

The Relationship of Moral Reasoning Style to Counselor Expression of Empathy

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Article:

Results in the literature indicate that high levels of moral development are positively correlated with high levels of empathy. However, the issue of moral reasoning style and its relationship to empathy remains unclear. The role that moral reasoning style (care vs. justice orientation) plays in counselors' ability to relate empathically to clients was investigated among a sample of 44 counselors-in-training. Results indicate that counselors were able to respond equally to clients with the same moral reasoning style as themselves and to those with a different style. Counselors with a care orientation were no more able than justice-oriented counselors to respond empathically. Findings contribute information about measures of moral reasoning style and suggest that matching of counselors with college-aged and young adult clients based on moral reasoning style is not an issue of concern for college counselors.

Several research studies have provided evidence supporting the notion that high levels of counselor empathy are strongly related to measures of positive therapeutic outcome (Lafferty, Beutler, & Crago, 1991; Ridgway & Sharpley, 1990). Empathy has been defined as the ability of counselors to understand and experience clients' internal world and to communicate their understanding to clients (Ivey & Ivey, 1999). High levels of empathy have been seen as essential for the formation of a working alliance (Lambert, 1989). Lafferty et al. (1991) found that clients who viewed their therapists as less capable of understanding them (i.e., less capable of communicating empathically) also viewed them as ineffective. The tendency of clients to view their therapists as ineffective when empathy was lacking has been found in most traditional humanistic approaches as well as in behavioral interventions (Miller, Taylor, & West, 1980). Given that empathy has been identified as a central component of the counseling process, it seems important to understand the factors that may affect counselors' ability to use this skill effectively (Carkhuff, 1983; Moore, 1990).

Results of a study by Curror (1993) supported the supposition that different orientations to moral reasoning may influence counselors' expressions of empathy. According to Stander and Jensen (1993), moral reasoning style is the process that an individual experiences when making decisions about a situation that has moral implications. Care-oriented moral reasoning style is defined as thinking about moral dilemmas in a manner that considers personal, emotional, and psychological connections to others when forming a course of action (Gilligan, 1977). A justice-oriented moral reasoning style is described as one in which the individual emphasizes fairness and individualism over the impact of consequences on others (Lyons, 1983). It has been argued that care-based moral reasoning may be more influential in the development of empathic responding than is justice-oriented moral reasoning (Curror, 1993).

The construct of moral reasoning styles was formed due to concerns with Kohlberg's (1969) traditional model of moral development, which consists of a hierarchical model of successive stages that evaluates moral decisions by considering the complexity and abstractness of one's thinking. Gilligan (1977), who criticized this model as biased against women, first proposed the idea of differing moral reasoning styles that considers the process of moral decision making unrelated to stages. She argued that when using measurements of moral development with Kohlberg's approach, women were generally classified at lower levels of moral development than were men. Gilligan subsequently indicated that these results may be due to the fact that Kohlberg did not take into account the role of caring in his theory (Gilligan, 1977, 1982). This lack of consideration for the role

of caring in moral decision making has led to contradictory research findings. For example, in a study by Reeves, Bowman, and Cooley (1989), female participants with the lowest levels of moral development also scored the highest on empathy.

Attempts to support Gilligan's notion of differences in moral reasoning based on gender, however, have produced inconsistent results (Bussey & Maughan, 1982; Walker, 1984; Wilson, 1995). Although some studies have provided substantiation of her theory (Bussey & Maughan, 1982; Levy, Taylor, & Gelman, 1995; Santilli & Hudson, 1992; Stiller & Forrest, 1990; White, 1975), other studies have found no differences in male and female moral reasoning styles (Friedman, Robinson, & Friedman, 1987; Walker, 1984; Wilson, 1995). Walker concluded that men and women are more alike than different in terms of their styles of moral reasoning, which is a serious challenge to the gender-based differences postulated by Gilligan.

Although Gilligan's claim of gender bias in Kohlberg's model of moral development is not consistently supported in the literature, evidence suggests that there is validity in her argument for a moral reasoning style based on qualities of care (Puka, 1991; Turiel, 1976; Wilson, 1995). Regardless of gender, individuals will exist at a point along the justice--care continuum depending on the strength of their preference for either orientation (Liddell, Halpin, & Halpin, 1992; Puka, 1991; Wilson, 1995).

Evidence supports the existence of two distinct styles, or orientations, of moral reasoning. Stander and Jensen (1993) referred to the two orientations as "care" and "justice," with care representing Gilligan's views and justice representing Kohlberg's. Each moral reasoning style is indicative of a particular way of thinking about a moral dilemma, not in the type of decision made (Shaffer, 1993). Individuals who operate with differing styles are likely to reach the same conclusion (i.e., moral decision making); however, the reasoning behind the judgment may be dissimilar. Therefore, when two individuals who have different moral reasoning styles explore together the reasoning behind a moral decision, their attempts at empathic communication may result in misunderstanding (Moore, 1990).

In light of the potential for miscommunication due to differing moral reasoning style, this study attempted to determine whether significant differences existed in the ability of counselors-in-training to communicate empathically with clients whose moral reasoning style is similar to their own as opposed to clients whose moral reasoning style is dissimilar. We hypothesized that counselors with moral reasoning styles similar to that of their clients would demonstrate higher levels of empathy than counselors whose moral reasoning styles differ from those of their clients. It was also hypothesized that care-oriented counselors would demonstrate higher levels of empathy than would justice-oriented counselors, regardless of moral reasoning style.

METHOD

Participants

Participants in this study were undergraduate educational psychology students and graduate counselors-in-training (N = 44) at a midsize southern public university. The graduate counselor education program is approved by the Counsel for the Accreditation of Counseling and Related Educational Programs (CACREP), the standard-of-practice accrediting body of the profession. Undergraduate participants were enrolled in a counseling course of basic helping skills titled "Facilitative Skills" (n = 13). Academic majors of participants included 6 child life and human development majors, 2 elementary education majors, 4 educational psychology majors, and 1 psychology major. Graduate student participants were all master's-level counselors in their first skills-based prepracticum course, also labeled "Facilitative Skills" (n = 31). Students in these courses were selected for participation because of the focus on training in empathic responding in both courses. Most participants were in their 20s (75 %, n = 32), 5 % were in their teens (n = 2), 11% were in their 30s (n = 5), and 11% were in their 40s or 50s (n = 5). A majority of participants were female (78%, n = 34).

Instruments

Development of clinical vignettes. A series of eight vignettes consisting of client statements were developed by Jennifer Lewis and a professor of counselor education; they were developed from scripts representing typical

concerns of college-aged clients and young adults. Four of the vignettes were written to represent a care-oriented moral reasoning style and four to represent a justice-orientation style. Three counselor educators (two male, one female), who were trained and experienced in teaching counseling skills and who were researchers in this area of study, independently rated each vignette. Raters were in full agreement as to the moral reasoning orientation demonstrated by each vignette.

An example of a care-oriented vignette is as follows:

I am so confused I just don't know what to do. I have my first real vacation coming up next month and I have been dreaming of going to the beach with my girlfriend. We have talked about this for so long. But now my parents are on my back. I have not visited home much since I started working and they just automatically assumed I would bring Betty home with me and we would stay with them for our vacation. I told Betty what they said and she just flipped out and said there was no way in hell she would go there on her vacation. I just feel so guilty that I didn't even think of going home. But I really need this break. I feel like whatever I do I'll hurt someone's feelings or will have to spend my entire vacation worrying about it. Then I will have to make up for it afterwards. This is just making me sick.

An example of a justice-oriented vignette is as follows:

I am a pay clerk for an office here in town. My job is about to drive me crazy. We have rules set that you must turn in your time sheet one week before payday in order to get paid on time. I did not set this rule. It is a company policy and it is my job to enforce the policy. Every pay period people are constantly turning in their pay sheets late or not filled out completely. I think that everyone should follow the rules or not get paid. It is that simple. Oh but no, my boss insists that I pay them anyway and complete the portions that they left out. If we are going to have the policy, then we need to stick with it or we need to do away with it so everyone has the same advantages.

Participant responses to the vignettes were scored using the Empathic Understanding Scale (EUS; Carkhuff, 1983).

Empathic Understanding Scale. The EUS (Carkhuff, 1983) is a 5-point Likert-type scale ranging from 1 (least facilitative) to 5 (most facilitative), which is used to determine the facilitative level of a counselor's response. The scale in this study was scored by trained raters, one male and one female, who assigned a ranking to counselors' responses to client statements. The EUS has been used extensively in research and practice to measure empathic communication (Carkhuff, 1983). Gladstein and Feldstein (1983) endorsed construct validity for the EUS as a measure of verbal empathy. In the present study, ratings were given to participant responses to clinical vignettes developed for the study. Interrater reliability correlations for response to care- and justice-oriented vignettes was .74 and .75, respectively.

Measure of Moral Orientation. Liddell, Halpin, and Halpin (1992) developed the Measure of Moral Orientation (MMO) to assess an individual's predominant moral orientation style (i.e., care and justice modes of moral reasoning). The MMO is a pencil-and-paper self-report instrument that has two sections. The first section consists of 69 items pertaining to various moral dilemmas. Responses classify a respondent as operating from either a care or a justice moral reasoning framework. The second section consists of 14 items on which the respondents rate their reasoning style preferences regarding moral issues (self-care or self-justice). Results of each section are placed on a continuum between the two poles. Evidence has indicated that the MMO is psychometrically appropriate for traditional university students (Liddell et al., 1992). Liddell et al. established Cronbach's alphas for the self-care, self-justice, care, and justice subscales as .59, .60, .84, and .73, respectively. Because of the low reliability scores reported for the self-care and self-justice scales, they were eliminated from the current study.

Procedure

Participants for the study were recruited from two sections of undergraduate Facilitative Skills and one section of graduate Facilitative Skills. Prospective participants were provided with information about the study and were given the opportunity to ask questions of the researcher. Those who consented to participate were given the eight clinical vignettes arranged in random order, with the instruction to read the client statements and provide a written empathic response to each as if they were in an actual counseling session with the client. The responses were then rated using the EUS. Because of the length of time required to complete the MMO and EUS together, which exceeded limited class time, the principle investigator returned 2 weeks later for completion of the MMO.

RESULTS

Two 1-way analyses of variance (ANOVAs) were conducted to analyze the primary research question regarding counselors' ability to communicate more empathically with clients with moral reasoning styles similar to their own. There were no significant differences in care-oriented counselors' empathic statements to care-oriented clients. $F(1,39) = 0.90, p > .05$. The mean empathy score for care-oriented counselors responding to care-oriented clients was 2.60 (SD = 0.43). The mean empathy score for care-oriented counselors responding to justice-oriented clients was 2.61 (SD = 0.38). The second analysis revealed that justice-oriented counselors were no more able to produce empathic responses to justice-oriented clients than to care-oriented clients, $F(1,47) = 0.24, p .05$. The mean empathy score for justice-oriented counselors responding to justice-oriented clients was 2.81 (SD = 0.44). The mean empathy score for justice-oriented counselors responding to care-oriented clients was 2.67 (SD = 0.37).

The second research question examined the ability of care-oriented counselors to produce more empathic responses overall. A one-way ANOVA revealed no significant differences in overall empathy ratings for care-oriented counselors $F(1,87) = 0.12, > .05$. The overall mean score on empathic P statements for care-oriented participants was 2.74 (SD = 0.41), and for justice-oriented counselors the mean was 2.61 (SD = 0.40).

DISCUSSION

Numerous research studies have used traditional stage models to explore moral development (Blatt &, Kohlberg, 1975; Colby, Kohlberg, Gibbs, &, Lieberman, 1983; Evans, 1982; Simon & Ward, 1973). However, few have examined issues related to moral reasoning in counseling. Studies that examined moral reasoning in counseling also used stage-based moral development theory, which, as discussed earlier, is likely biased against individuals who use a care-oriented moral reasoning style. Results of these studies suggest that the moral reasoning process counselors use to respond to moral content may affect their interactions with clients (Currer, 1993; Reeves et al., 1989). Yet, until now, no studies have considered the specific effects of counselors' styles of moral reasoning (care or justice) on their ability to relate effectively to college-aged young adult clients discussing normal developmental concerns.

Overall, the results of this study provide valuable information in a variety of ways. Results suggest that counselors' styles of moral reasoning have no significant impact on their ability to respond empathically to clients of either their own or differing moral reasoning style. We found that counselors of either style were able to respond to clients in a moderately empathic manner. Results provided no support for the assertion that moral reasoning styles are an important factor in counselors' ability to function effectively. This study is the only known study that has directly examined the impact of moral reasoning style on counselors' use of empathy. Although the hypotheses were not supported, the results are informative in the study of moral reasoning style. The findings in this study are in direct contrast with results of earlier research (Currer, 1993; Reeves et al., 1989) that suggested that moral reasoning style may affect the ability of counselors to respond empathically to clients' concerns. Results of the current study revealed that this sample of counselors-in-training were able to provide average levels of empathy both to clients whose style of moral reasoning was similar to their own and to those whose style was different from their own.

Results of this investigation also provide information about the use of the relatively new MMO as it applies to moral reasoning style. The other measure that attempts specifically to measure moral reasoning style is Lyon's (1982,1983) Self-Definition Instrument. Rather than attempting to determine the respondent's overall style, this instrument is designed to measure a specific response as care-or justice-oriented. The MMO is the only known instrument developed specifically to measure both care and justice moral reasoning styles as well as self-description of moral reasoning style. The present study is one of only a few that have used the MMO to investigate counselors' moral reasoning style. None of the other studies have specifically used the measure in a counseling context.

The MMO has several drawbacks. First, it is a self-report measure that does not definitively classify a respondent's moral reasoning style. Second, differences between responses on the self-definition scales are often slight and therefore fail to discriminate discretely--perhaps the cause of somewhat low reliability scores (Liddel et al., 1992). Third, it suffers from a lack of construct validity (Mosion, 1995). Such difficulties have prompted criticism of the instrument. Despite known drawbacks, however, it has been suggested that the MMO is the best instrument available to measure moral reasoning styles (Mosion, 1995). There exists a need for measures that accurately assess the moral reasoning style of counselors specifically.

IMPLICATIONS FOR COUNSELORS

It is important to reemphasize the importance of a counselor's use of empathy and the role it plays on measures of counseling outcome and client perceptions of counseling effectiveness. Therefore, in working with counselors-in-training, ratings obtained from written responses to hypothetical client disclosures may be an inadequate measure of empathy. In this procedure, nonverbal cues are eliminated. It is also possible for trainees to refer back to a printed record in formulating their responses rather than respond immediately to clients. Whereas the studies previously cited (Bowman, Reeves, & Freeman, 1990; Reeves et al., 1989) used written empathic responses, counseling supervisors might consider an analogue design, using videotaped vignettes to elicit trainees' empathic responses. An additional approach to empathy training could be the use of videotapes of actual sessions, with counselor trainees' responses prompted by situations that naturally occur during the course of counseling sessions. In addition, observing actual sessions using Lyons's (1983) "chunking technique" may be helpful. This approach involves having counselor trainees code themselves into care or justice categories while reacting to actual moral reasoning dilemmas. Simultaneously, trainees use the EUS to determine their own level of empathy. On the basis of the results of the present study, it seems that college counselors and trainees need not be overly concerned with differences in moral reasoning styles between themselves and the clients with whom they work.

SUGGESTIONS FOR FUTURE RESEARCH

Any of the methods suggested in this article would work well in future research on moral reasoning style as well. Either of the first two methods would allow researchers to gain greater control over threats to external validity. The real-life quality of these suggested techniques may be the next step in determining whether significant differences exist in counselors' ability to display empathy based on styles of moral reasoning.

An additional consideration in future research on moral reasoning phenomena is the many obstacles encountered. The variables are abstract and difficult to operationalize. Furthermore, although the present study failed to suggest definitive conclusions, the lack of significance in results may have been influenced by the perspective that moral reasoning style is a contextual variable. In addition, there may be a preference for a moral reasoning style (care or justice), but that does not mean the individual will always work from that preference. By definition, the styles exist on a continuum, and individuals are considered capable of moving along the continuum when dealing with differing situations. Therefore, it may be that a moral reasoning style preference is not necessarily indicative of the fundamental cognitive changes that may occur in individuals as they progress through the hierarchical stages of moral development. In addition, many researchers have suggested that moral reasoning style is more representative of differences in the way an individual experiences the moral decision-making process (an individual's internal thinking process), so that the subtlety of moral

reasoning style differences may not affect the counseling relationship in a profound way (the content of what is communicated and how this is interpreted).

This study sought to determine the impact that a care or justice moral reasoning style has on counselors' use of the fundamental counseling skill of empathy when responding to the hypothetical concerns of college-aged young adult clients. However, the impact that moral reasoning style has on the counseling process and, specifically, on counselors' ability to use empathy effectively is a topic that has received little attention in the empirical literature. Therefore, the need for additional investigation in this line of research remains. The results of this preliminary study in the area of moral reasoning styles indicate that counselors are able to use empathy effectively regardless of their own or their clients' moral orientation, which indicates the need for further research to verify or refute these findings. In addition, more sensitive measures of moral reasoning need to be developed.

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