The Empathy-Altruism Hypothesis in the COVID-19 Pandemic

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Introduction
The Empathy-Altruism Hypothesis:
In 1991, Social Psychologist C. Daniel Batson, proposed his Empathy-Altruism Hypothesis. This theory argues that altruistic behavior stems from an earnest concern for others (Batson, Dyck, Brandt, Powell, McAlister & Griffitt, 1988). Skeptics of the hypothesis, however, aren’t convinced that empathy fully explains altruistic behavior. Other researchers assert that acts of altruism stem from more selfish, egotistic reasons (Neuberg, Cialdini, Brown, Luce, Sagatil, & Lewis, 1997).

Covid-19 Pandemic and Empathy:
A study conducted by Pfattheicher, Nockur, Boehr, Sassenrath, and Petersen (2020) found a connection between empathy levels and one’s commitment to mask wearing. While, another recent study proposed that, perhaps, a sense of having “given-up enough” for the pandemic might account for the lack of Covid-19 altruism demonstrated by some (March, 2020).


Materials and Methods
3-Part Survey that measured participants on three measures:
- Attributes of an unempathetic person (9 Items): Inability to vary roles, judgement of self and others based on conventional terms, uncomfortability with uncertainty, extrapunitive, repressive or dissociative tendencies (Hogan, 1969).

Levels of compliance to several CDC COVID-19 regulations (6 items) Mask-Wearing, Social Distancing, Traveling, Essential Errands, Social Outing Groups, and Vaccination.

Participants were mildly deceived about the true purpose of our study.

When the questionnaire was complete, subjects were thanked for their participation and were given our emails in case they had comments, concerns, or questions about the study.

Results:

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Discussion
The results of our study fail to support our initial hypothesis — Our non-significant results do not align with existing Empathy-Altruism Hypothesis literature.

They also directly contradict the results found in Pfattheicher, Nockur, Boehr, Sassenrath, and Petersen (2020) — Their study focused specifically on affective empathy. Our survey questions, however, might target cognitive empathy. In the context of healthcare and the Covid-19 crisis, affective empathy might be a better predictor of prosocial behavior (Pfattheicher, Nockur, Boehr, Sassenrath, & Petersen, 2020). Their substantially larger sample size, n = 965, might also explain our dramatically different results. Given our miniscule, 14-person sample, it is also likely that we simply did not have the statistical power to detect the effect of empathy on altruism that Pfattheicher, Nockur, Boehr, Sassenrath, and Petersen detected in their study.

Future Research? A replication of this study using a larger sample size might yield a different outcome. Future studies that aim to explore the connection between empathy and altruism should better navigate sample size and variance in order to increase this study’s statistical power. Future research should also actively distinguish between cognitive empathy and affective empathy. In order to rule out the alternative Altruism explanations mentioned earlier, future studies might also analyze the connection between one’s social perceptions or the extent to which they “see themselves in others” and their adherence to CDC guidelines.

Why? While vaccine distributions have begun to offer us some light at this seemingly endless, pandemic tunnel, it’s important to acknowledge the long fight we still have ahead. A better understanding of the roles that empathy and altruism may or may not have played in decision making this past year may help us better address the work that still needs to be done.

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