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PREVIEW

EMPATHIC ABILITY AS A FUNCTION
OF INTERNAL-EXTERNAL LOCUS OF CONTROL
AND IMPULSIVITY-REFLECTION

by

Michael Joe Rodgerson

A DISSERTATION

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Department of Psychology

Under the Supervision of Professor Monte M. Page

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INTRODUCTION

This study arose from observations by this author of nonpsychotic patients, especially children, in psychiatric inpatient settings. These patients usually seem to lack the ability to take the perspective of other people, i.e., to empathize. Frequently they seem unable to anticipate the reactions others will have to their actions. This stymies communication and leads to misunderstanding and resentment. For example, two children will be building a block house together. In a playful manner one child knocks down the house. The second child begins to cry or fight. The first child is surprised at this, since he thought the act of knocking down the house would be funny to the other child. Both children end up angry and uncommunicative.

The reaction of the first child suggests that a lack of empathic ability is a large part of the problem. Had the child acted with malice, he probably would have been happy with the second child's reaction. Instead he was surprised, which suggests also that he probably would not have acted this way if he had correctly empathized with the second child, since his goal obviously was not to hurt his partner.

Staff members' actions suggest that they implicitly view empathy to be one of the greatest needs in the patients. Very often a treatment staff person tells a

patient explicitly how the patient's latest action made the staff person feel. For instance, if the child hits a staff person, that person will tell the child explicitly and in detail his cognitive and emotional reactions caused by the child's act. The necessity for doing this seems self-evident to most treatment persons. They are seldom this explicit with people other than psychiatric patients.

The lack of empathic ability seems to occur regardless of diagnostic categories. It is most obvious, however, in those disorders in which the patient's behavior continually brings him into conflict with others. Several writers (Hogan, 1969; Cottrell & Dymond, 1949; Mead, 1934) have theorized that empathizing is one of the most important abilities to be learned in order to function in society. Empathy seems essential whenever communication and cooperation are necessary. Without empathy, most communication would have to be laboriously explicit and time-consuming.

In clinical settings this lack of empathy makes the formation of friendships and therapeutic relationships quite difficult. From the discussion thus far it is obvious that involvements between two children in psychiatric settings are tenuous. Friendships and therapy relationships with staff members are also often disturbed by the child's inability to empathize. Friendly overtures by the children often consist of hitting or yelling. They seldom anticipate the angry reactions that staff members sometimes have to these actions. Also, friendly staff actions are

sometimes rebuffed by the child since he is unable to discern the adult's motives.

In many of the non-psychotic patients the inability to empathize is joined by several other traits. Among these are low self-esteem, high anxiety, impulsivity, and a belief that they have little control over things happening to them. Low self-esteem and high anxiety are present in most psychiatric patients, even those with considerable empathic ability. Thus, the two personality characteristics which differentiate patients such as the child described above from those not exhibiting a lack of empathic ability would seem to be impulsivity and a belief that they have little control over their lives. These patients often act without forethought. They seldom consider the implications of their actions for others, so their actions often hurt or anger others. Also, it is quite common for these patients to express in many different ways that they feel quite powerless over the course of their lives.

It seems that these traits, impulsivity-reflection (I-R) and internal-external locus of control (I-E), can be seen logically as important in the development of empathic ability. The impulsive person acts without considering alternative actions or the implications of his actions. If empathy is a learned ability, it seems that a person who commonly considers the possible effects of his actions will get far more practice in attempting to discern how his actions make others feel. Similarly, if

a person believes that he controls his life and what happens to him, he will have more reason to be alert to cues about how other people are feeling than will the person who believes his life events are controlled by fate. This ability to recognize these cues would provide more control over the environment to the internally oriented person. The external person should see no reason to understand these cues, since he believes he has no control anyway.

The proposed study did not address the developmental question. Rather, it represents an initial examination of the relations of empathic ability to I-R and to I-E.

RELEVANT RESEARCH

The relation of one's empathic ability to levels of impulsivity or locus of control has not been systematically studied. However, the available literature is consistent with the observations discussed thus far.

Empathy and Social Functioning

Empathic ability has been thought for years to be crucial to successful interpersonal interaction and to more general social functioning. Mead (1934) saw the ability to "take the role of the other" and "sensitivity to (others') attitudes" as the "very essence of social intelligence" (p. 141). Mead theorized that empathic ability is the most important skill to be learned in social development. Koestler (1949) understood empathy to be "the experience of partial identity between

the subject's mental processes and those of another with the resulting insight into the other's mental state and participation in his emotions" (p. 360). For Koestler, adaptive social interaction depends to a large extent upon this ability. Dymond (1950) suggests that the ability to "see things from the other person's point of view... seems to assure more effective communication and understanding" (p. 344). In an earlier article (Cottrell & Dymond, 1949) it was suggested that empathy is basic to all effective social functioning. Hogan (1969) theorized that a moral approach to others is greatly dependent on the ability to understand others' thoughts and emotions.

Research efforts seem to support the view that empathic ability is important for social functioning in that empathy has been found to be correlated with many aspects of competent social functioning.

Empathy has been related to several personality measures. Hekmat, Khajavi, and Mehryar (1975) gave the Hogan Empathy Scale (Hogan 1969) and Eysenck's PEN Inventory (Eysenck & Eysenck 1968) to 475 undergraduates. The PEN Inventory measures psychoticism (P), extraversion (E), and neuroticism (N). They found that highly empathic subjects scored lower on neuroticism and psychoticism, and higher on extraversion than did low empathy subjects. These findings were interpreted as showing that psychopathology is related to poor empathic ability. Dymond (1950) measured empathy in a group of upper-class undergraduates by having

them predict peers' description of themselves. She found through projective testing that subjects with low empathic ability were "rigid, introverted people who are subject to outbursts of uncontrolled emotionality" and who are "unable to deal with concrete material and interpersonal relations very successfully" (p. 349). High empathy subjects, conversely, were "outgoing, optimistic, warm, emotional people, who have a strong interest in others" (p. 349). She suggested that the subjects high in empathy presented much happier, more psychologically adjusted pictures than did the subjects low in empathy. Dymond (1954) had married couples predict their partner's responses to the Minnesota Multiphasic Personality Inventory. It was found that happily married pairs were better able to predict MMPI responses of their partners than were unhappily married couples. She inferred that psychologically healthy marital pairs are better able to empathize with each other. Martin and Toomey (1973) gave the Embedded Figures Test (Witkin, Dyk, Fatterson, Goodenough, & Karp, 1972) and the Hogan Empathy Scale to 32 male undergraduates. They found high empathy subjects to be "more cognitively and perceptually differentiated" (p. 313) than low empathy subjects. This was interpreted to suggest that people with high levels of empathy possess a "sense of separate identity" not held by low empathy persons. Hogan and Henley (1970) compared high and low scorers on the Hogan Empathy Scale in performance on an encoding communication task. They found high scorers

to communicate significantly better. Finally, Hogan (1969), in his early validation studies for the Hogan Empathy Scale, found that high empathy scorers had MMPI and California Psychological Inventory scores that indicated they were more "sociable, optimistic, and free from unnecessary doubts and worries" (p. 312) than were low scorers.

A lack of empathy has been found to be related to social conflict. Rotenberg (1974) found that juvenile delinquents were less able than non-delinquents to understand the emotional components of a role-taking task, which suggested that the delinquents were less able to predict the emotional responses of people in other roles. Kurtines and Hogan (1972) matched a group of delinquents and a group of non-delinquents on socialization and compared the two groups on empathy measured by the Hogan Empathy Scale. The non-delinquents scored higher on empathy, suggesting that these subjects compensated for their relatively poor socialization with their greater ability to see other persons' points of view.

The clinical literature suggests that empathic ability is related to helpful communication skills and to good adjustment. Vesprani (1969), using the Truax Accurate Empathy Scale, found that untrained volunteer therapists who were less empathic had higher MMPI depression and anxiety scores than did highly empathic therapists. These findings were repeated in a study by Bergin and Jasper (1969) using graduate students in clinical and counseling psychology as

subjects. These two studies gave further evidence for a relationship between poor empathic ability and psychopathology. Also, a large body of research, summarized by Truax and Mitchell (1971), has studied the relationship between therapist empathic ability and the amount of positive change in psychotherapy clients. This research indicates that highly empathic therapists seem to effect more positive change in clients than do less empathic therapists, suggesting that empathy is a skill important in interpersonal influence.

The studies cited above suggest that persons with high levels of empathy will function better in interpersonal situations and will have fewer personal problems than will people with low levels of empathy. The existing literature however, is not consistent with the assumption that a lack of empathy is systematically related to all patterns of dysfunction. For example, Hogan (1969) found no significant relationship between empathy and intelligence, repressive tendencies, or paranoid ideation. Likewise, Bergin and Jasper (1969) found no relationship between empathy and intelligence or academic achievement.

Impulsivity-Reflection and Social Functioning

The concept of impulsivity-reflection (I-R) has been studied extensively during the last twenty years. Impulsivity has generally been defined as a style of thinking and/or acting that is characterized by speediness, a lack of planning, a lack of consideration of alternatives, and deficits in organization and integration. Reflection

has been seen as a style of thought and/or action in which planning, organization, integration, and consideration of alternatives are paramount (Behrman, Note 1).

Studies of I-R indicate that impulsive persons tend to have fewer skills and traits needed for good social adjustment than do reflectives. Epstein, Hallahan and Kauffman (1975) reviewed I-R studies done with children. They concluded that an impulsive style in children is harmful to the development of adaptive cognitive, social, and communication skills. These authors suggested that, in order to prevent much maladaptive behavior, reflective styles be taught in elementary school.

Waterman and Waterman (1974) gave the Matching Familiar Figures Test (MFF) (Kagan, Moss & Sigel, 1963), a problem-solving task in which impulsiveness is penalized, to 92 undergraduates. They also gave a structured interview concerning identity status to each subject. They found that persons with impulsive styles had more diffuse identities. Greater identity integration was found in reflectives, suggesting greater coping skills in reflectives. Loney (1974) used teacher ratings as a measure of impulsivity and a projective test measure of self-esteem. In this study a more impulsive style was related to low self-esteem.

In a large-scale of male naval personnel in which I-R was measured by a questionnaire concerning the subject's past behavior, Kipnis (1971) found that impulsives had more conflicts with authority figures than did non-impulsives.