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Effect of Life Skill Training On Empathy of The Iranian High School Students

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Abstract:

Present study was aimed at studying the effect of life skill training in high school female students in Tehran, Iran. For this purpose initially five high schools were selected randomly. Then from each school 30 students were selected whom the authorities of schools felt had some problems. Finally, 60 students were selected 12 from each school that had problems in empathy. Therefore, total sample of the present study comprised sixty (60) female students. Then, they were assigned randomly to experimental and control groups. Each group had 30 subjects the experimental group was given Life skill training for 10 days, while the control group wasn't given such training. Empathy of the Experimental and control group was measured before and after Life skill training. Empathy was measured with the help of the Davis empathy inventory (1980). This inventory includes the dimensions of fantasy, perspective taking, empathic concern, and personal distress. Analysis of Co-variance (ANCOVA) was used to analyze the data. Results showed that on all the dimensions of empathy experimental group had scored better on post condition than control group. Thus, life skill training was highly effective in improving empathy of subjects. Effect size of life skill training on all the dimensions of empathy was found to be large.

Keywords: Empathy, life skill training, experimental group

1. Introduction

Age of high school students come under adolescents group worldwide. In Iran, age of high school students ranges from 14 to 17 years. This period is very sensitive for the development as adolescence is a transitional period between childhood and adulthood. Its age boundaries are not exact, but in western society adolescence begins at around age 13 and ends at about age 22 (Weiten & Lloyd, 2007), during which a young person is no longer physically a child but is not yet an independent, self-supporting adult. Although there is a clear age of onset, the end of adolescence may come early or late for different individuals (Ciccharelli & Meyer, 2006).

The beginning of adolescence is marked by puberty, an increase in biological events leading to an adult sized body and sexual maturation (Berk, 2007).

This transition is so crucial that adolescents face problems in certain areas of life such as parent child conflicts, risky behaviors and mood changes. If these issues are not resolved the individual suffers role diffusion or negative identity, which results in mismatched abilities and desires, direction lessens and unpreparedness for the psychological challenges of adulthood (Berk, 2007). Many adolescents face these problems because of the lack of empathy. Empathy is very important for resolving many problems.

1.1. Empathy

Carl Rogers (1975) wrote the state of empathy or being empathic is to perceive the internal frame of reference of another with accuracy and with the emotional components and means which pertain as if one were the person, but without ever losing the as if condition (Quoted in Gallo 1989).

As Gallo (1989) put it: an empathic response is one which contains both a cognitive and an affective dimension. The term empathy is used in at least two ways; to mean a predominantly cognitive response, understanding how another feels, or to mean an affective communion with the other.

It is the ability to feel and share another person's emotions. Some believe that empathy involves the ability to match another's emotions, while others believe that empathy involves being tenderhearted toward another person (Snyder, Lopez & Jennifer, 2011).

Empathy necessarily has a "more or less" quality. The paradigm case of an empathic interaction, however, involves a person communicating an accurate recognition of the significance of another person's ongoing intentional actions, associated emotional states, and personal characteristics in a manner that the recognized person can tolerate. Recognitions that are both accurate and tolerable are central features of empathy (Schwartz, 2013).

Empathy has been identified by Kagan (1984) as one of the "core moral emotions." Hoffman (1991) considers empathy to be an affective response to another's distress that is "more appropriate to someone else's situation than to one's own he describes it as a bystander phenomenon, such that empathy is aroused in one who is observing (or imagining) another's plight from the outside. In a fairly complex developmental model, Hoffman describes five types of empathy ranging from automatic involuntary reactions of infants to other infants' cries to mature, reflective reactions to the meaning of others' unfortunate circumstances. Empathic responding has been positively related to altruism (Eisenberg & Miller, 1987) and negatively related to antisocial behavior (Gibbs, 1987). Therefore, developing empathy through life skill training becomes important.

1.2. Life Skills Training

Life skills have been defined by the World Health Organization (WHO) (1999) as, "the abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life".

The main aim of life skills training is to make children perform better in all walks of life by acquiring psychological competence. The life skills approach lends itself well to implementation across cultures and has been integrated into curriculum in various countries (Godfrey, Toumbourou, Rowland, Hemphill, & Munro, 2002; Lloyd, Joyce, Hurry, & Ashton, 2000). This training has been found to be effective in many countries in dealing with many problems of young people. But there is a paucity of research of effectiveness of this training on young people in Iran.

Therefore, present investigation was planned to study the effect of life skill training on empathy of Iranian high school female students.

2. Methods

2.1. Sample and Design

Total sample of the present study comprised sixty (60) female students. They were selected from five different schools of Tehran, Iran. Then, they were assigned randomly to experimental and control groups. Each group had 30 subjects. Age of the subjects ranges from 14 to 17 years.

Design of the present study was pre and post control group design

2.2. Tool

2.2.1. The Empathy Questionnaire

In the present investigation empathy was measured with the help of empathy questionnaire developed by Mark H. Davis (1980). Empathy questionnaire is 28-item questionnaire, consisting of four discrete, seven-item subscales

- Fantasy scale (FS)-This subscale include 7 items 1, 5, 7, 12, 16, 23, 26
- Perspective taking (PT) - This subscale include 7 items 3, 8, 11, 15, 21, 25, 28
- Empathic concern (EC) - This subscale include 7 items 2, 4, 9, 14, 18, 20, 22
- Personal distress (PD) - This subscale include 7 items 6, 10, 13, 17, 19, 24, 27

Fantasy-empathy scale appears to tap the tendency to imaginatively transpose oneself into fictional situations (e.g., books, movies, daydreams). The second subscale, the perspective taking scale (PT), on its face seems to reflect an ability or proclivity to shift perspectives -- to step "outside the self" -- when dealing with other people. The items comprising this scale refer not to fictitious situations and characters, but to "real life" instances of perspective-taking. The other two subscales explicitly deal with individual differences in emotional responses to observed emotionality in others. The first of these, the empathic concern scale (EC), consists of items assessing the degree to which the respondent experiences feelings of warmth, compassion and concern for the observed individual. The personal distress scale (PD), on the other hand, measures the individual's own feelings of fear, apprehension and discomfort at witnessing the negative experiences of others.

In the present study the Cronbach alpha coefficients reliability estimates were $r=.74$ for total empathy, $r=.86$ for fantasy, $r=.63$ for perspective taking, $r=.79$ for empathic concern and $r=.68$ for personal distress.

2.3. Procedure

In the beginning five high schools were selected randomly. Then from each school 30 students were selected whom the authorities of schools felt had some problems. Thereafter, empathy questionnaire was administered to all these 150 female students. Finally, 60 students were selected 12 from each school that was having problems in empathy. Therefore, total sample of the present study comprised sixty (60) female students. Then they were assigned randomly to experimental and control groups. Each group had 30 subjects. The experimental group was given Life skill training for 10 days, while the control group wasn't given such training. Each session lasted from 45 to 75 minutes. The types Of life skills UNICEF, UNESCO and WHO list are:1-Self-awareness building skills2-Problem solving 3-Critical thinking 4-Creative thinking 5-Decision making 6-Interpersonal relationship skills7-Communication skills 8-Empathy 9-Learning to set goals 10-Coping with stress and 11-Advocacy. In the present research only the six life skills as indicated in the following table were taught to the experimental group by the trainers, Mr. Hasan Rahimi and Ms.Fahime Rezaei.

Sl. No.	Number of sessions	Life skill
1	2sessions	self-awareness
2	1sessions	Empathy
3	2sessions	Learning to set goals
4	1sessions	decision –making
5	2sessions	coping with stress
6	2sessions	interpersonal skills

Empathy of Experimental and control groups was measured before and after Life skill training. Obtained data were analyzed with the help of ANCOVA.

3. Results

Obtained results are being presented in the following tables:

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	3702.383(a)	3	1234.128	4.330	.008
Intercept	11360.349	1	11360.349	39.860	.000
Group	22.701	1	22.701	.080	.779
empathy.1	689.406	1	689.406	2.419	.126
group * empathy.1	91.617	1	91.617	.321	.573
Error	15960.201	56	285.004		
Total	277733.000	60			
Corrected Total	19662.583	59			

Table 1: Comparison between control and experimental group on total empathy (Covariate in pre condition)

It can be observed from table-1 that there was insignificant F ratio ($F=.321, p>.05$) between variance of experimental and control group on total empathy. It means that variance is equal in these two groups. Therefore, we can perform the ANCOVA.

Group	Mean	Std. Deviation	N
Experimenta 1	72.5667	19.12334	30
Control	58.6000	14.54031	30
Total	65.5833	18.25552	60

Table 2: Mean and S.D. of Experimental and Control group for total empathy (Post)

	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	2907.948	1	2907.948	10.203	0.01	.154
Error	15960.201	56	285.004			

Table 3: Comparison between Experimental and Control group on total empathy (Post)

Table-3 showed that there was significant difference at .01 levels between the two groups on post assessment of total empathy. It may be seen from above table -2 that in the post condition the mean of experimental group was significantly higher (Mean= 72.56) than that of control group(Mean =58.60). It means life skill was effective in improving the total empathy of experimental group. The effect size of the life skill training on total empathy was large (as per the guidelines of Cohen, 1988; .01 small, .06 moderate, .14 large) as depicted by partial Eta squared (.154).

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	248.450(a)	3	82.817	6.095	.001
Intercept	1750.201	1	1750.201	128.813	.000
Group	1.494	1	1.494	.110	.741
fantasy1	7.685	1	7.685	.566	.455
group * fantasy1	40.882	1	40.882	3.009	.088
Error	760.883	56	13.587		
Total	15116.000	60			
Corrected Total	1009.333	59			

Table 4: Comparison between control group and experimental group on fantasy (Covariate in post condition)

It can be observed from table-4 that there was non-significant F ratio (F= 3.009, p>.05) between variance of experimental and control group on Fantasy. It means that variance was equal in these two groups. Therefore, we can perform the ANCOVA test.

Group	Mean	Std. Deviation	N
Experimental	17.1667	2.75535	30
Control	13.5000	4.50096	30
Total	15.3333	4.13610	60

Table 5: Mean and S.D. of Experimental and Control group for fantasy empathy (Post)

	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	207.865	1	207.865	15.299	0.01	.215
Error	760.883	56	13.587			

Table 6: Comparison between Experimental and Control group on fantasy empathy (Post)

Two groups differed significantly on fantasy empathy at .01 levels in post condition (table-6). It may be seen from above table -5 that in the post condition the mean of experimental group was significantly higher (Mean= 17.16) than that of control group (Mean =13.50). The effect size of the life skill training on fantasy empathy was large (as per the guidelines of Cohen, 1988; .01 small, .06 moderate, .14 large) as depicted by partial Eta squared (.215).

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	438.411(a)	3	146.137	8.067	.000
Intercept	277.546	1	277.546	15.321	.000
Group	95.319	1	95.319	5.262	.026
perspective_taking1	188.679	1	188.679	10.416	.002
group * perspective_taking1	44.382	1	44.382	2.450	.123
Error	1014.439	56	18.115		
Total	18691.000	60			
Corrected Total	1452.850	59			

Table7: Comparison between control group and experimental group on Perspective taking empathy (Covariate in pre condition)

It can be observed from table-7 that there was insignificant F ratio (F= 2.450, p>.05) between experimental and control group on Perspective taking. It means that variance is equal in these two groups. Therefore, we can perform the covariance test.

Group	Mean	Std. Deviation	N
Experimenta 1	18.8000	4.34225	30
Control	15.1000	4.91549	30
Total	16.9500	4.96232	60

Table 8: Mean and S.D. of Experimental and Control group for Perspective taking empathy (Post)

	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	205.350	1	205.350	11.336	.001	.168
Error	1014.439	56	18.115			

Table 9: Comparison between Experimental and Control group on Perspective taking empathy (Post)

Experimental and control group differed significantly at .01 levels on perspective taking empathy (table-9). It may be seen from above table -8 that in the post condition the mean of experimental group was significantly higher (Mean= 18.80) than that of control group(Mean =15.10). It showed that life skill training was effective in improving perspective taking empathy in experimental group. The effect size of the life skill training on perspective taking empathy was large (as per the guidelines of Cohen, 1988; .01 small, .06 moderate, .14 large) as depicted by partial Eta squared (.168).

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	464.148(a)	3	154.716	13.019	.000
Intercept	577.943	1	577.943	48.632	.000
Group	328.303	1	328.303	27.626	.000
empathic_concern1	60.394	1	60.394	5.082	.028
group * empathic_concern1	205.934	1	205.934	6.064	.397
Error	665.502	56	11.884		
Total	14361.000	60			
Corrected Total	1129.650	59			

Table 10: comparison between control and experimental group on empathic concern (Covariate in pre condition)

It can be observed from table-10 that there was non-significant F ratio (F= 6.064, p>.05) between variance of experimental and control group on empathic concern. It means that variance is equal in these two groups. Therefore, we can perform the ANCOVA test.

Group	Mean	Std. Deviation	N
Experimental	16.9000	4.35771	30
Control	12.8000	3.35693	30
Total	14.8500	4.37568	60

Table 11: Mean and S.D. of Experimental and Control group for empathic concern (Post)

	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	243.461	1	243.461	20.487	0.01	.268
Error	665.502	56	11.884			

Table 12: Comparison between Experimental and Control group on empathic concern (Post)

Table-12 showed significant difference between two groups at .01 levels. It may be seen from table -11 that in the post condition the mean of experimental group was significantly higher (Mean= 16.90) than that of control group (Mean =12.80) on empathic concern. The effect size of the life skill training on empathic concern was large (as per the guidelines of Cohen, 1988; .01 small, .06 moderate, .14 large) as depicted by partial Eta squared (.268).

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	354.511(a)	3	118.170	5.691	.002
Intercept	810.665	1	810.665	39.043	.000
Group	79.887	1	79.887	3.848	.055
Personal_distress1	30.260	1	30.260	1.457	.232
group * Personal_distress1	21.086	1	21.086	1.016	.318
Error	1162.739	56	20.763		
Total	18351.000	60			
Corrected Total	1517.250	59			

Table13: comparison between control group and experimental group on personal distress (Covariate in pre condition)

It can be observed from table-13 that there was non-significant F ratio ($F = 1.016$, $p > .05$) between variance of experimental and control group on personal distress. It means that variance is equal in these two groups. Therefore, we can perform the ANCOVA test.

Group	Mean	Std. Deviation	N
Experimental	18.9333	3.40318	30
Control	14.5667	5.55650	30
Total	16.7500	5.07110	60

Table 14: Mean and S.D. of Experimental and Control group for personal distress empathy (Post)

	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	295.070	1	295.070	14.211	0.01	.202
Error	1162.739	56	20.763			

Table 15: Comparison between Experimental and Control group on personal distress empathy (Post)

Table-15 revealed significant difference between two groups at .01 levels. It may be seen from above table-14 that in the post condition the mean of experimental group was significantly higher (Mean= 18.93) than that of control group (Mean =14.56). The effect size of the life skill training on personal distress empathy was large (as per the guidelines of Cohen, 1988; .01 small, .06 moderate, .14 large) as depicted by partial Eta squared (.202).

4. Discussion

Table-3 of ANCOVA showed that in the post condition the two groups differed significantly. It can be seen from table-2 that the mean of experimental group was significantly higher (Mean=72.56) than that of control group (Mean =58.60). This means that life skill training was effective in increasing total empathy of experimental group. Effect size of the life skills training on total empathy was large. Yadav & Iqbal (2009) had also reported similar findings.

Sympathy is clear instance of the affective component of empathy. Sympathy is said to occur when the observer's emotional response to the distress of another leads the observer to feel a desire to take action to alleviate the other person's suffering (Davis, 1994). The observer may not actually act on this desire, but at the very least the Observer has the emotion of wanting to take appropriate action to reduce the other's distress. Empathy is a component of communication and can only be improved with appropriate training (Winefield & Chur- Hansen 2000). It allows us to understand the intentions of others, predict their behavior, and experience an emotion triggered by their emotion.

Table-6 of ANCOVA revealed significant difference between two groups. It can be seen from table-5 that in the post condition the mean of experimental group was significantly higher (Mean= 17.16) than that of control group (Mean =13.50). This means that life skill training was effective in improving fantasy empathy of experimental group. Effect size of this training was large on this dimension of empathy.

Fantasy empathy is the ability to imagine what life is like for another person, even in a situation that we may not be familiar with. Empathy can help us to understand and accept others who may be very different from ourselves, which can improve social interactions, for example, in situations of ethnic or cultural diversity. Empathy can also help to encourage nurturing behavior towards people in need of care and assistance, or tolerance, as is the case with AIDS sufferers, or people with mental disorders, who may be stigmatized and ostracized by the very people they depend upon for support. Fantasy is one of the factors of empathy defined by using imagination to experience the feelings and actions of characters in creative works.

Effective acquisition and application of life skills can influence the way we feel about ourselves and others, and equally will influence the way we are perceived by others. Life skills contribute to our perceptions of self-efficacy, self-confidence and self-esteem. Life skills therefore play an important role in the promotion of mental well-being. The promotion of mental well-being contributes to our motivation to look after ourselves and others, the prevention of mental disorders, and the prevention of health and behaviour problems. The present results are also supported by the study done by Harlak, Gemalmaz, Gurel, Dereboy & Ertekin (2008).

Table-9 of ANCOVA showed that experimental and control group differed significantly at .01 levels on perspective taking empathy. It may be observed from table-8 that in the post condition the mean of experimental group was significantly higher (mean= 18.80) than that of control group (mean =15.10). This means that life skill training was effective in improving perspective taking empathy of experimental group. Effect size of this was found to be large.

Perspective taking and empathy are two critical social skills. Programs in violence prevention have successfully taught specific skills that link perspective taking and empathy to appropriate behaviors. Young people are found to show increased skill in identifying and relating to another person's feelings if a real life role model demonstrates empathy for a character in a distressful situation (Feshbach, 1982). Guiding children to practice these empathic responses within conflict situations can build habits of thinking and caring about other people's perspectives and feelings and help them to come up with nonviolent solutions instead of resorting to aggression (Slaby & Guerra, 1988).

Table-12 of ANCOVA revealed significant difference between two groups. Table-11 showed that in the post condition the mean of experimental group was significantly higher (Mean= 16.90) than that of control group (Mean =12.80). This means that life skill training was effective in improving empathic concern of experimental group. Effect size of this was found to be large.

Empathic concern is other-oriented component of empathy defined by regard and sympathy for another's feelings and Personal distress is a self-oriented response to difficult interpersonal situations of others. Davis (1994) shows that empathy is a more varied and powerful construct than just connections with another's feelings. He includes implicitly the ability of self-projection onto another in a form of understanding, as well as the idea that one may project oneself onto a created character as opposed to a real person.

The empathic concern scale inquires about respondents' feelings of warmth, compassion and concern for others. The LST for empathy was effective in the present study similar to programmes of other researchers aimed at developing life skills which have produced the following effects: lessened violent behavior, increased pro-social behavior and decreased negative, self-destructive behavior, increased the ability to plan ahead and choose effective solutions to problems, improved self-image, self-awareness, empathy and emotional adjustment, increased acquisition of knowledge, improved classroom behavior, gains in self control and handling of interpersonal problems and coping with anxiety, and improved constructive conflict resolution with peers, impulse control and popularity. The present result has also been supported by other studies (Harlak, Gemalmaz, Gurel & Dereboy, 2007; McWhirter, Besett, Horibata & Gat, 2002).

Table-15 of ANCOVA showed significant difference between two groups. It can be seen from table-14 that in the post condition the mean of experimental group was significantly higher (Mean= 18.93) than that of control group (Mean =14.56). This means that life skill training was effective in improving personal distress empathy of experimental group. Effect size of life skills training on personal distress empathy was large.

Personal distress is a self-oriented response to difficult interpersonal situations of others. Davis (1994) shows that empathy is a more varied and powerful construct than just connections with another's feelings. He includes implicitly the ability of self-projection onto another in a form of understanding, as well as the idea that one may project oneself onto a created character as opposed to a real person. The present study showed an increase in personal distress because the LST also addressed this aspect of empathy.

In sum, life skill was effective in improving empathy of experimental group on all the dimensions studied. Effect size of this training was large on all the dimensions of empathy.

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