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The Trajectory (& Importance of) Empathy for Hispanic Teens Today: A **Holistic Review & Pilot Study**

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Abstract: Recently, an NPR piece (Rosin, 2019) entitled: "The End of Empathy" discussed the dramatic decrease in empathy over recent decades and how today, a lack of understanding or feeling the plight of another human being is a largely forgotten value. As reviewed in the current study, two types of empathy are affective empathy (sympathy, compassion for others) (Reddy et al., 2013) and cognitive empathy (having an ability to see another's' perspective) (Ang & Goh, 2010). Scholars agree that empathy is an important skill-set but have also consistently found empathetic differences in gender and age. The current pilot study sought to address this specific notion in spring 2019. Preliminary results indicate over 70% of the sample scored low on empathy (N=88), another 17% (N=21) reported a normal/average amount of empathy and understanding. 11% (N=14) scored extremely empathetic. The empathy quotient scale reported an excellent Cronbach's alpha ($\alpha =$) of .812. Main findings indicated that better coping skills positively correlates with higher rates of empathy. By gender, there was a statistically significant difference in scores for males (M = 17.44, SD = 6.23) and females (M = 17.44, SD = 6.23)21.24, SD = 6.10; t(121) = -3.39, p < .001, with females scoring higher in empathy overall. The magnitude of the differences in the means is moderate as 8.7% of the variance in empathy was explained by sex. For females, relationship satisfaction with caregivers was a strong predictor of empathy as well as positive coping skills. For males, none of the internal or external measures predicted level of empathy. These findings provide educators insight into where empathy-training should be primarily directed.

Keywords: Empathy, Adolescence, Cyber-aggression, Cross-cultural, Coping methods

Introduction

Empathy

Recently, an NPR piece (Rosin, 2019) entitled: "The End of Empathy" discussed the dramatic decrease in empathy over recent decades and how today, a lack of understanding or feeling the plight of another human being is a largely forgotten value. Without empathy, relationships with neighbors, within communities, or other direct/indirect interactions would lead to dissonance and lack of care towards your fellow men/women. First, it is important we define the terms of empathy and explore the role it may play among primarily Hispanic adolescents today.

Defining empathy has changed over the years. Particularly, as recent as 2016 as Gambin and Sharp identified three components of empathy: "1). An affective response to another person facilitating affective sharing of other people's emotional state. 2) A cognitive capacity to take the perspective of the other person. 3) Regulatory mechanisms allowing for the maintenance of self/other distinction during empathizing" (p. 966). Similarity, researchers Tousignant, Eugene and Jackson (2015) reported an even more thorough definition of empathy consisting of five components including, Affective Sharing: experiencing the emotional state of others; Self-Other Distinction: ability to differentiate feelings of self versus those of others; Perspective-Taking: deliberately projecting oneself into another's circumstances to understand other's feelings; Emotional Regulation: regulation of one's emotions in order to provide an appropriate empathetic response; and Altruistic Motivation: desire to enhance another person's welfare (p. 6). This distinction demonstrates that internal behavior and motivation may be a valuable component of empathy as it includes biological and social aspects of behavior.

Traditionally, empathy is divided up into two different categories: affective empathy and cognitive empathy (Ang & Goh, 2010; Gini, Alberio, Benelli, & Altoe, 2007). These "cognitive abilities" are considered prerequisites for an individual to truly be empathetic. Affective Empathy is defined as experiencing feelings of another whether it be feelings of concern, or sympathy towards others. *Cognitive Empathy* is understanding and having the ability to identify the perspective of another person (Gini et al., 2007). Both of these types of empathy appear to vary by gender. Overgaauw and colleagues (2017) reported that boys' levels of empathy decreased from childhood to adolescence. Girls, however, increased through adolescence in all types of empathy.

What Youth Face Today

With the growth of technology and the use of the internet, cyber bullying is becoming more prominent in today's culture among bullies. Cyberbullying is the repeated harassment, and or harm used through the use of computers, phones or other electronics (Steffgen, Koing, Ptetsch, & Melzer, 2011). Cyberbullies also scored lower when it comes to cognitive empathy, due to the discreet nature of cyberbullying (Ang & Goh, 2010). Victims who have been targeted online-generally by means of social media-respond in a number of different ways. Occasionally, researchers find individuals choose to handle the attacks with negative means of coping. Examples include minor delinquent behaviors (Hinduja & Patchin, 2008; Oblad, Trejos-Castillo, & Massengale 2017) or more serious psychological problems (Sourander et al., 2010) including anxiety and depression (Dempsey, Sulowski, Nichols, & Storch, 2009). Sleglova and Cerna (2011) discovered victims carried weight of shame and guilt after several targetings online, many of which chose not to share with parents or peers. Sleglova and Cerna (2011) also discovered examples of positive coping after online targeting. Several participants of their study drew support from peers and occasionally parents as a buffer from attacks and were able to brush off hurtful messages and take steps towards safeguarding their future online interactions. With increased presence of support, individuals (often teenagers) are more able to avoid feelings of guilt or depression and more capable of socializing online without falling victim to targeting bullies (Bradbury, 2013).

Study Aims

Aims of the study are to first, address the specific notion level of empathy to date. Are high school students (majority are Hispanic participants), reporting low levels of empathy as others have found? Second, are there gender differences as well? When considering protective buffers or risk factors, how does that interact with empathy? In other words, when considering parental care, self-esteem, self-control or risk-taking behaviors, bullying, self-harm, how do these predict or interact with empathy itself. Lastly, this study will determine if the empathy quotient scale (a short scale including 7 items measuring both affective and cognitive empathy), is a reliable instrument for future exploration.

Methods

Procedures

After IRB approval, surveys were made available during regular school hours and were only given to students who were participating in the educational program with consent and assent signed forms. Participants could skip questions or quit the survey any time if desired.

Participants

Pilot data (N = 126) was collected at a rural High School in South Texas. Majority of participants were Hispanic (78%) followed by Caucasian (12%), African-American (9%), and Other (1%). By gender, just over half were male (55%;). By classification, the largest group were Freshman (40%), Sophomores (27%), Juniors (20%), and Seniors (13%). In terms of age, all participants 14-18 years of age with a mean average age of 15.7 years.

Measures

Demographics: Sex (1=male, 2=female); Ethnicity (1=Hispanic, 2=Caucasian 3=other); age (14-18). Parent Relationship Satisfaction (e.g., your parents encourage you to be independent). Empathy Quotient (α = .81); 7 items (e.g., "Other people's misfortunes do not disturb me a great deal"). Suicidal Ideation (α = .82); four items from Hinduja and Patchin (2008): "... I've thought about suicide").

Self-esteem (α = .90); Based on Rosenberg's (1979) 10-item self-esteem scale, a short form comprising of five items was created for this study because of its high reliability in measuring self-esteem.

Cybervictim ($\alpha = .84$); five items measuring frequency of bullying by email, cell phone, instant/private messages, SNS, or other. (e.g., "During the past year, how often have you been teased, bothered, bullied, or threatened through: email, cell-phone, instant messages, private messages, social networks, or other" using a 5-point scale from 1 (never) to 5 (very often).

Depression. (α = .84); Based on the CES-D-10 (Radloff, 1977) to measure how respondents felt or behaved regarding depressive symptoms (e.g., "I was bothered by things that don't usually bother me; I felt hopeful about the future").

Social Capital (α = .71); 5 items from National Longitudinal Study of Adolescent Health (e.g., "I worry about what others think"; Harris et al., 2008).

Results and Discussion

Rates of Empathy

Demographic results are presented in Table 1. Empathy rates within this study were generally lower than other studies have found. Over 70% of the sample scored low on empathy (N=88), another 17% (N=21) reported a normal/average amount of empathy and understanding. 11% (N=14) scored extremely empathetic. There were no significant differences between lower and higher grades or ethnic groups in empathy.

Table 1. Demographics

| Two to 1. Demographies | | | | | | | |
|------------------------|-----------|-----|------|--|--|--|--|
| | M(SD) | N | % | | | | |
| N= | | 126 | 100 | | | | |
| Gender | 1.45(.49) | | | | | | |
| Female | | 57 | 45.2 | | | | |
| Male | | 69 | 54.8 | | | | |
| Age | 15.7(1.9) | | | | | | |
| Grade | 10.1(1.1) | | | | | | |
| 9 | | 49 | 39.5 | | | | |
| 10 | | 34 | 27.4 | | | | |
| 11 | | 25 | 20.2 | | | | |
| 12 | | 16 | 12.9 | | | | |
| Race/Ethnicity | 4.2(.74) | | | | | | |
| Caucasian | | 15 | 12.2 | | | | |
| Hispanic | | 96 | 78 | | | | |
| Other/Multiple | | 12 | 9.7 | | | | |

To test for potential differences between males and females a chi-square test of independence was performed to examine the relationship between gender and a dichotomized level of empathy (low empathy or highly empathetic). The relation between these variables was significant X^2 (1, N = 123) = 9.47, p < .01. As shown in Table 2, females were more likely than males to report higher empathy levels. In fact, over 80% of males scored low empathy, less than one in five males scored in the high empathetic grouping. Nearly half of females reported having high empathy (43%).

Table 2. Results of Chi-square Test and Descriptive Statistics for Empathy Status by Sex

| Level of | | Sex |
|--------------|----------|----------|
| Empathy | Male | Female |
| Low Empathy | 56 (82%) | 32 (57%) |
| High Empathy | 12 (18%) | 24 (43%) |

Note. $\chi^2 = 9.47$, df = 1. Numbers in parentheses indicate column percentages. *p < .01

Coping Skills and Empathy Quotient

To explore coping skills as a predictor of empathy, a series of regression analyses were carried out with various coping methods (e.g., positive vs negative). Overall, positive coping skills was significantly associated with an

increase level of empathy (r = .31, p < .01). To explore potential differences across age and ethnicity, one-way ANOVA's were conducted and determined there were no significant differences in mean scores of empathy across either grouping. By means of exploring empathy levels across student-athletes and non-student athletes. An independent-samples t-test found no significant differences in scores between the student athletes (M = 19.14, SD = 6.4) and non-student athletes (M = 19.15, SD = 6.5; t (120) = .001, p = .68 as shown in Table 3.

Table 3. Results of t-test and Descriptive Statistics for Empathy Quotient Scores by Athlete or Non-athletes

Athlete Status

| | Student Athlete | | | Non-Stu | Non-Student Athlete | | | |
|------------------|-----------------|-----|----|---------|---------------------|----|------|-----|
| | M | SD | n | M | SD | n | t | df |
| Empathy Quotient | 19.14 | 6.4 | 95 | 19.15 | 6.5 | 27 | .001 | 120 |

Note. No significant differences were found between student athletes and non-student athletes.

A one-way between-groups analysis of variance was conducted to explore the impact of empathy on levels of positive coping, as measured by Compas and colleagues (2001). Participants were divided into three groups according to their levels of empathy (low, average, high). There was a statically significant difference at the p < .05 level in coping scores for the empathy groups: F(2, 120) = 6.63, p = .01. Despite reaching statistical significance, the effect size (Eta squared) was .09, which is classified by Cohen as having a medium effect. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for Low Empathy (M = 2.72, SD = .77) was significantly different from High Empathy (M = 2.87, SD = 3.6). When trying to predict empathy with demographics and internal factors (e.g., self-control), parental care ($\beta = .49$, p < .001) and positive coping skills ($\beta = .38$, p < .01) were significant predictors for higher empathy among females. Social capital was a trending variable for females but not significant by traditional p-value standards. None of the predictor variables significantly predicted level of empathy among males (see Table 4).

Table 4. Summary of Simple Regression Analyses for Variables Predicting Empathy (N = 123).

| | Males | | | Females | | |
|--|--------------|------|------|---------|------|--------|
| Variable | В | SE B | β | В | SE B | β |
| Age | .16 | .72 | .02 | 18 | .65 | 04 |
| Ethnicity | -1.15 | 1.16 | 13 | .55 | 1.43 | .05 |
| Self Esteem | 06 | .23 | 04 | .18 | .20 | .12 |
| Parental Care | .17 | .12 | .15 | .34 | .09 | .49*** |
| Self-Control | 14 | .81 | 02 | -1.7 | .93 | 24 |
| Social Capital | .003 | .29 | .001 | .35 | .34 | .14^ |
| Coping Skills | 1.43 | 1.22 | .19 | 2.43 | .80 | .38** |
| R^2 | .11 .40 | | | | | |
| F | .934 4.16*** | | | * | | |
| * $p < .05$. ** $p < .01$. *** $p < .001 ^p = .055$ (trending) | | | | | | |

In order to explore further which variables may serve as key contributors to change in empathy a stepwise regression was used, with caution (see Table 5). This type of analyses runs models based on systematic automatic ordering based on largest significant predictors. After analyses two models were significant, coping skills and sex were the only significant contributors when considering all of the internal and external protective buffers that may theoretically contribute towards increased amounts of empathy. When the analyses was repeated and split by gender, parent care was significant for males and females; coping skills were only a significant predictor for females.

Table 5. Stepwise Regression Analysis of Variables Contributing to Change in Empathy

| | Unstandardized Coefficients | | Standardized Coefficients | | |
|----------------|-----------------------------|------------|---------------------------|-------|------|
| Model | В | Std. Error | Beta | t | Sig. |
| 1 (constant)** | 12.954 | 1.982 | | 6.535 | .001 |
| Coping Skills | 2.076 | .658 | .290 | 3.15 | .002 |
| 2 (constant)^^ | 8.303 | 2.457 | | 3.379 | .001 |
| Coping Skills | 1.945 | .636 | .272 | 3.056 | .003 |
| Sex | 3.477 | 1.154 | .268 | 3.014 | .003 |

Variables included in models are: Sex, Self-control, Coping Skills, Self-esteem, Social Capital and Parent Care. Only Coping skills in model 1 (** R^2 = .084. Adj. R^2 = 0.76, F = 9.94) and coping skills x sex in model 2(^^ R^2 = .16. Adj. R^2 = .14, F = 9.10) were significant predictors of empathy.

Conclusions

The initial goal of the pilot study was to explore bullying behaviors and impact (e.g., depression, self-harm). Because of the national spotlight on empathy as well as the interactions of low empathy within the parameters of this study, these analyses were carried out. While the role of empathy certainly plays into breadth and depth of having positive coping skills (the strongest predictor of higher rates of empathy for the total sample), parent care variable, which is relationship satisfaction with parents was the strongest predictor of empathy for females. These findings provide insight into how sex and gender interact with parents and how that interaction may interact with the nature of empathy.

Researchers have found teenagers consistently display empathetic behaviors online, often after disclosing personal information. In fact, teens are more willing to disclose and share online than their adult counterparts (James et al., 2017). Positive coping skills are clearly an important buffer in adolescent abilities to feel for another, put themselves in some else's situation but Moreno-Manso and colleagues (2018) suggest it says more about how teens think of themselves first rather than how they feel for others. Perhaps their willingness to overshare online is their way of sharing empathy in an almost egocentric manner.

For future studies, digital behaviors should be explored with regard to developing affective and cognitive empathy with relation to well-being and social connectedness. Bandura (1986) suggested that emotional cues should be physically seen through social interactions to feel for another person, perhaps over-disclosing online is a means of intimacy, a means of sharing empathy towards others. Breithaupt (2019) shared that empathy may not be necessary in today's climate because it could drive teenagers to tribalism or other polarization can lead to increased intolerance, violence or propagate dysfunctional behaviors in relationships. While the authors of this study disagree with this premise, it could prove beneficial to seek out tribal behaviors among teenagers and explore how clique's, crowds, and close-knit group feel towards insiders and outsiders. Perhaps empathy is a tool that can vary rather than an internalized notion.

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