Cognitive and affective components of empathy and their relationship with personality dimensions in a Chinese sample

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Cognitive and affective components of empathy and their relationship with personality dimensions in a Chinese sample

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Abstract

Empathy is an essential component of social interactions and may be related to personality characteristics. However, this issue has not been extensively examined in a Chinese sample. Students at six Universities in China ($N = 257$) completed the Interpersonal Reactivity Index (IRI), the Eysenck Personality Questionnaire-Revised (EPQ-R), and the Depression, Anxiety and Stress Scales (DASS-21). Using multiple regression analyses, after accounting for demographic variables (sex and age), it was found that the affective empathy component Personal Distress positively predicted EPQ-R Neuroticism scores ($\beta = .49$), negatively predicted Extraversion ($\beta = -.21$) and Lie scale scores ($\beta = -.22$), as well as positively predicting DASS-21 Depression ($\beta = .26$), Anxiety ($\beta = .34$), and Stress scores ($\beta = .39$). Empathic Concern positively predicted Lie scale scores ($\beta = .21$), while negatively predicting Psychoticism scores ($\beta = -.24$). Individuals with high scores on Empathic Concern were also found to score more highly on Fantasy, Personal Distress, Neuroticism, Stress, and Anxiety. Thus, more empathic individuals are likely to experience elevations in negative affectivity when they perceive others’ emotional suffering.

Keywords: Empathy; Personality; Negative affects; Chinese
Introduction

Empathy is crucial for adaptive interpersonal interactions and it impacts upon the social and occupational lives of individuals (Batson, 2009; Davis, 1983; Ekman, 2003). The different components of empathy, such as perspective taking, affect sharing, feeling concern for others, and understanding another’s situation, suggest that empathy is a complex and multidimensional construct (Hoffman, 2007; Reniers, Corcoran, Drake, & Vollm, 2011). At a fundamental level, however, empathy is generally regarded as consisting of cognitive and affective processes that allow an individual to perceive the positive and negative feelings of another person (Hoffman, 2007). Individuals differ in the level of empathy that they have towards others (Basel & Yuille, 2010), but changes in dispositional empathy may occur over time in the same individual (Konrath, O’Brien, & Hsing, 2011). Sex differences have been relatively consistent across different ages and ethnic groups, with females reporting significantly greater empathic responsiveness than males (Hoffman, 1977; Neumann, Boyle, & Chan, 2013; Wang et al., 2013). Moreover, one’s level of empathy may be related to, and vary according to, relatively stable personality traits (e.g., Carlozzi, Bull, Eells, & Hubert, 1995; Grynberg, Luminet, Corneille, Grèzesb, & Berthoz, 2010).

With regard to human personality structure, although currently popular, the “Big Five” model does not have universal agreement (e.g., see Cattell, 1995; Boyle, 2008). Consequently, in the present study, only the three broad personality traits measured in the Eysenck Personality Questionnaire-Revised (EPQ-R) were used as measures of personality. The three broad EPQ-R trait measures have been labelled extraversion, neuroticism, and psychoticism (Eysenck & Eysenck, 1991). Empathy has been suggested to play a role in the need for social interaction and therefore
would be expected to be positively predictive of extraversion (del Barrio, Aluja, & Garcia, 2004). Neuroticism is defined as being moody, nervous, tense, and irritable (Eysenck & Barrett, 2013) and therefore would be expected to be positively related to empathy because feeling anxious oneself may facilitate the ability to feel another’s emotional anxiety state (Eysenck & Eysenck, 1991). Psychoticism may be more appropriately described as impulsivity, aggressiveness, and tough mindedness and may be further subdivided into more specific traits (see Zuckerman, 2005). In terms of discriminative validity, empathy is unlikely to be positively predictive of Psychoticism, which in part, is defined by low empathy and impersonal, unhelpful interactions with others (Eysenck & Barrett, 2013).

Empirical research has supported some of the predictions of an association between empathy and measures of major affects ranging from transitory emotional/mood states to relatively enduring personality traits (Neumann, Boyle, & Chan, 2013). For example, empathy is significantly and positively correlated with extraversion (del Barrio et al., 2004) as well as with other personality trait measures that overlap with extraversion (e.g., 16PF Factor F; Guan, Jin, & Quian, 2012). However, there are also reports of empathy being unrelated to extraversion (Eysenck & Eysenck, 1980; Eysenck & McGurk, 1980). Similarly, the association between empathy and neuroticism also has been found to be small, both in the positive (Eysenck & Eysenck, 1980; Eysenck & McGurk, 1980) and negative directions (Hekmat, Khajavi, & Mehryar, 1974). Although slightly larger correlations have been found between empathy and psychoticism in one sample (Eysenck & Eysenck, 1980) these correlations were not present in a sample of delinquent offenders (Eysenck & McGurk, 1980).

The inconsistency in the associations between empathy and major personality
trait dimensions observed in past research may reflect the differing characteristics of the samples studied. In particular, an important factor may be whether the studies used or Western (e.g., Eysenck & McGurk, 1980) versus Asian (e.g., Guan et al., 2012) samples. Western and Asian populations are thought to differ along the individualism-collectivism continuum, with Asian cultures displaying greater collectivist values. Collectivism has been shown to be positively associated with empathy (Duan, Wei, & Wang, 2008). In a study using European American and Chinese American participants, it was shown that emotion-related responses, which are implicated in empathic responding, were influenced more by cultural values than personality traits (Tsai, Levenson, & McCoy, 2006). Further research is thus required to examine the relationship between empathy and personality in an Asian population. Guan et al. (2012) examined the relationship between scores on a Chinese translated Empathy Quotient and a Chinese translated Sixteen Personality Factor Questionnaire (16PF). Total Empathy Quotient scores showed a positive correlation with the 16PF factors of E (humble-assertive), F (sober-happy-go-lucky), and Q3 (undisciplined-self-controlled) and a negative association with the 16PF factor of O (self-assured-insecure).

Another important aspect of past research on the relationship between empathy and personality is that past research has generally examined empathy as a unidimensional construct. Personality trait dimensions may be related to the different components of empathy, such as cognitive and affective empathy, in different ways. For example, while narcissistic personality disorder is defined by a lack of empathy, it appears predominantly to reflect a deficit in the emotional components of empathy, whereas cognitive components of empathy are normal (Rittner et al., 2010). In the context of low affective empathy and high cognitive empathy, the likelihood of
narcissistic manipulation and/or exploitation may be increased (Wai & Tiliopoulos, 2012). Future research on the relationship between personality and empathy would benefit from examining the relationships between personality traits and the different dimensions of empathy.

Four dimensions of empathy are proposed in the model developed by Davis (1983, 1996) and measured by the widely used Interpersonal Reactivity Index (IRI; Davis, 1983). The IRI dimensions are labelled: Perspective Taking, Empathic Concern, Personal Distress, and Fantasy. Perspective Taking indicates the extent to which an individual can adopt the psychological point of view of another. Empathic Concern reflects the capacity for an individual to feel sympathy and be concerned for others, whereas personal distress reflects the capacity to experience negative emotions when exposed to the suffering of others. Personal Distress concerns the negative emotionality aspects of empathy which are positively correlated with measures of negative affect dimensions such as depression, anxiety, and stress (O’Connor, Berry, Weiss, & Gilbert, 2002). Fantasy measures the ability of an individual to identify with or imagine experiencing the events of fictitious characters. Perspective Taking is regarded as being most strongly associated with the cognitive component of empathy, whereas Empathic Concern is regarded as most strongly reflecting the affective component of empathy (Davis, 1983, 1996).

Davis (1983) reported that Perspective Taking correlated positively with Extraversion scores while Personal Distress correlated negatively with Extraversion. Affective components of empathy would be expected to correlate positively with affects measures (Omdahl & O’Donnell, 2001; Schreiter, Pijnenborg, & aan het Rot, 2013). Moreover, Extraversion was measured with a self-monitoring scale and not the EPQ-R. In a study that did use the EPQ-R, Richendoller and Weaver (1994) examined
the relationship between a range of empathy items, some of which were drawn from
the IRI. Three of the four Empathic Concern subscale items correlated negatively with
Psychoticism. One of the two Personal Distress subscale items correlated negatively
with Extraversion and positively with Neuroticism scores. Finally, one of the four
Perspective Taking items correlated negatively with Neuroticism scores. Although
this study used both the IRI and EPQ-R it was limited by examining the relationship
between each individual empathy item as predictors of each of the three major EPQ-R
personality constructs. Subscales of the IRI were not examined.

The present study aimed to investigate the relationship between the
dimensions of empathy as measured by the IRI and EPQ-R in a mainland Chinese
population. The relationship between the IRR and major affect dimensions as
measured by the 21 item Depression Anxiety and Stress Scale (DASS-21; Lovibond
& Lovibond, 1995) was also examined. We carried out multiple regression analyses
to examine the strength of demographic variables (Sex and Age), and the IRI empathy
components as predictors of affect dimensions (EPQ-R - Extraversion, Neuroticism,
Psychoticism, and Lie scale, and DASS-21 – Depression, Anxiety, and Stress). On the
basis of prior research (Davis, 1983; Richendoller & Weaver, 1994) and the observed
relationship between perspective taking skills and social behaviours (e.g., interaction
with others and outspokenness; Grizenko et al., 2000), the following hypotheses were
investigated.

H1. The cognitive components of empathy (perspective taking, and fantasy) will
significantly (positively) predict Extraversion scores.

H2. The affective components of empathy (empathic concern, and personal distress)
will significantly (positively) predict Neuroticism scores (emotionality may facilitate
the perception of another’s feelings; Eysenck & Eysenck, 1991).
H3. The affective components of empathy (empathic concern, and personal distress) will significantly (negatively) predict Psychoticism scores.

H4. Only affective components of empathy (empathic concern, and personal distress) will be significantly (positively) related to Depression, Anxiety, and Stress scores.

Materials and Methods

Participants and Procedure

Participants were 257 undergraduate students (102 males, 155 females) with a mean age of 19.35 years ($SD = 1.78$) recruited from six major universities located throughout mainland China (i.e., North China Electric Power University; Renmin University; Southwest University, Chongqing; China University of Political Law and Science; Peking University; and China Agricultural University). The participants completed the three questionnaires (see below) in a group setting and were debriefed at the conclusion. The students’ scores generally fell within the normal range of DASS-21 symptomatology for Depression ($M = 2.18$, $SD = 2.61$), Anxiety ($M = 4.20$, $SD = 3.14$), and Stress ($M = 4.24$, $SD = 3.13$). Likewise, their scores on the EPQ-R measures were as follows: Extraversion ($M = 12.57$, $SD = 4.69$), Neuroticism ($M = 10.82$, $SD = 5.25$), Psychoticism ($M = 4.51$, $SD = 2.53$), and Lie scale ($M = 10.82$, $SD = 3.30$), showing elevated scores only on the Lie scale.

Measures

A 22-item Chinese adaptation of the Interpersonal Reactivity Index (IRI; Chan, 1986; Davis, 1983) was used to collect self-report ratings on four separate empathy components. Responses were scored on a 5-point Likert-type scale ranging from “1 = Does not describe me well” to “5 = Describes me very well”. The IRI Chinese version retains Davis’ (1983) original four factor structure with 7 to 8 items for each subscale. The Perspective Taking subscale contains items that assess efforts to adopt the
perspective of other people and see things from their point of view. The *Personal Distress* subscale measures personal feelings of anxiety and discomfort that result from observing another’s negative experience. The *Empathic Concern* subscale measures respondents’ feelings of warmth, compassion, and concern for others. The *Fantasy* subscale measures the tendency to identify with characters in movies, novels, plays and other fictional situations. The Chinese version of the IRI has been reported to exhibit adequate reliability and validity (Sui & Shek, 2005; Wang et al., 2013). In addition, Fernández, Dufey, and Kramp (2011) reported Cronbach alpha coefficients as follows: Perspective Taking (.73), Personal Distress (.70), Empathic Concern (.73), and Fantasy (.76). They also reported test-retest reliability coefficients over a 60-day interval ranging from .67 to .89. In the present study, Cronbach alpha coefficients for the IRI subscales (\(N = 231\)) were as follows: Perspective Taking (\(\alpha = .68\)), Personal Distress (\(\alpha = .74\)), Empathetic Concern (\(\alpha = .65\)), and Fantasy (\(\alpha = .64\)) (cf. Boyle, 1991).

A Chinese adaptation of the *Eysenck Personality Questionnaire Revised* (EPQ-R; Eysenck & Eysenck, 1991) was used to assess participants’ personality as measured by the Extraversion, Neuroticism, and Psychoticism scores (using a forced-choice “Yes/No” response scale). Also, the Lie scale may partially measure the tendency towards “faking good” or social acquiescence (Jackson & Francis, 1999). The construct of extraversion is based on cortical arousal principles, with extraverted individuals having lower arousal levels than introverted individuals and therefore, seeking out external stimulation to elevate physiological arousal. Personality traits associated with extraversion include sociability, dominance, and sensation seeking. Neuroticism reflects reactivity of the autonomic nervous system with those high in neuroticism displaying higher reactivity and therefore, less emotional stability.
Personality traits associated with neuroticism include being highly anxious, moody, and tense. Psychoticism is associated with how one grasps reality. Personality traits associated with psychoticism include non-conformity, inconsideration, recklessness, impulsivity, and hostility.

Cronbach alpha coefficients reported for the EPQ-R subscales were as follows: extraversion (.90), neuroticism (.88), psychoticism (.78), and Lie scale (.82), respectively (Eysenck & Eysenck, 1991; cf. Boyle, 1991). Test-retest coefficients reported over a one-month interval for males and females were as follows: Extraversion (.83 and .89), Neuroticism (.76 and .81), Psychoticism (.77 and .81), and Lie scale (.76 and .80) respectively (Eysenck & Eysenck, 1991).

A Chinese adaptation of the 21-item short-form of the Depression Anxiety, and Stress Scale (DASS-21; Taouk, Lovibond, & Laube, 2001) was used to collect self-report ratings on depression, anxiety, and stress. Each item was answered on a 4-point forced-choice response scale ranging from “0 = Did not apply to me at all”, to “3 = Applied to me very much, or most of the time”. Participants were asked to rate the extent to which they had experienced each symptom “over the past week”.

Cronbach alpha coefficients for the English version of the DASS-21 have been reported as follows: Depression scale (.94), Anxiety scale (.87), and Stress scale (.91) (Antony, Bieling, Cox, Enns, & Swinson, 1998; also see Mahmoud, Hall, & Staten, 2010). Likewise, Henry and Crawford (2005, p. 231) reported Cronbach alpha coefficients for the Depression scale (.88), the Anxiety scale (.82), the Stress scale (.90), and the Total scale (.93), respectively (cf. Boyle, 1991). Test-retest reliability coefficients over a two-week interval ranged from .71 to .81 (Brown, Chorpita, Korotitsch, & Barlow, 1997; also see Yusoff, 2013, p. 296).

Results
Sex differences in empathy and personality traits were examined using a MANOVA procedure that examined both the overall multivariate effect, as well as the separate univariate effects. The overall multivariate effect was found to be significant ($Multivariate F_{12,228} = 2884.56, p < .0001$), thereby justifying interpretation of the univariate effects for each of the IRI, EPQ-R, and DASS-21 subscales without the need for a Bonferroni correction (cf. Hubety & Morris, 1989). Also, multiple regression analyses were carried out in order to examine the variance in the EPQ-R and DASS-21 subscales that was accounted for by the respective IRI empathy components. The finding of low EPQ-R Lie scale correlations with the three personality subscales suggests that the data was relatively accurate and free of bias.

**Sex Differences in Empathy and Personality**

Sex differences were examined across each of the IRI, EPQ-R, and DASS-21 subscales. As shown in Table 1, females scored significantly higher than males on all the IRI subscales except for Perspective Taking ($p < .06$). Females also scored significantly higher than males on Neuroticism ($p < .001$), and lower on Psychoticism ($p < .04$) but not on extraversion. However, no significant sex differences on the DASS-21 subscales were observed.

Correlations between Empathy and Personality

Intercorrelations between the IRI, EPQ-R, and DASS-21 subscale scores are shown in Table 2. With respect to the IRI subscales, the largest significant correlation ($p < .001$) was between Personal Distress and Neuroticism scores ($r = .55$). Personal Distress scores also correlated significantly ($p < .001$) with Stress ($r = .41$), Anxiety
and Depression \((r = .28)\) scores, respectively. In addition, several other significant intercorrelations between the respective subscales were observed. For example, Neuroticism scores correlated strongly with Depression \((r = .49)\), Anxiety \((r = .55)\), and Stress scores \((r = .57)\), respectively.

Empathy Predictors of Personality

Multiple regression analyses were conducted using sex, age, and each of the IRI subscales as the independent variables, and the EPQ-R subscales as the dependent variables. Sex and age were entered in at Step 1 due to the observed relationship between sex and empathy (see Table 1) and the IRI subscales of Personal distress, Empathic concern, Perspective taking, and Fantasy were entered in at Step 2. The standardized regression coefficients, R Square \((R^2)\), change in R Square \((\Delta R^2)\), F-values \((F)\), and change in F \((\Delta F)\) are reported in Table 3.

In Step 1 of the multiple regression analyses, sex alone predicted significant variance for neuroticism only \((\beta = .25)\). In Step 2, the IRI empathy subscales accounted for significant additional variance in the EPQ-R subscales. For extraversion, both the affective components of Empathic concern and Personal distress accounted for a significant amount of the variance. In total, 31.3% of the variability in extraversion was accounted for in Step 2, \(R^2 = .31\), \(F (6, 237) = 4.29, p < .001\). For Neuroticism, only Personal distress acted as a significant predictor, although 59.0% of variability in total was accounted for in Step 2, \(R^2 = .59\), \(F (6, 237) = 21.13\),
Personal distress resulted in the largest regression coefficient of all analyses ($\beta = .50$), supporting the findings from the bivariate correlation analyses. For Psychoticism, Perspective taking and Empathic concern both emerged as significant predictors, with 33.3% of variability explained in Step 2, $R^2 = .33$, $F(6, 237) = 4.91$, $p < .001$. Of the two predictors, Empathic concern accounted for the largest amount of unique variance ($\beta = -.22$).

Insert Table 4 about here

Empathy Predictors of Affective States

Similar to the analyses for empathy predictors of personality, multiple regression analyses were conducted using sex, age, and each of the IRI subscales as the independent variables, and the DASS-21 subscales as the dependent variables. The standardized regression coefficients, R Square ($R^2$), change in R Square ($\Delta R^2$), F-values ($F$), and change in F ($\Delta F$) are reported in Table 4. In Step 1, only Age was a significant negative predictor of Anxiety ($\beta = -.26$). After accounting for sex and age, Perspective taking made a significant negative prediction for Depression ($\beta = -.15$). However, Personal distress made the largest unique prediction not only for Depression ($\beta = .26$), but also for Anxiety ($\beta = .34$) and Stress ($\beta = .39$). The empathy components of Empathic concern and Fantasy made no significant unique prediction of Depression, Anxiety, or Stress. Overall, the model in Step 2 accounted for 12% of the variability in Depression, $R^2 = .12$, $F(6, 237) = 5.75$ $p < .001$, 23% of the variability in Anxiety, $R^2 = .23$, $F(6, 237) = 12.27$ $p < .001$, and 19% of the variability in Stress, $R^2 = .19$, $F(6, 237) = 9.69$, $p < .001$.

Discussion
The results of the present study provided partial support for the hypotheses. In relation to the EPQ-R subscales, Empathic Concern and Personal Distress significantly predicted Extraversion (β = .14 and = -.21, respectively), Sex and Personal Distress significantly predicted Neuroticism (β = .15 and = .49, respectively), Perspective Taking and Empathic Concern significantly (both inversely) predicted Psychoticism (β = -.13 and -.24, respectively), while Empathic Concern and Personal Di stress significantly predicted Lie Scale scores (β = .21 and -.22, respectively). Thus, although Empathic Concern was a significantly predictor of Extraversion, Psychoticism (negatively), and Lie Scale scores, it was not a significant predictor of Neuroticism scores.

In relation to the DASS-21 subscales, Perspective Taking and Personal Distress significantly predicted Depression (β = -.15 and .26, respectively), Age, Personal Distress, and Fantasy significantly predicted Anxiety (β = -.26, .34, and .13, respectively), while Personal Distress significantly predicted Stress (β = .39). It is noteworthy that Empathic Concern did not significantly predict Depression, Anxiety, or Stress scores despite it emerging as a significant predictor of extraversion and psychoticism personality traits.

Some studies have measured empathy and personality traits, but do not report the association between the variables (e.g., Claxon-Oldfield & Banzen, 2010; Douglas, Bore, & Munro, 2012). Other studies have reported the relationships but have used a unidimensional measure of empathy (e.g., del Barrio et al., 2004; Eysenck & Eysenck, 1980; Eysenck & McGurk, 1980; Guan et al., 2012; Hekmat et al., 1974). Few previous studies have employed a multidimensional measure of empathy (Davis, 1983, 1996; Richendoller & Weaver, 1994). The present study used a sufficiently large sample size to ensure adequate power in detecting associations.
between empathy and the various personality and affect dimensions, highlighting the importance of considering empathy as a multidimensional construct.

Perspective taking is regarded as reflecting the cognitive component of empathy (David, 1983). It has been observed that individuals who are easily able to transpose themselves into the thinking and acting of another person tend to be more social and outgoing/extraverted (Richendoller & Weaver, 1994). The social nature of the more extraverted individual (Eysenck & Barrett, 2013) is likely to result in higher levels of empathy due to the importance of empathy in social interactions. Individuals high in extraversion are likely to have better social skills than those low in extraversion (e.g., Li, Tian, Fang, Xu, & Liu, 2010; Lieberman & Rosenthal, 2001). For example, nonverbal social cues are interpreted better by extraverted than by introverted individuals (Lieberman & Rosenthal, 2001). Consistent with these notions, a significant bivariate correlation emerged between Perspective taking and Extraversion, although the unique prediction of Extraversion by Perspective taking just failed to reach statistical significance in the multiple regression analyses.

Empathic concern and Personal distress emerged as significant positive and negative predictors of Extraversion, respectively. These findings are consistent with the notion that the socially skilled extraverted individual is better able to show concern and offer sympathy to others (Richendoller & Weaver, 1994). Early research also indicated that extraverted individuals tend to be warm and emotional people who have a strong interest in others. Such factors are consistent with the positive relationship between Empathic concern and Extraversion. The negative association between Personal distress and Extraversion, which was also found in a bivariate correlation analysis by Mlčák and Záškodná (2008), may reflect that the heightened emotional vulnerability associated with Personal distress (Davis, 1983) is present in
introverted individuals.

Personal distress emerged as the only unique predictor of Neuroticism. Neuroticism is characterised by emotional instability in which the individual is moody, irritable, nervous, and apprehensive (Eysenck & Barrett, 2013). Such characteristics may result in an individual being more easily influenced by the other’s emotional state. The positive association between Personal distress and Neuroticism is consistent with the notion that individuals high in neuroticism may be easily influenced to feel distress when exposed to a person in an unpleasant situation.

Perspective taking emerged as a significant unique predictor (negative) of Psychoticism. A significant unique prediction (negative) of Psychoticism was also made by Empathic concern. The definition of psychoticism, which incorporates the characteristic of lacking in empathy (Eysenck & Barrett, 2013) is consistent with the observed negative associations with empathy. Moreover, the characteristics of being unemotional, lacking in human feeling, cold, and impersonal (Eysenck & Barrett, 2013) further reinforce the finding of an association with the affective dimension of empathy as measured by Empathic concern.

The present study examined the relationship between empathy and personality within a mainland Chinese population. Guan et al. (2012) recently administered the Empathy Quotient 16PF to registered nurses and nursing students in Beijing, China. However, the EQ-SF provides only a unidimensional measurement of empathy. The results of the present study suggest that important insights can be gained by examining the various empathy components. The present study also suggests that the relationships found between the subscales of the IRI within the Chinese population are similar to those found in Western studies (e.g., see Davis, 1983).

The present investigation employed the IRI as it is a well-established
multidimensional measure, yet empathy measurement is continuously evolving and contemporary measures should also be considered. The negative correlations between Perspective Taking and Personal Distress together with the significant positive correlations between Empathic Concern, Personal Distress, and Fantasy, support the multidimensional nature of empathy. While empathy may be divided into cognitive and affective components at its broadest level, there appear to be important distinctions between the various empathy components. Evidently, with continued investigation of contemporary self-report multidimensional measures of empathy, further exploration of personality can be conducted.

Although the present study has advanced our understanding in several ways, it did have some limitations. The sample was recruited from university populations. Future research allow for greater generalisation by using a sample recruited from the general population. In addition, although cultural differences might exist in the relationship between empathy and personality traits, these were not specifically tested in the present study. Future research could use samples recruited from different ethnic groups to examine this question. Finally, the measurements of empathy, personality, and affect were all based on self-report. The use of more objective measures might reduce the potential for subjective bias or lack of insight that may reduce the validity of self-report measurements.

Conclusions

In conclusion, the present study has confirmed the relationship between empathy and the personality traits of extraversion, neuroticism, and psychoticism. The present findings extend previous research into personality traits and empathy to a mainland Chinese population, since an ethnic-related difference in empathy may exist between Western and Eastern cultures, depending on the context of the empathy
eliciting situation (Neumann et al., 2013, 2015). Further research into empathy and its correlates would benefit from using other ethnic groups. The present study also highlights the importance of recognising the multidimensional nature of empathy when examining its interrelationships with personality dimensions in different cultures.
References


Table 1

*Sex differences on subscale scores of the Interpersonal Reactivity Index (IRI), Eysenck Personality Questionnaire-Revised (EPQ-R), and Depression, Anxiety, and Stress Scales (DASS-21)*

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Males</th>
<th>Females</th>
<th>$F_{1,240}$</th>
<th>$p &lt;$</th>
<th>$d$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Empathy (IRI)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perspective Taking</td>
<td>3.49 (.61)</td>
<td>3.64 (.61)</td>
<td>3.68</td>
<td>.056</td>
<td>.15</td>
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<td>Personal Distress</td>
<td>2.52 (.64)</td>
<td>2.81 (.71)</td>
<td>10.57</td>
<td>.001</td>
<td>.43</td>
</tr>
<tr>
<td>Empathic Concern</td>
<td>3.07 (.59)</td>
<td>3.28 (.55)</td>
<td>7.96</td>
<td>.005</td>
<td>.39</td>
</tr>
<tr>
<td>Fantasy</td>
<td>3.14 (.61)</td>
<td>3.40 (.63)</td>
<td>10.15</td>
<td>.002</td>
<td>.42</td>
</tr>
<tr>
<td><strong>Personality (EPQ-R)</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Extraversion</td>
<td>12.15 (4.58)</td>
<td>13.01 (4.74)</td>
<td>1.97</td>
<td>.161</td>
<td>.18</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>9.20 (4.72)</td>
<td>11.86 (5.44)</td>
<td>15.26</td>
<td>.001</td>
<td>.52</td>
</tr>
<tr>
<td>Psychoticism</td>
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<td>4.18 (2.35)</td>
<td>4.29</td>
<td>.040</td>
<td>.16</td>
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<td>Lie scale</td>
<td>10.42 (3.44)</td>
<td>11.08 (3.19)</td>
<td>2.32</td>
<td>.129</td>
<td>.20</td>
</tr>
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<td><strong>Negative Affect (DASS-21)</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Depression</td>
<td>2.06 (2.49)</td>
<td>2.18 (2.69)</td>
<td>0.13</td>
<td>.724</td>
<td>.05</td>
</tr>
<tr>
<td>Anxiety</td>
<td>3.92 (2.76)</td>
<td>4.35 (3.35)</td>
<td>1.10</td>
<td>.295</td>
<td>.14</td>
</tr>
<tr>
<td>Stress</td>
<td>3.92 (2.86)</td>
<td>4.49 (3.31)</td>
<td>1.94</td>
<td>.165</td>
<td>.18</td>
</tr>
</tbody>
</table>

*Note. (SDs shown in parentheses)*
Table 2

Correlations between the subscales of the Interpersonal Reactivity Index, Eysenck Personality Questionnaire-Revised, and Depression, Anxiety and Stress Scales (N = 257)

<table>
<thead>
<tr>
<th>Measure</th>
<th>PT</th>
<th>EC</th>
<th>PD</th>
<th>F</th>
<th>E</th>
<th>N</th>
<th>P</th>
<th>L</th>
<th>D</th>
<th>A</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT</td>
<td>-</td>
<td></td>
<td></td>
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<tr>
<td>EC</td>
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<td>-</td>
<td></td>
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<tr>
<td>PD</td>
<td>-.14</td>
<td>.17</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>.10</td>
<td>.17</td>
<td>.25</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>E</td>
<td>.21</td>
<td>.16</td>
<td>-.17</td>
<td>.06</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>N</td>
<td>-.14</td>
<td>.07</td>
<td>.55</td>
<td>.22</td>
<td>-.29</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>-.23</td>
<td>-.28</td>
<td>.04</td>
<td>-.10</td>
<td>-.13</td>
<td>.26</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>.21</td>
<td>.21</td>
<td>-.19</td>
<td>-.03</td>
<td>.04</td>
<td>-.36</td>
<td>-.39</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>-.21</td>
<td>.06</td>
<td>.28</td>
<td>.11</td>
<td>-.43</td>
<td>.49</td>
<td>.34</td>
<td>-.23</td>
<td>-</td>
<td></td>
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<tr>
<td>A</td>
<td>-.08</td>
<td>.19</td>
<td>.38</td>
<td>.21</td>
<td>-.25</td>
<td>.55</td>
<td>.27</td>
<td>-.27</td>
<td>.61</td>
<td>-</td>
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<tr>
<td>S</td>
<td>-.15</td>
<td>.42</td>
<td>.41</td>
<td>.14</td>
<td>-.21</td>
<td>.57</td>
<td>.27</td>
<td>-.29</td>
<td>.66</td>
<td>.69</td>
<td>-</td>
</tr>
</tbody>
</table>

Notes. $r > .13$, $p < .05$; $r > .16$, $p < .01$. PT = Perspective Taking; EC = Empathic Concern; PD = Personal Distress; F = Fantasy; E = Extraversion; N = Neuroticism; P = Psychoticism; L = Lie Scale; D = Depression; A = Anxiety; S = Stress
Table 3

*Sex, Age, and Interpersonal Reactivity Index subscales as predictors of EPQ-R subscale scores (N=257)*

<table>
<thead>
<tr>
<th></th>
<th>Extraversion</th>
<th>Neuroticism</th>
<th>Psychoticism</th>
<th>Lie Scale</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Step 1</td>
<td>Step 2</td>
<td>Step 1</td>
<td>Step 2</td>
</tr>
<tr>
<td>Sex</td>
<td>.08</td>
<td>.07</td>
<td>.25**</td>
<td>.15**</td>
</tr>
<tr>
<td>Age</td>
<td>.03</td>
<td>.04</td>
<td>-.13*</td>
<td>-.11</td>
</tr>
<tr>
<td>Perspective taking</td>
<td>.12</td>
<td></td>
<td>-.09</td>
<td></td>
</tr>
<tr>
<td>Empathic concern</td>
<td>.14*</td>
<td></td>
<td>-.03</td>
<td></td>
</tr>
<tr>
<td>Personal distress</td>
<td>-.21**</td>
<td>.49**</td>
<td>.09</td>
<td></td>
</tr>
<tr>
<td>Fantasy</td>
<td>.07</td>
<td>.09</td>
<td>-.05</td>
<td></td>
</tr>
<tr>
<td>$R^2$</td>
<td>.01</td>
<td>.09</td>
<td>.07</td>
<td>.35</td>
</tr>
<tr>
<td>$F$</td>
<td>1.02</td>
<td>4.24**</td>
<td>10.12**</td>
<td>21.96**</td>
</tr>
<tr>
<td>$\Delta R^2$</td>
<td>.08</td>
<td>.27</td>
<td>.10</td>
<td></td>
</tr>
<tr>
<td>$\Delta F$</td>
<td>5.82**</td>
<td>25.90**</td>
<td>7.19**</td>
<td></td>
</tr>
</tbody>
</table>

*Notes.* Standardized regression ($\beta$) coefficients are reported. * $p < 0.5$, ** $p < 0.01$
Table 4

*Sex, Age, and Interpersonal Reactivity Index subscales as predictors of DASS-21 subscale scores (N=257)*

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Anxiety</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Step 1</td>
<td>Step 2</td>
<td>Step 1</td>
</tr>
<tr>
<td>Sex</td>
<td>.01</td>
<td>-.02</td>
<td>.09</td>
</tr>
<tr>
<td>Age</td>
<td>-.05</td>
<td>-.04</td>
<td>-.27**</td>
</tr>
<tr>
<td>Perspective taking</td>
<td>-.15*</td>
<td>-.04</td>
<td>-.03</td>
</tr>
<tr>
<td>Empathic concern</td>
<td>-.11</td>
<td>-.03</td>
<td>-.05</td>
</tr>
<tr>
<td>Personal distress</td>
<td>.26**</td>
<td>.34**</td>
<td>.39**</td>
</tr>
<tr>
<td>Fantasy</td>
<td>.08</td>
<td>.13*</td>
<td>.06</td>
</tr>
<tr>
<td>$R^2$</td>
<td>.00</td>
<td>.12</td>
<td>.08</td>
</tr>
<tr>
<td>$F$</td>
<td>0.26</td>
<td>5.75**</td>
<td>10.52**</td>
</tr>
<tr>
<td>$\Delta R^2$</td>
<td>.12</td>
<td>.15</td>
<td>.17</td>
</tr>
<tr>
<td>$\Delta F$</td>
<td>8.48**</td>
<td>12.22**</td>
<td>13.25**</td>
</tr>
</tbody>
</table>

*Note: Standardized regression ($\beta$) coefficients are reported. * $p < 0.5$, ** $p < 0.01$*