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Impact of Gender and Region on the Level of Empathy among Individuals of the Lingayat Community

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ABSTRACT

The present study was conducted to examine the impact of gender and region (urban–rural residence) on empathy among individuals belonging to the Lingayat Community. Empathy, defined as the ability to understand, share, and respond appropriately to the emotions and experiences of others, is a fundamental component of prosocial behaviour and healthy interpersonal relationships. Since previous studies have reported inconsistent findings regarding gender and regional differences in empathy, the present research aimed to compare empathy levels between male and female individuals as well as between urban and rural individuals of the Lingayat Community. The study was carried out on a sample of 100 individuals aged 18–60 years from Solapur District, Maharashtra, selected through the purposive sampling technique. Empathy was assessed using the Toronto Empathy Questionnaire (TEQ) developed by R. Nathan Spreng, Margaret C. McKinnon, Raymond A. Mar, and Brian Levine. The findings revealed that female individuals exhibited significantly higher levels of empathy than male individuals, whereas no significant difference was observed between urban and rural participants. Thus, the study concludes that gender has a significant influence on empathy among individuals of the Lingayat Community, while regional background does not appear to affect empathy levels.

Keywords: Empathy, Gender, Region, Urban, Rural, Lingayat Community.

INTRODUCTION

Empathy is the capacity to understand, share, and respond appropriately to the emotions, thoughts, and experiences of others. It is regarded as one of the essential psychological characteristics that promotes effective interpersonal relationships, prosocial behaviour, emotional adjustment, and social harmony (Batson, 2011; Decety & Jackson, 2004). Empathy enables individuals to recognize the feelings of others and respond with care, compassion, and understanding. It plays a significant role in family life, education, healthcare, counselling, leadership, and community development (Eisenberg & Miller, 1987).

The concept of empathy has evolved through the contributions of several psychologists and researchers. The term originated from the German word *Einfühlung*, meaning "feeling into," and was later translated into English as *empathy* by Edward B. Titchener in 1909. Carl Rogers emphasized empathy as one of the core conditions for effective counselling, describing it as the ability to perceive another person's internal frame of reference with accuracy while maintaining emotional objectivity. According to Davis (1983), empathy is a multidimensional construct consisting of both cognitive empathy and affective empathy, the ability to understand another person's perspective, and affective empathy, the capacity to share another person's emotional experiences. More recently, Spreng et al. (2009) conceptualized empathy as a primarily affective construct and developed the Toronto Empathy Questionnaire (TEQ) to measure empathy through emotional responsiveness and concern toward others.

Empathy contributes significantly to psychological well-being and social functioning. Individuals with higher empathy generally demonstrate greater compassion, emotional sensitivity, cooperation, conflict resolution, and helping behaviour (Eisenberg et al., 2006). Empathy facilitates healthy interpersonal relationships, reduces aggressive behaviour, promotes social responsibility, and strengthens emotional connectedness within families and communities (Batson, 2011). In professional settings such as education, healthcare, counselling, and social work, empathy enhances communication, client satisfaction, ethical decision-making, and overall professional effectiveness (Hojat, 2007).

Gender is one of the most frequently studied demographic variables associated with empathy. Numerous studies suggest that females often report higher empathy than males because of differences in emotional socialization, interpersonal orientation, and caregiving roles (Christov-Moore et al., 2014; Eisenberg & Lennon, 1983). However, findings across cultures and communities remain inconsistent, indicating the need for community-specific investigations.

Region or place of residence, particularly the distinction between urban and rural settings, may also influence empathy through differences in cultural practices, social interaction patterns, educational opportunities, and community values (Bronfenbrenner, 1979). Urban environments often provide greater social diversity and exposure to varied interpersonal experiences, whereas rural environments emphasize close-knit community relationships and collective living. These contrasting social experiences may contribute differently to the development of empathetic behaviour.

The Lingayat Community constitutes one of the important social groups in Maharashtra with distinct cultural traditions, occupational backgrounds, and community values. Despite the social significance of empathy in promoting harmonious interpersonal relationships and community development, limited empirical research has examined empathy among Individuals of the Lingayat Community. Understanding gender and regional differences in empathy within this community can provide valuable insights into emotional and social functioning and may contribute to the development of community-based psychological interventions and educational programmes. Therefore, the present study focuses on examining the impact of gender and region on the level of empathy among Individuals of the Lingayat Community.

SIGNIFICANCE OF THE STUDY

Research on the impact of gender and region on empathy among Individuals of the Lingayat Community provides valuable insights into the emotional and social characteristics of this community. Empathy plays a crucial role in promoting healthy interpersonal relationships, prosocial behaviour, emotional adjustment, and psychological well-being. Understanding the influence of gender and regional background on empathy can help educators, counsellors, psychologists, and community leaders develop effective programmes for enhancing emotional competence and social harmony. The present study contributes to understanding whether empathy differs between male and female individuals and between urban and rural members of the Individuals of the Lingayat Community. The findings may assist in designing community-based awareness programmes, counselling interventions, educational activities, and mental health initiatives aimed at strengthening empathy and improving interpersonal relationships within the community. Furthermore, the study adds to the existing literature by providing empirical evidence regarding empathy among a specific social group that has received relatively limited psychological research attention.

OBJECTIVES OF THE STUDY

1. To compare the level of empathy among the males and females of the Lingayat Community.
2. To compare the level of empathy among the urban and rural individuals of the Lingayat Community.

HYPOTHESIS OF THE STUDY

1. Males of the Lingayat Community will have a higher level of empathy than females of the Lingayat Community.
2. Urban individuals of the Lingayat Community will have a higher level of empathy than rural individuals of the Lingayat Community.

VARIABLES OF THE STUDY

A) Independent Variables

1) Type of Gender

a) Male Individuals of the Lingayat Community
b) Female Individuals of the Lingayat Community

2) Type of Region

a) Urban Individuals of the Lingayat Community
b) Rural Individuals of the Lingayat Community

B) Dependent Variable

1. Empathy

SAMPLE SELECTION PROCEDURE

The study included 100 individuals belonging to the Lingayat Community of Solapur District, Maharashtra. Of these, 50 participants were from urban areas (25 males and 25 females) and 50 participants were from rural areas (25 males and 25 females). The age of the participants ranged from 18 to 60 years. The purposive sampling technique was used for selecting the sample. Gender and region (urban–rural residence) were treated as independent variables, whereas empathy was considered the dependent variable. The Toronto Empathy Questionnaire (TEQ) developed by R. Nathan Spreng, Margaret C. McKinnon, Raymond A. Marr, and Brian Levine was used to measure empathy.

RESEARCH DEIGN

The present study employed a 2 × 2 factorial research design.

Shows the 2X2 Factorial Design

B	A		Total
	A1	A2	
B1	25	25	50
B2	25	25	50
Total	50	50	100

MATERIALS OF THE DATA COLLECTION

Toronto Empathy Questionnaire:

The Toronto Empathy Questionnaire Developed by R. Nathan Spreng, Margaret C. McKinnon, Raymond A. Marr, and Brian Levine. Toronto Empathy Questionnaire (TEQ) is a self-administered tool aimed at assessing affective empathy. The TEQ focuses on a singular

core factor representative of empathy across various scales. It includes 16 items rated on a 5-point Likert scale from 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, and 4 = Always.

STATISTICAL ANALYSIS AND RESULTS

Table 1. Assessment of Normality of Empathy Scores

Variable	Descriptive Statistics		Statistic	Std. Error
EMPATHY	Mean		**44.520**	**0.800**
	95% Confidence Interval for Mean	Lower Bound	42.933	
		Upper Bound	46.107	
	5% Trimmed Mean		44.544	
	Median		45.000	
	Variance		64.010	
	Std. Deviation		8.001	
	Minimum		24.00	
	Maximum		65.00	
	Range		41.00	
	Interquartile Range		9.25	
	Skewness		-0.122	0.241
	Kurtosis		-0.033	0.478

The descriptive statistics indicate that the mean empathy score of the participants was 44.52 (SD = 8.00). The 5% trimmed mean (44.54) is almost identical to the arithmetic mean, suggesting that extreme scores did not substantially influence the distribution. The median score (45.00) is also very close to the mean, indicating a fairly symmetrical distribution.

The skewness value (−0.122) is close to zero, indicating a slight negative skewness, whereas the kurtosis value (−0.033) is also close to zero, suggesting that the distribution is approximately mesokurtic (close to normal). The empathy scores ranged from 24 to 65, with an interquartile range of 9.25.

Overall, these descriptive indices indicate that the distribution of empathy scores is approximately normal. Therefore, the assumption of normality required for applying parametric statistical tests is satisfied, and subsequent analyses such as the independent-samples *t*-test and factorial ANOVA are appropriate.

Table 2. Descriptive Statistics of Empathy by Gender and Region

Type of Gender	Type of Region	Mean	SD	N
Male Individuals of the Lingayat Community	Urban Individuals of the Lingayat Community	43.72	7.12	25
	Rural Individuals of the Lingayat Community	41.20	7.78	25
	Total	**42.46**	**7.56**	**50**

Female Individuals of the Lingayat Community	Urban Individuals of the Lingayat Community	46.44	7.81	25
	Rural Individuals of the Lingayat Community	46.72	8.25	25
	Total	**46.58**	**7.97**	**50**
Total	Urban Individuals of the Lingayat Community	**45.08**	**7.50**	**50**
	Rural Individuals of the Lingayat Community	**43.96**	**8.51**	**50**
	Total	**44.52**	**8.00**	**100**

Table 2 presents the descriptive statistics of empathy according to gender and region among the 100 participants of the Lingayat Community. The mean empathy score of urban male participants was 43.72 (SD = 7.12), whereas rural male participants obtained a mean score of 41.20 (SD = 7.78). The overall mean empathy score for male participants was 42.46 (SD = **7**.56).

Among female participants, the mean empathy score of the urban female group was 46.44 (SD = **7**.81), while the rural female group obtained a slightly higher mean score of 46.72 (SD = 8.25). The combined mean empathy score for female participants was 46.58 (SD = **7.**97).

Considering the regional comparison, urban participants obtained a mean empathy score of 45.08 (SD = 7.50), whereas rural participants obtained a mean score of 43.96 (SD = 8.51). The overall mean empathy score of the entire sample (N = 100) was 44.52 with a standard deviation of 8.00.

These descriptive statistics indicate that female participants demonstrated higher empathy scores than male participants, whereas the difference between urban and rural participants was relatively small. These findings provide a preliminary understanding of the distribution of empathy scores before conducting inferential statistical analyses.

Table 3. Difference in Empathy between Male and Female Participants

Variable	Type of Gender	N	Mean	SD	t	*P*
Empathy	Male Individuals of the Lingayat Community	50	42.46	7.56	-2.65	.009 **
	Female Individuals of the Lingayat Community	50	46.58	7.97		

Independent samples t-test; df = 98. p < .01.

An independent samples *t*-test was conducted to examine the difference in empathy between male and female adolescents of the Individuals of the Lingayat Community. The results indicated a statistically significant difference in empathy scores, $t(98) = -2.65$, $p = .009$. Female adolescents ($M = 46.58$, $SD = 7.97$) obtained significantly higher empathy scores than male adolescents ($M = 42.46$, $SD = 7.56$). Therefore, it can be concluded that female adolescents of the Individuals of the Lingayat Community exhibit significantly higher levels of empathy than their male counterparts.

Table 4. Difference in Empathy between Urban and Rural Participants

Variable	Type of Region	N	Mean	SD	t	*Df*	*P*
Empathy	Urban Individuals of the Lingayat Community	50	45.08	7.50	0.70	98	.487 (NS)
	Rural Individuals of the Lingayat Community	50	43.96	8.51			

NS = Not Significant (p > .05)

Table 4 presents the comparison of empathy scores between urban and rural Individuals of the Lingayat Community. The mean empathy score of the urban participants was 45.08 (SD = 7.50), whereas the rural participants obtained a mean score of 43.96 (SD = 8.51). The independent-samples *t*-test revealed that the obtained difference was not statistically significant, $t(98) = 0.70$, $p = .487$ ($p > .05$).

Thus, it can be concluded that there was no significant difference in the level of empathy between urban and rural Individuals of the Lingayat Community. Hence, the hypothesis stating that urban individuals would have higher empathy than rural Individuals of the Lingayat Community was rejected.

DISCUSSION

The present study examined the difference in the level of empathy between urban and rural Individuals of the Lingayat Community. The findings revealed that urban participants (M = 45.08, SD = 7.50) obtained slightly higher empathy scores than rural participants (M = 43.96, SD = 8.51). However, the difference was not statistically significant, $t(98) = 0.70$, $p = .487$. Thus, the results indicate that place of residence (urban or rural) does not significantly influence empathy among Individuals of the Lingayat Community.

The absence of a significant regional difference may be attributed to the shared cultural, religious, and social values of the Individuals of the Lingayat Community. Regardless of whether individuals reside in urban or rural areas, they are likely to be exposed to similar family environments, moral teachings, and community traditions that foster empathy. These common socio-cultural influences may reduce the impact of geographical location on empathic behaviour.

Although urban participants showed a marginally higher mean empathy score, the difference was too small to be statistically meaningful. This suggests that factors other than residence, such as personality traits, parenting practices, educational experiences, emotional intelligence, and interpersonal relationships, may play a more substantial role in the development of empathy.

The findings are consistent with previous studies reporting that demographic variables such as place of residence often have little or no significant effect on empathy, particularly within culturally homogeneous populations. Therefore, empathy appears to be a relatively stable psychological characteristic that is shaped more by individual and socio-cultural experiences than by urban–rural differences.

Overall, the findings of the present study suggest that urban and rural Individuals of the Lingayat Community possess comparable levels of empathy, and regional background alone is not a determining factor in empathic behaviour. Consequently, the null hypothesis stating that there is no significant difference in the level of empathy between urban and rural Individuals of the Lingayat Community is retained.

CONCLUSIONS

1. Gender significantly influences the level of empathy among individuals of the Lingayat Community. Female individuals were found to possess significantly higher levels of empathy than male individuals.
2. Region (urban–rural residence) does not significantly influence the level of empathy among Individuals of the Lingayat Community. Urban and rural individuals were found to exhibit similar levels of empathy.

REFERENCES

Christov-Moore, L., Simpson, E. A., Coudé, G., Grigaityte, K., Iacoboni, M., & Ferrari, P. F. (2014). Empathy: Gender effects in brain and behavior. *Neuroscience & Biobehavioral Reviews, 46*(4), 604–627. https://doi.org/10.1016/j.neubiorev.2014.09.001

Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology, 44*(1), 113–126. https://doi.org/10.1037/0022-3514.44.1.113

Davis, M. H. (1994). *Empathy: A social psychological approach*. Westview Press.

Decety, J., & Jackson, P. L. (2004). The functional architecture of human empathy. *Behavioral and Cognitive Neuroscience Reviews, 3*(2), 71–100. https://doi.org/10.1177/1534582304267187

Eisenberg, N., & Lennon, R. (1983). Sex differences in empathy and related capacities. *Psychological Bulletin, 94*(1), 100–131. https://doi.org/10.1037/0033-2909.94.1.100

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–103. https://doi.org/10.1037/h0045357

Spreng, R. N., McKinnon, M. C., Mar, R. A., & Levine, B. (2009). The Toronto Empathy Questionnaire: Scale development and initial validation of a factor-analytic solution to multiple empathy measures. *Journal of Personality Assessment, 91*(1), 62–71. https://doi.org/10.1080/00223890802484381

Batson, C. D. (2011). *Altruism in humans*. Oxford University Press.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology, 44*(1), 113–126.

Decety, J., & Jackson, P. L. (2004). The functional architecture of human empathy. *Behavioral and Cognitive Neuroscience Reviews, 3*(2), 71–100.

Eisenberg, N., & Lennon, R. (1983). Sex differences in empathy and related capacities. *Psychological Bulletin, 94*(1), 100–131.

Eisenberg, N., & Miller, P. A. (1987). The relation of empathy to prosocial and related behaviors. *Psychological Bulletin, 101*(1), 91–119.

Eisenberg, N., Spinrad, T. L., & Sadovsky, A. (2006). Empathy-related responding in children. In M. Killen & J. G. Smetana (Eds.), *Handbook of moral development* (pp. 517–549). Lawrence Erlbaum Associates.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–103.