: xii).

REPRESENTATION OF EMOTION IN NARRATIVE AND NARRATIVE READER

Studies on the relationship between emotion and literature or representations of emotions in literature mostly focus on the way(s) writers represent emotional experience and how they invoke, arouse, or prevent it in readers. "Emotion," according to Lyons, "is from the Latin *movere* meaning 'to move'. To be Emotional is to be literally moved, in a bodily sense" (1980: 60). Theories of emotion, as highlighted by Keen, hold that emotions like "empathy can be

transacted accurately from author to reader by way of a literary text" (2007: 130). According to David S. Miall, emotion "plays a key role in subsequent cognitive processing, including the making of inferences, invoking the reader's memory, or relating empathically to a character" (2011: 323). Emotions, therefore, enrich the human qualities of the fictional characters, and, through arousing the readers' emotional involvement in the narrative situations, they enhance their understanding of narrative.

Readers' emotional responses to the fictional characters, according to Howard Sklar, depend on their "own prior experience with people," and, therefore, "the emotions that readers experience while reading fiction, rather than 'simulated' or imitated, are more akin to what we feel in ordinary situations" (2013: 11, 23). Similarly, Robert Solomon considers emotional responses as being our natural skill by stating that it is "our ability to 'feel with' other people and appreciate (if not suffer with) their misfortunes" (2008: 8). In his scientific study, *Literature and the Brain*, the literary critic Norman Holland distinguishes three different kinds of arousal caused by literature and the other media: "direct emotional stimulation; emotional memories; and emotional situations" (2009: 90). These types of arousal all "play a part in our emotional response to literature" (2009: 100). According to Holland, "Direct emotional stimulation makes us feel emotions willy-nilly, like reflexes. We cannot consciously control or prevent them" (2009: 91). In other words, they are automatic. Furthermore, "We bring to a literary work our own memorized emotional associations" because emotional memories are part of our existence and whenever a narrative provides us with appropriate situations that have the potential to evoke our memories of emotions, "We respond emotionally" (Holland 2009: 91, 92). Therefore, in terms of evoking our emotions, Holland does not see any difference between the fictional and real situations: "In general, at mere representations of human (or primate) situations, we feel the emotions we would feel if we were actually in the situations and the situations were real" (2009: 94). Agreeing with Holland's understanding about the universality of emotion, Robinson also states that "We have emotional responses to all sorts of things, both real and imaginary, both perceived and merely thought about, both possible and impossible" (2010: 85).

Our experiential repertoire of emotions acts as a background to our emotional responses to the fictional situations or, as Holland confirms, "we humans respond to the emotional expressions of others with similar emotions in ourselves" (2009: 96). Thus, with the help of their own emotional repertoire, readers have the potential to become emotionally involved with the fictional characters, events, and situations or affectively appraise their actions and thoughts. Readers are instinctively equipped with the ability to identify the emotional situations in the narrative and, therefore, know in advance "how each kind of event would strike the character it affects. Thereby, we know the emotion the character would be likely to feel, and we can also feel sympathy for that character in his or her predicament" (Oatley 2012: 30-31).

In addition to representing highly emotional situations, *A Small, Good Thing* is a rich narrative in terms of arousing our emotional memories through some human-like emotions. As my essay discusses, Carver's narrative evokes readers' emotions, particularly cognitive empathy, through representation of both the characters' affective states and a worldly familiar concept, death, and the universal human-like reaction, sadness, it elicits. The narrative shows the way positive human-like emotions are obtained or constructed between the protagonist and the other characters. The antecedent emotions like anger, fear, and sadness finally retreat or are at least controlled by the characters' capacity for empathy (both cognitive and affective). As a result of being exposed to such emotional transactions in the

narrative, the readers of Carver's narrative, as this essay argues, can show cognitive empathy to the central character's situation.

COGNITIVE AND AFFECTIVE EMPATHY IN CARVER'S NARRATIVE

Empathy is a modern English word coined in the early twentieth century as a translation of German word *Einfühlung* (Hammond and Kim 2014: 5, Keen 2007: 4). According to Hammond, "*in Einfühlung, the in-feeler experiences her own subjective mental activity as if it originated in the object of her attention, leading to an experience of oneness*" (2014: 214). Empathy is, however, "*a diffuse concept whose definition is a matter of considerable debate*" (Hammond and Kim 2014: 1). Keen defines empathy as a "*vicarious, spontaneous sharing of affect [. . .] provoked by witnessing another's emotional state, by hearing about another's condition, or even by reading,*" and "*an emotion [in which] we feel what we believe to be the emotions of others*" (2007: 4, 5).

Empathy, therefore, has two aspects—cognitive and affective. Cognitive empathy is a kind of mind reading capacity or perspective taking ability referring to a person's conscious ability to "*discern the thoughts and feelings of others*" (Roszak 2014: 151). According to Daniel Batson, the term is used either as the experience of "*knowing another person's internal state*" or "*imagining how one would think and feel in another person's situation*" (2009: 4, 7). In contrast, affective empathy (also called emotional or primitive empathy) is a mostly unconscious and automatic drive referring to a definition that considers "*empathy as an affective response that stems from the apprehension or comprehension of another's emotional state or condition, and which is similar to what the other person is feeling or would be expected to feel*" (Eisenberg and Eggum 2009: 71). Affective empathy, as Roszak holds, "*can be conceived of as a particular type of emotional response to the feelings of others: the experience of feeling as the other person does*" (2014: 151). Therefore, the idea of empathy as fellow feeling is associated with the affective responses or the ability to share the other people's emotional states or identify with them.

Empathy and sympathy are interconnected, but independent, emotions. While empathy is a modern concept, its precursor sympathy "*stretches back at least to the Ancient Greeks, who gave us the name for 'suffering together' (συνπάθεια or sumpatheia)*" (Hammond and Kim 2014: 2). Sympathy is an altruistic emotion. Unlike empathy, it refers to the ability to feel "*a supportive emotion*" (Keen 2007: 5) about the other people's feelings or to understand their emotional states. In Howard Sklar's words, while "*the most salient characteristic in many definitions of empathy is the absorption of the individual in the feelings or experiences of another, [. . .] sympathy involves greater distance between the individual who feels it and the person towards whom it is directed*" (2013: 24-26). This distance enables the sympathizer to recognize the suffering of the sympathizee. Sklar, therefore, suggests that sympathy involves the following:

1. Awareness of suffering as something to be alleviated.
2. Frequently, the judgment that the suffering of another is undeserved or unfair.
3. "Negative" feelings on behalf of the sufferer.
4. Desire to help (2013: 53).

"Each of the four components of the definition of sympathy," according to Skylark, "*may be said to contribute to a particular instance or expression of sympathy, but to varying degrees, depending on the situation, the sympathizer, the 'sympathizee,' and so forth*" (2013: 54). As a result of her sympathetic response, a reader's "*expression of sympathy may take different forms, such as: concern, sorrow, sadness, outrage, pity, caring*" (Sklar 2013: 54). The situations in *A Small, Good*

Thing, discussed in this paper as cognitive types of empathy, share some common characteristics with the concept of sympathy, the only difference being a lack of (implied) judgement or moral evaluation on the side of the characters about each other's situations. Therefore, cognitive empathy is preferred to sympathy in this study since the characters' effort to discern or be aware of each other's affective states or take each other's perspectives is the main concern in Carver's narrative.

In this essay, I argue that while *A Small, Good Thing* portrays both types of empathy, cognitive and affective, between the characters, it mostly provides the stage for cultivating cognitive empathy between the readers and the characters. That is so because affective empathy, unlike cognitive empathy and sympathy, is an automatic mental activity which enables a person to experience exactly the same emotion experienced by the other person or character. Moreover, affective empathy functions based on a similar personal experience without which a person can hardly apprehend another person's, or character's, mental state or condition. My hypothesis is based on the assumption that most of the readers of this narrative have not experienced a similar situation experienced by the fictional couple.

The reader's cognitive empathy for Ann is activated through manipulation of the narrative situation or shifts from the narrator's omniscient focalization to the characters' inside views (or internal focalizations) and direct speech. Furthermore, the narrative elicits the readers' cognitive empathy through a sense of sharing aroused in them by representation of a human-like emotion or the central character's sorrowful situation. Ann's inside views about her husband and the Negro family are examples of her affective empathy or her ability to share feeling with them. Her understanding is based on the similarity she finds between her own state and theirs. She does not project herself onto their situations; instead, she discerns their mental states due to their shared situations and experience. Ann's ability to identify that Howard's mental state regarding their son's situation should be similar to her own mental state demonstrates her ability to understand his affective states. Such emotional appraisals are boosted throughout the narrative by representation of positive emotions, like sorrow, sadness, and grief. Likewise, in addition to Dr. Francis's fellow-feeling or his ability to show his feeling for Ann's state, the childless baker's effort to understand the Weises', or Howard's and Ann's, situation through imagining what it might be like to lose one's own child shows the significant role of identifying other people's emotions in changing perspectives and alleviating suffering. Such inter-subjective feelings through the narrative can incite the narrative readers' affection or provoke their impulses. These emotions are considered positive because, following the reflection they cause, a positive change occurs in the character's evaluation of the negative events. As a result, these emotions play a constructive function in the subsequent situations since they lead to more positive emotions. Carver's plot, accordingly, portrays how Ann shows and develops empathy through such emotions, which "*are universal and inevitable aspects of the human experience*" (Bonanno et al. 2008: 797). Moreover, the story's plot shows how such a developed emotion connects her to the other characters, particularly to the baker, as well as to the reader.

PORTRAYAL OF AFFECTIVE EMPATHY

Affective empathy in *A Small, Good Thing* is mainly represented through the protagonist, Ann. She is able to identify her husband's mental state and understand that they both experience the same feeling. Similarly, this type of understanding connects her to

the Negro family to whom she finds herself voluntarily attached. As a result of her emotional experience throughout the narrative, the nature of Ann's emotions develops from a dis-approval state at the narrative's beginning to an approval state at the end. The distinction between the two different emotions "*is basically a distinction in the evaluative aspect of different emotions*" (Lyons 1980: 90). Lyons argues, "*Emotions such as love, joy and admiration seem to include an evaluation of their object which can be classed as a pro-evaluation or approval. Emotions such as hate, contempt and revulsion clearly include an evaluation of their object which is disapproving*" (1980: 90). Ann's inner evaluations about the baker and her own husband show the way she disapproves of them. Her feelings about them, however, are modified by her affective appraisal of their situations. The narrative, therefore, portrays Ann's development into the approval phase mostly through her involvement with the others as she "*accomplishes*" this transition by "*listening*" to the other characters' "*suffering*" (Facknitz 1986: 291). Such an emotional transformation shows a movement from such negative emotions as hate, contempt, and revulsion to love, joy, and admiration.

Along with Ann's experiences and cognitive transformation, we also undergo a cognitive process of evaluation mainly because of the mode of representation and because the represented events and situations are similar to our worldly experiences. This is in line with the appraisal theory of emotion's emphasis on the subjective nature of the affective appraisal of an event, situation, or scene. As Oatley understands, modern appraisal theory

holds that if an event indicates that one of our goals or concerns is proceeding well, we experience a positive emotion, perhaps happiness. If an event impedes a concern, we experience a negative emotion. If a goal is blocked and we see someone else as responsible, we tend to feel angry with that person. If a goal is lost irretrievably, especially if no-one is responsible, as when a loved one dies of an illness, we feel sad. An emotion, then, is a special kind of thinking about what we make of an event (2004: 42).

Carver's narrative portrays the characters' different affective appraisals of the same narrative situations. In the beginning of the narrative, Howard and Ann feel satisfied with their life. The narrative plot, however, mainly relies on Ann's different affective appraisals of some narrative situations. Their child's fatal accident changes their life state by affecting them, particularly the mother, negatively. Moreover, her internal evaluation of the baker's behaviour at the narrative's beginning gives rise to some negative emotions in her. In the final bakery scene, their feeling of anger/panic, on the verge of rage, elicited by the baker's repetitive intruding calls, slowly reverses into a more positive feeling, which initiates a change in their perspective toward the baker and his actions. This experience helps Ann, and also Howard, control their pain and sadness. Therefore, in Carver's story, the progression of narrative plot is mainly actualized through a representation of emotional actions and reactions to them.

A Small, Good Thing is a sad story that elicits sadness from the central character by centring on a great loss. Sadness, however, has a significant role in modifying the character's more negative feeling, anger, against the baker. Ann's personal sadness expands her emotional capacity to, on the one hand, overcome her own anger against the baker and, on the other hand, sympathise with his sadness. Unlike anger, sadness is the result of an internal attribution, it encourages the character to reflect upon her own situation and, in this way, find a way to cope with that situation. Differentiating the two in this way, Oatley argues the following:

Anger and sadness are both forms of distress. If anger focuses on the outer world and what to do about a humiliation or hurt, sadness focuses on the inner world and on our own responsibility for what happened. Sad stories encourage us to reflect not only on the situation in the story, but on our own life (2012: 93).

Referring to experimental studies, Oatley concludes that sadness is a “reflective emotion” (2012:101) that leads to other emotions. This resembles the situation in Carver’s story. Ann’s subjective evaluation of her situation finally gives rise to other, in her case more positive, emotions. Along with her, we also undergo an emotional change from sadness to the satisfaction of forgiving through discerning or knowing the characters’ mental states.

Ann belatedly understands Howard shares the same pain, or mental state, with her. Howard is a taciturn character whose feelings and perceptions about their son’s deeply traumatic accident are represented through internal focalisation. On his way home, he subjectively evaluates the situation. Unlike Ann, he controls his negative emotions through positive thinking and reasoning. The internal focalisation enables us to observe Howard’s pathetic situation when he tries to be in control of his pain:

For the first time since the terrible minutes after Ann’s telephone call to him at his office, he felt a genuine fear starting in his limbs. He began shaking his head. Scotty was fine, but instead of sleeping at home in his own bed, he was in a hospital bed with bandages around his head and a tube in his arm. But this help was what he needed right now (Carver 2015: 312).

His introvert character, however, stops him from sharing his feelings with Ann. Nevertheless, by applying free indirect mode of thought representation, the narrator renders to us Howard’s evaluations of his life both before and after the accident. When he leaves the hospital after locating Ann and Scotty, readers are presented with his inside views revealing how he felt happy and lucky before that time: “his life had gone smoothly and to his satisfaction” (Carver 2015: 310). At the same time, they see how he is frightened by that event: “His left leg began to tremble. He sat in the car for a minute and tried to deal with the present situation in a rational manner” (Carver 2015: 310). Howard, however, fails to show his feeling to Ann, which negatively affects her emotional appraisal of the situation. His indirect care for her is insufficient to build an empathic bond between them. However, when Howard physically gets closer to her, her mood is positively affected afterwards: “Howard put his hand against the back of her head. He ran his fingers through her hair. ‘He’s going to be all right. He’ll wake up in a little while. Dr. Francis knows what’s what’” (Carver 2015: 311).

Through being aware of Ann’s mental state, Howard begins to show his own concerns about their son more plainly. In this way, the more their sadness binds them together, the more Ann’s evaluations change positively. Shortening the physical distance between them helps them to move toward affective empathy:

Howard sat in the chair next to her chair. They looked at each other. He wanted to say something else and reassure her, but he was afraid, too. He took her hand and put it in his lap, and this made him feel better, her hand being there. He picked up her hand and squeezed it. Then he just held her hand. They sat like that for a while, watching the boy and not talking. From time to time, he squeezed her hand. Finally, she took her hand away (Carver 2015: 314).

Although Howard’s physiological responses can be read as the signs of his shared pain and empathy with Ann, they do not considerably influence her affective state. Being unaware of Howard’s inside views, Ann, nevertheless, expects him to share his feelings about the situation verbally. When she asks Howard to pray for their son and he says he

already has, for the first time, she feels reassured that they share the same pain. It is with this knowledge that her pessimistic evaluation of the situation begins to move gradually toward more mild or positive emotions. In other words, Howard's reassurance helps her to both control the sadness that has affected her deeply and re-evaluate the situation. Therefore, as we are told, Ann "*felt they were together in it, this trouble. She realized with a start that, until now, it had only been happening to her and to Scotty. She hadn't let Howard into it, though he was there and needed all along. She felt glad to be his wife*" (Carver 2015: 314-315). Such a reassuring feeling helps, and in fact prepares, Ann to tolerate the climax of their tragedy, or their son's death. Moreover, the reassurance helps her re-evaluate the situation through her effort to cope with it rather than pointlessly rejecting it.

Ann's readjustments of her evaluations or her tendency to develop human empathy is also shown in the Negro family scene. While she is leaving the hospital to go home, she "*seemed to need to explain herself*" (Carver 2015: 319) to the Negro family. Sorrow, which "*tends to provoke empathy*" (Hogan 2011: 64), is their common denominator. There, as emphasised by Gearhart, "*the characters share their pain and experience. Much of this occurs through verbal interaction but not without some key nonverbal prompting*" (1989: 440). Ann's desire to articulate her feelings and tell them about Scotty's accident, after learning about the family's son being on the "*operating table,*" demonstrates her deep affective empathy with the family: "*She had an urge to [. . .] talk more with these people who were in the same kind of waiting she was in. She was afraid, and they were afraid. They had that in common*" (Carver 2015: 320). The emotional exchange with the family arouses Ann's affection. Moreover, the scope of her emotional attachment with the family is so great that she remains preoccupied with this experience for a long time because she is familiar with a similar type of emotion. In other words, by now, she knows what having a child on the verge of death is like. Therefore, more than generating a similar mental state through distance or sympathising with them, an imitative kind of emotion automatically resonates in Ann's mind. In other words, she falls into their mental state.

CULTIVATION OF COGNITIVE EMPATHY

Cognitive empathy in *A Small, Good Thing* is represented through the minor characters—Dr. Francis and the baker. As a result of the Weises' pathetic situation, Dr. Francis and the Baker try to show their empathy to Ann and Howard mainly by identifying with their feelings. Dr. Francis is the doctor responsible for Scotty. He has given Ann and Howard hope about their son's recovery, that he is not in a coma and he will come around soon. When, Dr. Francis tells them that Scotty died because of a rare "*hidden Occlusion,*" Ann's reaction shows her heartfelt emotional experience at that moment, "*She began shaking her head. 'No, no,' she said. 'I can't leave him here, no.' She heard herself say that and thought how unfair it was that the only words that came out were the sort of words used on TV shows where people were stunned by violent or sudden deaths. She wanted her words to be her own*" (Carver 2015: 325-326). This narrative moment, as pointed out by Alexander Styhre, has the capacity to "*induce an emotional response from most humans and certainly all parents*" (2017: 181). Dr. Francis tries to show Ann and Howard how he is sorry for them and feels their pain: "*Dr. Francis was shaken. 'I can't tell you how badly I feel. I'm so very sorry, I can't tell you,' he said as he led them into the doctors' lounge*" (Carver 2015: 325). He tries to show Ann he is able to recognize her suffering or painful mental state: "*Dr. Francis guided Ann to the sofa, sat down beside her, and began to talk in a low, consoling voice. At one point, he leaned over and embraced her. She could feel*

his chest rising and falling evenly against her shoulder. She kept her eyes open and let him hold her" (Carver 2015: 325). Despite his efforts, Ann cannot understand him. When he asks them "'Is there anything else I can do for the moment?'" before leaving the hospital, we are told that "Howard shook his head. Ann stared at Dr. Francis as if unable to comprehend his words" (Carver 2015: 325). Dr. Francis's empathic behaviour, however, finally seems reassuring to them. As it is shown in the following scene, mostly focalised through Ann's perspective, Dr. Francis tries to soothe their pain by reassuring them about his awareness of their painful situation:

Dr. Francis put his arm around Howard's shoulders. 'I'm sorry. God, how I'm sorry.' He let go of Howard's shoulders and held out his hand. Howard looked at the hand, and then he took it. Dr. Francis put his arms around Ann once more. He seemed full of some goodness she didn't understand. She let her head rest on his shoulder, but her eyes stayed open. She kept looking at the hospital (Carver 2015: 325).

Cognitive empathy in the baker's case changes the characters' perspectives toward each other. The baker's presence in the narrative shows the power of empathy and the possibility of misinterpretation of intentions without it. More than any other character in the narrative, the baker's behaviour evokes Ann's appraisals both before and after her son's fatal accident. Ann and the baker encounter each other twice in the narrative—at the beginning and at the end. When she first goes to the bakery to order Scotty's birthday cake, the narrative situation shifts between the narration of the omniscient narrator and the internal focalisation of the characters Ann and the baker. The narrative, in this way, provides us with the characters' inside views or reflections, as well as the way they evaluate the same situation quite differently. At this point in narrative, we might not be able to feel (cognitive) empathy with either of the characters since they both find each other violating their moral principles. The omniscient narrator, however, manages to control our emotional reactions through representing Ann's more realistic inside views, while at the same time withholding our empathy from the baker through his repulsive reflection. As a result, our evaluative emotions elicited by this scene are closer to Ann's subjective evaluation and her conclusion that a wide rift exists between her perceptions and those of the baker's. Such opposing feelings foster our interest in following Ann's story and our emotional distance from the baker. Ann and the baker, nevertheless, remain unaware of each other's inside views.

Moreover' during their first meeting, while ordering the cake, Ann desperately attempts to open a dialogue with the baker. Despite that, the baker only listens "*without saying anything*" (Carver 2015: 308). His reluctance to show any sign of interpersonal interaction with his customer is illustrated in the way he listens to her words: "*He wiped his hands on his apron as he listened to her. He kept his eyes down on the photographs and let her talk. He let her take her time. He'd just come to work and he'd be there all night, baking, and he was in no real hurry*" (Carver 2015: 308). Ann's subjective evaluation of this situation, on the one hand, represents the degree she finds the baker's behaviour inappropriate. On the other hand, it reveals her interest in others and in interpersonal interactions. Following such expectations, she ascribes reasons for the baker's behaviour as she finds her own values and interests at risk. As a result, she continues thinking about the baker's behaviour: "*The baker was not jolly. There were no pleasantries between them, just the minimum exchange of words, the necessary information. He made her feel uncomfortable, and she didn't like that*" (Carver 2015: 308).

The more she thinks about her first experience with the baker, the more she is affected. Following such appraisals, her attitude about him changes negatively, although she tries to control her internal anguish through some justifications: "*But he was abrupt with her—*

rude, just abrupt" (Carver 2015: 308). Subjective (re)evaluation of the situation, however, finally leads her to a fundamental decision: *"She gave up trying to make friends with him"* (Carver 2015: 309). In other words, her action or behaviour is the result of her subjective evaluation. She even shifts her attention from the baker to the space: *"She looked into the back of the bakery and could see a long, heavy wooden table with aluminum pie pans stacked at one end; and beside the table a metal container filled with empty racks. There was an enormous oven. A radio was playing country-western music"* (Carver 2015: 309). Her close attention to the details of the place implies her disappointment about her communication with the baker. This knowledge will help her to identify the baker as the telephone intruder, bringing about their second encounter.

Since Ann has not gone to the bakery to take Scotty's birthday cake in the past three days, the baker, not knowing what happened to their son, has been continuously intruding on them by calling. Ann finally recognizes the identity of the caller from the radio sound and, with Howard, goes to the bakery at midnight. When the baker opens the door for them, we are told, *"She clenched her fists. She stared at him fiercely. There was a deep burning inside her, an anger that made her feel larger than herself, larger than either of these men"* (Carver 2015: 329-330). The physiological symptoms show the degree to which Ann feels angry. Her evaluation of the baker's intention of intruding on them, however, is coloured by her previous subjective (re)evaluations of the baker's behaviour. Although her anger is on the verge of changing into rage, she is able to control her negative emotion. When the baker's reaction encourages her to share her pain with him or *"voice an unspeakable grief"* (Facknitz 1986: 291), her evaluation of the baker and his intentions changes. Following that, her anger *"dwindles"* as well: *"Just as suddenly as it had welled in her, the anger dwindled, gave way to something else, a dizzy feeling of nausea"* (Carver 2015: 330). Her emotions, therefore, are controlled by her affective appraisals of the outside factors. Moreover, as it is revealed by some physiological transformations, *"She leaned against the wooden table that was sprinkled with flour, put her hands over her face, and began to cry, her shoulders rocking back and forth,"* Ann finally overcomes her negative feelings about the baker since she no longer blames him for her own catastrophe. Instead, she addresses her own fate, *"'It isn't fair,' she said. 'It isn't, isn't fair'"* (Carver 2015: 330).

In their second meeting at the narrative end, when the focalisation is external, the baker's thoughts are mainly represented, and this time, Ann remains in a companionable silence. Here, we share a high level of cognitive empathy mainly portrayed through the baker. Along with Ann, our antipathy for the baker is replaced with our (cognitive) empathy. Therefore, forgiving is a natural consequence of Ann's, and thus our, emotional transformation. Ann's readiness to listen to the baker's sad life story is enhanced by her own sadness throughout her son's hospitalization and death. Likewise, her self-expression provokes the baker's sincere expression of inner feelings. As a result, their mutual evaluations of each other's situation are affected positively by their *"confrontation"*, which according to Gearhart, *"leads to the baker's examination of his own pitiful existence and to the subsequent scene of forgiveness and reconciliation"* (Gearhart 1989: 440). Therefore, they both move toward positive emotions through sharing each other's cognitive states. Having heard about her son's death, the baker's evaluation of her situation becomes more empathic:

"Let me say how sorry I am," the baker said, putting his elbows on the table. "God alone knows how sorry. [. . .] But I'm deeply sorry. I'm sorry for your son, and sorry for my part in this," the baker said. He spread his hands out on the table and turned them over to reveal his palms. "I

don't have any children myself, so I can only imagine what you must be feeling. All I can say to you now is that I'm sorry. Forgive me, if you can," the baker said. "I'm not an evil man, I don't think. Not evil, like you said on the phone. You got to understand what it comes down to is I don't know how to act anymore, it would seem. Please," the man said, "let me ask you if you can find it in your hearts to forgive me?" (Carver 2015: 331)

The baker's discourse shows how he tries to understand the Weises' situation. His plea for forgiveness and his effort to show he is sorry for their son's death provoke Ann's and Howard's empathy toward him as well. As a result, although Ann and Howard are "tired and in anguish" (Carver 2015: 332), they listen carefully to his story of "loneliness and of the sense of doubt and limitation" (Carver 2015: 332). The more the baker talks, the more their evaluation of him is affected in a way that "they did not think of leaving" (Carver 2015: 332). This brings about a real interaction with co-understanding between them at the end. While the baker tries to give them the impression of feeling the depth of their pain, they show their willingness to imagine themselves in the baker's place: "They accept his life story as consolation, and while eating and listening achieve communion" (Facknitz 1986: 292). In other words, under the influence of the baker's words, they take his perspective and are able to re-evaluate their understanding of him. Accordingly, their negative feelings are gradually replaced with positive emotions since, as pointed out by Richard Rankin Russell, "breaking bread and drinking together offers the solace of community in the midst of grinding loneliness and pain that promise to continue after" (2016: 195) the story end.

The obtained mutual understanding between the Weises and the baker, therefore, helps them share their emotional sphere, resulting in their exchange of feelings or, as Harold Bloom states, the story "concludes with a moment of communion over a birthday cake baked for a dead child" (2002: 41). Such an ability to be in harmony with the other(s) and to cooperate socially is the result of the newly constructed emotions, such as love and empathy, between them, which, as Lyons points out, potentially bring "people together harmoniously because they give rise to desires to be with people and to help them, and so frequently to sociable and altruistic behaviour" (1980: 97). Similarly, the baker's empathic discourse and positive evaluation of their situation "facilitate their [Ann's and Howard's] healing" (Gearhart 1989: 446).

CONCLUSION

The progression of the narrative plot in *A Small, Good Thing* depends on the representation and activation of the characters' emotions, such as cognitive and affective empathy. With the help of her affective empathy, Ann discovers the fact that Edward shares with her the same mental states concerning their son. Moreover, she quickly finds herself engaged with the pathetic state of the Negro family. Ann communicates with them by sharing their feeling. This helps her to come to terms with her own painful suffering as well. Likewise, cognitive empathy acts as a bridge between the characters' mental states. The narrative shows how a lack of mutual knowledge and understanding about each other's situations can hinder feelings of (cognitive) empathy. Dr. Francis's ability to recognise Ann's mental state helps him to console her effectively, which in turn helps her to control her shock. Similarly, Ann's implied experience of a perspectival change toward the baker is a result of the baker's emotional skill. The baker's effort to show Ann and her husband his pitiful awareness about the nature of their suffering changes their emotions about him from disapproval to approval.

In accordance with the definition of empathy and its kinds, *A Small, Good Thing* has potential to elicit our cognitive empathy about the characters', particularly about Ann's, situation. Through the adjustment of our distance from the characters, or by manipulation of the narrative situation, Carver's narrative is successful at transferring the cognitive level of the characters' emotions to us. All the central characters try to understand each other through their effort to imagine each other's point of view. The narrative, therefore, evokes our cognitive empathy with the characters since it informs us about the nature of Ann's pain, the reason she becomes emotionally attached to her husband and to the Negro family, the way Dr. Francis consoles her, and the emotional effect of the baker's personal story on Ann's and Howard's mental states and evaluations. At the end of our reading experience, although we know that we cannot decrease Ann's suffering, the narrative discourse, however, helps us to imagine the full scope of her pain, or to develop a cognitive empathy feeling between us and the central character(s).

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