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GENDER DIFFERENCES AND TRAINING
EFFECTS ON EMPATHY

by

Carol S. Jones

A Dissertation
Submitted to the
Faculty of the Graduate College
in partial fulfillment of the
requirements for the
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Western Michigan University
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GENDER DIFFERENCES AND TRAINING EFFECTS ON EMPATHY

Carol S. Jones, Ed.D.

Western Michigan University, 1989

The objective of this study was to investigate the relationship between the gender of aspiring therapists and empathy as well as the relationship between training and empathy. Four bodies of literature were reviewed: (1) feminine psychological development with a particular focus on how it differs from masculine development, (2) the relationship between empathy and gender, (3) the role of empathy in psychotherapy, and (4) the relationship between training and empathy.

An empirical study was conducted to test the proposed hypotheses that (a) there is a relationship between a student's gender and his or her self-report of empathy on cognitive and affective dimensions, and (b) there is a relationship between a student's level of training and his or her self-report of empathy on cognitive and affective dimensions. The subjects were master's level students without specific therapy training and students completing their master's level training in the Counselor Education and Counseling Psychology Department of Western Michigan University. The subjects completed the Interpersonal

Reactivity Inventory (Davis, 1980), a questionnaire made up of four subscales measuring four different aspects of empathy.

A two-way analysis of variance was used to test the hypotheses. The hypothesis that there is a relationship between a student's gender and his or her self-report of empathy was supported with respect to the Empathic Concern and Personal Distress subscales. The hypothesis that there is a relationship between a student's level of training and his or her self-report of empathy was also supported with respect to the Fantasy and Personal Distress subscales. The results indicated that men and women do have a different set of relational sensitivities and capacities with women reporting higher levels of empathy on affective dimensions than men. The results also demonstrated that students before training reported more feelings of fear and apprehension when witnessing another's negative experience than those students after training. In addition the students before training endorsed more items reflecting an ability to imaginatively transpose themselves into fictional situations than students after training. There were no significant differences on measures of the cognitive dimension of empathy.

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Carol S. Jones

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CHAPTER I

INTRODUCTION

There have been many studies over the past 15 years regarding gender differences and there seems to be little question that men and women do experience the world differently. They construct their values and morality in different ways (Gilligan, 1982). They experience differences in interpersonal closeness and how they express intimacy and sexuality (Rubin, 1983). They have different definitions of success and achievement (Horner, 1972).

Much of the feminine experience is not conveyed with words and in a world that values the objective and the articulation of experience, that experience which cannot be articulated is generally undervalued. Hall (1980) has said that "such a world creates psychic havoc for people whose mode of existence is feminine, for people who have given the greater part of their lives to woman's work--bearing children, caring for the living, and tending the dying. They are made to question their intrinsic worth because they haven't any words to convey the essence of primary experience" (p. 59). These differences in men and women's psychological realities have made it difficult to learn about women's lives from their own report and to empathize with their affective experiences (Kaplan, 1984).

Very little, if any, of standard psychotherapy training focuses sufficiently on gender differences and how the therapist's own internalized concepts about sex-role appropriate behavior effect his or her work as a therapist. In fact, women who enter the field of psychotherapy are, for the most part, taught by men and in order to progress in their training have needed to adopt standards and values held by their profession. It is a common experience for women in training to suspend their own reality and experience when faced with ideas, theories and values that contradict their experience. Thus, most therapists, both men and women, are very much influenced by a masculine model of treatment which emphasizes objectivity and distancing. Very little of standard training deals with the more affective aspects of therapy--a capacity to be open to the clients' experience and take in the affective experience of another. Listening and empathic skills are typically taught as specific behaviors, i.e. reflecting back what the client says, maintaining eye contact, and good listening skills (Kaplan, 1984).

Studies have examined gender differences and success rates in therapy. The findings indicate that gender effect is less evident with experienced therapists than with inexperienced therapists (Kaplan, 1984). Kaplan (1984) states that "what male therapists may gain by experience, and what women therapists seem to bring with

them to their work, is a greater capacity to work in a way that fosters a facilitating relationship in therapy" (p. 4). This investigator proposed to select one of the essential components to fostering a facilitating relationship, empathy, and examine if there is any empirical foundation to this statement. That is, do men and women have a different set of relational sensitivities and capacities? And, does training change the relational sensitivities and capacities of men and women?

Statement of the Problem

The purpose of this study was to investigate the relationship between the gender of the therapist and empathy as well as the relationship between training and empathy. This was accomplished in several stages. First, four bodies of literature were reviewed: (1) feminine psychological development with a particular focus on the central role relationships play in women's development, (2) the relationship between empathy and gender, (3) the role of empathy in psychotherapy, and (4) the relationship between training and empathy. The essential aspects of each analysis and the way each was used to develop an empirical study were summarized as follows.

Surrey (1984), in her theory about women's core relational self, described this self as organized and developed through practice in relationships where the goal

is the development of mutually empathic relationships. In this context, the definition of relationship involves an experience of mutual empathy. Jordan, Surrey, and Kaplan (1983) argue that as a result of early socialization, childhood identification, and sexual identification there come to be differences in the way men and women learn empathy. Typically, women are more capable of the affective aspects of empathy and have difficulty maintaining a clear sense of self. Men, on the other hand, are more adept at the cognitive aspects of empathy and have difficulty with the affective experience and the momentary joining with the other.

Research on gender differences and empathic skills supports these notions. Hoffman (1977) reviewed a large number of studies on empathy and found that, although males and females are equally able to recognize and label affective experiences of others, females demonstrated more vicarious affective responsiveness to another's feelings. As will be discussed later in this study, this capacity to take in and appreciate the affective life of another allows women therapists to form closer emotional bonds with their clients (Jones & Zoppel, 1982) and particularly with women clients, allows the therapist to validate and confirm the client's experience (Kaplan, 1984).

In examining variables involved in effective psychotherapy, empathy has been considered to be a central

dimension (Berenson, Carkhuff, & Meyers, 1966; Carkhuff, 1967, 1969; Rogers, 1957). Greenson (1967) stated that one of the most important skills needed to understand the unconscious mind of another is empathy. Research has demonstrated that by improving the empathy skills of therapists, counseling becomes increasingly effective (Carkhuff & Truax, 1965b; Kagan, 1980). Therefore, it seems essential that empathy be an important component in the training of therapists. This study focused on how this essential dimension in the therapeutic relationship may be experienced differently by men and women.

In the second stage of this study, an empirical study was conducted to test the proposed hypothesis. The study focused on masters level students without specific therapy training and students completing their masters level training in the Counselor Education and Counseling Psychology Department of Western Michigan University. The rationale for focusing on these two groups centered on the debates over the nature of gender differences in the practice of psychotherapy, the importance of empathy in psychotherapy and the opportunity for the study of gender differences in two groups which was afforded by the enrollment of sufficient numbers of both women and men students and their availability.

In the final stage of this study these findings were interpreted in light of the proposed hypotheses. Finally,

conclusions of the study were discussed as they relate to gender and empathy and training and empathy.

Background of the Problem

Psychological theories about feminine development have been gaining attention during recent years. Although most developmental theories support the concept that separation and individuation arise out of mutuality and attachment, the emphasis has typically been on autonomy, individuation, and separation. Theories are now emerging from the study of women's life experiences that emphasize attachment, affiliation and relatedness as the matrix in which development and complexity evolve.

This understanding of women's core self structure as relational has implications for the psychotherapeutic relationship. Research supports the importance of the relationship in successful psychotherapy. Kaplan (1979) has suggested that the therapeutic process is influenced by internalized concepts of sex-role appropriate behavior. She suggested that looking at the impact these concepts have on psychotherapy provides a better understanding of the relational aspects of therapy.

A central aspect of the therapeutic relationship is empathy. Greenson (1967) considered empathy one of the most important skills needed to understand the unconscious mind of another. Research has demonstrated that, by

improving the empathy skills of therapists, counseling becomes increasingly effective (Carkhuff, 1969; Carkhuff & Truax, 1965b).

The empirical relationship between gender and empathy points to some clear distinctions between males and females, despite the various definitions and measurements within the literature. Females consistently scored higher than males on measures of affective aspects of empathy (Hoffman, 1977). Relying on the theory that women's core self structure is relational and that her early relationship with her mother provided a model and practicing ground for building empathic relationships, this investigator attempted to apply these concepts to the psychotherapeutic relationship.

Definition of Terms

Relational bond: The feelings and attitudes therapist and client have toward each other and the manner in which they are expressed (Gelso & Carter, 1985).

Empathy: Involves affective surrender and cognitive structuring. Initially the empathic individual must be motivated for interpersonal relatedness in order to be emotionally aroused by the feelings and distress of another. This affective aspect of empathy is characterized by a temporary identification and joining with the other. The cognitive structuring then involves the ability to

take the others point of view in order to make use of this experience to help the other understand his or her inner world in a new way (Chlopan, McCain, Carbonell, & Hagan, 1985; Jordan, 1983).

Gender: The sum of the socialization, early social identification, and sex role identification that leads to a process of psychological development that is distinctly different for men and women and distinguishes males from females.

Research Questions

1. Is there a relationship between the therapist's gender and empathic characteristics?
2. Is there a relationship between training in counseling and therapy and empathy?

CHAPTER II

REVIEW OF THE LITERATURE

Feminine Development

Recent studies in the psychology of women have pointed out that although most prominently accepted models of developmental psychology support the notion that separation and individuation arise out of mutuality and attachment, the examples these theorists use typically depict men who are constricted in emotional expression and have a limited capacity to be in relationships (Gilligan, 1982; Miller, 1976; Surrey, 1984). Although the object-relations theorists and other contemporary theorists have placed a major emphasis on the central role of relationships in development, more traditional models have failed to describe how it is that relationships mature toward interdependency. The importance of human relationships is given only modest attention. When these models are applied to women, they are perceived as being less mature, more dependent and having less well-defined ego-boundaries. Surrey (1984) argued that this is because these models ignore the differences in male and female psychological development and minimize the power and impact of human relationships on development. Miller (1984)

wondered if these models even accurately reflect men's lives since few men attain self-sufficiency and are usually supported by an array of wives, secretaries, nurses, mothers and daughters. Because women's experience is missing from the discussion of adult development an important set of experiences and truths is left out which leads to a distorted view of adult development (Gilligan, 1982).

Chodorow (1978a, 1978b) developed an analysis of early object relations, particularly during pre-oedipal and oedipal phases, to support the development of mothering in women. She argued that because women are the primary care givers of infants and young children in our culture, boys come to experience human relationships in different ways than girls. It was her contention that the young boy is able to separate from mother in a different way than the young girl because he is physiologically different from mother and because mothers are more likely to create boundaries in their relationship with a son and thus treat him as a differentiated other. The young girl is likely to experience a struggle with issues of separation and autonomy from mother along with ambivalent attachment to her due to the expectation to identify with mother to attain adult feminine identification versus the ideals of autonomy and separateness. Chodorow (1978a) stated that because women never fully separate from the

mother, this relational sense of self becomes a core of the feminine personality.

Chodorow's (1978a) emphasis on the core relational self of women is developed in the context of ongoing relationships. Femininity becomes defined through attachment while masculinity is defined through separation (Gilligan, 1982). A woman's development stresses continuity and change in configuration rather than replacement and separation (Gilligan, 1982). Miller (1976) and Surrey (1984) both have argued that women's sense of self is organized and developed in the context of affiliation and relationship.

It is within the context of this first relationship that there is a development of an empathic capacity. Surrey (1984) maintained that the mother-daughter relationship provides a model for building empathic relationships and that it is in this early relationship that women learn and practice empathy. She presented three structural aspects of this early relationship that are crucial to the development of the core self of women. First there is "the girl's ongoing interest and emotional desire to be connected to her mother" (p. 4). Secondly "the child's increasing ability for mutual empathy," is "developed in a matrix of emotional connectedness." And lastly, there is "mutual empowerment" in which the mother allows the daughter "to feel successful at understanding and giving

support." The mother and daughter "care for and take care of the relationship between them" (p. 5). The daughter practices perceiving, responding to and relating to the needs and feelings of the other person, in this case, the mother. This experience gives both mother and daughter a sense of effectiveness. This sense of empowerment can then be transferred to other relationships.

Again, the emphasis in women's development is not on greater degrees of autonomy, individuation and the breaking of connection with others, but the process of ever increasing complexity, fluidity, and articulation within the context of relationships. Growth occurs within relationships, where both are encouraged to foster change and adaptation while maintaining connectedness.

Not only do women define themselves in the context of relationships, but standards of responsibility and caring for others are their organizing principles (Gilligan, 1982). "They have developed the sense that their lives should be guided by the constant need to attune themselves to the wishes, desires and needs of others" (Miller, 1976, p. 60). Self acquires definition and worth in the ability to care for and protect others. Moral judgement is couched in terms of responsibility and care (Gilligan, 1982). The capacity to foster and facilitate growth is a product of these organizing principles.

Another ramification of the young girl's close

relationship with her mother throughout development is that it grants women greater comfort with regressive modes of relating. Because they have not needed to create defenses against pre-oedipal modes of relating in the same way men do, they are less threatened by embeddedness and experience themselves as less differentiated than men (Chodorow, 1978b). Women are more comfortable with emotional expression. de Castijello (1974) described this comfort: "Women are most at home when ankle deep in the unconscious. They can handle emotions. For them a burst of anger clears the air, and a flood of tears is the storm which releases thunderous tension and leaves them calm" (p. 101).

There are three main points that are worth noting in the development of the feminine personality that have implications for the therapeutic relationship. First, women come to know themselves in the context of relationships; they define themselves within relationships. This is an arena where they are potentially comfortable and effective. Their early development has engendered a capacity for empathy and the ability to facilitate growth. Secondly, it is within relationships with other women that they are more likely to find gratification of emotional needs and these relationships may be the strongest because of identification. In addition, there is a recreating of the early mother-daughter relationship and the potential

for working through ambivalence and aspects of that relationship left unresolved. Thirdly, women are familiar with and comfortable with emotional expression. They have little need to defend against the expression of primary experience. Intimacy, as well, is not as threatening to them.

Empathy

Kohut (1978) addressed the essential role that empathy plays in relationships. He described it as, "A fundamental mode of human relatedness, the recognition of the self in the other; it is the accepting, confirming and understanding human echo" (pp. 704-705). He placed great importance on empathy as "a psychological nutriment without which human life as we know it and cherish it could not be sustained" (p. 705). The groundwork for empathic ability arises out of primary empathy with the mother which in turn allows us to recognize that the basic inner experiences of others remains similar to one's own. As such this capacity for empathy is closely associated with primary process.

The word itself arises from early Greek and Latin origins and was coined by Titchener as a translation of the German word, "Einfuhlung." Einfuhlung means "to feel one's way into" and had its roots in aesthetics (cited in Wispe, 1987). Lipps, an important scholar in early German

psychology, developed ideas about *einfuhlung* describing the experience of aesthetic satisfaction upon observing an object as residing in the striving self not in the object of beauty. Although the aesthetic satisfaction consists of the object, it resides in the observing self. This self-object distinction is then the heart of the concept of *einfuhlung* (Wispe, 1987). Titchener translated this word via the Greek word "*empatheia*" meaning affect and also passion with a quality of suffering (Wispe, 1987). "*Pathos*," from the Latin has given rise to the modern suffix "*pathy*" and means feeling-perception. The prefix "*em*" means in or into and presents the idea "of going into a strong feeling-connection with another" (Barrett-Lennard, 1981, p. 91).

The literature on empathy is filled with various definitions and theoretical assumptions. The theoretical orientation of the researcher is a determining factor in how empathy is conceptualized and defined. For instance, the phenomenologist views empathy as entering "the private perceptual world of the other (Rogers, cited in Marks & Tolsma, 1986, p. 5), the psychoanalyst as the identification with an object and the behaviorist as a learned response to the stimulus cues of another (Marks & Tolsma, 1986).

Freud defined empathy as "the mechanism by means of which we are enabled to take up any attitude at all toward

another mental life" (cited in Kuhmerker, 1975, p. 26). Fliess (cited in Levy, 1985) described empathy as a process of "transient trial identification" (p. 354), a transient introjection and projection, allowing the analyst to know what the patient is experiencing. Among analytic investigators, empathy was viewed as "a special form of identification, characterized by its transient, consciously or preconsciously determined, nonregressive, easily reversible nature" (Levy, 1985, p. 355).

Adler described empathy as the ability "to see with the eyes of another, to hear with the ears of another, (and) to feel with the heart of another" (cited in Barrett-Lennard, 1981, p. 91). Mead took a more cognitive approach and defined empathy "as a capacity to take the role of the other person with whom one interacts" (Deutsch & Madle, 1975, p. 269-270).

The definitions that arose out of these theoretical orientations seem to agree that "an empathic response requires a self-other differentiation and that it is a response to another's affective state" (Deutsch & Madle, 1975, pp. 271-272). The disagreement seems to center around whether the empathic response is an affective or cognitive response or some combination of the two. These two major aspects of empathy have been viewed separately and jointly by various researchers and theorists.

Kohut (1984) defined empathy as "one person's

(attempt to) experience the inner life of another while simultaneously retaining the stance of an objective observer" (p. 175). Schafer (cited in Jordan, 1983) wrote of empathy as "the inner experience of sharing in and comprehending the momentary psychological state of another person" (p. 3). Greenson (1960) viewed empathy as "emotional knowing" (p. 418), again addressing both the cognitive and affective aspects of empathy. All of these definitions viewed empathy as a two-fold process: both affective and cognitive, involving both a sharing of the patient's experience and then putting that experience in the context of a larger, more objective picture (Levy, 1985).

Jordan et al. (1983) argued that empathy may be a good indicator of ego strength because the process relies on such a complex balance of affect and cognition to be accurate. Fenichel addressed this complex balance in his definition of empathy: "empathy involves both an identification with another person and an awareness of one's feelings after the identification; in this way, awareness of the feelings of the object identified with becomes possible" (cited in Kuhmerker, 1975, p. 26).

Jordan (1983) delineated several components of empathy as an affective and cognitive process. First, there is the need for a well differentiated sense of self while being able to appreciate and be sensitive to the sameness

and differentness of the other. Additionally one must be motivated for relatedness which allows one to be aware of another's affective cues and surrender oneself to affective arousal. In order for empathy to occur, self boundaries must be flexible. At the same time, empathy requires active cognitive restructuring to be able to recognize the source of affect is within the other, and return to a state of separateness. A balance between the affective and cognitive, subjective and objective is important for empathy to be effective. Not just the shared affect, but the self-other differentiation is essential. When a person is affected by another's affect, they share this affect. If they are then reminded of their own feelings and their focus is limited to their own feelings, empathy is not enhanced. If one is to be empathic, one must have experienced sufficient need fulfillment so that one can afford to empathize sufficiently with another (Strayer, 1987). Jordan (1983) addressed the need for a complex level ego development and ego strength:

Without an adequately articulated and relatively constant set of self-representations or self-images, any temporary identification might become a threat to the constancy of the self. On the other hand, self-images which do not allow for a sense of . . . affective joining with another would also contribute to a sense of self endangered by the empathic process, e.g. empathy would be experienced as a regressive loss of self-distinctiveness. (p. 4)

For purposes of this study empathy was defined as both a cognitive and affective process that occurs within

the context of a relationship in a step-wise fashion. First there is the identification with another and his or her experience, secondly there is an internalizing of the other's experience and experiencing it as one's own while at the same time remaining aware that the source of this experience is from the other as well as being aware of one's own thoughts and feelings associated with this experience. Lastly, there is the movement away from this merged inner relationship to a separateness which allows a response that reflects both an understanding of another as well as a separateness from them.

Empathy and Gender

Kohut (1985) described the development of empathic capacities as arising out of the early relationship with mother. He maintained that because this capacity for empathy arises in that early mental organization it remains associated with the primary process. Greenson (1967) also addressed this early development of empathy out of the mother-child relationship. He described empathy as "a mode of understanding another human being by means of a temporary and partial identification" (p. 382). Greenson (1960) wrote of empathy as having a lasting feminine cast because it arises out of mothering. Aspects of empathy are regressive and in order to be effectively empathic a therapist must be able to easily utilize

regressive mechanisms while at the same time able to rebound from it in order to examine, observe and check the validity of the material. As pointed out earlier, it is much less threatening for women to access primary experience because they are more likely to maintain more of a connection with mother and less rigid ego boundaries in a way that men typically have not. Women's psychological development more readily engenders expression of empathic abilities and affective sensitivities.

Because empathy requires a balance between affect and cognition, it is not surprising to find different patterns of strength and weakness in the empathic abilities of men and women. Jordan et al. (1983) pointed to the difficulties men have with affective surrender and the temporary joining with another because it implies a loss of objectivity and control. Bernardez (1982) wrote that this desire to stay in control is about a man's sense of needing to control the core feelings of tenderness and dependency that he has been encouraged to view with contempt and shame as a part of his socialization. On the other hand, women have difficulty with cognitive structuring, reinstating a firm sense of self and bringing empathy to bear on themselves. Just as difficulties in fears of loss of control interferes with empathy, so difficulties making a transition back to being an observer after participating in the patient's feelings can lead to empathic failures.

Jordan et al. (1983) argued that girls are encouraged to attend to the affective states of another and are allowed affective expression early on as a result of their socialization, while boys are encouraged to be competitive, to pursue mastery and contain their affect.

Bernardez (1982) maintained that men are socialized to block emotional expression of such feelings as sadness, longing, fear and tenderness in order to prepare them for roles of domination and control.

In addition, early childhood identification generates differences for boys and girls. Because mothers identify more with their daughters due to physical similarities and the support of the cultural norms, mothers are more likely to be empathically tuned to their daughters. In the mother and son relationship, there are clear physical differences and at some point the boy comes to notice differences between himself and mother. This recognition of differences may give the son less of a sense of being mirrored in a direct and affective way. In addition, the son is encouraged to be like father and is encouraged to suppress certain kinds of relational sensitivities.

Bernardez (1982) argued that there is typically a premature loss of connection and identification with mother that leaves dependency needs unresolved for many men. As a result of this premature loss of connection with the mother and the prohibition of dependency on the mother

before these longings have naturally resolved themselves, there is a tendency for men to disavowal and lose these affective capacities. In this process he has not only lost connection with his mother, but also a part of himself, the feminine aspect with all its affective richness. This makes relationships based on mutuality very difficult for him.

Sexual identification also contributes to differences in empathy. The son switches his identification from the primary care giver, which is typically a woman, to the father. Because fathers are typically more absent, identification with the father is more likely to be mediated by abstract and role-defining factors, lessening the empathic presence and the capacity for immediate affective personal involvement. The daughter, on the other hand, has a close relationship with mother which is immediate, and identification arises in the context of intense affect.

As a result of this early socialization, childhood identification and sexual identification, there come to be differences in the way men and women learn to be empathic (Jordan et al., 1983). Women are more likely to find the affective experience of the empathic process familiar and less threatening, while men find the observational, objective, and cognitive aspects more comfortable and manageable.

The research on gender differences in empathy is somewhat confusing at first glance, but when the differences in definition and measurement are accounted for and clarified, there appear to be some consistent findings. Eisenberg and Lennon (1983) in their extensive review of the literature on sex differences in empathy and related capacities reported some interesting findings. Females demonstrated more reflexive crying than males in studies of reflexive crying among infants (Martin & Clark, 1982; Sagi & Hoffman, 1976; Simner, 1971). Although, there are questions about the relationship between reflexive crying and emotional responsiveness and these subjects were infants, this finding does point in the direction of emotional responsiveness in females.

When studies measured empathy physiologically or through unobtrusive observations of nonverbal reactions to another's emotional state, there were no significant gender differences (Berger, 1962; Craig & Lowery, 1969; Frodi & Lamb, 1978; Hamilton, 1973). However when affective empathy was measured through self-report scales, females obtained significantly higher scores on empathy than males (Archer, Foushee, & Davis, 1979; Barnett, Howard, King, & Dino, 1980, 1981; Bryant, 1982; Foushee, Davis, & Archer, 1979; Mehrabian, 1977; Mehrabian & Ksionsky, 1974). Eisenberg and Lennon (1983) explained these discrepancies in two ways. One explanation is that

self-report of empathy may be influenced by demand characteristics of the instrument. Due to sex role differences and expectations regarding empathy, men and women are likely to differ in how they present themselves to others. Foushee et al. (1979) found that self-reports of masculinity were negatively associated with empathy and positively associated with femininity. However, as a result of socialization, females may in fact be more likely to respond in an empathic manner than males (Lennon & Eisenberg, 1987). Another explanation Eisenberg and Lennon (1983) offered is that empathic reaction may not always be expressed by physiological reactions, self-report and facial expressions simultaneously. Research indicated that there are differences in how people express their emotions. Women may be more likely to verbalize affect and men may be more likely to show higher scores on physiological indices of empathy.

Hoffman (1977), in his review of the literature on empathy, found that although males and females are equally able to recognize and label affective experiences of others, females demonstrate more vicarious affective responsiveness to another's affect. When Hanson and Mullis (1985) measured emotional empathy among adolescents, they found that females demonstrated significantly higher emotional empathy than males. Maccoby and Jacklin (1974), in their literature review, concluded there were

no significant differences between males and females. However, they included studies that looked at not only emotional empathy, but also affective role taking, social sensitivity and ability to take different roles, areas that seem to require the more cognitive aspects of empathy. In fact, only four of the references they reviewed defined empathy as a predominantly affective response. Given the differences examined earlier regarding psychological development, it is not surprising then to find no significant differences between males and females in studies that measure these cognitive aspects of empathy.

Barnett et al. (1980) studied the early socialization experiences of those subjects who scored at the extremes on an affective empathy scale and found a consistent pattern of gender differences on empathy relevant socialization practices. The results demonstrated that those subjects with high levels of empathy reported (a) their parents spent more time with them, (b) their parents were more affectionate with them, and (c) their parents discussed feelings with them more often than subjects with low empathy. These same factors were reported to be present more often in the subjects' interactions with their mothers than their fathers. In addition, females reported that their mothers discussed feelings with them and their parents were more affectionate with them than males reported. It must be kept in mind that these

results were gathered from retrospective questionnaires and thus may reflect some distortions as a result of cultural stereotypes and differential recall. Nonetheless, these perceptions are valuable information about early socialization regarding empathic responding and support differences in psychological development that lead to differing expressions of empathy.

Overall, the research supports gender differences in self-report of affective empathy and no significant differences in the cognitive aspects of empathy. In addition, this literature offers explanations that point to differences in the psychological and social development of men and women.

Empathy and Psychotherapy

Empathy has received much attention in the psychological literature over the past 20 years particularly with respect to its impact on successful outcomes in therapy. Among the various psychotherapeutic approaches empathy plays different roles and has been given varying degrees of importance.

The classical psychoanalysts, being primarily drive-oriented, placed relationship factors in a secondary position. Thus, the analyst is responsible to maintain appropriate psychological distance between the therapist and client and make accurate interpretations. The role of

empathy is primarily as a cognitive tool that enhances the timing and accuracy of interpretation. The affective aspects of empathy are viewed with some suspicion as countertransferential (Marcia, 1987).

Among the object-relation theorists there are both those who see empathy as useful only in the interpretive process and those who view empathy in both its affective and cognitive aspects as an essential component of treatment (Marcia, 1987). Kernberg (1980) viewed empathy as an important prerequisite for interpretive work but not a replacement. Mahler, Pine, and Bergman (1975) also viewed empathy as a tool that enhances insight and interpretation. However, Winnicott, Kohut, and Guntrip (cited in Marcia, 1987), who placed much more emphasis on the therapeutic relationship, viewed empathy, in both its affective and cognitive aspects, as having a more central role (Marcia, 1987). Kohut (1982) has said, "the mere presence of empathy, has also a beneficial, in a broad sense, a therapeutic effect--both in the clinical setting and in human life, in general" (p. 397).

It is the client-centered therapists who have placed the most emphasis by far on the role of empathy. Rogers placed great emphasis on the communication of empathic understanding (Marcia, 1987). Rogers (cited in Kahn, 1985) described the growth-enhancing function of empathy:

The counselor says in effect, "To be of assistance to you I will put aside myself . . . and

enter into your world of perception as completely as I am able. I will become, in a sense, another self for you - an alter ego of your own attitudes and feelings - a safe opportunity for you to discern yourself more clearly, to experience yourself more truly and deeply. (p. 895)

For the client-centered therapist it is not just the presence of empathy, but also the communication of empathy that is assumed to be so important in the therapeutic process. It is out of this group of theorists that much of the research on empathy evolved.

Many studies point to the saliency of the relational bond in predicting outcome of therapy. This relational bond is made up of the attitudes and feelings the counseling participants have toward each other and the manner that these get expressed (Gelso & Carter, 1985). Orlinsky and Howard (1976) found that patient improvement is more clearly linked to the positive quality of the relational bond between participants in therapy than are any of the particular treatment techniques used by the therapist. Other authors have described interpersonal skills such as warmth, caring, empathy, and spontaneity as qualities of effective therapists (Anchor, Strassberg, & Elkins, 1976). Gelso and Carter (1985), in delineating the relevant components of the psychotherapeutic relationship, addressed empathy, genuineness, and respect as the central aspects in developing a working alliance with the client which in turn has predictive value for positive outcome of

treatment.

There are various ways in which empathy and its impact in therapy have been measured. A large body of research has focused on the relationship between treatment outcome and the level of therapeutic conditions as rated by independent judges. These therapeutic conditions include accurate empathy, nonpossessive warmth and genuineness. For purposes of this research only accurate empathy will be examined closely. The definition of accurate empathy is:

the extent to which the therapist (1) is sensitive to the current feelings and thoughts of the helpee (both those in and those out of awareness), (2) has the ability to communicate his understanding of his client's feelings and thinking, and (3) has the ability to use language attuned to that of the client. (Mitchell, Bozarth, & Krauft, 1977, p. 483)

Altmann (1973) found that levels of empathy played a significant role in whether clients continue counseling after the first session. Among first year university students he found that the counselors had provided levels of empathy above the median for 9 out of 11 clients who continued counseling after the initial session. In the case of the eight clients who terminated after the first session, the counselor's level of empathy was below the median as measured by the Truax Accurate Empathy Scale. Truax & Wittmer (1971) concluded from their study that the level of therapist accurate empathy did make a difference in the outcome of therapy. They found that the best

outcome in reducing anxiety came for the individuals exposed to both high levels of accurate empathy and high focus on anxiety source.

These findings seem consistent with those found in child client populations as well. In a study involving children with learning disabilities, Siegel (1972) found that the children who received the highest levels of therapist-communicated conditions (accurate empathy, unconditional positive regard and genuineness) showed statistically significant behavior changes, including more insightful statements and positive statements about themselves than children who received low levels of these same factors. Truax, Altmann, Wright, and Mitchell (1973) studied children with an average age of nine years and three months. They examined outcome measures by psychometrist, therapist and parent taken both early in therapy and four and a half months later. The results demonstrated that high levels of accurate empathy, nonpossessive warmth and genuineness produced greater personality and behavior change. In an older population of delinquent females ranging in age from 14-18 years, Truax, Wargo, and Silber (1966) found that females exposed to high levels of accurate empathy and nonpossessive warmth in group psychotherapy showed more positive change than those in control groups.

Truax (1963) reviewed a five-year research program

with hospitalized schizophrenics and found results supporting the importance of high levels of empathy, unconditional positive regard and self-congruence. Those patients who received a high level of these conditions showed significant overall gains in psychological functioning while those who were exposed to relatively low levels of these conditions actually showed a loss in psychological functioning. In two separate studies with hospitalized psychiatric patients in group psychotherapy, results showed that patients who received the high levels of accurate empathy showed more improvement than those exposed to lower levels (Truax, Carkhuff, & Kodman, 1965; Truax, Wittmer, & Wargo, 1971). Truax and Mitchell (1971) concluded that "therapists or counselors who are accurately empathic, nonpossessively warm in attitude and genuine are indeed effective" (p. 310).

Another body of research has examined the patient's perception of the therapeutic relationship. The major instrument used to assess the patient's perception of the therapeutic relationship has been the Relationship Inventory of Barrett-Lennard (1962). Here empathic understanding refers to:

the extent to which one person is conscious of the immediate awareness of another . . . it is an active process of desiring to know the full present and changing awareness of another person, of reaching out to receive his communication and meaning, and of translating his words and signs into experienced meaning that matches at least those aspects of his awareness that are

most important to him at the moment. It is an experiencing of the consciousness "behind" another's outward communication. (Barrett-Lennard, 1962, p. 3)

Barrett-Lennard (1962) cited a study done by Halkides (1958) in which the results indicated highly significant associations between the criterion of success in therapy and empathic understanding along with several other relationship variables. In her study of an adult population at a counseling center, Barrett-Lennard (1962) found that empathic understanding, as perceived by both the therapist and client, was positively correlated to personality changes during therapy as well as at the time therapy was terminated. Kurtz and Grummon (1972) found the strongest relationship between empathy and outcome came from client-perceived empathy rather than other empathy measures such as independent tape-judged empathy. In a study of young adults with adjustment problems, Gross and DeRidder (1966) found that levels of congruence, empathy and unconditional positive regard correlated significantly with movement in counseling as measured by the Gendlin-Tomlinson Experiencing Scale.

Anderson, Harrow, Schwartz, and Kupfer (1972) used a questionnaire designed by the experimenters to allow patients to rate therapist's behavior. Their study of inpatients in an acute psychiatric hospital found a significant correlation between therapist relationship variables such as empathy and patient satisfaction. In

another study by Sapolsky (1965) results indicated that there was a positive correlation between improvement and the patients' feeling understood by their doctor in a psychiatric hospital.

Free, Green, Grace, Chernus, and Whitman (1985) studied the relationship between empathy and outcome in brief dynamic therapy. In this study the patient, therapist and supervisor rated therapist empathy on the Barrett-Lennard Relationship Inventory after the third and sixth sessions. Their findings indicated that patients who rated their therapist as empathic showed statistically significant reduction in symptomatic anger as well as measurable improvement in the quality of their interpersonal relationships. Interestingly enough, there was no significant agreement among patients, therapists, and supervisors on the empathy ratings. And it was only the patients' ratings that correlated significantly with outcome measures.

In his review of the research on empathy, warmth, and genuineness as core conditions of the psychotherapeutic relationship, Patterson (1984) found "the evidence for the necessity, if not the sufficiency, of the therapist conditions of accurate empathy, respect, or warmth, and therapeutic genuineness is incontrovertable" (p. 437). Overwhelmingly, the research demonstrates that, no matter what techniques, client conditions or problems, these core

conditions do make a difference. This does not mean that empathy, warmth and genuineness are sufficient conditions for personality and behavior change. In addition, there may be patients who find these conditions quite aversive because of their personality style and past experiences in relationships. Nevertheless, the necessity of these preconditions for therapeutic influence with most clients does seem to be supported by the research (Gurman, 1977).

Empathy and Training

As is demonstrated in the literature review, empathy has been shown to be a significant component of the therapeutic relationship. Therefore it would be important that training in the use of empathy in psychotherapy be an important part of counselor or psychotherapist education.

Various kinds of training and their effectiveness in teaching empathy skills have been studied. Truax, Carkhuff, and Douds (1964) described a training program comprised of both didactic and experiential forms of supervision as an effective way to teach empathic skills. The three central components of this training program were:

- (a) a therapeutic context in which the supervisor communicates high levels of empathy, warmth, and genuineness to trainees; (b) a didactic use of research scales for the measurement of empathy, warmth, and genuineness for "shaping" trainees' responses; and (c) a quasi-group-therapy experience designed to aid trainees to achieve an integration of the didactic

training with their personal values, goals, and life-styles. (Truax & Lister, 1971, p. 121)

Carkhuff and Truax (1965a) demonstrated the effectiveness of this approach. The researchers implemented a training program structured as described above to both a group of graduate students in clinical psychology and a group of lay hospital personnel. The results indicated that after this training both lay personnel and graduate students demonstrated levels of empathy that were nearly commensurate with levels demonstrated by experienced therapists. Truax and Lister (1971) were able to show that even experienced counselors made significant gains in empathy after such training.

Berenson et al. (1966) compared two kinds of training and no training. The three groups were made up of the training Group Proper 1 which consisted of participation in a training program in interpersonal functioning, research scales to assess several dimensions of therapy including empathy, and a quasi-therapeutic experience; the training control Group 2 did everything Group 1 did except for the assessment scales, and the group therapy experience; and the control Group 3 which was exposed to no training experience. The results indicated that Group 1 demonstrated higher levels of empathy after the training than Group 2 and Group 3 and Group 2 demonstrated higher levels of empathy than Group 3. These results suggest that an integrated program that includes both didactic and

experiential approaches is more effective than a program of only classroom training. However, even Group 2, with only the didactic approach, demonstrated greater levels of empathy than those exposed to no training.

Dalton, Sunblad, and Hylbert (1973) found that a combination of didactic, modeling, and covert practice approaches was superior to reading material alone in training empathy skills. Payne, Weiss, and Kapp (1972) assessed the relative contributions didactic, experiential and modeling components make in brief empathy training. Their results demonstrated the effectiveness of modeling and didactic approaches while the experiential component was not effective. It is important to note, however, that this was brief training and the brevity of the training may have been a greater disadvantage for the experiential component.

Other studies have also demonstrated that specific training of empathy skills, with various training models, increases the empathy level of trainees (Avery, 1978; Comeau, 1977; Freely, 1977; Hardey & Nadig, 1978; James, 1977; Janoka & Scheckenbach, 1978; Kimberlin, 1977; Kimberlin & Friesen, 1977).

Rush (1985) studied differences between male and female psychologists on six dimensions including empathy and found no gender differences in empathy for this population. The therapist's theoretical orientation was a

more signification factor in determining empathy level than gender. Several explanations were offered for this finding. One explanation was that psychologists are not representative of men and women in the general population. This explanation was supported by Wortman (cited in Rush, 1985) who found that male therapists were more feminine than female psychologists and that women therapists exhibited more masculine characteristics than the typical woman. Another explanation offered was that the role of the therapist neutralizes gender differences. That is, as a result of learning to be a therapist, men learn to be more empathic and women learn to maintain therapeutic distance. A third explanation Rush (1985) offered is that therapists may have described themselves as they would like to be. The therapist's concern to live up to standards of professional behavior may have masked any gender differences that would otherwise be evident. Lastly, it may be that gender differences are a much more subtle and complex phenomena than our present theory is able to account for. Therapist gender may interact with other dimensions such as the gender of the client and the therapist's theoretical orientation.

Overall, the literature indicates that training in empathy skills does improve the therapists' level of empathy. In fact, when examining a population of trained therapists, no gender differences in empathy were found.

It appears from this finding that as training occurs, males and females may acquire aspects of empathy that they were weak in prior to training.

Summary of the Review of the Literature

As discussed, the psychological development of women engenders a capacity for empathy, the ability to facilitate growth, and affective sensitivities. The mother-daughter relationship provides a matrix in which women learn and practice empathy. Women come to know themselves in the context of relationships and connectedness. It is within these relationships that they are most likely to find gratification of their emotional needs.

When empathy is defined as a cognitive and affective process, we expect to find different patterns of strength and weakness in the empathic abilities of men and women. While girls are encouraged to attend to the affective states of others (Jordan et al., 1983), boys are socialized to block emotional expression of feelings of tenderness, sadness and longing to prepare for roles of domination and control (Bernardez, 1982). It is more likely for mothers to identify with and be empathically tuned with their daughters than sons. Thus boys frequently lose identification and connection with mother before dependency needs have been resolved and in the process may lose access to some of their affective capacities (Bernardez,

1982). These developmental differences result in women becoming more likely to find the affective experience in the empathic process familiar and less threatening, while men find the cognitive aspects more comfortable and manageable. The research supports these gender differences in self-report of affective empathy with no significant differences in the cognitive aspects of empathy.

The literature on the relationship of empathy to the psychotherapy relationship supports the necessity of this condition in order to foster therapeutic influence, although it may not be sufficient to produce personality and behavior change (Patterson, 1984). Studies demonstrate that training focused on developing empathy skills results in increased levels of empathy among trainees.

CHAPTER III

METHODOLOGY

Population and Sample

The population for this study was the students in the master's degree program in the Counselor Education and Counseling Psychology Department of Western Michigan University. Two groups of these students were sampled. One group was made up of beginning students. These were defined as those students who were just entering the program and had not completed CECP 604, Counseling Techniques; CECP 612, Counseling Practicum; CECP 613, Field Practicum as well as those who had not taken any advanced courses in treatment. These students were selected from the department's list of students entering the program.

The second group was those students who had completed CECP 604, Counseling Techniques; CECP 612, Counseling Practicum, and, in the case of students in the Counseling in Clinical Mental Health Settings option, CECP 692, Advanced Practicum in Counseling and Psychotherapy. In other words, those students who were enrolled to take CECP 613, Field Practicum were in this group; the Field Practicum is usually taken in the student's last semester of study in the masters degree program. These students were

selected from the list of those enrolled to take CECP 613, Field Practicum.

Instrumentation

Two instruments were used in this study. The first was a personal data sheet (see Appendix A) designed for this study to gather information about respondents' background and professional interests. The personal data sheet included questions about age, marital status, respondents' degree program, background experiences of a professional nature, the number of courses relevant to psychotherapy they had completed, and the type of job they aspired to after graduating.

A separate instrument was used to measure empathy. This instrument was the Interpersonal Reactivity Index (IRI, included in Appendix B) developed to measure the multidimensional nature of empathy (Davis, 1980).

The Interpersonal Reactivity Index

Davis (1980) sought to develop an instrument that would measure the multidimensional nature of empathy as described in the theoretical literature. The development of the instrument was based on two important considerations (1) that the instrument be easy to administer and score, and (2) that it measure separately both the affective, emotional reactions considered a part of empathy as

well as the cognitive, perspective-taking aspects of empathy. The 28-item instrument was made up of four 7-item subscales each of which measured a different aspect of empathy. The subjects responded to each item by indicating how well the item described them on a five-point scale from 0 (does not describe me well) to 4 (describes me very well). A separate score was obtained for each subscale so that individual differences could be examined on various dimensions of empathy.

The four subscales that made up the IRI were: Perspective-taking (PT), which assessed the ability to adopt the psychological point of view of the other; Fantasy scale (FS), which measured "the tendency to imaginatively transpose oneself into fictional situations" (Davis, 1980, p. 9); Empathic Concern (EC), this assessed feelings of sympathy, warmth and concern for others; and Personal Distress (PD), which measured feelings of anxiety, fear and unease when observing negative experiences of another (Davis, 1980; Davis, 1983).

Instrument Development

Some items making up the instrument were borrowed from the Mehrabian and Epstein Questionnaire Measure of Emotional Empathy and Stotland's Fantasy-Empathy Scale. Most of the items were made up to measure either the affective aspect of empathy, namely, emotional responses

to the observed emotional experiences of others or the cognitive aspect of empathy, such as ability to adopt different perspectives or points of view (Davis, 1980).

The first version of the instrument of 50 items was tested on 201 males and 251 females. Factor analyses on these results yielded the four major factors used in the final version as well as smaller and less clear factors. A second version was then constructed using items from the first version, adaptations of items from the first version and new items that conformed with the four major factors.

The second version was made up of 45 items and tested on 221 males and 206 females in an introductory psychology class. Factor analyses on these results again suggested the same four major factors. In examining the factor loading it was clear that with only a few exceptions, items in the instrument were not involved in more than one factor. In the cases where an item was involved in multiple factors, it was only two factors which were involved. This provided strong support for a multidimensional approach to empathy and provided validation for the constructs identified prior to development of the preliminary instrument (Davis, 1980).

The items for the final version of the instrument were selected by eliminating items that were loaded heavily on two or more factors as well as those not utilized in any of the four subscales and selecting those items

which loaded most heavily in both sexes (Davis, 1980). The resulting instrument was a 28-item questionnaire consisting of four 7-item subscales described earlier. The instrument was given to students from an introductory psychology class at the University of Texas at Austin. Five hundred and seventy-nine males and 582 females completed the questionnaire.

The results of the factor analyses supported the four empathy subscales. Only one item loaded heavily on two factors. In all other cases, the seven items that make up a scale were also the seven items that load heavily on those four factors for both males and females (Davis, 1980).

Reliability

Davis (1980) computed internal reliabilities (standardized alpha coefficients) for each subscale on two separate samples. Table 1 presents the standardized alpha coefficients for third administration of the questionnaire.

The standardized alpha coefficients for the fourth administration are presented in Table 2.

Table 1

Standardized Alpha Coefficients of the
7-Item Scales Third Administration

	Fantasy Scale	Perspective- Taking Scale	Empathic Concern Scale	Personal Distress Scale
Males	.78	.71	.68	.77
Females	.79	.75	.73	.75

Table 2

Standardized Alpha Coefficients for the
7-Item Scales Fourth Administration

	Fantasy Scale	Perspective- Taking Scale	Empathic Concern Scale	Personal Distress Scale
Males	.78	.75	.72	.78
Females	.75	.78	.70	.78

In both cases the values support the internal reliability of the four subscales.

Test-retest reliability on the four empathy subscales was measured with an independent sample of respondents (Davis, 1980). Fifty-six male and 53 female undergraduates were administered the questionnaire twice with a range of 60 to 76 days between administrations. These correlations are presented in Table 3. The results demonstrated satisfactory temporal stability for the four

subscales.

Table 3
Test-Retest Reliability Coefficients

	Fantasy Scale	Perspective- Taking Scale	Empathic Concern Scale	Personal Distress Scale
Males	.79	.61	.72	.68
Females	.81	.62	.70	.76

Validity

Davis (1983) attempted to test the convergent and discriminate validity of the four IRI subscales. Four separate constructs were expected to be related to the four subscales. These constructs included social competence/interpersonal functioning, self-esteem, emotionality, and sensitivity to others. In addition, the relationship between the four subscales and two other empathy measures was examined. The results of the study indicated the following pattern of relationships between the four subscales and the constructs.

Davis (1983) predicted "perspective taking would be (a) positively related to empathic concern, and (b) not positively related to personal distress" (p. 121-122). In both samples of both sexes tested, perspective taking and empathic concern scores were positively and significantly

related. Perspective-taking and personal distress were negatively associated thus supporting both of Davis' predictions. These results support the proposed multi-dimensional view of empathy. Each of the four aspects of empathy assessed on the IRI are related in specific ways to other psychological measures. PT was related to interpersonal functioning, higher self-esteem, and little emotionality. EC was related to emotional reactivity and selfless concern for others, with no association with social competence and self-esteem. PD presented a distinctively different pattern. There was a consistent negative relationship with social competence and self-esteem and high scores are associated with heightened emotional vulnerability and chronic fearfulness. FS scores showed a pattern very similar to that of EC scores, although there was a lower relationship with other-oriented sensitivity than the EC scale.

The relationship between the IRI and other measures of empathy also supported the validity of this measure. There was a high correlation between the cognitive PT scale and the Hogan scale which might be thought of as an indicator of cognitive empathy and social skillfulness. The PT scales were least related to the Mehrabian and Epstein Questionnaire of Emotional Empathy (QMEE). As expected, both the FS and ED scales demonstrated patterns in the opposite direction--low correlation with the Hogan

Scale and high correlation with the QMEE (Davis, 1983).

Instrument Comparison to Study Population

In order to determine if the population sampled in this study was similar to the population studied by Davis (1980), a factor analysis was conducted on the responses to the Interpersonal Reactivity Inventory. Each question was examined to see how these questions loaded for the subjects in the current study on their respective factors.. Although there were some variations from Davis' (1980) factor analysis, there were four factors that emerge in this study. Table 4 shows how the items loaded on each of the four factors and also displays the reliability coefficients for each of the four subscales. In several instances items loaded on different subscales than in the Davis (1980) study. Items on the Personal Distress and Perspective-taking subscales overlapped and loaded on different factors than in the Davis (1980) study. Items 25 and 28 loaded more heavily on the Empathic Concern subscale than the Perspective-taking subscale. In examining the factor analysis of the female subjects and male subjects separately, it was evident that the factor loadings for the female subjects were consistent with the Davis (1980) findings. However, the factor loading patterns for the male subjects in this study were dramatically inconsistent with the Davis (1980) findings. This

indicates that the males sampled in this study may have been quite different from those sampled in the Davis (1980) study and consequently may yield quite different results when empathy scores are compared.

As demonstrated in Table 4, the internal reliability of this set of subscales is better on some of the subscales than others. The Perspective-taking subscale does not appear to have the internal reliability of the other subscales.

Table 4
Factor Pattern Loadings of IRI

Item	Fantasy	Perspective- Taking	Empathic Concern	Personal Distress
1	.34	-.30	.04	.04
2	.09	.09	.67	.06
3	-.10	-.25	-.05	.57
4	.26	.20	-.45	.57
5	.81	.00	-.02	.01
6	.29	-.54	.04	.25
7	-.52	.35	-.20	.24
8	-.07	.38	.24	.09
9	.19	.24	.54	.22
10	.25	.04	.02	.74
11	-.07	.47	.33	-.15
12	-.70	-.01	-.07	.15

Table 4--Continued

Item	Fantasy	Perspective- Taking	Empathic Concern	Personal Distress
13	-.04	.57	-.15	-.12
14	-.35	.24	-.60	-.05
15	-.10	-.16	.00	.58
16	.67	-.07	.03	-.00
17	-.04	-.27	.20	.54
18	-.03	.14	-.56	.23
19	-.05	.56	.06	-.24
20	.38	.07	.61	.19
21	.24	.38	.19	.07
22	.19	-.25	.64	.30
23	.78	-.01	.16	.17
24	-.00	-.73	.13	.09
25	-.01	.27	.46	-.12
26	.81	-.10	.05	.13
27	.15	-.79	.02	.03
28	-.13	-.00	.56	-.13
Standardized alpha coefficients for the 7-item scale				
	.80	.32	.71	.72

Correlations between the subscales were calculated. Table 5 displays the correlations and probability levels. As displayed, the correlations are low with a low to

moderate correlation (.30) between the Fantasy subscale and the Personal Distress subscale. The Fantasy and Empathic Concern subscales had a low but significant correlation (.27) as well as the Perspective-taking and Empathic Concern subscales (.27) suggesting that these subscales assess some similar aspects of empathy.

Table 5
Correlations Between Subscales

	Correlation	Probability
Fantasy Subscale and Empathic Concern Subscale	.2723	.010*
Fantasy Subscale and Personal Distress Subscale	.3013	.005*
Empathic Concern Subscale and Personal Distress Subscale	.1512	.101
Perspective-taking and Fantasy Subscales	-.0183	.439
Perspective-taking and Empathic Concern Subscales	.2747	.009*
Perspective-taking and Personal Distress Subscales	-.2650	.012*

* $p < .05$

Data Collection

The researcher obtained a list of students newly accepted into the CECP master's program from the CECP Department. Each of these incoming students made up the

before training group.

The after training group of students were those registered to take CECP 613, Field Practicum. This group was administered the same questionnaire as the group before training.

An individualized cover letter, the personal data sheet, the questionnaire and a self-addressed, stamped envelope were sent to each of the subjects selected as part of the sample. In no instances was the student's name or any identifying information other than biographical associated with his or her questionnaire. Students were instructed to answer these questions to represent how they see themselves at present. Confidentiality was explained in a cover letter (see Appendix C) including the efforts taken by the researcher to protect their anonymity. Approximately two weeks later, a follow-up phone call was made to nonrespondents. A follow-up letter was sent to the respondents who could not be reached by phone (see Appendix D). Questionnaires were sent to those who indicated they had never received one or had lost the initial questionnaire. In addition, the instructor of CECP 613, Field Practicum, in the case of the practicum students, and the Department Chairman, in the case of the new, incoming students, sent a letter to each student requesting their cooperation in the research project.

A protocol was prepared and submitted to the Human

Subjects Institutional Review Board (included in Appendix E) and research did not commence until the board had approved the research.

CHAPTER IV

DATA ANALYSIS

Introduction

This section reviews the hypotheses proposed earlier and lays out the variables which were studied. Finally, the data analysis procedures used in this study to test the proposed hypotheses are presented.

Hypotheses

The two null hypotheses tested were

1. There is no relationship between a student's gender and his or her self-report of empathy on affective and cognitive dimensions.
2. There is no relationship between a student's level of training and his or her self-report of empathy on affective and cognitive dimensions.

Variables

The variables, their corresponding value levels and data sources are presented in Table 6.

Table 6
Variables, Values and Data Sources

Variable	Value Levels	Data Source
Gender	female, male	Personal data sheet
Age	--	Personal data sheet
Marital status	married, single	Personal data sheet
Placement in program	before training & after training	Department data
FS subscale	0-4	IRI
PT subscale	0-4	IRI
EM subscale	0-4	IRI
PD subscale	0-4	IRI

Data Entry and Verification

Data from the personal data sheets were entered via keyboard directly into a computer data file. The data from the IRI questionnaires and personal data sheets were entered onto mark sense sheets and then machine scored and the data were entered into a computer data file. Each response was then verified by comparing the mark sense sheet with the hard copy of the contents of the data file.

Characteristics of the Analysis Sample

The first stage of the data analysis was to examine

and describe the characteristics of those who responded and returned questionnaires. These characteristics included: (a) gender, (b) age, (c) marital status, (d) job aspirations, and (e) placement in program. These descriptions are addressed in Chapter IV for the population as a whole.

Hypothesis Testing

The hypotheses were tested with a two-way analysis of variance in which gender and placement in degree program served as independent variables and the four subscales of the IRI served as dependent variables. This allowed an examination of interaction effects as well as a test of the main effects of gender and training. The results of these analysis are presented in the following chapter.

CHAPTER V

RESULTS AND DISCUSSION

Introduction

The results of this empirical study of masters students in Western Michigan University's Counselor Education and Counseling Psychology Department are presented in this chapter. This chapter is divided into two sections. In the first, the characteristics of those persons who responded to the questionnaire are presented. In the second, the findings of the statistical analyses used to test the hypotheses are described.

There were 105 persons selected to participate in this study. Of these 105, 73 persons completed the questionnaires and returned them, or 76.6%. The sample sizes for each group used in the analyses are presented in Table 7.

There were 32 women in the group before training and 17 women in the group after training, for a total of 49 women respondents. There were 17 men in the group before training and 7 men in the group after training, for a total of 24 men respondents.

Table 7
Sample Size for Each Group

Group	Sample Size			
	No.	% of Total	No. Re-sponded	% of Total
Women Before Training	44	42	32	44
Women After Training	29	28	17	23
Women Total	73	69	49	67
Men Before Training	21	20	17	23
Men After Training	11	10	7	9
Men Total	32	30	24	33
Before Training Total	65	62	49	67
After Training Total	40	38	24	33
Total Sample	105	100	73	100

Characteristics of Those Studied

In this section the subject's age group and job activities they aspired to are reported.

Age

Seventy-four percent of the subjects were between ages 20 and 39. The majority of those respondents in the

groups before training were between ages 20 and 39 (89%) while the majority of those subjects in the groups after training ranged in age from 30 to 49 (67%). The age group frequencies are reported in percents in Table 8.

Table 8
Age Group Frequencies in Percents

Group	<u>N</u>	Age Group			
		Below 30	30-39	40-49	50-59
Women Before Training	32*	44	44	9	0
Women After Training	17*	18	35	29	0
Women Total	49*	35	41	16	0
Men Before Training	17*	35	53	0	6
Men After Training	7*	0	28	43	14
Men Total	24*	25	46	12.5	8
Total Before Training	49	41	47	6	2
Total After Training	24	12.5	33.3	33.3	4.2
Total	73	31.5	42.5	15	3

* Six of the respondents did not give ages. These are distributed with four women not giving their age and two men.

Marital Status

Forty-seven of the 73 subjects were married or had been married at some time in their life. Fifty-three percent of those subjects before training were married or had been married and 87% of those after training fell in this category. Fifty-nine percent of the women subjects were married or had been while 75% of the men subjects were in this category. Table 9 reports how the frequencies were distributed in percents.

Table 9
Marital Status Frequencies in Percents

Group	<u>N</u>	Marital Status	
		Married, divorced or widowed	Single
Women Before Training	32	47	53
Women After Training	17	82	18
Women Total	49	59	41
Men Before Training	17	64	36
Men After Training	7	100	0
Men Total	24	75	25
Total Before Training	49	53	47
Total After Training	24	87	13
Total	73	64	36

Job Activities

For the subjects in this study, the job area endorsed most frequently was counseling or therapy positions (79%). For those subjects in the groups before training, 77% aspired to counseling or therapy jobs. Eighty-three percent of those students in the groups after training aspired to counseling/therapy jobs. Of the women in this study, 80% endorsed counseling/therapy as the job of their aspiration and of the men, 79% endorsed the same. One hundred percent of the men after training aspired to counseling/therapy jobs, while 76% of the men before training aspired to counseling/therapy jobs. Seventy-seven percent of the women after training aspired to counseling/therapy jobs while 81% of the women before training aspired to the same. Table 10 shows the actual numbers in each job category these subjects aspired to.

Table 10
Job Aspirations After Training

Group	N	Job Type				
		Admin.	Ther- apy	Consult- ing	Research	Teach- ing
Women Before Training	32	0	26	8	0	3
Women After Training	17	2	13	1	1	0

Table 10--Continued

Group	<u>N</u>	Job Type				
		Admin.	Ther- apy	Consult- ing	Research	Teach- ing
Men Before Training	17	1	12	0	1	3
Men After Training	7	0	7	0	0	0
Total Sample	73	3	58	4	2	6

Summary

In general, the majority of the subjects ranged in age from 20-39, however those in the groups before training were by and large younger than those in the groups after training. A larger percentage of the male subjects were married or had been than the female subjects and a larger percent of the subjects after training were married or had been married than those before training. Most of the subjects aspired to jobs in counseling or therapy. This was true for both men and women. A small number of the subjects were interested in administrative work ($\underline{n} = 3$), consulting ($\underline{n} = 4$), research ($\underline{n} = 2$), and teaching ($\underline{n} = 6$). These aspirations showed very little difference among men versus women or among those before training and those after training.

Gender, Training, and Interpersonal Reactivity Index

Two research questions were developed and stated in null hypothesis form. Results of the analysis of the null hypothesis are presented here. Two-way analyses of variance were computed using training and gender as independent variables, and each of the four subscales of the Interpersonal Reactivity Index (IRI) as dependent variables.

Fantasy Subscale

The items on this subscale tapped the tendency of a respondent to identify strongly with fictitious characters in movies, plays or books (Davis, 1980). The means and standard deviations for each group's scores on the Fantasy subscale are presented in Table 11. There is an inverse relationship between the mean scores and a tendency to transpose oneself into fictional situations.

Men after training had the highest score on the Fantasy subscale, followed by women after training, men before training and women before training, respectively. To determine whether there were significant differences across training or gender, a two-way analysis of variance was conducted. The results of this analysis are presented in Table 12.

Table 11
Sample Size, Mean and Standard Deviation
for IRI: Fantasy Subscale

Group	<u>N</u>	<u>\bar{X}</u>	<u>SD</u>
Women Before Training	32	16.91	4.72
Women After Training	17	20	5.1
Men Before Training	17	19.06	3.91
Men After Training	7	20.43	3.26

Table 12
Two-Way Analysis of Variance
for IRI: Fantasy Subscale

Source	<u>df</u>	Mean Square	<u>F</u>	Sig. of <u>F</u>
Gender	1	42.17	2.06	.16
Training	1	105.38	5.14	.03*
Interaction	1	10.19	.50	.48
Residual	69	20.51		

* $p < .05$

The mean score difference between gender groups was not statistically significant ($p = .16$), but the mean score difference before training and after training was significant ($p = .03$). The interaction effect had a probability of .50. Thus the hypothesis that men and women differ with respect to the fantasy aspects of

empathy was not supported, while the hypothesis that training effects this dimension of empathy was supported with those persons after training responding with the highest scores. Thus, students before training endorsed more items reflecting a tendency to identify with fictional characters in movies, plays, and stories than students after training.

Perspective-Taking Subscale

The Perspective-taking subscale denoted a tendency or ability for the respondent to take the perspective or point of view of others (Davis, 1980). The means and standard deviations for each group's scores on the Perspective-taking subscale are presented in Table 13. There is an inverse relationship between the mean scores and the ability to take the point of view of the other.

Table 13

Sample Size, Mean and Standard Deviation
for IRI: Perspective-Taking Subscale

Group	<u>N</u>	<u>\bar{X}</u>	<u>SD</u>
Women Before Training	32	12.28	2.4
Women After Training	17	11.53	2.43
Men Before Training	17	12.29	2.59
Men After Training	7	13.57	1.99

Men after training had the highest scores on the Perspective-taking subscale, followed by men before training, women before training, and women after training, respectively. To determine whether the differences across training and gender were significant, a two-way analysis of variance was conducted with gender and training as the independent variables. These results are presented in Table 14.

Table 14
Two-Way Analysis of Variance for IRI:
Perspective-Taking Subscale

Source	<u>df</u>	Mean Square	<u>F</u>	Sig. of <u>F</u>
Gender	1	6.56	1.21	.29
Training	1	.25	.04	.84
Interaction	1	14.11	2.41	.12
Residual	69	5.8		

The mean score difference between gender groups was not statistically significant ($p = .29$), nor was that before or after training ($p = .84$). The interaction effect was also not significant at .12. These results then do not support the hypothesis that gender or training effect empathy. It is important to note that the reliability of this subscale was unacceptably low. Therefore those results do not contribute to the rejection of the

hypothesis that there is a relationship between gender or training and empathy.

Empathic Concern Subscale

The items on the Empathic Concern subscale reflect a tendency for the respondent to experience feelings of warmth, concern for others (Davis, 1980). The means and standard deviations for each group's responses on the Empathic Concern subscale are presented in Table 15. There is an inverse relationship between the mean scores and empathic concern.

Table 15

Sample Size, Mean and Standard Deviation
for IRI: Empathic Concern Subscale

Group	<u>N</u>	<u>\bar{X}</u>	<u>SD</u>
Women Before Training	32	13.41	3.7
Women After Training	17	14.88	3.57
Men Before Training	17	15.35	2.57
Men After Training	7	16.57	2.07

Men after training had the highest mean score on the Empathic Concern subscale, followed by men before training, women after training and women before training, respectively. To determine if these differences among means were statistically significant, a two-way analysis

of variance was conducted, with gender and training as independent variables. The results are presented in Table 16.

Table 16
Two-Way Analysis of Variance for
IRI: Empathic Concern Subscale

Source	<u>df</u>	Mean Square	<u>F</u>	Sig. of <u>F</u>
Gender	1	55.99	5.09	.027*
Training	1	31.32	2.84	.096
Interaction	1	.23	.02	.89
Residual	69	11.00		

* $p < .05$

The mean score difference between gender was statistically significant ($p = .027$), however that between before and after training was not ($p = .096$). The probability of the observed interaction effect was .89. Thus these results support the hypothesis that men and women differ with respect to the empathic concern component of empathy with women endorsing items reflecting feelings of warmth, concern and compassion for others than men. The hypothesis that training effects this component was not supported.

Personal Distress Subscale

The Personal Distress subscale assesses the respondents "experienced feelings of discomfort and anxiety when witnessing the negative experiences of others" (Davis, 1980, p. 4). The means and standard deviations for each group's score on the Personal Distress subscale are presented in Table 17. There is an inverse relationship between the mean scores and the respondent's level of personal distress.

Table 17
Sample Size, Mean and Standard Deviation
for IRI: Personal Distress Subscale

Group	<u>N</u>	<u>\bar{X}</u>	<u>SD</u>
Women Before Training	32	24.13	4.28
Women After Training	17	26.76	4.26
Men Before Training	17	25.35	3.16
Men After Training	7	27.00	1.63

Men after training scored highest on the Personal Distress subscale, followed by women after training, men before training, and women before training, respectively. To determine whether these differences were statistically significant, a two-way analysis of variance was conducted with gender and training as independent variables. The results are presented in Table 18.

Table 18

Two-Way Analysis of Variance for IRI
Scale: Personal Distress Subscale

Source	<u>df</u>	Mean Square	<u>F</u>	Sig. of <u>F</u>
Gender	1	13.64	.91	.045*
Training	1	87.43	5.43	.018*
Interaction	1	3.38	.22	.64
Residual	69	14.99		

* $p < .05$

The difference between gender group mean scores were statistically significant ($p = .045$) as were the differences between training groups ($p = .018$). The interaction effect had a probability of .64. Thus, the hypothesis that men and women differ with respect to the personal distress aspect of empathy was supported with women indicating more feelings of distress when witnessing another's negative experience than men. The hypothesis that training effects this dimension was also supported with before training endorsing more items reflecting feelings of distress when witnessing another's negative experience than after training.

Summary

Both hypotheses received some support in this study. Women and men demonstrated significant differences in

empathy on two of the four subscales. Training also had a significant effect on measures of empathy two of the four subscales. Table 19 summarizes these results.

Table 19
Summary of Analyses of Variance of
IRI Subscale Scores

	Gender	Training	Interaction
Subscale	Prob. of \underline{F}	Prob. of \underline{F}	Prob. of \underline{F}
Fantasy	.16	.03*	.48
Perspective-Taking	.29	.84	.12
Empathic Concern	.027*	.096	.89
Personal Distress	.045*	.018*	.64

* $p < .05$

The hypothesis that there is a relationship between a student's gender and his or her self-report of empathy was supported with respect to the Empathic Concern and Personal Distress subscales. The hypothesis that there is a relationship between a student's level of training and his or her self-report of empathy was supported with respect to the Fantasy and Personal Distress subscales. There is a small to moderate correlation between the Fantasy and Personal Distress subscales that may have contributed to this result. These hypotheses were not supported for the other subscales measuring aspects of empathy.

Discussion

The purpose of this study was to examine the relationship between gender and empathy as well as the relationship between the level of counselor training at the master's level and empathy. A review of the literature on feminine development, empathy, empathy and gender, and empathy and psychotherapy led to the proposal of two null hypotheses: (1) There is no relationship between a student's gender and his or her self-report of empathy on affective and cognitive dimensions, and (2) There is no relationship between a student's level of training and his or her self-report of empathy on affective and cognitive dimensions.

These null hypotheses were tested in an empirical study of master's level students in the Counselor Education and Counseling Psychology Department at Western Michigan University. The findings are presented earlier in this chapter and briefly reviewed here. Interpretations of the study's findings are discussed as they relate to gender and counselor training, limitations of the study are then examined, and finally considerations for further research are made.

Review of Study Findings

Gender differences on measures of empathic concern and personal distress were found in this study. The women

in this study tended to endorse items reflecting that they experienced greater warmth, concern, and compassion for others than men. In addition, they endorsed items that suggested feelings of apprehension or fear when witnessing another's negative experience more often than men. Students before training more readily endorsed items reflecting an ability to imaginatively transpose themselves into fictional situations. In addition they were more likely to endorse items indicating feelings of apprehension and fear when witnessing another's negative experience than students after training.

Interpretation of the Findings

This study has attempted to answer questions about differing relational sensitivities and capacities between men and women and across training by examining both theoretical and research literature as well as by conducting an empirical study.

Women's voice has been markedly absent from studies of psychological development until recently, in part because research subjects had more often been male than female and also because of the Western tradition of valuing objectivity and linear thinking (Belenky, Clinchy, Goldberger, & Tarule, 1986). As more focus is placed on women's ways of knowing and experiencing their lives by including women as research subjects in developmental

studies and exploring research designs that allow for subjectivity and the inclusion of contextual and dynamic variables, it becomes possible to know more about not only women's development but also qualities in men's lives that have been ignored or overlooked as well.

In examining the theoretical and research literature on women's development, this study illuminated the differences in the development of self between men and women that results in differential strengths and weaknesses in the expression of empathy in relationships. While women are more likely to organize their sense of self around relationships and their affiliations (Miller, 1976; Surrey, 1984), men are more likely to define themselves through autonomy and accomplishments. Jordan et al. (1983) outlined the developmental pathways that leads to the emergence of differences between men and women in their expression of empathy. While girls are socialized to attend to the affective states of others and are allowed affective expression, boys are encouraged to be competitive and contain their affect. Mothering, which is most often done by women, provides more opportunities for connection and identification with the girl than the boy. Boys are encouraged to be like their father, who is typically less available. In addition, sexual identification for the girl occurs within a close relationship with the mother who is more likely to allow for more intense affect

and immediacy. The boy must look to father who is typically not as available as the mother and thus this relationship is mediated by abstract and role-defining factors (Jordan et al., 1983). As a result, women are more likely to be more comfortable with the affective aspects of empathic process while men are more likely to find the objective, observing and cognitive aspects more comfortable and manageable.

The research literature supports this view. Women consistently scored higher on affective measures of empathy than men (Archer et al., 1979; Barnett et al., 1980, 1981; Hoffman, 1977; Hanson & Mullis, 1985). Similar differences, with men scoring higher than women on cognitive measures of empathy, have not been found (Maccoby & Jacklin, 1974). The findings of this study were consistent with this research literature. Although the instrument used in this study did not provide an accurate measure of cognitive aspects of empathy, it did measure affective aspects. Women endorsed more items reflecting feelings of fear and apprehension when witnessing another's negative experience than men. Women also endorsed items indicating they experience feelings of warmth, concern and compassion for others more often than men.

Davis (1983) studied the relationship between the four subscales on the IRI and related constructs such as self-esteem, interpersonal functioning, emotionality and

sensitivity to others. He found that high scores on empathic concern were positively related to measures of shyness and anxiety, but negatively associated with measures of boastfulness and egotism in interpersonal functioning. In addition, these scores were positively associated with emotionality and nonselfish concern for others. High scores on personal distress were associated with poor self-esteem, and poor interpersonal functioning, most notably shyness and social anxiety. It was also strongly related to feelings of vulnerability, uncertainty and fearfulness (Davis, 1983).

When the male experience is used to define a baseline against which men and women are judged, the fact that women scored higher on personal distress begins to look like a liability. The women in this study would appear somewhat pathological or "hysterical." However, if one examines these results in the context of women's lives, new meanings emerge.

From a sociological perspective women have more reason to feel vulnerable and fearful. As a subordinate group, they are frequently subjected to violence and abuse at the hands of the dominate group. No woman is free from the fear of rape and violence when walking the streets at night, for instance. To acknowledge higher levels of vulnerability and fear is to acknowledge what is a real experience for women.

From a psychological perspective to deny and discard feelings of vulnerability and fearfulness is to be cut off from an important part of the human condition and experience. Certainly, at the far end of the continuum of fearfulness and vulnerability, life becomes quite unbearable and functioning is compromised. But in order to be able to grow psychologically one must be able to recognize and own one's vulnerabilities, weaknesses and fears (Miller, 1976). It could also be argued that to provide a relationship where this growth is possible for another, one must be able to recognize one's own weaknesses and vulnerabilities and that recognizing these aspects in oneself allows the therapist more freedom to join with the client in his or her feelings of vulnerability and fear. Of course, in the face of extreme fear and vulnerability and the lack of cognitive skills to use these feelings effectively, they can become problematic. The point here is that too often these feelings are judged to be weaknesses and the inherent strength in these feelings is overlooked and ignored (Miller, 1976).

Interestingly, women scored higher on both personal distress and empathic concern. While personal distress is associated with measures of poor interpersonal functioning, high scores on empathic concern are inversely related to measures of negative aspects of interpersonal functioning such as boastfulness and egotism (Davis, 1983). While

personal distress tends to measure self-oriented feelings, empathic concern measures other-oriented feelings (Davis, 1983). This seems to reflect a balance of self-oriented and other-oriented concern in the empathic process. Unfortunately, the data do not allow an examination of the relationship of the cognitive aspects of empathy in this balance.

This study also examined the literature on empathy and psychotherapy and empathy and training and then empirically examined the relationship between empathy and training. The research literature supports the necessity, if not sufficiency, of empathy in the therapeutic relationship (Patterson, 1984). Different theorists place differing emphasis on the therapeutic relationship. Those theorists who place greatest emphasis on the importance of the early relationships in psychological development also place greater emphasis on the importance of empathy in psychotherapy (Marcia, 1987).

Training that includes both didactic and experiential components produced higher levels of empathy than training that involved only didactic experiences. However, didactic training was better than no training at all (Berenson et al., 1966; Carkhuff & Truax, 1965b). The Counselor Education and Counseling Psychology Department at Western Michigan University includes both didactic and experiential components in training. The results of this study

demonstrated that students before training indicated higher levels of feelings of fear and apprehension when witnessing another's negative experience than those students after training. The students before training also endorsed items reflecting a greater tendency to imaginatively transpose themselves into fictional situations than students after training. Davis (1983) found high scores in this area to be associated with susceptibility to emotional responses and a sensitivity to others. There were no significant differences between students before and after training on measures of compassion and concern for others.

These results seem to indicate that with training, students perceive themselves to be less vulnerable and fearful in the face of another's distress and are less emotionally reactive and sensitive to others than before training. As addressed earlier, the awareness of vulnerability and acknowledgement of feelings of fear and helplessness in the face of another's pain can be a strength for the therapist. To the extent that the students after training may view themselves as having more skills to deal with another's distress and able to be in the presence of another's pain and remain composed, this may reflect some positive gains. However, if it reflects a tendency to deny one's own vulnerability and helplessness and an overconfident "I can fix it" attitude, with a more callous

approach to others, there is reason to be concerned.

These results seem to support this researcher's contention earlier that students in training tend to be influenced by a masculine model of treatment which emphasizes objectivity and distancing with less attention to the affective aspects of therapy.

There were no significant gains in empathic concern as a result of training and there is reason to wonder about this lack of change. One would certainly hope to see gains in a person's feelings of compassion and warmth toward others as a result of training in empathy. There was a low, albeit significant, correlation between this study's measure of fantasy and empathic concern. Some of the same factors may be affecting scores on empathic concern that contributed to students before training scoring significantly higher than students after training in the ability to imaginatively transpose themselves into fictional situations. That is, to the extent that students after training are less susceptible to the emotional responses of others, they may experience less compassion and warmth toward others.

The differences between students before and after training seems to raise more questions than they answer. Is the training program helping students gain some healthy confidence and effective tools for dealing with others' pain and crises? Does the program encourage more

defensiveness and denial of one's fears and vulnerabilities? Does this hinder or help a graduating student face the work world? Are these significant differences more a result of the context these different groups of students find themselves in at the time of data collection than others factors? For instance, new students in a master's program are faced with a new set of challenges, new set of demands on them and lots of questions about what lies ahead. Perhaps they face doubts about their ability to meet the challenges of these new demands. One would expect them to experience some level of anxiety about the changes embarking on this new venture entails. Students at the completion of training face a different set of challenges. When the researcher had contact with subjects after training about responding to the questionnaires, subjects commented on being overwhelmed by the amount of work and the demands on their time and found it difficult to find time to respond to the questionnaire. Although it is anecdotal data, students in this context of high demand on time may manage this stress with the use of more denial and defensiveness. Perhaps students before training respond to their stress with more feelings of fear and vulnerability while students after training respond with defensiveness and denial. If this were so, one must question whether or not this is how one would optimally want a therapist to handle their feelings while

working with clients. Because contextual variables were only minimally addressed (i.e. before and after training) these interpretations remain somewhat conjectural and leave room for further exploration.

There is a word of caution regarding the interpretations presented here. This study divided individuals in groups, women, men, students before training, students after training. Generalizations were made about these groups. Care must always be taken when discussing generalizations because it becomes easy then to stereotype groups of people. When using generalizations such as those used here, emphasis is placed on differences between men and women and differences before and after training and the similarities are minimized. Among the individuals in each group there is a great deal of diversity and there are certain to be some women who share more in common with descriptions of men as a group and vice versa.

In the past generalizations have been used to keep women and men in their place and prevent women, as well as men, from exploring alternative avenues of self expression and accomplishment. When generalizations are perceived as descriptions of good and bad, right and wrong they fail to be helpful. Instead, these generalizations can be helpful in promoting a celebration of the differences that arise out of different contexts as well as respect and appreciation for the different ways realities are constructed.

Limitations of the Study

There are a number of limitations that effect the usefulness and outcomes of this study. One set of limitations has to do with the nature of the instrument used to measure empathy in this study.

The alpha coefficient on the Perspective-taking subscale indicates a very low reliability. This suggests that the Perspective-taking subscale is unlikely to be a "true" measure of the cognitive aspects of empathy as claimed in Chapter III. Although results were not significant on this subscale, it may be an indication of scale unreliability rather than an indication that there is no relationship between gender and cognitive aspects of empathy or training and the same. In effect, the instrument did not yield a reliable measurement of this cognitive aspect of empathy and as a result the hypotheses could not be adequately tested.

In the Davis (1980) study he concluded that the IRI measured four separate and relatively independent aspects of empathy. However the results of the factor analysis in this study did not produce the same factor pattern loadings. As discussed in Chapter III, items on the original Perspective-taking and Personal Distress subscales tended to load on different factors in this study. Factor loadings on items in the Fantasy and Empathic concern subscales in the Davis (1980) study were more consistent with

this study's factor loadings. Only two items loaded on both the Fantasy and Perspective-taking subscales. Two items loaded on the Empathic Concern subscale in the current study that loaded on the Perspective-taking subscale in the Davis (1980) study and two items loaded on both the Empathic Concern and Perspective-taking subscale.

In examining the factor analysis for the females in this study and the males in this study separately, it was apparent that the women in this study responded to the items in a manner similar to the population in the Davis (1980) study, while the men in this study responded quite differently.

There may be several explanations for this, but one of the most obvious explanations is that Davis (1980) developed his instrument on a population of undergraduates in an introductory psychology class. Although he used several independent samples, they were all from this same population. The subjects of the current study were at a different level of training, all had completed undergraduate training and were engaged in advanced training. Although there is no data on the age of Davis' subjects it is reasonable to conclude that they were considerably younger on the average than the subjects in this study who tended to be in their late 20s and mid 40s. The male population in the group after training was very small and older than 29. This suspected difference in age may lead

to a different set of responses to the IRI than Davis (1980) found.

Although human services is an area that women traditionally select as a career choice, it is a less male-identified career and calls for the development of skills that are not traditionally associated with masculine traits--sentimentality, expressivity and sympathy (Foushee et al., 1979). The population of this study may have self-selected along affective strengths with those males who have a different set of affective and relational capacities choosing this area of study. If this were so, the male population of this study is likely to be quite different from the more general population Davis (1980) sampled.

In addition to age, the subjects of the current study were further along in their professional training and as a result were likely to have a narrower range of career goals or at least more specific goals about their career aspirations. As noted in Chapter IV, the majority of the subjects in this study identified therapy/counseling as their job aspiration. In fact, the males after training in this study all aspired to be therapists/counselors. Although the females in this study were more diverse and heterogeneous groups, the males, particularly the after training group, were more homogeneous. It is reasonable to conclude from this that the subjects in this study may

be a group with some self-perceptions that may be quite different from the broader population and as a result respond to the IRI items differently than a more diverse group.

Another limitation of the instrumentation lies in the nature of self-report rating. Self-report is certainly efficient, easy to do and can be completed rather quickly with simple equipment, a pencil and paper. Also, a relatively differentiated measure of emotion can be acquired with ease. By asking a subject to respond to a variety of different emotional examples or adjectives, the researcher can differentiate dimensions of emotional response (Batson, 1987).

However, there are several disadvantages of self-report as well. The method assumes the subject knows what he or she is feeling. A subject may not have the language skills to describe a distinct emotion or may use terms differently than the other subjects and/or the experimenter. (Witness the range of definitions used just within the field of psychology for the word "empathy" discussed in Chapter II.)

A second disadvantage has to do with self-presentation or the demand characteristics of self-report measurement. A subject may want to present himself or herself as more understanding or compassionate than they actually are. There is empirical support for the demand character-

istics influencing data (Eisenberg & Lennon, 1983). Given cultural differences in expectations for appropriate male and female role behavior, it is not surprising to find empirical support for differences in how empathic males and females want to appear to themselves and others (Eisenberg & Lennon, 1983). Foushee et al. (1979) found that reports of masculinity were negatively associated with empathy and reports of femininity were positively associated with empathy for both men and women. When subjects are asked to rate themselves on feminine areas of sentimentality, expressivity and sympathy, as on the IRI, self-presentation issues become particularly salient. Thus, gender differences in empathy may be found more often and readily on such an instrument when no differences in empathy are found in measures of physiological responses or other's report (Eisenberg & Lennon, 1983).

In this study it is likely that some of the gender differences reflected in the results were affected by these self-presentation issues. Although the relationship may not be a direct one, and the well trained therapist carefully considers the use of self in therapy, how one behaves and presents oneself in relationships is also effected by these same issues. With training and experience the hope is that therapists' self-presentation would be less stereotypically masculine or feminine and instead incorporate the strengths of both. Thus these limitations

of self-presentation did not pose tremendous difficulties in this study.

Another limitation of this study is related to the research design. In this study individual subjects' scores on the questionnaire were not compared before and after training. Instead, means of groups of students were compared before and after training. The assumption in this research design is that all the subjects, both before and after training, were similar when they began training. Unfortunately, there is no measure in this design to confirm this assumption. As a result these data do not establish causality.

Questions remain about whether variables other than gender and training may have accounted for significant results. As noted earlier, the subjects after training were older than those before training. In addition, a larger percent of the subjects after training were married or had been than those before training. It is quite possible that these variables may have contributed to differences between the before and after training groups. Fewer of the female subjects were married or had been than the male subjects leading to questions about the contribution this variable may have had in the results indicating gender differences.

This study does not look at the developmental stages of the subjects. It would not be surprising though, to

see variations in empathy related to changing developmental stages as a person's self-other orientation fluctuates.

Clearly, the limited variables examined in this study severely limit what can be gained from the results. The instrument used in this study does not accurately measure both the affective and cognitive components of empathy. In addition, the research design used, tends to promote linear and unidimensional thinking making it difficult to adequately account for the many variables that may contribute to the expression of empathy as well as the context in which it occurs, and the dynamic interactions among these variables.

Another limitation of this study was the small number of subjects in the group of men after training. This group consisted of only seven subjects and thus the probability of error is high. In addition, such a small sample compromises the ability to make generalizations about the results to a larger population. However, the ratio of men to women is certainly representative of the ratios of women and men found in the Counselor Education and Counseling Psychology Department at Western Michigan University and other programs across the nation. The ratio of women to men in this study was 2.04:1. Within the Counselor Education and Counseling Psychology Department, the ratio of women to men enrolled to take classes

in Fall 1988 was 1.79:1. Nationally, the ratio of master's degrees conferred to students in Student Counseling and Personnel Services in 1985-1986 was 2.94:1 (National Center for Education Statistics, 1988). The ratio of women to men conferred master's degrees in Counseling Psychology in 1985-1986 was 2.29:1 (National Center for Education Statistics, 1988).

Recommendations

Many unanswered questions remain. The study's results supported the notion that women show stronger affective sensitivities in the expression of empathy than men. They also indicated that after training students' self-report of empathy on some affective components is lower. Because of the limitations of this study there are many aspects of these findings left to explore. A study that examined additional variables such as age, marital status, and developmental stage to name a few, could add much to the understanding of empathy.

The use of different instruments to measure empathy would also contribute a great deal. A research method using clinical interview data would allow much more exploration of the complexity of the empathic process and the variables that effect empathy. Clinical interviews could allow exploration of the issues involved in the role of feelings of vulnerability, anxiety and fearfulness when

witnessing another's negative experiences in empathy and how these feelings contribute and distract from a therapist's ability to be effectively empathic. It could allow for an exploration of contextual and dynamic variables that come to play in people's lives and as a result be more likely to give voice to women's experiences and knowledge (Belenky et al., 1986).

Exploration of the relationship between self-report of empathy and actual use of the empathic process is beyond the scope of this study but plays a very important role in training of therapists. Research in this area could provide valuable information about therapist training and supervision.

This study's results indicated that after training students' self-report of empathy on some affective components is lower. The instrument used in this study does not allow a closer examination of the nature of that change. A study that used clinical interview methods to sort out the contextual and dynamic variables involved in empathy could provide valuable information about this finding.

This study addressed the importance of giving voice to women's experience and attempted to do so, albeit in a very limited way. This study was limited by its comparison of women to men and by its examination of women as one group. As noted earlier, both of these limitations have inherent problems. An examination of the range of women's

experience and knowledge as it relates to empathy and relational sensitivities would provide much more depth to the understanding of these issues. Again, clinical interview data would be much more useful to do this than questionnaire data.

Summary

This study explored the differences in the psychological development of men and women that leads to differences in their relational sensitivities and capacities. An empirical study supported the proposal that there are gender differences, particularly along affective dimensions of empathy, with women reporting higher levels of affective aspects of empathy than men. In addition this study examined the role of empathy in psychotherapy and the training of empathy. The empirical aspect of this study indicated that before training students endorse higher levels of affective aspects of empathy than after training. Conclusions drawn from these results were discussed and recommendations for further research and exploration were made.

APPENDICES

Appendix A

Personal Data Sheet

Personal Data Sheet

Please answer each of the following questions.

1. Gender: ___ Male ___ Female
2. Age: ___
3. Marital Status: M ___ S ___ D ___ Sep ___
4. Please specify the Master's program in which you are enrolled?
 ___ Counseling in Community Agency Setting
 ___ Counseling in Clinical Mental Health Setting
 ___ Counseling in Elementary Education
 ___ Counseling in Secondary Education
 ___ Career Development Specialist
 ___ Counseling in Post-Secondary Education
 ___ Administration of Student Personnel Services
 ___ other (please specify) _____
5. When did you begin this program? 19___(year)
6. Indicate what type(s) of job you held during the past 5 years. Please indicate a "1" next to the most frequent activity, and a "2" next to the 2nd most frequent activity.
 ___ administrative work ___ counseling
 ___ teaching, training, or other instruction
 ___ pastoral ___ research activities
 ___ other (please specify) _____
7. Which of the following courses have you completed?
 ___ 604 Counseling Techniques
 ___ 613 Field Practicum

- ___ 612 Counseling Practicum
- ___ 692 Advanced Practicum
- ___ 675 Counseling Theories & Practice
- ___ none of the above

8. What graduate level courses offered by the Psychology Department have you taken?

9. What kind of job would you like to be doing within 2 years of completing this Master's program?

10. Which of the following activities would you prefer to be doing in that job? Please place a "1" next to the most frequent activity, and a "2" next to the 2nd most frequent activity.

___ administrative work

___ consulting

___ research activities

___ teaching, training or other instruction

___ counseling/therapy

___ other (please specify) _____

Appendix B

Interpersonal Reactivity Inventory

PLEASE NOTE:

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages:

98-99, Interpersonal Reactivity Inventory

U·M·I

Appendix C

Cover Letter to Questionnaire

2740 Mt. Olivet
Kalamazoo, MI 49004

(Address)

May 30, 1988

Dear (Name):

I am conducting a study of Western Michigan University master's students in the Counselor Education and Counseling Psychology Department for my dissertation. The purpose of this study is to better understand the skills that beginning students bring to training and acquire during training. The results will be shared with doctoral students and professors in the department, and should provide some insights into students' training needs.

You have been selected as part of a sample, and your responses are crucial to the outcome of the study. It takes about 30 minutes to complete the enclosed questionnaire, and I hope you will take the time to do so and return this in the enclosed envelope within 2 weeks. The first part asks you about your background and plans and hopes for the future. The second asks you about how you see yourself at this time.

Your answers will be kept completely confidential. The code number on the questionnaire is only to keep track of who has returned the instruments and who needs a friendly reminder phone call. Only group data will be reported. Neither your participation in this research nor your responses will be in any way related to your grade in any class or performance in this program.

If you would like a summary of the findings, please fill out the attached sheet and return it with your completed questionnaire. A summary report will be available in December. Thank you for your time and cooperation.

Sincerely,

Carol S. Jones

Please send me a summary report of your study findings.

Name: _____

Address: _____

Appendix D

Follow-up Letter to Nonrespondents

2740 Mt. Olivet
Kalamazoo, MI 49004

(Address)

September 30, 1988

Dear (Name):

This is one of those little reminders. If you have laid aside the survey you received from me at the beginning of the month with plans to complete it during the next spare moment you got, I'd like to urge you to find that spare moment and complete it. If you have misplaced it, I'd be glad to send you another one. Your participation is real important to me.

Please contact me at 349-6090 if you need a new survey. If you've already sent it in the mail, "thanks so much" for your assistance.

Sincerely,

Carol S. Jones

Appendix E

Human Subjects Institutional Review Board Protocol

HUMAN SUBJECTS INSTITUTIONAL
REVIEW BOARD PROTOCOL

Principle Investigator: Carol S. Jones

Date: April 3, 1988

Title of Project: Gender Differences in Empathy

Abstract:

The purpose of the study is to investigate the relationship between the gender of the therapist and empathy and the training of the therapist and empathy. This research proposes to examine gender differences in the empathic dimension of therapy brought to the therapeutic relationship by inexperienced therapists and also to examine if training alters these gender differences.

Subjects will be from two groups of students, one group will be the students newly admitted to the Counselor Education and Counseling Psychology program and the other group will be those students registered to take CECP 613, Field Practicum; this is the last course students take before graduation. A questionnaire measuring affective and cognitive empathy will be given to both groups. Responses to the questionnaires will be statistically analyzed to determine differences between genders prior to training and differences after training.

The questionnaires will be mailed to students and returned to the investigator at her home.

Characteristics of Subjects:

The subjects will be students admitted for the Spring/Summer and Fall terms in the Master's program in the Counselor Education and Counseling Psychology Department and students registered to take CECP 613, Field Practicum, Spring/Summer 1988 in the same department of Western Michigan University. They will include a range of ages, race and both genders. The source of the subjects will be the department's list of recently admitted students and those registered to take CECP 613 for the Spring/Summer 1988 semester.

Subject Selection:

The newly admitted students in the Master's Program for the spring/summer and fall semesters in the CECP Department will be included; the only students excluded will be those entering the Administration of Student Personnel Services option. The second group will be all those registered to take CECP 613 for the spring/summer semesters. This includes a minimum of 50 subjects.

Confidentiality:

Each subject's questionnaire will be assigned an identification number. The subject's name will not be associated with his or her responses on the questionnaire after it is given to him or her. All questionnaire data will be analyzed as an aggregate and at no time will there

be an association of the subject's name and his or her responses on the questionnaire. Names will be used only to give subjects the questionnaires.

Benefits of Research:

The results of this study will give us more data regarding gender differences and/or similarities. In addition, the results may lend information about the skills and capacities students bring to the training experience which can help professors and those training therapists in designing appropriate training programs. If there are gender differences in empathy prior to training, perhaps training programs may want to design training that addresses these differences. If after training there are no gender differences in empathy, we will have a better understanding of the impact of training on students.

Risks to Subjects:

Risks to subjects are likely to be minimal since data will be presented as an aggregate and not individually. The nature of the questionnaires is relatively nonthreatening.

A possible risk would be the use of this data to rate students in the program or use the data to make decisions about grades, assistantships, or other program related opportunities.

Protection for Subjects:

The data will be presented only in aggregate thus protecting subjects from being identified as a result of unusual age, race or other identifying information. In addition, this data will in no way be released or used within the program. Only the investigator and her assistant will have access to the individual data and this will be identified only by number and not name. Thus, this research shall in no way impede the subject's education.

In addition, the questionnaires will not be identified by their usual names in an effort not to skew the responses.

Informed Consent:

The nature of the study and questionnaire will be presented to the subjects in a letter accompanying the questionnaires. Their choice to participate will be demonstrated by whether or not they fill out and return the questionnaire. In no way will their participation or lack of it effect their class grades. See appendix A.

Questionnaire:

See Appendix B.

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