ORIGINAL ARTICLE

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**ASSOCIATION OF RELIGIOUS ORTHODOXY AND EMOTIONAL EMPATHY IN PAKISTANI MUSLIM MEDICAL STUDENTS**

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# ABSTRACT



### OBIECTIH

To explore the relationship between religious orthodoxy andemotionalempathy in Pakistani medicalstudents.

# DrSIGN

Cross sectionalstudy

# PLACE AND DlJRATION OFTHESTUDY

This cross sectional study was conducted at CMH Lahore MedicalCollege fromJanuary 1stto February 1st,2015.

# SUBJECTSAND METHODS

A purposive convenient sampie of 190MBBSstudents was drawn from CMH Lahore Medical College. The questionnaire consisted of threesections:demo-graphics section, multidimensional emotional empathy scale and Orthodoxy Scale of Funk's Survey of Attitudes toward Religion and Philosophy of Life. Data were analyzed in SPSSv. 20.

## RCSUU.S

Most of the respondents taking part in this study were female and enrolled in third year of MBBS. Multiple regression analysis revealedthatemotional empathy was positively associated with female gender.However, there was no significant association of emotional empathy with religious orthodoxy,ageorstudy yearof respondents.

### CONCLUSION

Our study sought the answer to a much debated questfon: "Are religiouspeople really more empathic and caring than other people?" The answer we got was no, religious people are not more empathic than non­ religiouspeople.

#### Kl:) WORO°'

Religion,Empathy,Medical students.

#### lNTRODUCTION

Religion has traditionally been viewed as a path towards spiritual perfection, moral enlightenment and emotional contentment. Accordingly, the general public has an overwhelming preponderance towards the beliefin religionas amajor source of virtuous qualities such as altruism, selflessness and love for humanity. Empirical studies exploring the connection between posrtrve qualities and religion, however,haveyielded mixedresuIts.

Religiosity or religious orthodoxy, defined by Hill and Hood as "the tendency to acceptthe teachings of religiousauthorities andconformto prescribed religious practices''', finds both support and opposition in publishedliterature.On the one handare studies describing religion asa prnmoter of "pro-social" tendencies, including altruism', agreeableness and conscientiousness', empathic behavior' and even better mental health in adolescents' while on the other hand, we find studies that do not regard religion as highly.Galen, for instance, in a detailed review of the literature favoring the relation between religiosity and pro-sociality in 2012, pointed out several problems commonly encountered in such studies.' Similarly, in an extensive survey of adolescents in an evangelical Protestant church in 2006, Ji et al found that while orthodoxy and intrinsic religiousness were positively correlated with views about helping others, they were negatively correlated with actual altruistic behavior, a phenomenon which they term altruistic hypocrisy.' In an investigation upon the role of religion in psychiatric illnesses, Koenig et al.propose that while religious beliefs and practices may be associated with positive coping behavior in some psychiatrlc patients, they may actually be the source of mental pathology in other patients.'

Empathy has been defined multiple times by various clinicians and researchers. Hogan(1969) described it as "the tnteliectual orimaginative apprehension of another's condition or state of mind without actually experiencing that person's feelings".' Today, we divide empathy into affective andcognitive types." Itsimportance for medical professionals, including medical students, is a rather contested subject with many influential articles arguing theneed for detached observation on partof thephysician to accurately diagnose and treat thepatient.11Increasingly, however, studieshave disputed this view, asserting that empathy leads

to better doctor-patient communication", facilitates trust and encourages disclosure which can be directly therapeutic''. Simultaneously, there are less chances of physician burnout,due to higher levels of workrelated satisfaction."

There is a wealthof literature examiningthe links between empathy and altruism and various other factors including, but not limited to, gender,age,geographical location,ethnicity andreligiosity.Formost of these factors, there have been mixed reports but in general, the pattern that has emerged seems to point towards higher levels of empathy among women, the married and the widowed, those with more friends, those belonging to more voluntary associations, those who believein astrongsystemof justiceand thoseagainst thedeath penalty.''The literature on the association between religiosity and empathy is especl lly diverse with some studies showing no association" andothersindicatingadistinct posltiveassociation'.

The society of Pakistanconsistsof auniqueamalgam of religious and

liberal sects. To our knowledge, no study has been conducted to investigate the relationship of religiosity and empathy in Pakistani medical students. Our study attempts to fill this gap with an aim tofind this relationship among Muslim medical students of our country.

#### MfTHOOOLOGY

This cross sectional study was conducted at CMH Lahore Medical College from January 1st to February 1st, 2015.Students from 1st year MBBS to fourth Year MBBS were surveyed using a self­ administered questionnaire, The questionnaire consisted of three sections: demographics section, multidimensional emotional empathy scale and Orthodoxy Scale of Funk's Survey of Attitudes towardReligionandPhilosophy of life.Onlythoserespondents were

included who had consented to take part in the survey. The participants were ensured anonymity and thai only group level findingswouldbe reported.

Multidimensionalemotional empathy scale devised by Caruso and Mayer was used to assess levels of emotlonal empathy in these students.This scale has shown excellent psychometric properties in

American adults and adolescents (alpha reliability = 0.88)." It

assesses various facets of emotional empathy.However, thepresent study analyzes the associations of totalscoreon empathy scale.

Religious orthodoxy of medical students was assessed with the Orthodoxy Scale of Funk's Survey of Attitudes toward Religion and Philosophy of Life.' This scale records responses on a 5 point Likert scale and yields a mean scoreshowing the respondents' acceptance

of religious teachings.

Atotal of225 questionnaires were circulated among the studentsto ensure a good response percentage. Data were analyzed in SPSS v.

20.Frequencies of demographic variables and mean (SD) values for age, empathy scale and Orthodoxy scale were recorded.

MBBS.Detaileddemographic dataisgiveninTable 1.Meanageof the respondent was 20.83 (1.7). Mean score(SD) on empathy scale was 105.9(15.2) and 36.03(9.5)on orthodoxy scale.

Multiple regression analysis revealed that emotional empathy was positively associated with female gender. However, there was no significant association of emotional empathy with religious orthodoxy,ageor studyyearof respondents.(Table 2)

#### Table I: Demographics of medical students

|  |  |  |
| --- | --- | --- |
| **Variable** |  | **N(%)** |
| Gender | Male | 48 (25.3) |
|  | Female | 142 (74.7) |
| Background | Rural | I 7 (8.9) |
|  | Semi-Urban | 22 (! 1.6) |
|  | Urban | 151 (79.5) |
| Professional year | 1s' year | 45 (23.7) |
|  | 2" year | 45 (23.7) |
|  | 3rd year | 76 (40) |
|  | 4th year | 24 (12.6) |

**Table 2: Multiple regrl'ssion model for scores on empathy scale**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Predictor | B | Std. Error | Beta | P- value |
| (Constant) | 85.894 | 21.740 |  | .000 |
| Age of the resoondenl | -.368 | .993 | •.042 | .711 |
| Gender of rc r,ondcnt | 10.263 | 2.489 | .294 | .000 |
| Bnck!(round | 4351 | J.7.49 | .082 | .247 |
| Professional Year | ·.182 | 1.552 | -.013 | .907 |
| Rcliuious Onhodoxv | .052 | .I 14 | .033 | .649 |

Adjusted R'= .07

## DISCUSSION

The only positive finding in our study was the gender difference in empathy. Female gender was associated with higher scores on the empathy scale(p<0.001). Our findingisperfectly in accordance with

Multiple linear regression was employed to analyze association of variables with scores on multidimensional emotionalempathy scale. All assumptions for linearregression weremet.



**RESULTS**

Total response rate *was* 84.4% (190/225). Most of the re5pondents taking part in this study were female and enrolled in third year of

earlier studies on the subject. which almost unanimously show females to be moreempathic.For ir1Stance,Mestreet al,in astudy of gender differences In empathy on adolescents from Spain, found that females scored higher both on emotional and cognitive empathy than males and the differences between the two genders increased withage." Similarly, Toussaint et al.also found females to be more empathic." Kmiec, in his study on undergraduate psychology students of East Carolina University, USA, found that

while women scored higher on emotional empathy, there were no gender differences in cognitive or state empathy.10 The exact reason for this generally consistent finding in literature, however, is less clear. One explanation is the evolutionary hypothesis of parental investment according to which females are more receptive to emotional signals than men. This leads them to develop a more caregiving attitude not onlytowards their offspringbut also to other people. which may explain higher empathy In them."Another possiblereasonIs thedifferingrolesthat societyattributes to the two genders, Kmiec, for instance, argues that the observed gender differences in empathy can be explained simply by the stigma associated with emotional empathy among men causing them to answer negatively to questions concerning emotional empathy; females, on the contrary, answer positively since society considers empathy to be a desirable quality among them.lo This also is supported by Heisenberg et al, who contend that the gender differences in empathy are seen only In studies that use self-report scales while no sex difference is observed in studies that measure empathy through "psychological or unobtrusive observations of nonverbal reactions to another's emotional state"."Further research is needed to elucidate the exact cause of higher empathy among females.



Our research found no significant association of religiosity and empathy. This is surprising since, as mentioned above, religion is generally considered to endow a person with understanding and empathy towards fellow beings thus,making religious people more willing to help those in need. 0Lir finding, thus,seems to contradict the traditional religion-prosociality relationship emphasized repeatedly in literature." A study by Ayten also goes against our finding. In hisinvestigation on Turkish Muslims, he found religiosity to be positivelycorrelated withbothempathyandhelp1ng behavior'. At the same time, our finding also finds amplesupport in literature. For instance, Markstorm et alfound that in a sample of 408 adolescents, religious attendance was not related to empathy.21Slmllarly,Durlezassessedthereligion-empathyrelationIn Belgian psychology students and found that empathy was not relatedto religiosity; instead, it was related to students' approach ro religion." The question arises whether such polarity of findings can be justified by any explanations. Duriez's"religious approach" hypothesis offersan explanation. Accordingto him,theapproach of a person to his religion and his individual temperament, rather than thereligion he follows,decidewhether he'sempathic towards fellow human beings or not. Thus, individual differences in approach towards religion and asa consequence, in empathyamong religious people may be responsible for the contradictory findings in literature.Ourresultmay alsofindanexplanation In the uniquesocial environment of Pakistan. Over the pa.st few decades. religious extremism and hatred for western civilization have been promoted by many religious sects of the country, This has divided the society into two distinct sects, religious and liberal, eachviewing the other with distrust and antagonism. The war against terrorism that has claimed around 50,000 lives since its beginning In 200l has only served to aggravate the already hostile social environment of P<1kistan.'' Thus, religious extremism and distrust for people with differing opinions may be responsible forlower empathy among the religious Muslimstudents of Pakistan when compared to theTurkish Muslims of Ayten's study'. From our study, it is clear that religiosity­ empathy relationship is a complex one defying any simple explanation. *We* encourage further research into it to explain the diverseandcontradictory findingsseen in published literature.

### CONCLUSION

Our study sought the answer to a much debated question: "Are religious people really more empathic and caring than other

people*r* The answer we got was no, religious people are not more

empathic than non-religiouspeople.However,as pointedout above, explaining our answer is a complex task withseveral factorscoming into play including the unique social and cultural situation of our country.

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