

Empathy and Smoking in Public Areas

By:

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Abstract

Does empathy determine smoking behavior? Furthermore, is smoking behavior in public places, for instance in train stations, cinemas, cafeterias, car parks and busses due to lower levels of empathy? One hundred and fifty students aged of 15 – 22 years old participated in this study. They were asked to fill in the Empathy Scales (SE) and Smoking Behavior Scales (SPM) while they were smoking in public areas. Product moment analysis demonstrated negative correlations (-0,207) between the empathy and smoking behavior. Higher levels of empathy indicated lower levels of smoking behavior, especially in public areas. This study also discovered that smoking frequency was related to empathy. Therefore people who smoke in public areas are considered as heavy smokers (high frequency level smokers).

Keywords: Empathy, Smoking Behavior, Public Areas

Introduction

Health is a very important aspect in life. These days, diseases are no longer caused by germs or bacteria, but rather by unhealthy habits and unhealthy life styles. Chronic heart disease, cancer, stroke, skin cancer, diabetes, hypertension are some of these diseases as result of unhealthy life styles. Hardinge et al (2001) suggested that smoking is included as one of those unhealthy habits and lifestyles. It was further elaborated that smoking does not only cause a number of diseases but it also worsens currently experienced diseases. White and Watt (1981) revealed that a smoker, smoking 19 cigarettes per day will suffer from a reduction in life span approximately as large as 5,5 years.

Before coming on to discuss smoking behavior, the reasons for why a person chooses to smoke must be identified. Aritonang (1997) wrote that smoking is a complex behavior, as a product of interactions between cognition, social environments, psychological conditions, conditioning, and physiological conditions. From the cognitive aspects, smokers seem to have low awareness upon the dangers of smoking. They assume that the harms of smoking may be reduced by balancing the smoking behavior with routine physical activities like sports and consuming nutritious foods. From the social aspect, most smokers claim that they smoke as a result of the influence of the people surrounding them. This reason becomes one of the largest causes of smoking. Psychologically, smoking is done for relaxation, to reduce tension and to briefly forget about the problems being encountered.

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Regardless of the reasons for a person to smoke, it is almost certain that smoking gives a pleasant effect. This pleasant effect is what leads the person to repeat the behavior (conditioning). At the same time, nicotine, the substance within the cigarette, may cause addiction (Glasgow and Bernstein, in Arifonang, 1997). The tolerance effect of nicotine is actually very light, however the addictive nature of nicotine may cause the body to depend on the substance, manifested in the forms of headaches, easily nervous, sluggishness, and anxiety (Theodorus, in Komarsari, 2000).

A number of studies related to the harms of smoking indicate that smokers have eleven times more chances of suffering lung disease that could cause death compared to non-smokers. It is predicted that in the year 2020, the total deaths caused by lung disease also known as Chronic Obstruction Lung Disease, also referred to as incurable lung disease will rank fourth, after mental disorders, traffic accidents, and heart disease. Even Mangunegoro, lungs expert from *RSUP Persahabatan* Jakarta, consistent with WHO reports in 1990, claiming that lung disease ranks 12th as the main disease and death factor for non-contagious diseases (Republika, 2001).

Those risks don't only harm the smokers (active smokers) but may also harm the people surrounding them, referring to non-smokers that inhale the cigarette smoke of smokers, known as passive smokers. Passive smokers indirectly intake harmful substances into their bodies along with the cigarette smoke which is unintentionally inhaled. This condition becomes worse for passive smokers as their bodies are not used to the smoke entering their bodies (Sarafino, 1990). A number of studies report that around 20% - 30% of risks of gaining lung cancer, is suffered by passive smokers (Aditama, 1997).

The interaction between active smokers and passive smokers generally occur in public areas, for instance train stations, terminals, inside the bus, etc. These areas do not provide an area to separate non-smokers with smokers, resulting in the cigarette smoke to be inhaled by the people surrounding the smoker. These people unintentionally inhale the smoke. This is why they are described as passive smokers. Within this context, understanding upon the conditions of others is urgently needed by smokers, especially for when they are in public areas.

Johnson et al (1983) suggested that empathy is the tendency to understand the conditions and thoughts of others. An empathic person is one that is tolerant, able to control themselves, friendly, have influence, and humanistic. Batson and Coke (in Brigham, 1991) defined empathy as an emotional state possessed by a person consistent with what is felt by other people. The ability to acquire these feelings position these people as if they experienced the events experienced by other people (Eisenberg and Fabes, 1989). Should this refer to smokers then they would be able to control themselves from smoking in public areas because they recognize that apart from the fact that smoking may harm the smoker itself, it may also harm the people surrounding them. Similar statements were made by Koestner and Franz (1990) defining empathy as the ability to position ones self in the feelings or thoughts of others without directly being involved in the thoughts or the reactions of others.

The ability to sense another person's feelings before the person actually notifies their condition is basically what empathy is all about. The absence of this ability may lead a person to feel isolated, as they misinterpret feelings of others causing a numbness of feelings and possibly resulting in the fracture of interpersonal relationships. One form

of empathy absence is the tendency to perceive others the same as they would perceive themselves, contrary to viewing them as unique individuals. In the lower level, empathy conditions a person to read the emotions of others, in the higher levels, empathy conditions a person to sense and react to the needs and feelings of others, which is not necessarily expressed through words. In the highest level, empathy is done to fully comprehend the problems or needs of others.

Goleman (2000) suggested the preconditions to conduct empathy including self awareness, identifying signals of feelings within a person's physiological bodily reactions. In other words, a person may only empathize if they are able to recognize who they are (Boyatzis et al., 2000). Brammer and Mc Donald (in Munawroh, 1999) stated that self recognition may help individuals to position themselves to other people's internal frame of reference, without losing their objectives. Empathy is likely to grow when individuals "think with" contrary to "think for" a person.

Empathy requires cooperation between the ability to cognitively and affectively accept and understand others. The cognitive component involves understanding the feelings of others, either through simple relationships or by taking a complex perspective. In the context of smoking behavior, smokers must understand that the people surrounding them aren't necessarily smokers. Apart from the cognitive aspects, empathy also involves affective aspects, referring to the appropriate emotional responses, leading smokers to understand when other people dislike the smoking behavior, they are also able to feel the discomforting effects of smoke and its unpleasant odor, even though the smokers themselves enjoy the scent and the pleasure of smoking. Furthermore, the affective aspects require the process of decision-making to act in an affective perspective in order to endorse feelings and understanding to be actualized into behaviors.

Therefore, empathic active smokers will have the awareness to act tolerant to respect the feelings of others when smoking in public areas, in meeting rooms, campus, schools, public transport and other public areas for instance, leading the smoker to eliminate intentions to smoke or directly puts out their cigarette when a friend is coming. Based on the explanations above, a hypothesis is formulated implying a negative correlation between empathy and smoking behaviors in public areas. The higher level of empathy of smokers, the lesser the possibility for them to smoke in public areas. Vice versa, the lower level of empathy of a smoker therefore, the more likely for the possibilities for them to smoke in public areas.

Method

a. Research Variables

The research variables are as follows:

1. Dependent variable : Smoking behavior in public areas
2. Independent variable : Empathy

b. Operational Definitions of the Research Variables

Smoking is the activity of sucking or inhaling the cigarette smoke by using a pipe or cigarette. Smoking behavior is measured by the subject's reported activities of the volume and frequency, places, time, and functions of smoking in their every day lives. Public areas are facilities provided by the government, private enterprises, or individuals used for public activities. Apart from that, public areas include specific working areas, for

instance places to hold health assistance, learning processes, recreation, worship sites and public transport are declared as smoking free zones as mentioned in PP RI No.81, 1999 concerning Smoking Health Safety Measures (Sitepoe, 2000). The higher the score for smoking behavior therefore the higher the smoking behavior of the subject as reflected in the smoking behavior scale, vice versa, the lower the score for smoking behavior therefore the lower the smoking behavior or even to levels of the absence of smoking behavior.

Empathy is an individual's ability to position themselves in understanding the conditions, or thoughts, characteristics and feelings of others; able to sense and understand the emotional conditions of others therefore leading to a tolerant and respectful attitude to the feelings of others, self control, friendly and humanistic. In this research, a person's empathy is indicated by the score obtained from filling in the empathy scale consisting of four components; perspective taking, fantasy (tendency to change ones self to the feelings and actions from the fantasies originating from films, books, or even games), empathic concern (a person's orientation to others in form of feelings of sympathy and care towards others currently experiencing misfortune), personal distress (a person's orientation towards ones self comprising of feelings of anxiety and despair in interpersonal relationships). The degree of empathy displayed by a person depends on the score of this Empathy Scale.

c. Subjects

There were 150 subjects participating in this study, aged 15 – 22 years old and categorized as active smokers. Subject selection was conducted incidentally when they were in public areas. Therefore non-random sampling techniques were conducted using incidental sampling. The subjects involved in this research are those that were incidentally encountered and were found to be smoking in the streets, train stations, cinemas, parking spaces, food stalls, etc. The teenagers participating in this study ranged from 15-22 years old. This is also based on surveys conducted in 1994 (Tresnawaty, 2000) that 41,5% of teenagers begin to smoke in the ages of 15 – 22 years.

d. Measures

Data from this study is gathered using the empathy scale and smoking behavior scale in public areas.

Smoking Behavior Scale. The smoking behavior scale is the modified version of the smoking behavior scale developed by Cahyani (1995) and Komarasari (2000). A few items were arranged and added for testing. The measures consisted of 80 items, 41 favorable statements and 39 unfavorable items. Every statement consists of four alternative answers: Extremely Agree (Sangat Setuju/ SS), Agree (Setuju/ S), Disagree (Tidak Setuju/ TS), Extremely Disagree (Sangat Tidak Setuju/ STS). The scores for the favorable statements ranged from 1, for Extremely Agree (SS) responses and 4, for Extremely Disagree (STS) responses. For the unfavorable statements the scores were vice versa of the favorable statements. The testing indicated that 63 of the 80 items are valid, and 17 were eliminated. Scale validity coefficients moved from 0,3046 – 0,8057. Reliability tests to the smoking behavior scale produced an alpha coefficient of 0,9732.

Empathy Scale. The Empathy Scale (Skala Empati / SE) used in this study was arranged by Fathiyah (1996) modified based on empathic aspects of: perspective taking,

empathic concern, self distress and fantasy (Fathiyah, 1996). This empathy scale is in the form of closed-end questionnaires consisting of 30 favorable items and 29 unfavorable items. Similar to the Smoking Behavior Scale in Public Areas, this scale uses the model with four alternative responses: Extremely Agree (SS), Agree (S), Disagree (TS), and Extremely Disagree (STS). Scoring for favorable statements moved from 4 (Extremely Agree) to 1 (Extremely Disagree) and vice versa for the unfavorable statements. Validity analysis of the items in the Empathy Scale indicated that from 59 of the tested items, 39 items were valid and 20 were eliminated. Validity coefficients for 39 of the valid items moved from 0,3037 – 0,5593. Reliability tests towards the Empathy Scale produced an alpha coefficient of 0,8961.

Results and Discussion

a. Results

The Statistical analysis above reveals that there is a significant negative correlation between empathy and smoking behaviors in public areas. This is apparent in the correlation values $r = - 0,207$ ($p < 0,05$). The effective contribution given by empathy to smoking behavior is as large as 0,043 (4,3%).

b. Discussion

Empathy is a positive emotion or affection. Empathy plays a large role in overcoming problems encountered by individuals in forming attitudes and behaviors to others. Smoking behavior in public areas reflects a person's empathy. Brigham (1991) suggested that people with high levels of empathy are oriented towards other people's problems without considering the sacrificed time, energy and costs. This implies that a person with high levels of empathy will care for others that are disturbed by cigarette smoke. Solichah (2000) in his study confirmed this assumption suggesting that the higher the levels of the person's belief towards the disturbing effects of cigarette smoke, then lower levels of smoking frequency and quality will follow, when in the presence others.

The recognition that smoking in public areas may harm others is a reflection of a tolerant attitude, becoming one important aspect in empathy (Johnson, et al., 1983). When seeing other people cough or have trouble breathing as a result of cigarette smoke, therefore an empathic smoker will be able to sense this, leading them to control the urges for them to smoke. This is contrast to non-empathic smokers, they don't care for the people surrounding them and they will not have any sense to control their smoking urges when in the presence of others. It is clear that empathy in this case related to self understanding in the form of self awareness, in recognizing the signals within physiological bodily reactions (Goleman, 2000) as well as to recognize other people's feelings of disturbance as result of smoking behaviors (Wood et al., 1994). The awareness and the sense to acknowledge what others feel should be possessed by smokers. Without this ability a person could become isolated, misinterpret the feelings of others, or grow a numbness of feelings which may lead to fractured interpersonal relationships.

Other findings in this study indicate that the research subjects had higher empirical empathy scale scores (119,34) compared to the mean hypothetical scores (97,5). This indicates that the research subjects are within the high level empathy category. The results of the study become interesting because the high levels of empathy

is inconsistent with lower levels of smoking behavior, indicated by the empirical mean scores for smoking behavior in public places (173,84) which is also higher than the mean hypothetical score (157,5). This implies that the research subjects are categorized as high level smokers in public areas but also have high levels of empathy. The effective contribution of empathy to smoking in public areas is as large as 0,043 or 4,3%, which is indeed small. Other factors contribute to smoking behaviors in public areas as large as 95,7%, comprise of attitudes and beliefs, social influences for instance the habits of parents or peer groups, and self concept (Brigham, 1991). Castro (in Fuhrmann, 1990) concentrated on the importance of peer group influence, social conformity, family attitudes, stress, and the inability to practice coping.

If we look back at the comparisons between the empirical SE and SPM means scores and the hypothetical mean scores, it seems that the dominant factor influencing smoking behaviors in public areas is social influence and family attitudes. The subject's empathy is well above average. Logically, smoking behaviors should have become lower. However, social processes and permissive environmental attitudes to other people's behaviors, in this case smoking, becomes one of the barriers. For example, we frequently witness people being tolerant to the people smoking around them.

Additional data taken from open-ended questionnaires revealed that the subject's reasons for smoking is dominantly caused by habits and needs (35%), trying out new smoking experiences (20,67%), relaxation of mind (14,67%), socialization (8%), tastefulness (7,33%), likes smoking (4,67%), has a lot of problems (4,33%), seeking for inspiration and motivation (4%), and filling in spare time (1,33%). The subjects report that they begin smoking at the ages of 9 – 11 years (Elementary School) 10%, 12 – 14 years (Junior High School) 56%, 16 – 19 years (Senior High School) 34%.

This data reveals that even people in the child ages begin to smoke. This is in line with what was proposed by Tragnet (in Komarsari, 2000) suggesting that the process of becoming a smoker develops from the childhood years. Erikson (1982) also mentioned that smoking between the ages 6 – 11 years is usually practiced to overcome feelings of inferiority, while teenagers smoking between the age 12 – 18 years is usually done to establish their self identity.

The frequency of smoking among the subjects indicate that 30% smoke 1 -10 cigarettes a day, 51,33% smoke between 11 – 22 cigarettes a day, 14,67% smoke 24 cigarettes a day, and 5% smoke uncertain amounts of cigarettes. Based on the descriptive data calculations, the subjects in the study are categorized as mild smokers, with an average of 12 cigarettes a day. If we examine the total numbers of cigarettes per day, the subjects have tendencies to be categorized as heavy smokers. Similar to what had been revealed by Sitepoe (2000), dividing the smokers into three groups: a. light smokers, smoking 1 – 10 cigarettes a day b. mild smokers, smoking 11 – 20 cigarettes a day, c. Heavy smokers, smoking more than 24 cigarettes a day. Lavental and Cleary (1980) further stated that teenagers smoking 4 cigarettes or more a day will become... (catatan: kalimat ini memang tidak lengkap di dokumen aslinya)

The researcher also uses frequency data of the subject's daily smoking behavior and correlates it with the research variables. The analysis indicates negative correlations between smoking frequencies with empathy, indicated by $r = -0,306$. This demonstrates that the higher the empathy of a person than the lesser number of cigarettes smoked in public areas. This confirms the research results above concerning the negative correlation

between empathy and smoking in public areas. Smokers that smoke in public areas are heavy smokers, the more cigarettes consumed per day, therefore this will lead to the increased frequency of smoking in public areas ($r = 0,521$).

The subjects smoking frequency increases in moments of stress (24%), boredom (19%), when gathering with friends (10%), working on heavy tasks (10%).

This is in line with Brigham's (1991) assumption suggesting that smoking behavior is influenced by emotional factors, for example when a person experiences anxiety, anger or depression. When teenagers experience problems or distressing thoughts, teenagers report feeling relaxed when channeling their problems through smoking. This is also mentioned by Komarasari (2000) stating that teenager's view that smoking may assist in relieving encountered problems, therefore increasing the tendencies for them to use smoking as a compensation of channeling of their problems. However, should the teenager be incapable of discovering the correct solutions for their problems, this would increase smoking frequency leaving the problem unsolved.

Psychological satisfaction as mentioned in this study refers to the pleasant feelings felt after smoking a cigarette. The subject's feelings after smoking is dominantly described as satisfying (28,67%), pleasant (22%), ordinary (10%), problems disappear (9,67%), calm (5,67%), high (5,33%), comfortable (4%), able to reduce stress (2,67%), tasteful (2,67%), fresh (1,33%), relaxed (1,33%), confident (1,33%).

This is consistent with Scolichah's (2000) findings indicating the positive correlation between the pleasant factor of smoking with smoking behavior, increasing the subject's beliefs that smoking can lead to addiction and therefore increasing the subject's smoking quality. Komalasari (2000) also revealed the significant correlation between psychological satisfaction with smoking behavior. This implies that the higher the psychological satisfaction the higher the smoking behavior. In this study, psychological satisfaction has a very larger influence on smoking behavior.

CONCLUSION

Based on the research results, it could be concluded that there is a negative correlation between empathy and smoking behavior in public areas, especially for teenage smokers in public areas. The higher levels of empathy leads to the lower levels of smoking in public areas, and vice versa, the lower the empathy the higher levels of smoking in public areas.

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