Pakistan Journal of Positive Psychology

Print ISSN : 3078-6428 | Online ISSN : 3078-6436
Pakistan Journal of Positive Psychology

Original Article

EMPATHY AND INTERPERSONAL FUNCTIONING DIFFICULTIES AMONG PAKISTANI ADULTS: A CROSS-SECTIONAL STUDY

Maryam Naeem [a*], Amna Tariq [b], Syeda Azka Hassan Gillani [c], & Tamkeen Saleem [d]

[a] Lecturer, Department of Clinical Psychology, Shifa Tameer-e-Millat University, Islamabad, Pakistan
[b] MS Scholar, Department of Clinical Psychology, Shifa Tameer-e-Millat University, Islamabad, Pakistan
[c] MS Scholar, Department of Clinical Psychology, Shifa Tameer-e-Millat University, Islamabad, Pakistan; Executive Support Officer, Muslim Hands, Canada
[d] Professor and Head, Department of Clinical Psychology, Shifa Tameer-e-Millat University, Islamabad, Pakistan

*Correspondence to: Maryam Naeem, Lecturer, Department of Clinical Psychology, Shifa Tameer-e-Millat University, Islamabad, Pakistan.
Email: maryamnaeem161@gmail.com

KEYWORDS
Empathy, Interpersonal Functioning Difficulties, Pakistani Adults, Gender Differences

CITE THIS ARTICLE:
Naeem, M., Tariq, A., Gillani, S. A. H., & Saleem, T. (2026). Empathy and interpersonal functioning difficulties among pakistani adults: a cross-sectional study. Pakistan Journal of Positive Psychology, 3(4), 44-51.

ABSTRACT

Empathy plays a role in social interaction and healthy interpersonal functioning, yet little research has examined this relationship specifically among Pakistani adults. This study examined the relationship between empathy and interpersonal functioning difficulties and gender differences in empathy and interpersonal functioning difficulties among Pakistani adults. A cross-sectional correlational design was used. From 218 Pakistani adults, 109 males and 109 females, aged 19 to 45, recruited through convenience sampling. Empathy was measured with the Toronto Empathy Questionnaire (TEQ), and interpersonal functioning was assessed with the Functional Idiographic Assessment Template Questionnaire, Short Form (FIAT-Q-SF). Data were analyzed in IBM SPSS Statistics (Version 26) using Pearson correlation, independent-samples t tests, and simple linear regression. Empathy showed a significant negative relationship with interpersonal functioning difficulties: adults who scored higher on empathy reported fewer difficulties in their interpersonal functioning. Regression results showed empathy significantly predicted interpersonal functioning difficulties, as it accounted for 6% of the variance. Women reported to have greater empathy than their male counterparts. No significant gender difference emerged for interpersonal functioning difficulties overall. These results support empathy as one factor connected to interpersonal difficulties in a Pakistani adult sample and suggest that interventions targeting empathy could be one avenue worth testing for improving social functioning in this population.

I. INTRODUCTION

Empathy can be described as the ability to recognize and respond appropriately to what others are feeling, and it forms much of the foundation of social competence. Individuals with higher empathy tend to communicate more clearly, read social situations more accurately, and sustain relationships even under strain. Individuals with lower empathy report more frequent conflict, greater social withdrawal, and difficulty connecting with others (Spreng et al., 2009). Davis's Multidimensional Theory of Empathy (Davis, 1980, 1983, 1994) offers one account of this relationship. The theory distinguishes a cognitive component, the ability to take another person's perspective, from an affective component, the capacity to experience an emotional response to another person's feelings. Davis argued that these two components work together to shape social behaviour: individuals strong in both tend

to manage relationships well, while individuals weak in either are more prone to misunderstanding. This mechanism forms the theoretical basis for the present study. Under Davis's model, empathy contributes causally to good relationships by equipping individuals to read others accurately and respond appropriately.

This outcome is referred to here as interpersonal functioning difficulties. Darrow et al. (2014) describe these difficulties as problems that show up across several linked areas of relating to others: trouble identifying and asserting one's own needs, weak give-and-take when exchanging feedback, poor handling of conflict, discomfort with disclosure and closeness, and difficulty recognizing or expressing emotion within a relationship. A related but broader account comes from the personality functioning literature, where interpersonal functioning difficulties are described as a reduced capacity for empathy and intimacy: less tolerance for other people's perspectives, less awareness of how one's own behavior affects others, and a weaker ability to form and sustain close, mutually satisfying relationships (Sharp & Wall, 2021). Taken together, these accounts treat interpersonal functioning difficulties not as a single symptom but as a pattern spanning communication, emotional expression, conflict resolution, intimacy, and social connection. Difficulties of this kind carry importance in their own right. When they worsen, individuals experience strained relationships, poor communication, and emotional distress, effects that extend into broader psychological adjustment (Pilkonis et al., 2018). Within Davis's model, empathy is one determinant of whether these difficulties are minor or pronounced.

Most available evidence supports this model. Higher empathy has been linked to better communication and fewer relationship problems across several studies, and longitudinal work shows this pattern persisting over time rather than reflecting a single snapshot (Cramer, 2000; Davis & Oathout, 1987; Duan & Hill, 1996; Shalev et al., 2023). The relationship is not universal, however. In some populations, the association between empathy and interpersonal functioning weakens or disappears altogether (Smith et al., 2012). This inconsistency suggests that the relationship depends on context rather than holding uniformly across settings, which is one reason it warrants testing in populations beyond those where it has already been established. Gender adds a further layer of complexity. Women tend to score higher than men on empathy measures with reasonable consistency, a pattern usually attributed to socialization and gender-role expectations rather than biological difference (Spreng et al., 2009). Whether this gap extends to interpersonal functioning is a separate and still unresolved question. Some studies report gender differences in specific domains of interpersonal behaviour, while others report none, and most of the evidence behind this disagreement also comes from Western samples.

This points to the central gap in the literature. Nearly all existing knowledge about empathy and interpersonal functioning comes from Western, individualistic contexts. Culture shapes how people express emotion and negotiate relationships, so there is little basis for assuming that Davis's model, or the association it predicts, operates identically elsewhere. Pakistan is a collectivistic culture (Hofstede, 2001; Triandis, 1995) in which family obligation and interpersonal harmony carry substantial weight (Yaqoob et al., 2023; Zahra & Saleem, 2022). Whether empathy operates in a comparable manner within this setting, and whether its predictive strength for interpersonal functioning holds, remains untested. This study fills that gap by directly examining a sample of Pakistani adults, instead of assuming that findings from Western populations extend automatically to this context. This study investigates the relationship between empathy and interpersonal functioning difficulties, drawing on the Toronto Empathy Questionnaire (TEQ) and the Functional Idiographic Assessment Template Questionnaire, Short Form (FIAT-Q-SF), while also examining whether gender differences exist in empathy and interpersonal functioning difficulties. Based on Davis's model and the evidence reviewed above, two hypotheses were proposed; 1. Empathy is negatively related with interpersonal functioning difficulties among Pakistani adults. 2. There is gender difference in empathy and interpersonal functioning difficulties among Pakistani adults. In testing these predictions, the study extends Davis's framework to a South Asian population in which it has not previously been examined directly.

II. METHOD

Participants

Participants were recruited through convenience sampling, a non-probability approach chosen for its practicality in reaching individuals who satisfied the study's inclusion criteria and were readily available (Etikan et al., 2016) Eligibility required that participants fall between 19 and 45 years of age, be able to read and understand English, and provide informed consent. Those outside this age bracket or unable to understand English did not take part in the study. Recruitment took place among Pakistani adults living in Islamabad and Rawalpindi. The final sample consisted of 218 adults, made up of 109 males (50.0%) and 109 females (50.0%), ranging in age from 19 to 45 years (M = 25.04, SD = 6.54). The selected age range was based on Erikson's psychosocial theory of development (Erikson, 1968), which identifies young adulthood as the developmental stage of Intimacy versus Isolation, and on Arnett's (2000) account of emerging adulthood as a period of identity exploration that similarly centers on the formation of close interpersonal bonds. During this stage, establishing and maintaining close interpersonal relationships is a central developmental task. Therefore, adults within this age range were considered appropriate for examining the relationship between empathy and interpersonal functioning.

Measures

[I] Toronto Empathy Questionnaire (TEQ): Empathy was measured with the Toronto Empathy Questionnaire (TEQ; Spreng et al., 2009), a 16-item self-report scale targeting emotional empathy. Respondents rate each item on a five-point scale from 0 (*Never*) to 4 (*Always*), and eight negatively worded items are reverse-scored before totaling. Higher scores reflect greater empathy, and the scale's developers reported an acceptable level of internal consistency (Cronbach's α = .72). **[II]** Functional Idiographic Assessment Template Questionnaire, Short Form (FIAT-Q-SF): Interpersonal functioning difficulties was measured with the Functional Idiographic Assessment Template Questionnaire, Short Form (FIAT-Q-SF; Darrow et al., 2014), a 32-item self-report tool spanning several domains of everyday social interaction. Items are answered on a six-point scale ranging from 1 (*Strongly disagree*) to 6 (*Strongly agree*), with higher totals reflecting greater interpersonal difficulty. Prior work has shown the FIAT-Q-SF to have strong internal consistency (Cronbach's α = .86).

Procedure

Prospective participants were contacted in educational institutions, workplaces, and community settings across Islamabad and Rawalpindi, and each received an explanation of the study's purpose before giving written informed consent. Participants were told that taking part was entirely voluntary and that they could withdraw at any stage without consequence. No identifying details were collected, which preserved confidentiality and anonymity throughout. After completing a demographic form, participants filled out the TEQ followed by the FIAT-Q-SF, with all data gathered in person via paper-and-pencil questionnaires. Ethical considerations were maintained throughout the study. Measures were taken to ensure that no physical, social, or psychological harm came to participants, and participants were asked to provide accurate information and were assured that their responses would be used exclusively for research and academic purposes.

III. RESULTS

Once data collection was complete, all analyses were carried out in IBM SPSS Statistics (Version 26). Descriptive statistics summarized the sample's sociodemographic frequencies and means, and a reliability analysis checked the internal consistency of the scales. Internal consistency in the current sample was acceptable for the FIAT-Q-SF (α = .77) and marginal for the TEQ (α = .65). Gender differences were examined using independent-samples t tests, associations between the study variables were tested through Pearson correlation, and linear regression assessed whether empathy predicted interpersonal functioning.

Table I: Sociodemographic Characteristics of Participants (N=218)

Characteristic	n	%
Age M (SD)		25.04 (6.54)
Gender		
Female	109	50.0
Male	109	50.0
Marital Status		
Single	152	69.7
Married	66	30.3

Note. M = Mean; SD = Standard deviation

Table II: Pearson Product-Moment Correlations Among Empathy and Interpersonal Functioning Difficulties Variables (N = 218)

Variables	*M*	*SD*	1	2	3	4	5	6	7	8
1. Empathy	43.39	7.57	-	-.25**	-.04	-.18**	-.44**	.05	-.26**	-.02
2. Interpersonal Functioning	96.47	17.81		-	.63**	.68**	.16*	.38**	.62**	.58**
3. Interpersonal Intimacy	29.35	8.01			-	.27**	-.30**	.35**	.26**	.05
4. Disagreement	19.59	6.66				-	-.01	.14*	.25**	.28**
5. Connection	9.20	4.18					-	-.30**	.39**	.09
6. Conflict	11.52	3.49						-	-.03	.15*
7. Emotional Experience	14.55	4.41							-	.23**
8. Expressing Emotions	12.27	6.10								-

Note. M = Mean; SD = Standard Deviation; *p < .05, **p < .01

As shown in Table 2, empathy correlated negatively with overall interpersonal functioning difficulties (r = -.25, p < .01): adults reporting higher empathy tended to report fewer interpersonal difficulties. Because higher FIAT-Q-SF scores indicate greater difficulty, this negative correlation means empathy was associated with better, not worse, interpersonal functioning. As with the total score, higher subscale scores reflect greater difficulty in that domain. Negative correlations emerged between empathy and disagreement (r = -.18, p < .01), connection (r = -.44, p < .01), and emotional experience (r = -.26, p < .01), meaning higher empathy was associated with less difficulty in each of these areas. Empathy showed no significant association with interpersonal intimacy (r = -.04, p > .05), conflict (r = .05, p > .05), or expressing emotions (r = -.02, p > .05).

Table III: Linear Regression Analysis Predicting Interpersonal Functioning Difficulties from Empathy (N = 218)

					95% CI	
Variables	*B*	β	*SE*	*p*	LL	UL
Constant	121.81	-	6.83	< .001	108.35	135.27
Empathy	-0.58	-.25	.16	< .001	-.89	-.28
R^2	.06					
F	14.19					

Note. B = Unstandardized Regression Coefficient; β = Standardized Regression Coefficient; SE = Standard Error; CI = Confidence Interval.

The regression results in Table 3 indicate that empathy significantly predicted interpersonal functioning, F (1, 216) = 14.19, p < .001, accounting for 6% of the variance (R^2 = .06), with B = -0.58, β = -.25, p < .001. Higher empathy scores thus corresponded to lower FIAT scores, meaning better interpersonal functioning overall.

Table IV: Independent-Samples t Test Comparing Males and Females on Empathy and Interpersonal Functioning Difficulties (N = 218)

	Females (*n* = 109)		Males (*n* = 109)				
Variables	M	SD	M	SD	*t* (216)	*p*	Cohen's *d*
Empathy	44.83	6.67	41.94	8.15	2.87	.004	.39
Interpersonal Functioning	97.43	17.22	95.51	18.41	.79	.428	-
Interpersonal Intimacy	29.21	8.01	29.50	8.05	.26	.794	-
Disagreement	19.61	6.31	19.57	7.02	.04	.968	-
Connection	9.11	3.94	9.28	4.42	.31	.759	-
Conflict	12.13	3.25	10.91	3.63	2.62	.010	.35
Emotional Experience	15.24	4.33	13.86	4.41	2.33	.021	.32
Expressing Emotions	12.14	5.62	12.39	6.57	.31	.757	-

Note. N = 218; *n* = Sample Size; M = Mean; SD = Standard Deviation; Cohen's d = Effect Size

Gender comparisons are reported in Table 4. Females (M = 44.83, SD = 6.67) obtained higher empathy scores than males (M = 41.94, SD = 8.15), $t(216) = 2.87$, $p = .004$, and also scored higher on conflict, $t(216) = 2.62$, $p = .010$, and emotional experience, $t(216) = 2.33$, $p = .021$. Males and females did not differ significantly on overall interpersonal functioning, interpersonal intimacy, disagreement, connection, or expressing emotions ($p > .05$).

IV.DISCUSSION

This study set out to examine how empathy relates to interpersonal functioning among Pakistani adults, along with possible gender differences in each construct. The findings showed that empathy was significantly associated with interpersonal functioning difficulties, indicating that individuals with higher empathy reported fewer interpersonal functioning difficulties. These findings support the first hypothesis and are consistent with previous research demonstrating that empathy contributes to healthier interpersonal relationships and more effective social interactions (Davis & Oathout, 1987; Duan & Hill, 1996). The findings can also be understood in light of Davis's Multidimensional Theory of Empathy (Davis, 1983, 1994), which proposes that cognitive and affective empathy enable individuals to understand another person's perspective and respond appropriately to emotional experiences. Individuals with greater empathic ability are therefore more likely to communicate effectively, resolve interpersonal conflicts, and develop positive relationships. The significant negative relationship observed in the present study indicates that individuals with higher empathy tend to report fewer interpersonal functioning difficulties.

The regression analysis further demonstrated that empathy significantly predicted interpersonal functioning difficulties. Although the percentage is relatively modest, it indicates that empathy contributes meaningfully to reducing interpersonal functioning difficulties while also suggesting that other factors, such as personality traits, attachment style, communication skills, and social experiences, may influence interpersonal functioning difficulties (Mikulincer & Shaver, 2007). Therefore, empathy should be viewed as one of several factors associated with interpersonal functioning difficulties rather than its sole determinant. Regarding gender differences, females reported significantly higher empathy than males. This finding is consistent with previous studies reporting greater empathy among women (Eisenberg & Lennon, 1983; Spreng et al., 2009), including similar findings among Pakistani samples specifically (Baig et al., 2023; Iqbal et al., 2020; Naseem et al., 2023). According to Davis's theory, empathic responses involve both emotional sensitivity and perspective-taking. Socialization processes may encourage females to express emotions and attend to the emotional experiences of others more readily, which may explain their higher empathy (Eisenberg & Lennon, 1983). Overall interpersonal functioning difficulties, however, did not differ significantly by gender, meaning that despite the empathy gap, men and women reported comparable levels of interpersonal difficulty. This finding suggests that interpersonal functioning difficulties are influenced by multiple psychological and social factors beyond empathy alone. It is also possible that shared

cultural expectations regarding interpersonal relationships contribute to comparable interpersonal functioning difficulties across genders.

Although overall there were no significant difference in interpersonal functioning across gender, however, significant gender differences were observed in the dimensions of Conflict and Emotional Experience of adults. This suggests that gender differences may be limited to specific aspects of interpersonal functioning difficulties rather than reflecting a broad difference in overall interpersonal functioning difficulties. Females scored higher than males on both Conflict, and Emotional Experience. Participants' scores on the Emotional Experience domain reflected their emotional awareness and understanding. Higher scores indicate greater difficulties with emotional experience, whereas lower scores indicate better emotional awareness and emotional functioning. This domain includes items assessing whether individuals can make sense of their emotions, distinguish between different emotions, identify what they are feeling, and express emotions appropriately. Previous research has shown that women tend to report greater emotional expressiveness, interpersonal sensitivity, and greater attention to interpersonal relationships than men, which may be the reason for the differences in conflict-related and emotional aspects of interpersonal functioning difficulties (Gabriel & Gardner, 1999; Hall & Schmid Mast, 2008). Similarly, women have been found to report greater emotional experience and interpersonal sensitivity in relational contexts than men (Kring & Gordon, 1998). Therefore, the observed differences in the Conflict and Emotional Experience subscales may reflect gender-related differences in emotional processing and relational orientation rather than broad differences in overall interpersonal functioning difficulties (Fischer & Manstead, 2000).

This pattern is consistent with the broader empathy gap reported above and may reflect similar socialization effects. Women may be more attentive to and more affected by interpersonal conflict, consistent with the relational-interdependence perspective (Kiecolt-Glaser & Newton, 2001), and may also be more willing to report emotional experience without necessarily experiencing more of it (Kring & Gordon, 1998). Because these differences appeared in only two domains, they are best interpreted as domain-specific rather than as evidence of a general gender difference in interpersonal functioning. Within the Pakistani context, interpersonal relationships are strongly influenced by collectivistic values, family obligations, and social harmony. Future research could examine variables such as attachment style, emotional intelligence, personality traits, communication skills, social support, and emotion regulation as additional dimensions influencing the relationship between empathy and interpersonal functioning difficulties. These cultural characteristics may encourage individuals to regulate interpersonal behaviour regardless of gender. Consequently, empathy may facilitate healthier interpersonal functioning by promoting understanding and cooperation while reducing interpersonal conflict. Nevertheless, future research should investigate additional cultural and psychological variables that may explain interpersonal functioning in Pakistani adults.

Limitations and Suggestions

1. The sample size, while adequate for the analyses conducted, still limits how broadly the results can be generalized, and future work would benefit from larger and more diverse participant pools.
2. This research used a simple quantitative design with basic analyses, and future studies can apply complex statistical techniques such as mediation, moderation, or ANOVA.
3. Only quantitative methods were used; in the future, qualitative approaches such as interviews could be used to gain deeper insight into empathy and interpersonal relationships.
4. The study was limited in scope by focusing on a small set of variables and did not test potential moderators of the empathy-interpersonal functioning relationship, such as family obligations, attachment styles, social support, and personality traits. Collectivistic values may shape these variables differently than individualistic traits would in Western contexts, and the resources available to individuals across different living situations may also influence relationship between empathy and interpersonal functioning difficulties. Future research can explore these and other variables associated with empathy and interpersonal relationship difficulties.
5. The FIAT-Q-SF was not adapted into the local language. Internal consistency for both measures was also somewhat lower in this sample than in the original validation studies (TEQ α = .65 vs. .72; FIAT-Q-SF α = .77 vs. .86), which may reflect cultural or linguistic differences in how certain items were interpreted by

Pakistani participants. Future work could translate and validate both measures in Urdu and examine their psychometric properties in the Pakistani context.

6. Eligibility required participants to read and understand English, since both measures were administered in English. This requirement likely skewed the sample toward urban, English-educated adults and limits how well the findings generalize to Pakistani adults with less exposure to English-medium education, a constraint distinct from the measures' lack of Urdu adaptation noted above.

V. CONCLUSION

This study identified an inverse relationship between empathy and interpersonal problems among Pakistani adults, with greater empathy corresponding to less conflict, disagreement, and relational strain. Females outscored males on empathy, and also reported somewhat greater conflict and emotional experience, although gender differences across the remaining domains of interpersonal difficulty were minimal. These findings indicate that empathy is associated with healthier social interactions within the cultural context of Pakistan, and that gender's influence on relational functioning is limited to specific domains rather than general. The study was limited by its sample size, its reliance on basic quantitative methods, and its narrow scope of variables. It offers a starting point for future research employing larger samples, advanced analyses, qualitative designs, and culturally adapted tools. The findings add to cross-cultural understanding of empathy's role in interpersonal functioning and carry implications for counseling interventions and community programs in South Asian contexts.

Disclosure Statement

No potential conflict of interest was reported by the author.

Funding

The author received no funding from any organizations.

VI.REFERENCES

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469-480. https://doi.org/10.1037/0003-066X.55.5.469

Baig, K. S., Hayat, M. K., Khan, M. A. A., Humayun, U., Ahmad, Z., & Khan, M. A. (2023). Empathy levels in medical students: A single center study. *Cureus, 15*(5), e38487. https://doi.org/10.7759/cureus.38487

Cramer, D. (2000). Relationship satisfaction and conflict: The role of self-esteem, partner similarity, and support. *Journal of Social and Personal Relationships, 17*(4-5), 503-522. https://doi.org/10.1177/0265407500174005

Darrow, S. M., Callaghan, G. M., Bonow, J. T., & Follette, W. C. (2014). The Functional Idiographic Assessment Template-Questionnaire (FIAT-Q): Initial psychometric properties. *Journal of Contextual Behavioral Science, 3*(2), 124-135. https://doi.org/10.1016/j.jcbs.2014.02.002

Davis, M. H. (1980). A multidimensional approach to individual differences in empathy. *JSAS Catalog of Selected Documents in Psychology, 10*, 85.

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.

Davis, M. H., & Oathout, H. A. (1987). Maintenance of satisfaction in romantic relationships: Empathy and relational competence. *Journal of Personality and Social Psychology, 53*(2), 397-410. https://doi.org/10.1037/0022-3514.53.2.397

Duan, C., & Hill, C. E. (1996). The current state of empathy research. *Journal of Counseling Psychology, 43*(3), 261-274. https://doi.org/10.1037/0022-0167.43.3.261

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

Erikson, E. H. (1968). *Identity: Youth and crisis.* W. W. Norton & Company.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1-4. https://doi.org/10.11648/j.ajtas.20160501.11

Fischer, A. H., & Manstead, A. S. R. (2000). The relation between gender and emotions in different cultures. In A. H. Fischer (Ed.), *Gender and emotion: Social psychological perspectives* (pp. 71–94). Cambridge University Press. https://doi.org/10.1017/CBO9780511628191.005

Gabriel, S., & Gardner, W. L. (1999). Are there "his" and "her" types of interdependence? The implications of gender differences in collective versus relational interdependence for affect, behavior, and cognition. *Journal of Personality and Social Psychology, 77*(3), 642–655. https://doi.org/10.1037/0022-3514.77.3.642

Hall, J. A., & Schmid Mast, M. (2008). Are women always more interpersonally sensitive than men? Impact of goals and content domain. *Personality and Social Psychology Bulletin, 34*(1), 144–155. https://doi.org/10.1177/0146167207309192

Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions, and organizations across nations* (2nd ed.). Sage Publications.

Iqbal, S., Bilal, K., Ahmad, W., Rasheed, M. H. U., Nazir, U., Javed, Z., Khan, S., Zafar, S., & Mukhtar, F. (2020). Empathy among medical students: A cross-sectional survey. *Journal of Ayub Medical College Abbottabad, 32*(Suppl 1) (4), S681-S685. https://pubmed.ncbi.nlm.nih.gov/33754531/

Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. *Psychological Bulletin, 127*(4), 472-503. https://doi.org/10.1037/0033-2909.127.4.472

Kring, A. M., & Gordon, A. H. (1998). Sex differences in emotion: Expression, experience, and physiology. *Journal of Personality and Social Psychology, 74*(3), 686-703. https://doi.org/10.1037/0022-3514.74.3.686

Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change.* Guilford Press.

Naseem, M., Tahir, B., Salman, A., Qadir, S., Farhan, R., Ali, S., Naseem, Z., Ahmed, W., & Anan, M. (2023). Empathy levels among undergraduate medical students in Karachi, Pakistan: A cross-sectional study. *Annals of Medicine & Surgery, 85*(8), 3858-3862. https://doi.org/10.1097/MS9.0000000000001042

Pilkonis, P. A., Kim, Y., Proietti, J. M., & Barkham, M. (2018). Scales for the Inventory of Interpersonal Problems-32 (IIP-32): Confirmatory factor analysis and psychometric properties. *Psychological Assessment, 30*(10), 1311-1323. https://doi.org/10.1037/pas0000579

Shalev, I., Eran, A., & Uzefovsky, F. (2023). Fluctuations and individual differences in empathy interact with stress to predict mental health, parenting, and relationship outcomes. *Frontiers in Psychology, 14*, 1237278. https://doi.org/10.3389/fpsyg.2023.1237278

Sharp, C., & Wall, K. (2021). DSM-5 level of personality functioning: Refocusing personality disorder on what it means to be human. *Annual Review of Clinical Psychology, 17*, 313–337. https://doi.org/10.1146/annurev-clinpsy-081219-105402

Smith, A., Jones, B., & Taylor, C. (2012). Empathy and relationship satisfaction among young adults: A longitudinal study. *Journal of Social and Personal Relationships, 29*(8), 1101-1123. https://doi.org/10.1177/0265407512448265

Spreng, R. N., McKinnon, M. C., Mar, R. A., & Levine, B. (2009). The Toronto Empathy Questionnaire (TEQ). *Journal of Personality Assessment, 91*(1), 62-71. https://doi.org/10.1080/00223890802484381

Triandis, H. C. (1995). *Individualism and collectivism*. Westview Press.

Yaqoob, S., Ishaq, M. I., Mushtaq, M., & Raza, A. (2023). Family or otherwise: Exploring the impact of family motivation on job outcomes in collectivistic society. *Frontiers in Psychology, 14*, 889913. https://doi.org/10.3389/fpsyg.2023.889913

Zahra, S. T., & Saleem, S. (2022). Family cohesion and emotional-behavioral problems in Pakistani young children: A moderating role of interpersonal skills. *The Family Journal*. https://doi.org/10.1177/10664807221139504