

Research Paper

Understanding empathy and emotions in informal care givers in comparison to non-care givers

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ABSTRACT

Researchers have had proposed that varying empathy-related reactions are distinctively in relation to individual differences in emotional intensity and regulation. This world has all kinds of diversified types of human beings living on the planet Earth, and every human being is living on, on their side of the coin. Some are born with the conventional human abilities and some are not. Those who belong into the 'not' section, face some more difficulties than usual. They sometimes require help of these conventionally normal human beings and this study helps us see how helping the differently-abled changes our perception and the difference in emotions we experience. The sample taken included 34 informal care givers for differently-abled and 29 non-care givers aged in the range from 18-25. The results bared a significant difference in positive affect between informal care givers and non-care givers. The results also brought view into a significant difference in empathy between the two groups. This difference in empathy and perception leading to decision making remains a fruitful exploration.

Keywords: *Empathy, Emotions, Care Givers, Non-Care Givers*

"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around."
- Leo Buscaglia (Author)

What do you need in order to be successful in life? - A positive and a stable mind. People often forget that in order to achieve the high they dream of; they have to be in the right shape – Physically and Mentally. If you are mentally sound, you can achieve physical strength and can take care of yourself and other's well-being. Common humans have no idea what the beautiful mind can achieve if used in a right way. Care Giving is not only needed by someone who is physically or mentally impaired. Care Giving can be a need for anyone who is not in the right frame and needs some motivation and a sense of direction. More and more people nowadays have started volunteering for being care givers or giving support to the care givers. Informal Care Giving is something that requires a person's own will to help benefit other people, group or cause without any monetary reinforcement. A helping behavior requires commitment and lesser needs for impulsive

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decisions or actions. Studies on youth suggest that being a volunteer or an informal care giver reduces the probability of being captive to problem behaviors for e.g.: drug abuse and skipping school (Wilson, 2000).

Before we talk about empathy, we must talk about the common misconception between sympathy and empathy. Both these words are commonly misused and interchanged because of their overlapping extensions. Let's clear this out, 'Empathy' is responding to someone's perceived emotional state by experiencing homogenous feelings, 'Sympathy' however not only includes empathizing, but also has a positive hold and a brief concern for the opposite person. A sympathizing person may go along with a party and behaves welcoming about the view point however an empathizing person may understand but won't admit or accept the particular cause (Chismar, 1988).

Empathy

Empathy involves viewing another person's situation from the perspective of that person, and understanding how the situation appears to that person and how that person is reacting cognitively and emotionally to the situation (Granzin & Olsen, 1991).

Psychologist Theodore Lipps quoted empathy as "feeling one's way into the experience of another." By giving a theory which explains that 'inner intimations' of actions play a important role in inducing empathy.

Empathy is conceptualized as the ability to "know another person's inner experience" (Buie, 1981, p. 282).

Mehrabian (2000) propounded, empathizing others increases emotional well-being, interpersonal relationships and success in life. When being empathetic towards someone else, the people on the opposite end may feel appreciative about respecting them. In turn empathizing people may also get helped to feel a connection with others and experience 'happiness and positive affect.' Being empathetic may also generate feelings of being kind to others and a notion of doing something good for the society, therefore giving rise to positive feelings and gratitude or a satisfaction for life.

In a study by Shanafelt et al., (2005) findings show that empathy is associated positively with well-being.

People who have a tendency to not to connect with others and tend to avoid and keep a distance, may miss out on the inner experience and fail to seek intimacy with their social relationships (e.g. not asking what a friend of theirs feel and avoid starting that conversation or deter that conversation.) navigating their way to feeling less empathy (Gilliath, Shaver & Mikulincer, 2005; Mikulincer & Shaver, 2005).

Empathy allows one to acknowledge and evaluate a feeling or a situation and mirroring the situation of someone else resulting in additional perspectives and more insights.

Empathy is a key factor to enhance a feeling of personal relevance in relation with charity. A feeling and situation that touches oneself is always more relevant and understandable than a feeling that affects someone else, which allows oneself to assess the situation and feeling a need to act, empathy does allow to enhance this personal relevance (Basil et al., 2008).

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The human brain is designed to perform intricate, sharp and complex tasks. We say existence of human beings is about the survival of the fittest, but if this were true, we would only have a dominating feeling over others and a sense of superiority, declining to mirror others feelings. Human ability to mirror and perceive others feelings and situation enables and helps us to feel and digest others feelings. This personal feeling experienced by observing others feeling influences us to react with great compassion for others (Harris, 2007).

We used to believe empathy as a trait that was inborn or by birth which was not teachable, but studies show the opposite, as this trait or the ability to mirror others feelings is teachable and can be taught to health care providers and care givers (Riess et al., 2011; Phillips et al., 2013).

Emotions

“There are two primary dimensions of emotion: (1) the qualitative dimension of pleasant-unpleasant and (2) the quantitative dimension of intensity. Unpleasant emotional states, will act as negative incentives. Pleasant states, will be positive incentives. The stronger or more intense the emotion, the greater the motivation to approach or avoid.” (Bourne, and Ekstrand, 1979).

“Emotion is definitely not a synonym of 'drive' or 'need'. We propose to mention the following three characteristics of emotion. 1. Emotions always occur in the context of situations which- to use a modern expression - have an existential nature. 2. Emotional behavior is eruptive and expressive by nature. 3. Emotion is a primitive form of answer given by a subject to a situation. It is not a ‘disorganized response’.” (Strasser, 1970)

Many studies have found a notable association among care giving and emotional or mental health problems (Pinquart and Šorensen, 2003, 2005). Giving an example, everyone knows, caregivers are at a greater risk of experiencing symptoms of depressions whilst comparing with the population norms and demographically matched non-care givers (Alspaugh et al., 1999), increasing levels of hostility and anxiety, with agitations over insufficient leisure times, losing a sense of self and not being able to use that time in something else (Anthony-Bergstone et al., 1988, Walker et al., 1992; Aneshensel et al., 1995; McKinlay et al., 1995). Some studies also provide data that suggest compromised health of care givers (Kiecolt-Glaser et al., 1996; Cacioppo et al., 1998; Beach et al., 2000; Vitaliano et al., 2003).

Even though depression, burden, risks of deteriorating health and other negative outcomes remain a very prominent focus of care giving research, growing literature and studies acknowledge the positive outcomes of the care giving experience, which include feelings of being useful, being needed, development and learning of new skills, gratitude or giving meaning to one’s life (Lawnton et al., 1991; Beach et al., 2000; Baronet, 2003). This also includes satisfaction for fulfilling a duty and the happiness gained from care giving itself or from the companionship with the care-recipient (Cohen et al., 2002).

Caregivers carry personal characteristics and traits to the care giving field which have a great impact on the meaning of work assigned to them and the ways that are used to cope up with the wants of care giving. Very little research has been carried out on whether personality plays a prominent part in the modus operandi of the care giver, some studies that have focused on the negative outcomes of care giving found personality does count and influences the manner in which they work. (Hooker et al., 1998).

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One factor that defines the quality of care giving experience is the relation between the care giver and the recipient. If they show warmth and positive relations the experience for the care giver remains very less difficult and enjoyable (Reis et al., 1994) resulting in fewer symptoms of depression and health problems (Schulz and Williamson, 1991; Gold et al., 1995).

In a study conducted by Grbich, Parker and Maddocks (2001) the care givers were asked to share their emotions on the experience they had with their care giving experience. It was observed – care givers had varying shifts between positive and negative emotions. Fifteen of the care givers expressed positive emotions, being able to cope with the needs of the care recipient without having any training before or experience felt proud of themselves. They were very happy that they were able to keep a positive perception for the recipient and to not have any experience from dwelling on the negative aspects. Negative emotions were seen in 17 live in-care givers with significant physical and mental exhaustion, due to which they were not even able to cook or eat properly with no spare time for themselves. They felt considerable amounts of frustration because they were trying to manage others feelings and to handle tasks in a situation over which they were not able to take control.

Purpose

The purpose of this study is to understand the empathy and emotions of informal care givers and non-care givers.

Hypothesis

1. There will be a difference in empathy between informal care givers and non-care givers.
2. There will be a difference in positive affect between informal care givers and non-care givers.
3. There will be a negligible difference in negative affect between informal care givers and non-care givers.

METHODOLOGY

Sample

The sample consisted of 63 participants – 34 informal care givers for differently-abled and 29 non-care givers aged 18-25.

Measures

Toronto Empathy Questionnaire: Spreng, McKinnon, Mar & Levine (2009). The item responses are scored according to the following: Never = 0; Rarely = 1; Sometimes = 2; Often = 3; Always = 4. Scores are summed to derive the total.

PANAS-GEN: Watson, Clark, Tellegen (1988). The total score is calculated by finding the sum of the 10 positive items, and then the 10 negative items. Scores range from 10 – 50 for both sets of items.

Procedure

The participants were informed about the purpose of the research and the questionnaires were filled through Google forms. The participants were assured of the confidentiality of the information to elicit their honest responses without any fear or inhibitions. Standardized psychological tests were administered to participants.

RESULTS

Table 1: Mean and Standard Deviation of all variable (N=63)

		Mean	Standard Deviation
Empathy	Care Giver (N=34)	48.147	4.8998
	Non Care Giver (N=29)	44.897	7.3696
Positive Affect	Care Giver (N=34)	359.118	73.5823
	Non Care Giver (N=29)	318.966	59.1816
Negative Affect	Care Giver (N=34)	241.765	89.5941
	Non Care Giver (N=29)	245.172	60.6289

Table 2: Group Statistics

	t	Significance
Empathy	2.088	.041*
Positive Affect	2.358	.022*
Negative Affect	-.174	.863

*p<.05

DISCUSSION

There is a significant difference between Care Givers and Non-Care Givers in empathy ($r = .041$, $p = <.05$). There is also a significant difference in positive affect between the two groups ($r = .022$, $p = <.05$). Therefore, our hypothesis is accepted. And as we can see there is no significant difference of the negative affect on both the groups, we still see that Care Givers too have negative affect despite having a significant greater positive affect.

There are some studies that support the evidence of negative and positive outcomes co-existing within the same care-giver. Kinney and Stephens (1989) found a majority caregivers exhibit both positive and negative emotions. Additional studies by researchers show that 70-80% of care givers exhibit both the emotions (positive and negative) because of their care giving roles (Kiecolt-Glaser et al., 1996; Cacioppo et al., 1998; Beach et al., 2000; Vitaliano et al., 2003).

CONCLUSION

Care giving does change our perception and the way we feel about the world. This study helped contribute to the studies on empathy of care givers in comparison to non-care givers. Positive emotions are exhibited from people who are a part of care giving and are seen showing higher empathy and understanding when compared to non-care givers. Our lives always take a full circle in the end. One day we will be on the recipient side of the care giving. Care giving is an extremely humble task that requires a little effort and patience. This research has helped us understand that what the care givers go through (be it positive or negative) and what changes care giving brings to one's life – the care giver and the recipient too. There is still much to find upon the cognitive changes that are affected by care giving and as mentioned earlier difference in empathy and perception leading to decision making. More encouragement needs to be given to the today's youth on the benefits of care giving and how noble of a work it is so that every upcoming living being gets the basic knowledge about the human body. With this in mind, we also need decode the problems and the situation of the care givers and assess and act upon them accordingly.

REFERENCES

- Alspaugh, M.E.L., Stephens, M.A.P., Townsend, A.L., Zarit, S.H., Greene, R., 1999. Longitudinal patterns of risk for depression in dementia caregivers: objective and subjective primary stress predictors. *Psychol. Aging* 14, 34–43.

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- Aneshensel, C.S., Pearlin, L.I., Mullan, J.T., Zarit, S.H., Whitlach, C.J., 1995. Profiles in Caregiving: The Unexpected Career. Academic Press, San Diego, CA.
- Anthony-Bergstone, C., Zarit, S.H., Gatz, M., 1988. Symptoms of psychological distress among caregivers of dementia patients. *Psychol. Aging* 3, 245–248.
- Baronet, A., 2003. The impact of family relations on caregivers' positive and negative appraisal of their caregiving activities. *Fam. Relat.* 52, 137–142.
- Basil, D. Z., Ridgway, N. M., & Basil, M. D. (2008). Guilt and giving: A process model of empathy and efficacy. *Psychology & Marketing*, 25(1), 1-23.
- Beach, S.R., Schulz, R., Yee, J.L., Jackson, S., 2000. Negative and positive health effects of caring for a disabled spouse: longitudinal findings from the caregiver health effects study. *Psychol. Aging* 15, 259–271.
- Bourne, L. E., & Ekstrand, B. R. *Psychology* (3rd ed.). New York: Holt, Rinehart & Winston, 1979.
- Buie, D. H. (1981). Empathy: Its nature and limitations. *Journal of the American Psychoanalytic Association*, 29, 281–307.
- Cacioppo, J.T., Poehlmann, K.M., Kiecolt-Glaser, J.K., Malarkey, W.B., Bursleson, M.H., Berntson, G.G., Glaser, R., 1998. Cellular immune responses to acute stress in female caregivers of dementia patients and matched controls. *Health Psychol.* 17, 182–189.
- Chismar, D. (1988). Empathy and sympathy: The important difference. *The Journal of Value Inquiry*, 22(4), 257.
- Cohen, C.A., Colantonio, A., Vernich, L., 2002. Positive aspects of caregiving: rounding out the caregiver experience. *Int. J. Geriatr. Psychiatry* 17, 184–188.
- Gillath, O., Shaver, P. R., & Mikulincer, M. (2005). An attachment-theoretical approach to compassion and altruism. In P. Gilbert (Ed.), *Compassion: Conceptualizations, research and use in psychotherapy* (pp. 121–147). New York: Routledge
- Gold, D.P., Cohen, C., Shulman, K., Zuccherro, C., Andres, D., Etezadi, J., 1995. Caregiving and dementia: predicting negative and positive outcomes for caregivers. *Int. J. Aging Hum. Dev.* 41, 183–201.
- Granzin, K. L., & Olsen, J. E. (1991). Characterizing participants in activities protecting the environment: A focus on donating, recycling, and conservation behaviors. *Journal of Public Policy and Marketing*, 10, 1–27
- Grbich, C., Parker, D., & Maddocks, I. (2001). The emotions and coping strategies of caregivers of family members with a terminal cancer. *Journal of Palliative care*, 17(1), 30-36.
- Harris J. The evolutionary neurobiology, emergence and facilitation of empathy in: Farrow TFD, Woodruff PWR, eds. *Empathy in Mental Illness*. Cambridge, UK: Cambridge University Press; 2007:506.
- Hooker, K., Monahan, D.J., Bowman, S.R., Frazier, L.D., Shifren, K., 1998. Personality counts for a lot: predictors of mental and physical health of spouse caregivers in two disease groups. *J. Gerontol. B, Psychol. Sci. Soc. Sci.* 53, P73–P85.
- Kiecolt-Glaser, J.K., Glaser, R., Gravenstein, S., Malarkey, W.B., Sheridan, J., 1996. Chronic stress alters the immune response to influenza virus vaccine in older adults. *Proc. Natl. Acad. Sci.* 93, 3043–3047.
- Kinney, J.M., Stephens, M.P., 1989. Hassles and uplifts of giving care to a family member with dementia. *Psychol. Aging* 4, 402–408.
- Koerner, S. S., Kenyon, D. B., & Shirai, Y. (2009). Caregiving for elder relatives: which caregivers experience personal benefits/gains? *Archives of Gerontology and Geriatrics*, 48(2), 238-245.

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- Lawton, M.P., Moss, M., Kleban, M.H., Glicksman, A., Rovine, M., 1991. A two-factor model of caregiving appraisal and psychological well-being. *J. Gerontol. B, Psychol. Sci. Soc. Sci.* 46, P181–P189.
- McKinlay, J.B., Crawford, S., Tennstedt, S.L., 1995. The everyday social and physical impacts of providing informal care to dependent elders and their consequences for the care recipients. *J. Aging Health* 7, 497–528.
- Mehrabian, A. (2000). Manual for the Balanced Emotional Empathy Scale (BEES). (Available from Albert Mehrabian, 1130 Alta Mesa Road, Monterey, CA, USA 93940).
- Mikulincer, M., & Shaver, P. R. (2005). Attachment security, compassion, and altruism. *Current Directions in Psychological Science*, 14, 34–38.
- Phillips M, Lorie A, Kelley J, Gray S, Riess H. Long-term effects of empathy training in surgery residents: a one-year follow-up study. *Eur J Person Centered Healthc.* 2013; 1:326–32.
- Pinquart, M., Šorensen, S., 2003. Differences between caregivers and noncaregivers in psychological health and physical health: a meta-analysis. *Psychol. Aging* 18, 250–267.
- Pinquart, M., Šorensen, S., 2005. Caregiving distress and psychological health of caregivers. In: Oxington, K.V. (Ed.), *Psychology of Stress*. Nova, Hauppauge, NY, pp. 165–206.
- Reis, M.F., Gold, D.P., Andres, D., Markiewicz, D., Gauthier, S., 1994. Personality traits as determinants of burden and health complaints in caregiving. *Int. J. Aging Hum. Dev.* 39, 257–271.
- Riess H, Kelley JM, Bailey RW, Dunn EJ, Phillips M. Empathy training for resident physicians: a randomized controlled trial of a neuroscience-informed curriculum. *J Gen Intern Med.* 2012; 27:1280–86.
- Riess H, Kelley JM, Bailey RW, Konowitz PM, Gray ST. Improving empathy and relational skills in otolaryngology residents: a pilot study. *Otolaryngol Head Neck Surg.* 2011; 144:120–2.
- Schulz, R., Williamson, G.M., 1991. A 2-year longitudinal study of depression among Alzheimer's caregivers. *Psychol. Aging* 6, 569–578.
- Shanafelt, T. D., West, C., Zhao, X., Novotny, P., Kolars, J., Habermann, T., et al. (2005). Relationship between increased personal well-being and enhanced empathy among internal medicine residents. *Journal of General Internal Medicine*, 20, 559–564.
- Strasser, S. Feeling as basis of knowing and recognizing the other as an ego. In M. B. Arnold (Ed.), *Feelings and emotions: The Loyola Symposium*. New York: Academic Press, 1970
- Vitaliano, P.P., Zhang, J., Scanlan, J.M., 2003. Is caregiving hazardous to one's physical health? A meta-analysis. *Psychol. Bull.* 129, 946–972.
- Walker, A.J., Martin, S.S.K., Jones, L.L., 1992. The benefits and costs of caregiving and care receiving for daughters and mothers. *J. Gerontol. B, Psychol. Sci. Soc. Sci.* 47, S130–S139.
- Wilson, J. (2000). Volunteering. *Annual review of sociology*, 26(1), 215-240.

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Conflict of Interest

The author declared no conflict of interest.

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