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DEVELOPMENT OF EMPATHIC ABILITIES IN MEDICAL STUDENTS

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РОЗВИТОК ЕМПАТІЙНИХ ЗДІБНОСТЕЙ У СТУДЕНТІВ-МЕДИКІВ

The aim of the work – to study the problem of empathy among medical students, cognitive and emotional direction of empathy.

The main body. The study of empathy issues in psychology is of rather long history. The empathy is defined as the human ability to respond emotionally to the worries of another person, animal or any anthropomorphized subject; as an exceptionally emotional phenomenon representing the process of mutual worries – sympathy – internal perception; as realization of emotional state of another person, penetration into the worries of another man; as an ability to touch to emotional life of another person sharing his/her worries; as "transformation" into the position of another man, ability to fell in his/her position; as a sensation reproducing moral unity. In order to study possible relations between empathy and experiencing fault and shame, the empirical research was conducted involving 37 fourth-year students from Bukovyna State Medical University applying the methods of V. V. Boiko to diagnose empathy and J. Tangney to assess feelings of fault and shame.

Conclusion. The necessity to investigate the level of empathy abilities of medical students and their continuous development is stipulated by the time as an important constituent of high professional and humane qualities of a modern doctor.

Key words: empathy; emotional condition; medical students.

Мета роботи – вивчити проблему емпатійності у студентів-медиків, когнітивний та емотивний напрямки емпатій.

Основна частина. Вивчення проблеми емпатії в психології має досить тривалу історію. Емпатія визначається як здатність людини емоційно відгукуватися на переживання іншої людини, тварини чи будь-якого антропоморфізованого предмета; як суто емоційний феномен, що репрезентує процес співпереживання – співчуття – внутрішнього прийняття; як осягнення емоційного стану іншого, як проникнення в переживання іншої людини; як здатність прилучатися до емоційного життя іншого, розділяючи його переживання; як "учуття" в позицію іншого, вміння поставити себе на його місце; як почуття, що передає духовне єднання. Ми провели емпіричне дослідження, у якому вибіркою стали 37 студентів IV курсу Чернівецького медичного університету і використовувалися методики В. В. Бойка для діагностики емпатії та Дж. Тангней для вимірювання почуття провини та сорому. Здатність до емпатії разом з розвитком таких базових і загальнолюдських моральних за характером почуттів, як провини та сорому, що визначають етичну спрямованість самосвідомості особистості, є професійно важливими якостями для представників допомагаючих професій, зокрема медика.

Висновок. Велінням часу є необхідність дослідження рівня емпатійних здібностей студентів-медиків та їх постійний розвиток як важлива складова частина високих професійних і медичних якостей сучасного лікаря.

Ключові слова: емпатія; емоційний стан; студенти-медики.

Introduction. Nowadays, when development of market economy stipulates inclination to appreciate mostly business human qualities, pragmatic approach and compatibility, universal moral characteristics making a man humane in its full sense partially lose their humanistic value subsiding to the background. Although, it should be kept in mind that really moral and humane attitude to people (manifested in empathic abilities in particular) does not lose its value, and in the professions of "human-to-human" type empathy and other moral qualities play a role of professionally valuable features stipulating the topicality of the empathy issue concerning future doctors and our certain interest to it.

The aim of the work – to study the problem of empathy among medical students, cognitive and emotional direction of empathy.

The main body. The study of empathy issues in psychology is of rather long history. It has been analyzed by E. Titchener, Z. Freud, E. Fromm, K. Rodgers, M. Hoffmann, C. Beitson, S. Ferentino, T. P. Havrylova, V. V. Boiko, I. M. Yusupov, N. I. Sardgveladze, A. Megrabian, Ye. P. Ilin et al., and it is the evidence of unsystematized and generalized scientific image concerning empathy phenomenon.

The notion "empathy" originates from ancient Greek philosophy where it was understood as sympathy and intellectual objective generality when people sympathize with each other. The notion "empathy" in ancient

Greek philosophy was similar to that of "sympathy for somebody". The prefixes "em-" and "sym-" are similar to that of "related to" or "assimilated" emphasizing sufferings of one subject and personal perception to it of another one. The studies associated with the notions "sympathy", "understanding" and "feeling" are found to contribute greatly into the development and establishment of the notion "empathy". Herewith, sympathy is accepted as a quality of human soul and considered as a regulator of relations between people inside the society, the basis of conscience, altruism, and justice. In order to sympathize with somebody one should be in his or her position or situation [1].

First the word "empathy" appeared in the English vocabulary in 1912 and was interpreted similar to that of "sympathy". The sense of the term "empathy" at that time was literal meaning the process of emotional sincere penetration into another human state. Gradually the accent migrated from the emotional reaction to understanding through imaginary transformation and taking referenced position of another person [2].

The term "empathy" introduced into psychology by E. Titchener is a loan translation from German "Einfühlung", first used by T. Lipps. Many scientists as Y. P. Ilyin indicates "define empathy as the most valuable factor in the formation of assisting behavior" and professionally important quality for those individuals whose work is directly associated with other people [3].

In Ukrainian psychology the term "empathy" was introduced only at the beginning of the 70-s of the last century by T. P. Havrylova who considered empathy as an ability of an individual to respond emotionally to sufferings of another one [4].

Review of scientific literature indicates that there are two main directions in the study of empathy issues: *cognitive and emotive.*

In the first case empathy is considered as a method of understanding of another man, as "mental communication" or intellectual reconstruction of the inner world of another man, that is, merely intellectual process. With this approach empathy is defined as understanding of the inner world of another man and as a kind of sensory cognition.

The representatives of another trend interpret empathy as an emotional state occurring in a subject witnessing worries of another man. In this case empathy is considered as an affective phenomenon, the essence of which consists of penetration into affective orientations of another man, ability to concern somebody's emotional life, and share emotional state. Certain psychologists who investigate empathy in addition to cognitive and emotive components differentiate behavioural one in empathic interaction [5].

Certain scientists in addition to cognitive and emotive components sort out *activity* component of empathic interaction or active empathy which is characterized by an active assistance and help given to another person [6].

According to S. D. Maksymenko empathy is characterized by the ability of an individual to experience worries and emotions of another person by means of identification with him/her, to sympathize with another person, and to ensure social conditionality of behavior [7].

Empathy is a special method of understanding another man when emotional perception of the inner world dominates over the rational one. In social-psychological context empathy is a skill acquired in the process of socialization providing ability to accept social roles and social attitude of other people, imagine oneself in a social position of other people and predict their reactions [8].

In modern psychology there are many other ideas concerning empathy: *first*, empathy is considered as a psychic process directed to modeling of the inner world of another man suffering. In case of this approach to empathy its character is considered to be as dynamic, procedural and phase. *Second*, empathy is considered as a psychic response to a stimulus. *Third*, empathy is defined as a property or ability of a developing personality to produce an indirect emotional response to another man worries including reflexes of the internal conditions, thoughts and sensations of the empathy subject himself [9].

Nowadays, empathy is defined as the human ability to respond emotionally to the worries of another person, animal or any anthropomorphized subject; as an exceptionally emotional phenomenon representing the process of mutual worries – sympathy – internal perception; as realization of emotional state of another person, penetration into the worries of another man; as an ability to touch to emotional life of another person sharing his/her worries; as "transformation" into the position of another man, ability to fell in his/her position; as a sensation reproducing moral unity [10].

There are different criteria to differentiate kinds and forms of empathy, for example:

1) *empathy genesis* (global, egocentric and pro-social empathy is determined on the basis of this criterion);

2) *empathy disposition* (personality and situational empathy);

3) *empathy developmental levels* (elementary-reflexive and personal forms of empathy). This criterion to

determine empathy forms as a direction of empathic worries is associated with a common direction of a personality and its value orientation. According to this criterion empathy is divided into sympathy and sharing worries [11].

Meanwhile, the research conducted by O. I. Nefedchenko contains another classification of empathy kinds: *intuitive* – subconscious response to another person worries; *rational* – response on the base of intensive analysis of the information concerning somebody else; *emotional* – emotional response to the worries and feelings of another subject; *cognitive* – characterized by the domination of the processes to understand others, assessment of the perspective of further events; *behavioural* – response of a volitional type manifested in motivation of an empathy object to something [2].

V. V. Boiko differentiates the following kinds of empathy: 1) *rational empathy* (realized by means of intensive analytical information processing about another man), 2) *emotional empathy* (realized through the emotional experience of worries and feelings) 3) *intuitive empathy* (information processing concerning somebody else is conducted on intuitive level) [12].

V. T. Tsyba suggests the following forms of empathy: 1) *sharing worries* – experiencing the emotional states similar to those with another person through the identification with this person; 2) *sympathy* – experiencing one's own emotional states due to the feelings of another person: understanding participants of communication because everyone imagines oneself in the position or situation of another one; social reflexion/introspection as self-knowledge by the eyes of another person, "realization of the fact how an active individual is perceived by a partner in communication" [8]. Similar forms are determined by T. P. Havrylova.

The most spread classification is the one in which psychologists differentiate three levels of empathy:

1) *the lowest* including blindness to the feelings and thought of other people. Such kind of individuals is more interested in their own opinion. Meanwhile if they think that they know and understand other people well enough, their conclusions are often wrong. Although they are not able to realize their mistakes due to a low level of empathy and their own mistakes my last for their whole life. Low empathy level is characterized by underdeveloped sensation of experiencing some other's worries.

2) *an average level* of empathy is found in the majority of people and is manifested when an individual is able to sympathize with another person who needs it at any time, but at the same time, the former is not willing to take care completely. Occasional blindness to the feelings and thoughts of other people occurs most frequently. This level is peculiar for any individual types but in various manifestations.

3) *the highest level* is characterized by continuous, deep and clear understanding of another person, imaginary reproduction of this person's worries, their perception as one's own, deep tactfulness that makes realization of one's own problems easier and making right decisions without any imposing of one;s own opinion or interests. It requires rejection from one's own "Me", and build relationships on the principles of mutual trust and altruism [13].

In I. M. Yusupov's opinion there are five stages of empathy: *very high, high, average, low, and very low.*

The first stage (*very high*) characterizes a personality who accepts other people problems rather unhealthy. Such an individual responds very delicately to another interlocutor's mood in communication. Usually the surroundings use such individuals. These people often suffer from their fault complex being rather afraid of disturbing others. With this attitude to life people of such kind are very close to nervous breakdown.

The second stage (*high*) characterizes a personality who is sensitive to the problems and needs of the surroundings. Such people are generous, ready to forgive others. They are emotional, sensitive, friendly, easy-going, quick to contact with others.

The third stage (*average*) is found in the majority of people. They do not belong to especially sensitive individuals. They are attentive in communication, but with excessive effect of feelings of their interlocutor they lose patience. They consider it better not to express their opinion, do not possess open feelings, and it prevents them from perception of other people in full value.

The fourth stage (*low*) is peculiar for an individual who experiences difficulties in making contacts with other people. He/she does not feel at ease with many people. Such individuals prefer to lead a secluded life but not to work with people. They consider business qualities higher than sensitiveness.

The fifth stage (*very low*) characterizes an individual with underdeveloped empathy ability. Such people lead a secluded life. They are not initiators of communication. They experience special difficulties in making contacts with children and older people. Very often individuals with very low stage of empathy do not find mutual understanding with the surroundings [14].

Experiencing basic emotions of fault and shame are associated with the formation of human moral forms of behavior (conscience) and personality development

(formation of self-consciousness). In K. Izard's opinion, it is sensation of fault (as the most essential emotion) that plays the most important role in the process of establishment of behavioral moral patterns [15].

Psychological understanding of fault means experiencing one's own dissatisfaction associated with realization of one's own behavior and perceiving moral standards [16]. That is, the main reason of experiencing fault is "wrong doing" that contradicts moral, ethical, or religious norms (such wrong doing can provoke experiencing fault in case an individual was not able to hide it). Fault occurs in situations associated with the sense of responsibility. Herewith, "experiencing fault, pangs of conscience are already a kind of punishment for such a person". Moreover, such a person experiences "painful sense of isolation" from another person injured by the former [16].

Shame is agitation due to realization of a bad deed or getting into a humiliating situation resulting in the sensation of being disgraced or dishonored. Shame makes people prone to emotions and estimation of the surroundings. As a rule, the reason for shame is deeds of other people, the reason for fault – one's own deeds or inability to act [16].

Fixation of the attention on oneself during shame intensifies self-criticism, makes somebody realize his/her internal contradictions promoting formation of more adequate image of "Me". An individual begins to understand better how he/she looks in somebody's eyes. Shame is an "internal punishment" and a strong motivator of human behavior [16].

According to J. Tangney fault is experienced as discomfort condition associated with disorders of moral and legal norms existing in the society. This is emotion of self-formation and self-evaluation which is an internal regulator of human ability to behave with morality and responsibility, while shame is a negative feeling focused on the deed or certain quality of a subject. Experiencing shame is associated with sensation of social rejection of something which is shameful occurring in case those to be ashamed of are present [17].

In order to study possible relations between empathy and experiencing fault and shame, the empirical research was conducted involving 37 fourth-year students from Bukovynian State Medical University applying the methods of V. V. Boiko [18] to diagnose empathy and J. Tangney to assess feelings of fault and shame [17].

The use of V.V. Boiko methods enabled to find that the majority of those involved in the study (62.16 %) had a lowered level of empathy development, 21.62 % of students – average and 2.71 % – high levels to develop ability to empathy. The rest of those involved in the study (13.51 %) had very low level of empathy. Among the parameters of the method purpose and penetrating ability in empathy prevail (average – 3.62 and 3.41 points), while identification in empathy and development of its intuition canal lag behind. That is, those asked show their ability to create the atmosphere of openness and trust, and be attentive to the surrounding people. Meanwhile, the ability to understand another individual imaging oneself in his/her place or intuitionally feel another person's state are not sufficiently developed.

The analysis of results obtained by J. Tangney method is indicative of the fact that according to average indices in the examined sample experience of fault prevails over the feeling of shame (average – 49.41 (an average level of the index) and 35.81 points (lower level) respectively); externalization and detachment of students are found to be on a lower level (35.22 and 27.95 points); alpha pride (self-pride, arrogance) considerably exceeds beta pride (for what has been done) (16.49 and 16.41 points which correspond to an increased level of indices respectively). The majority of those asked (64.87 %) was found to experience the feeling of fault on an increased level (they might not quite positively assess the equivalence of their behavior to the moral social standards regretting their certain deeds trying to correct something from that has been done), while the feeling of shame (54.05 %) (the result of realization of getting into an unpleasant situation), detachment (56.76 %) (desire to relieve someone of responsibility for violation of the accepted moral standards) and externalization (51.35 %) (desire to find the reasons of actions in external factors mostly) – on an average.

The conducted correlation analysis demonstrated that empathy components and its general index are statistically connected with certain parameters of another method: emotional and intuitive canals, arrangement in empathy and level of its development on the whole – with experience of shame ($r = 0.63$; $r = 0.33$; $r = 0.35$ and $r = 0.47$ respectively); moreover, intuitive empathy canal correlates with experience of fault by those asked – $r = 0.33$, which in general is indicative of existence of relations between these psychological phenomena.

Therefore, empathy means not only sharing worries or sympathy, but the ability of an individual to feel and experience emotional state of another person as one's own, accept the surrounding world similar to that as

another person, feel pain or pleasure similar to the feelings of another one. Ability to empathy together with the development of basic and general human moral feelings as fault and shame, determining ethic direction of personality self-consciousness, are professionally important qualities for the representatives of related professions, and a medical specialist in particular.

Conclusion. The necessity to investigate the level of empathy abilities of medical students and their continuous development is stipulated by the time as an important constituent of high professional and humane qualities of a modern doctor.

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