

Pre-recorded video interviews for empathic development in EFL education

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Introduction

Within EFL education there is a growing recognition that for L2 learners to attain advanced levels of proficiency, cultural competency, sometimes referred to as *intercultural competence* (IC), is also required. Although no definitional consensus exists, broad agreement has formed around the idea that IC involves “understanding others’ worldviews” (Deardorff, 2006, p. 249), and “the ability to see the world through the others’ eyes” (Sercu, 2005, p. 2). IC involves the empathic ability to engage in perspective taking from outside one’s worldview, to consider issues and interactions from the standpoint of people from other cultures. This research argues for the development of such empathic ability as a learning objective within EFL curricula, and the capacity for video narratives (interviews) as a vehicle through which to achieve this goal.

In arguing for the above, this research will present studies in which video media have been used to develop learner empathy, as well as research from medicine, a field where facilitating empathy acquisition has been a long-standing learning objective. Finally, the applicability of employing prerecorded narrative interviews will be introduced, after which it will be possible to discuss the state of empathy research within EFL education.

Empathy defined

Empathy is a popular, if often misunderstood, concept. A cursory keyword search on bookseller Amazon's website reveals that works with empathy in the title have steadily increased, with over 5,000 books published between January 2021 and March 2022 alone. Whatever empathy is it appears to be of growing societal value in the English-speaking world.

Within the field of foreign-language education, discussions of empathy are fraught with misunderstanding, as evidenced in such amorphous terms as *cultural empathy*, and in phrases such as *a spirit of empathy*. Before proceeding further, a precise understanding of empathy will be necessary.

In psychology, empathy is generally understood as consisting of two sets of processes: cognitive and affective. Cognitive empathy, characterized by Goldie (2000) as “a process by which a person centrally imagines the *narrative* (including the thoughts, feelings, and emotions) of another person” (p. 195), involves the ability to discern, to varying degrees, the thoughts and feelings of others. In short, it is our ability to *think* ourselves into another's mental state. In its simplest form, it involves reading body language, while more complex forms of perspective taking involve imagining how one would feel in the situation of another, to imagining how *others* think and feel in *their* shoes.

Affective, or emotional empathy, by contrast, is defined by Eisenberg and Strayer (1987) as “an emotional response that stems from another's emotional state or condition and that is congruent with the other's emotional state or situation” (p. 5). Differing from sympathy, which involves how another's suffering makes one feel, affective empathy involves the matching of one's emotional state to that of another person's (Feshbach & Roe, 1968).

Affective responses to engaging in cognitive empathy include *emotional*

contagion, *emotional distress*, and *empathic concern*. Hodges and Myers (2007) explain the three phenomena as follows:

The first [component] is feeling the same emotion as another person.... The second component, personal distress in response to perceiving another's plight.... The third emotional component, feeling compassion for another person, is the one most frequently associated with the study of empathy in psychology. (p. 296)

The experiencing of empathic concern has been correlated with the experiencing of pro-social attitudes and behaviors towards members of other groups, and even towards groups as a whole (Hodges & Myers, 2007).

The studies introduced in this research are primarily concerned with the development of the cognitive processes of empathy, in particular the ability to engage in perspective taking—the skill to step outside of one's worldview and into that of others. As a departure point, this research will consider the general use of video as an educational tool.

Video media in education

In recent decades, video media have come to be seen as an effective educational tool. Nowhere has this trend been more prevalent, than in the field of medicine, where researchers have attempted to measure the effectiveness of video-based interventions to achieve learning objectives (see Kuhnigk et al., 2012; Shankar, 2019; Gorryng, Loy, & Spring, 2014; Cambra-Badii et al., 2020). In describing the use of film for medical education, Dave and Tandon (2011) identify several benefits of employing film in educating medical students specializing in psychiatry. Unlike traditional didactic teaching, video media stimulate auditorily and visually, and are often more memorable. Furthermore, "films offer a

resource to teach about sensitive clinical issues... in a safe and ethically uncomplicated environment” (p. 302), offering reduced stress when compared with physical encounters (e.g., with patients; with members of other cultures). In addition, when compared with physical encounters, videos often contain a more complete presentation of individuals (e.g., of a patient’s treatment; of an individual’s life story). Finally, video educational interventions “offer students multiple perspectives on illness not usually seen in short psychiatry placements, for example those of a wider network of carers or of transcultural issues” (David & Tandon, 2011, p. 302), and have the added benefit of being able to be paused and rewatched to emphasize learning objectives or engage in group discussions. The use of films in education, called *cinemeducation*, has become a growing feature of medical curricula (see Alexander, Lenathan, & Pavlov, 2005).

In constructing an experiential learning theory, Kolb (1984) presented a holistic model of learner development where learning is understood as “the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience” (p. 41). In addition to abstract conceptualizations, for Kolb, experiences followed by reflective observation and active experimentation are also necessary. Kolb’s (1984) Learning cycle models learning as a process that begins with meaningful experiences, from which learners can draw observations, reflect, and conceptualize, before demonstrating understanding through experimentation. Video interventions are one way to provide *substitutional* experiences which are foundational to the learning cycle.

Within the field of medicine, the use of videos to facilitate experiential learning reflects a shift in education: from knowledge-based to *competency-*

driven, where learning objectives describe a performance ability to be acquired by the learner, such as to communicate empathetically with patients and caregivers (Dave & Tandon, 2011). The inclusion of empathetic communication as a competency and as a learning objective are germane to this research, which will argue for the efficacy of developing EFL learner empathic ability through video.

Empathy acquisition through video media

In researching empathic processes, video media have been variously employed. In constructing an empathy altruism hypothesis, Daniel Batson (2015) has conducted multiple experiments in which subjects were asked to view and respond to videos of individuals in various emotional states and life situations (for an example see Batson, Duncan, & Ackerman, 1981). Similarly, videos have been used to successfully elicit empathy in research linking the experiencing of empathy (in relation to video content) and an oxytocin response linked with prosocial behaviors, including generosity towards strangers (Barraza & Zak, 2009).

Empathic ability in learners may be both difficult to identify and measure; yet it becomes glaringly obvious in individuals whose ability to empathize is impaired: people with autism. According to Baron-Cohen and Wheelwright (2004):

Empathy allows us to understand the intentions of others, predict their behavior, and experience an emotion triggered by their emotion. In short, empathy allows us to interact effectively in the social world. It is also the “glue” of the social world, drawing us to help others and stopping us from hurting others. (p. 163)

In cases of individuals with autism spectrum disorder (ASD), cognitive

empathic ability, the ability to read visual cues, to imagine others' mental states, and to take alternate perspectives is impaired, inhibiting effective social interaction.

Video interventions have been developed to help individuals with ASD “practice” empathy. Josol, et al. (2022) reported the results of the use of video media to assist adolescents with ASD to respond empathetically during conversation. Trimmer, McDonald, and Rushby (2017) employed videos containing emotionally distressing video scenes to gauge ASD individuals' ability to respond empathetically. Schwenck et al. (2011) similarly employed film stimuli to analyze and understand deficits of empathic ability in children with ASD.

Of course, the use of video to study effects on learner empathy are not restricted to individuals with ASD. Tremblay and Harris (2018) had participants record and produce videos (referred to as participatory videos, PV) to increase knowledge of and empathy towards issues related to water supply. The researchers worked with teams of Ghanaians, who went into areas dealing with issues related to water safety and supply, to conduct video interviews with inhabitants that were later shown to policy makers, among others. For the researchers, the benefits of engaging in the PV process went beyond achieving a more detailed understanding of a particular social issue. The PV process allowed participants to experience and express an “enhanced sense of empathy and understanding for others in their community” (p. 181). Tremblay and Harris explain:

[R]eflecting on the PV process in this project, many of the participants revealed a new understanding, and greater feelings of empathy in relation to their neighbours' struggles with access to water and sanitation. (p. 179)

Projects such as this demonstrate the potential of video for empathic development, in addition to social transformation.

Video production, presentation, and post-viewing reflection are at the center of the concept of *digital empathy*, which Friesem (2016a) defines as “the cognitive and emotional ability to be reflective and socially responsible while strategically using digital media” (p. 146). Similar to Tremblay and Harris’ research, Friesem invites learners to engage meaningfully with social issues by involving them in the process of creating videos, suggesting that “there is an aesthetic, psychological, communicative, and educational experience during video production” (2016b, p. 25).

Friesem’s approach to empathic development in learners echoes Kolb’s (1984) learning cycle in that it understands empathy acquisition as a primarily experiential, rather than conceptual, process. Gordon (2009), who was involved in the creation of The Start Empathy Toolkit, a resource providing perspective-taking activities for children 3-13, similarly claims that empathy, rather than something to be taught extrinsically, needs to be experienced for intrinsic development to take place. Friesem’s digital-media-based approach involves all facets of the digital creative process (preproduction, production, post-production, and screening), and as such represents a comprehensive experience for learners. Friesem (2016b) also indicates a growing reality for educators teaching in an increasingly digital environment: that digital media “has changed the way people interact with each other online and offline” (p. 30), which will necessitate curricular changes if curricula are to be relevant and efficacious.

The following section introduces research in which a process of video viewing, followed by various combinations of reflective exercises and discussion, has been employed to achieve a specific learning objective: to

facilitate learner ability to empathize with individuals with whom they differ.

Video media, empathy, and medical education

As previously noted, the field of medicine has long recognized the importance of health workers' ability to empathize with patients in order to provide superior care, to the point where the concept of the value of empathy to health care practice is no longer controversial (Bearman et al., 2015). What has transpired in medicine is nothing less than a paradigm shift in the approach to patient care. Hardee (2003) explains:

Unfortunately, many physicians were trained in the world of “Find it and Fix it” medicine, a world where empathetic communication was only an afterthought—if this behavior was considered at all. Empathy was known as “bedside manner,” a quality considered innate and impossible to acquire—either you were born with it or you weren't. More recently, greater emphasis has been placed on empathy as a communication tool of substantial importance in the medical interview, and many experts now agree that empathy and empathetic communication are teachable, learnable skills. (p. 51)

Beginning in the previous century, recognition has grown regarding the importance of doctors' ability to listen to patient narratives, and that doing so “opens a window of opportunity to empathic engagement” (Hojat, 2016). From such engagement comes an understanding of the narrative account of a patient's illness crucial to providing correct diagnoses and treatment. Empathic engagement with patients is more than simply providing sensitive care. According to Ratka (2018), “(t)he correlation between empathy of health care providers and improved patient adherence, satisfaction, and treatment outcomes is well-established” (p. 1140).

This notwithstanding, educators struggle to help future doctors, nurses, and health care workers acquire the empathic skills they understand to be essential to providing quality care. Heidke, Howie, and Ferdous (2018) elaborate:

It is a challenge for educators to teach empathy about a particular population group without the lived experience of the people central to the interaction. Without the understanding of what it is like to be vision impaired, or homeless, or be a migrant from another country, it is difficult for a teacher to legitimise such situations in transforming knowledge. Exposing students to the various population groups they may ultimately be caring for, and allowing them to hear the stories and lived experiences of people, has the power to transform students to adopt an empathic stance... (p. 31)

Despite the crucial nature of *lived experiences* for skills acquisition in curricula focused on competency-centered learning objectives, facilitating such experiences within the parameters of medical curricula poses a significant hurdle for educators. Efficacious or not, it is not always practical to incorporate face-to-face interactions, not to mention a video production component, in order to encourage learner engagement in perspective taking.

One solution is *narrative medicine*, pioneered by Charon (2000), which primarily utilizes written narratives from various perspectives (e.g., patient, physician, the patient's family, etc.) to develop *narrative competence*. Defined by Charon (2007) as "the capacity to recognize, absorb, metabolize, interpret, and be moved by stories of illness" (p. 1265), narrative competence involves not only the skill to listen, interpret, and respond empathically, but also the capacity to engage with patient

suffering morally and responsibly (Montello, 1997).

According to Milota, Thiel, and van Delden (2019), narrative medicine components generally follow a three-step process. Learners engage in a close reading of a selected text(s), followed by a period of reflection in which they are often asked to complete a writing assignment. Such reflection has been connected with improvements in physicians' ability to understand and respond empathically to patients (Shapiro & Hunt, 2003). One example is DasGupta and Charon (2004), who conducted a study in which second-year medical students reported that written reflections improved their ability to both understand and care for patients.

The final step involves learner sharing of personal discoveries and discussions with others. Activities, such as small-group discussions where students present narrative reports of patient encounters, have been promoted as efficacious in enhancing student understanding of the doctor-patient relationship (Branch, Pels, & Hafler, 1998).

This three-step process need not be limited to literature but can encompass stories presented in various media. For example, the activities contained in Gordon's (2009) Empathy Toolkit rely on *storytelling* in a variety of mediums; however, perhaps more important than the medium are the reflective exercises and discussions which follow, as it is through such activities that learners are invited to take alternate perspectives.

With the spread of narrative medicine curricula, educators in medical departments have been quick to realize the potential of video narratives to facilitate learner ability to engage in perspective taking. Heidke, Howie, and Ferdous (2018) created a series of recorded video interviews of health care consumers from various backgrounds (e.g., visually impaired, LGBT, African migrant, Tibetan refugee, etc.), which they used in a course for

first-year nursing students and delivered using a learning management system (Moodle). The authors explain:

The pre-recorded interviews were embedded into the 11 weekly modules of this online course as part of the course learning material. Students were to view them and using self-reflection, were encouraged to comment on how the content influenced their views and share these on the online discussion forum. (p. 32)

The results of this three-step process were positive. Employing an empathy instrument (Kiersma-Chen Empathy Scale, KCES), post-intervention scores showed a “statistically significant increase in students’ empathy towards vulnerable, disadvantaged and stigmatised population groups” (p. 30).

Sweeney and Baker (2018) created videos in which patients related information regarding their hospital experiences, including physician interactions. The videos were used in a module centered around the issue of health care communication from the perspective of the patient. Following viewing, medical students provided written feedback and engaged in facilitated discussions. Finally, students completed a questionnaire (the Patient-Practitioner Orientation Scale, PPOS). According to the researchers, “[s]tudents reported changes in their approach to patients, including introducing themselves more often, and taking measures to make patients feel more at ease on ward rounds” (p. 336).

Another recent example of a video-based intervention is Ahmadzadeh et al. (2019), who divided 133 medical students into four groups: group A (three-hour communication skills workshop); group B (watch a movie (*The Doctor*)); group C (movie + workshop); group D (no intervention). While groups A, B, and C all displayed improved scores on an empathy

instrument (Jefferson Scale of Empathy, JSE), only groups A and C (workshop; movie + workshop) retained these results one month later. The researchers note that merely viewing an empathy-inducing movie results in transient effects on empathy, whereas the workshop (where students had the opportunity to reflect and discuss content) produced prolonged benefits. Simply viewing a movie, however emotionally evocative, cannot be expected to function as an adequate experience for the development and retention of competencies.

Other studies reinforce this conclusion. Brand et al. (2017), noting the capacity for arts and humanities-based components into medical curricula to promote reflection and empathy, showed a film to first-year medical students (*The Art of the ED*), after which they engaged in individual written reflections. Qualitative analysis of student reflections revealed three main themes: 1) that the film facilitated perspective taking from both physician and patient perspectives; 2) that it fostered understanding of the realities of the emergency department; 3) that it increased awareness of the fragility of life. The authors conclude:

These findings highlight how visual methodologies (like film) create a safe, non-threatening space to access, experience and process emotion around their perceptions towards EM, and to anticipate and emotionally prepare for their impending clinical experience in the ED. These data support the use of visual methodologies to foster reflective processes that assist medical students to integrate the ‘art’ of EM, and the development and commitment of core doctoring values of empathy, service and respect for patients. (p. 433)

Such results underscore the importance of pairing video viewing with post-video reflective exercises.

Video interviews for empathy

While highly produced, emotionally charged films may be predicted to facilitate development of empathic ability, it is necessary to ask what evidence exists for the use of comparatively low-quality video interviews to do the same. The previous section introduced research studies, such as Sweeney and Baker (2018) and Heidke, Howie, and Ferdous (2018), in which interventions consisting of video interviews were reported as achieving positive outcomes. Furthermore, these interviews, rather than being learner-generated, such as the movies produced by Friesem's (2016b) students, were presented by educators and followed by combinations of reflective exercise and discussion. This section explores the specific characteristics of interviews to facilitate empathic development.

The primary benefit of employing interview-centered media is that it affords learners the opportunity to take multiple perspectives during and after viewing. Videos can be paused, rewound, and watched multiple times, unlike physical encounters. Interviews also present viewers with narratives that facilitate character identification, a cognitive state where the learner takes on character perspectives. Character identification elicits empathic responses as learners co-experience narrative events, from which they gain an understanding of character challenges and goals from the perspective of the character (Oatley, 1995).

In this way, perspective-taking functions as a mental form of role play, wherein learners step outside themselves to experience the world from alternate worldviews and life situations. Bearman et al. (2015) conducted a systematic review of 27 studies in health-care-related journals involving the use of role play for the development of empathy in learners. While the authors conclude that "simulation may be an appropriate educational

methodology for developing empathy and/or empathic behaviors in preservice health profession students” (p. 316), they also note that the studies analyzed did not universally improve learner empathic ability. They hypothesize differences in educational design as a partial explanation. Such differences include the fact that not all role plays are alike. While role play exercises generally involve physician/patient interactions, others, such as Koblar et al. (2018) who had medical students role play a surgical procedure, do not always invite learners to engage in a similar degree of perspective taking. Extending learner opportunities to take alternate perspectives through role play exercises can be expected to produce more involved empathic experiences, such as Poorman (2002), who had students of abnormal psychology write brief biographies from the perspective of sufferers of psychological disorders and then role play the characters they developed.

The specific use of interviews for increased understanding and empathy towards others has been variously reported. Sanson-Fisher and Poole (1980) published one of the first studies reporting positive effects to learner empathy from engagement in interviews with simulated and genuine patients. Simpson (1995) found that simulated interviews between journalism students and trauma victims enhanced empathy and increased awareness with symptoms related to trauma and post-traumatic stress disorder. Maggio and Westcott (2014) reported empathic responses resulting from the process of conducting live interviews with migrants. Shea and Barney (2015) reported employing simulated and clinical interviews to train students to empathically engage with patients during suicide risk assessment interviews. A further example is Garcia, Lu, and Maurer (2012), who reported the use of interviews between social workers and professional actors, in which various cultural

scenarios were simulated (e.g., an Orthodox Jewish woman who becomes anxious, angry, fearful, and panicked after being told that her adolescent daughter is pregnant) in order to assist in responding empathically to others from differing cultural backgrounds.

A further example of a successfully designed intervention is Kataoka et al. (2019), who combined lectures on communication and medical interviewing with student role-plays lasting 160 minutes, where all students had the opportunity to role-play both the physician and the patient. Following the interviews, students completed reflections and engaged in discussions. The researchers had students complete the Jefferson Scale of Empathy in each of their six years of medical study, to find that post-workshop JSE scores for the third and fourth-year students significantly improved compared with scores from their first year. However, scores from students' fifth and sixth years displayed a tendency to revert to previous scores, causing the researchers to conclude:

These studies suggest that empathy does not automatically develop in medical students by default; therefore, it is important to design targeted educational programs to enhance empathy in physicians-in-training. (p. 196)

Such results bear consideration. Traditional medical education, in which medical students gain extensive knowledge of patient medical conditions and treatment, cannot be expected to promote empathic development. Brief targeted interventions, while efficacious, may only achieve transient results. A consistent, prolonged intervention is likely required for sustained empathic development to transpire.

The use of interviews—genuine, videorecorded, and simulated through role plays—has been used extensively to help learners increase awareness of and

experience empathy towards others. The following section will consider the pursuit of learner empathy as a curricular objective in EFL education.

Empathy in EFL education

To date, educational attempts to foster empathic ability in EFL curriculum have been minimal (Jiang & Gao, 2020), especially when compared with trends in other fields (e.g., medicine), where educators endeavor to prepare learners for effective communication with individuals/groups to whom they differ.

Despite a paucity of research data, some interesting findings have been published. Dewaele and Wei (2012) conducted a statistical analysis of questionnaires completed by 2158 mono- and multilingual subjects to find a correlation between subjects who frequently utilized multiple languages at advanced levels and higher ability to engage in cognitive empathy. The researchers also emphasize the role of empathy in attaining the proficiency to accurately imitate native speakers. For the FL educator, the necessity of empathic ability in the creation of supportive, emotionally caring environments has been variously noted (Ehrman & Dörnyei, 1998; Walls, et al., 2002).

Developing EFL learner ability to interact with awareness and sensitivity towards members of other cultures (i.e., with the ability to see the world from multiple culture perspectives; to be aware of cultural differences) should be an important learning objective. There are several reasons why this has failed to transpire.

Despite a general consensus, beginning with Sapir (1929) and Whorf (1956), that language and culture is interrelated, and a growing support for the belief that language and culture are optimally acquired as components

in a unified curriculum (Schulz, 2007), educators widely disagree and differ on the question of how cultural components might best be integrated in EFL curricula (Dema & Moeller, 2012). As early as Brooks (1971), who questioned the validity of teaching Olympian culture (i.e., the musical, literary, and artistic masterpieces of a given culture) at the expense of a focus on low culture, the aspects of culture to be taught—as well as *how* to teach them—have remained contentious.

One result has been an over-reliance on information-centric approaches to teaching culture, which Galloway (1981) characterized as the 4-F Approach (folk dances, festivals, fairs, and food), the Tour Guide Approach (the identification of monuments, rivers, and cities), and the Frankenstein Approach (a taco from here, a flamenco dancer from there, a gaucho from here, a bullfight from there).

Educators have recognized the inadequacy of such approaches. In addition to the importance of obtaining cultural knowledge, Brown (1973) listed empathy, which he defined as “the process of putting yourself in someone’s else’s shoes, of reaching beyond the self and understanding and feeling what another person is understanding or feeling” (p. 235), as a critical social factor mitigating language acquisition. Bennett (2005) has similarly argued that cultural knowledge itself does not equate to the ability to function competently in cultural contexts. Byram (1997) describes the accumulation of cultural knowledge as representing a cognitive orientation (i.e., what a learner knows about culture); however, he also stresses the necessity of an *evaluative orientation*, summarized as an awareness and understanding that differences in social norms exist between cultures, and the ability to reflect on such differences from alternate cultural perspectives.

Byram and Bennett have been influential in the creation of the concept of *intercultural competence* (IC), which as previously mentioned, is a concept lacking definitional consensus. Although unsuccessful in her attempt to forge a definition, in surveying 24 post-secondary institutions, Deardorff (2006) was able to identify specific IC components receiving at least 80% support, which she divided into four categories: *abilities, skills, knowledge, and attitudes*.

Curiously, despite the agreement that IC involved seeing the world through the eyes of others (i.e., perspective-taking), Deardorff categorized empathy not as an ability, but as an attitude. Nor is Deardorff alone in this non-psychology-based understanding of the nature of empathy. In fact, such misunderstanding is principally to blame for the underrepresentation of empathy in EFL learning objectives. Although a commonly appearing attribute in research on intercultural competence (Fantini & Tirmizi, 2006), empathy, rather than a skill to be developed for learners to gain increased cultural understanding through perspective taking, is widely considered to be a resulting attitude characterized by toleration, respect, curiosity, openness, and flexibility (for a discussion of the concept of empathy within the field of IC, see Ostman 2019).

Some EFL educators have begun to reverse this trend. One example of a study targeting learner empathy in a university EFL class is Chen (2018), who adopted Friesem's (2016a) *digital empathy* approach by having students engage in video production (pre-production; post-production; screening) in order to examine how such a multimodal experience could assist students in developing empathic ability when engaging others on digital media. According to the author:

The findings showed that the video production process helped

students to recognize the importance of having more empathy when they were online... These results suggest that because students have grown up with digital technologies and are active participants in digital spheres, digital empathy is a good starting point to teach students about important social issues. (p. 50)

This final point echoes Friesem's sentiments and deserves consideration; digital media are increasing *familiar*, requiring minimal introduction or acclimation compared with other media (e.g., literary narratives).

The L2 proficiency of the students in Chen's study were intermediate and above, raising the question of how less advanced learners would respond to such digital interventions. Attempting to develop learner ability to empathize with victims of cyberbullying, Jiang and Gao (2020) had 49 lower-level vocational school students view 3 documentaries dealing with the issue of cyberbullying, after which they engaged in the production of video projects on various social issues related to bullying. In doing so, students were afforded the opportunity to take victim perspectives. The authors relate one student's experience of playing the role of the victim:

In our video I acted as the one who was mistakenly taken as an AIDS patient ... by acting this role I understand how painful it could be as a victim and how the spreading of such news on social media can cause great harm and discrimination. (p. 78)

A practical limitation for educators wishing to employ such video-based approaches as Chen and Jiang and Gao is the requirement for video production equipment, not to mention significant blocks of class time. By contrast, Lasa Álvarez (2017) argues for the use in EFL classes of scenes from reality TV shows (e.g., *The X Factor*), in which characters narrate their emotional experiences. The author suggests:

[R]esearch in the field has shown the empathic power of reality TV shows and how viewers see themselves as part of a larger community of people who are sharing the same feelings, particularly when watching real people narrating their personal experiences, which are often similar to their own. (p. 21)

The merits of individual reality shows notwithstanding, the capacity for video narratives to engage learners and provide opportunities to take alternate perspectives deserves the attention of EFL educators.

Conclusion

This research has argued for the necessity of developing learner empathic ability in L2 curricula in order to assist language learners engage in culturally competent, successful interactions with members of other groups. In considering a narrative-based approach to empathy acquisition, the capacity of video media to interest and engage learners has been presented, along with research demonstrating the efficacy of acquisition through video narratives, specifically prerecorded interviews.

Research consistently underscores the importance of packaging exposures to video narratives with post-viewing reflective exercises and group discussions. Furthermore, some evidence suggests that for prolonged effects, interventions targeting empathic development need to be conducted over a sustained period.

Although the development of empathy in L2 learners has heretofore failed to gain widespread recognition as a curricular objective, a compelling corpus of research, particularly from the field of medicine, indicates the validity of using of video interviews for the development of learner empathy.

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