

SHORT REPORT

## CONDOLENCE: A STUDY OF SYMPATHY AND EMPATHY

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*A short study was undertaken to differentiate in a psychologically meaningful way between sympathizers and empathizers of a bereaved person*

On Monday, February 8, 1993, a military plane, Soviet-made Sukhoi, collided in mid-air with an Iranian passenger plane, Tupoler Tu-154, at 11.45 a.m. PST, killing 132 people. All the passengers were Iranian pilgrims. They were on their way to Mashhad, one of the most important religious places for *Shia* Muslims. They all lost their lives in the mid-air collision and their bodies were scattered over a 500 meter-radius (DAWN, 1993). Among them were also the parents of a female student of the department of psychology, University of Karachi. Almost all her class-mates went to her place to condole her.

Here, a question arises: Who were sympathizers and who were empathizers among those who rushed to express their condolence and those who took their time in doing so?

To answer this question Twenty six female students (average age of 22 years) of a particular class of the department of psychology responded to the two questions given below. They were all class-mates of the female student whose parents had died in the air tragedy.

Question No. 1.

On hearing that the parents of your class-mate have died in an air tragedy, Did you rush to condole her? OR Did you take your time in doing so?

## Question No. 2.

Did you say "I feel sorry for you" or words to that effect? OR  
"I understand how you feel" or words to that effect.

The question No. 2 above was copied from Nightingale, Yarnold, and Greenberg's (1991) measure of preference for sympathetic vs empathetic response to a hypothetical patient's misfortune (death of a spouse) based on Wispe's (1986) definitions of sympathy and empathy. Wispe (1986) defined sympathy as:

"the heightened awareness of the suffering of another person as something to be alleviated", and empathy, on the other hand, as an "attempt by one self-aware self to comprehend unjudgmentally the positive and negative experiences of another self" (p. 318).

Wispe (1986) further observes:

"In empathy, the empathizer "reaches out" for the other person. In sympathy, the sympathizer is "moved by" the other person. In empathy, we substitute ourselves for the others. In sympathy, we substitute others for ourselves". In brief, empathy is a way "knowing". Sympathy is a way of "relating". (p. 318).

In assessing physician's preference for sympathetic versus empathetic response to hypothetical patient's misfortune (death of a spouse), Nightingale et al. (1991) based their measure on Wispe's definitions of sympathy and empathy. They observed that "sympathy, so defined, is reflected in the expression "I feel sorry for you" and empathy is reflected in the expression "I understand how you feel" (p. 420). They gave the following verbal instructions to physicians:

"Your next patient enters the office, sits down, and says: 'Doctor, my husband/wife just died and I feel terrible!' The English language gives you two basic ways to respond to this patient: A) "I understand how you feel" or words to that effect, or B) "I feel sorry for you" or words to that effect. Which do you use?" (p. 420).

Nightingale et al. (1991) found out that "Physicians selecting the sympathetic option ( $n = 58$ ) had a greater mean preference for incubation ( $p < 0.02$ ), ordered more laboratory tests per patient in clinic ( $p < 0.03$ ), and performed cardiopulmonary resuscitation for longer periods of time before declaring their efforts unsuccessful ( $p < 0.06$ ) than did physicians selecting the empathetic option ( $n = 38$ )" ( $p. 420$ ).

## RESULTS

The data took the following form of a 2 x 2 matrix (Table 1).

Table 1

*Distribution of Sympathetic and Empathetic Condolers into Type of Response*

Response	Sympathetic	Empathetic	Total
Rushed for condolence	19	3	22
Took time in doing so	1	3	4
Total	20	6	26

The *chi-square*, with Yates's correction, was significant ( $X^2_1 = 4.138, p < .05$ ) to enable us to conclude that there is a difference between the selection of responses ("I feel sorry for you" and "I understand how you feel") of those who rushed and of those who took their time in going for condolence. So far within sample difference are concerned, those who rushed for condolence significantly differed within themselves ( $X^2_1 = 11.636, p < .001$ ), whereas those who took their time in doing so did not differ themselves at all with regard to what they said as an expression of condolence to their bereaved classmate.

In terms of descriptive analysis, 22 out of 26 class-mates (84.615%) rushed for condolence and 4 of them (15.385%) took their time in going for condolence. Nineteen out of those 22 (86.363%) who rushed and 1 out of those 4 (25%) who took their time in going for condolence selected the response "I feel sorry for you" as their expressions of condolence were characterized as sympathizers, i.e., they were the people who feelingly responded to their bereaved class-mate. They had the feeling that they were the "she" who lost her parents in air tragedy. They had feeling of her suffering as they shared her subjectivity by relating themselves to her. On the other hand among 22 who rushed for condolence, 3 class-mates (13.636%) among 4 who took their time in doing so, 3 class-mates (75%) selected "I understand how you feel" and their expressions of condolence were described as empathizers, i.e., they were the people who cognitively responded to her, "seeing" her suffering and "knowing" and sharing her understanding.

The findings have some conceptual support from Nightingale et al.'s (1991) findings. It may also be inferred that those who rushed for condolence (i.e., sympathizers) were more time-urgent people than those who did not rush (i.e., empathizers).

## REFERENCES

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- Nightingale, S. D., Yarnold, P. R., & Greenberg, M. S. (1991). Sympathy, empathy, and physician resource utilization. *Journal of General Internal Medicine*, 6, 420-423.
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