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# Assessment of Differences in the Balanced Emotional Empathy among Beginning, Practicum and Graduating Students in a Counselor Education Program

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ASSESSMENT OF DIFFERENCES IN THE
BALANCED EMOTIONAL EMPATHY AMONG BEGINNING, PRACTICUM
AND GRADUATING STUDENTS IN A COUNSELOR EDUCATION PROGRAM


by

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Submitted in partial fulfillment of

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Doctor of Education


Executive Doctoral Program in Counselor Education and Supervision

School of Education

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Abstract

This study was a quantitative analysis that investigated balanced emotional empathy

differences among master's degree counseling students as they progressed through

and graduated from a CACREP approved counselor education program.

The data was gathered through the assessment of the balanced emotional empathy levels

of (a) students entering the counselor education program, (b) students participating in

the practicum field experience aspect of their training and  (c) students graduating

from the counseling program.  The assessment instrument that was utilized in

collecting the data is Albert Mehrabian's Balanced Emotional Empathy Scale (BEES).

The results indicate there is no significant difference among beginning, practicum

and graduating counselor education students in their levels of emotional empathy.

The results also indicated that there was a significant interaction of gender and

emotional empathy among beginning, practicum and graduating counselor education

students.  The females demonstrated a significantly higher level of emotional

empathy upon graduation than the males.  The males demonstrated a significantly

lower level of emotional empathy at graduation than those male students at the

beginning of the program. This study provided implications to include empathy training.

These significant findings provide a basis for further investigation and inquiry.

Specifically, in terms of systematic inquiry, the relationship between reported levels

 of emotional empathy among beginning male students and graduating male students,

should be examined in relationship.  The question which must be raised is; "Do counselor

education programs address male issues as they relate to expressed emotional empathy

in terms of curriculum, training and education?"

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ACKNOWLEDGEMENTS

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Dr. Celine Kandala provided her knowledge, skills for research, and valuable time as a member of my committee. She encouraged me throughout the processes and instilled a sense of confidence that I would not have acquired if it were not for her involvement. She reminded me to believe in myself and to commit to completion. I greatly appreciate her assistance.

Dr. Mike Tetteris, as a member of my committee, encouraged me to seek the meaning behind the research and to expand my perspective on areas of future research. I am grateful for his willingness to sacrifice his time and energy to be a part of this process. As well as traveling the extended distance that he did to be available upon request.

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I thank the students of Duquesne University for their participation in this study. This study would not have been possible without your cooperation.

x

CHAPTER ONE

INTRODUCTION

This investigator believes that empathy has long been viewed as an "important"

aspect of counselor education programs, both didactically and experientially. "Accurate

empathy" is associated with successful therapeutic outcomes (Miller & Rollnick, 2002).

The study of empathy has a long and rich history in the social sciences (Cooley, 1902;

Coutu, 1951; Mead, 1934; Piaget, 1932; Turner, 1956). The term empathy is

linguistically from the German word, einfuhlung, which means "feeling into." Carl

Rodgers (1959) most clearly articulated and asserted that accurate empathy is one of

three "critical" conditions that lead to positive therapeutic change with non-possessive

warmth and genuineness. This investigator views empathetic understanding as an

especially relevant counselor characteristic having implications for establishing the

therapeutic alliance and facilitating the counselor and client relationship. It has been my

experience that the skill and ability to accurately empathize with clients has direct

implications, not only in terms of expressed emotional dialogue, but also in

terms of the counselors' cognitive processes, including interpretations, perceptions,

reflections, and questioning, as well as, influencing the verbal and nonverbal feedback

provided to the client. It seems the client's perceptions of the counselor's level of

emotional empathy can influence the level of emotional sharing. A client who perceives

that the counselor is not very empathetic may refrain from disclosing information and

may be reticent to discuss emotional issues. In my opinion, inaccuracy, in the delivery

of empathetic understanding, can negatively impact therapeutic relationships, lead to

misunderstandings, poor therapeutic alliances, increased client resistance, and lead to

negative outcomes in terms of symptom presentation. Sachs-Ericsson & Ciarlo (2000)

stated that negative outcomes as, defined by deterioration of measured symptoms,

have been found to be related to errors in therapist technique, client personal qualities and

client-therapist interactions. This investigator believes that counselors must be able to

experience a wide range of emotions and perceptions to offer high levels of empathy and

thus create the deepest empathetic relationship. It is my experience that accurate

empathetic responses place value on clients as human beings and leads to the

establishment of trust and to the facilitation of the therapeutic alliance. Empathetic

responses also assists the clients to experience themselves more deeply (Pietrofesa,

Hoffman, & Splete, 1984). Research indicates that empathy has a host of beneficial

effects on attitudes and behavior, whereas a lack of empathy has a host of negative effects

on attitudes and behavior (Winter, 1988). A well established finding in the literature is

that empathetic concern enhances helping (Batson, 1991; Davis, 1994; Oswald, 1996).

The importance of counselors' efficacy in providing accurate empathy seems to

be well established in counselor education programs. There appears to this investigator

to be a dearth of empirical research on the empathetic characteristics of students enrolled

in counselor education programs. There has been a number of empathy measurements

developed (Chlopan, McCain, Carbonell, & Hagan, 1985) to assess an individual's ability

to empathize with another. More recently the Balanced Emotional Empathy Test (BEES)

was developed by Mehrabian (1996), which is intended to describe the differences in the

tendency to have emotional empathy with others. Mehrabian (1996) goes on to define

"emotional empathy" as one's vicarious experience of another's emotional experiences—

feeling what the other person feels. This definition is consistent with Hackney's (1978)

definition of empathy, as not words or techniques, but the ability to experience feelings, to understand them as well as possible and to respond to another person based on the feeling.  This highlights what Miller (1989) stated as the distinction between the experience of empathy and the act of empathetic responding; the latter is a  technique that can be taught. Operational definitions and theories of empathy have varied over the decades and across psychological disciplines (Wispe, 1986; Davis, 1994).  Often these varied definitions vacillate between definitions of the constructs of empathy and sympathy and include varied degrees of cognitive functioning such as role taking and perspective taking or sometimes affect sharing and responding.  In general, researchers and theorists agree there are two basic types of empathy: cognitive empathy and emotional empathy (Davis, 1994; Duan & Hill, 1996).  Although many terms are used to label these two types of empathy, the first refers primarily to taking the perspective of another person, whereas the second refers primarily to emotional responses to another person.  We often describe them as being similar to what the other person is experiencing (parallel empathy) or as a reaction to the emotional experiences of the other person (reactive empathy).

Mehrabian (2000) stated that having emotional empathy has been found to relate generally to healthy and adjusted personality functioning.  It also is reflective of interpersonal positiveness and skill.  These are desirable and functional characteristics of effective counselors.

Counselor characteristics that impact therapeutic efficacy are varied and multifaceted.  These variables range from individual theoretical perspectives, cognitive and affective processing abilities, professional and personal experiences, personality,

emotional self-regulation, perceptual biases, communication skills, socio-cultural issues, gender, and the ability to accurately empathize with the client. The first basis for developing empathy is the viewing of the world through the lens of understanding, a particular event involves more than its initial viewing. An empathic individual integrates the disposition of the person who engaged in a behavior with that of the situational influences which may have caused or influenced the behavior to occur (Davis, 1994). Such empathic processes deviate from the norm in that most often people view an event and readily attribute the outcome to that of the actor's disposition (Gilbert, 1998). Assessing behavior in this way, attributing the outcomes of events to either situation or disposition, is what social psychologists refer to as attribution theory (Lewin, 1935). The second basis for developing empathy is respect. This includes acceptance and reverence for other people. Before one can cultivate the ability "to participate in another's feelings and ideas," one must have a recognition of the person as "another self." This has significant implications in the counseling relationship in terms of therapeutic alliance, trust, openness, and professional boundaries.

In this investigator's opinion, there has been mounting evidence that emotional and cognitive processes are tightly interwoven in everyday life (Damasio, 1994), and that people often regulate their emotions to preserve cognitive functioning (Gross, 1998). The impact of these processes in relation to emotional self-regulation and the therapeutic role of the counselor has implications for the expression of accurate emotional empathy. Emotional self-regulation refers to the evocation of thoughts or behaviors that influence which emotions people have, when people have them, and how people experience or express these emotions. Affective theorists have long emphasized that emotional

regulation is widespread among adults in Western cultures, and some theorists argue that it is rare to see adult emotion that is not regulated (Tomkins, 1970). Strategically evaluating and modifying one's thoughts, feelings, or behaviors may have the effect of decreasing the attention resources available for other tasks ( Ellis & Hertel, 1993 ). The intrapersonal skills and abilities to effectively self-regulate emotional experiences include emotional availability, awareness, identification, labeling, interpretation, expression, and communication in linguistically appropriate ways. These emotional self-regulatory qualities are complex, multifaceted, demanding, and may influence the effectiveness of the therapeutic interaction. Training and experience may influence the mastery of these complex tasks and facilitate efficacy in the counselor's provision of therapeutic services.

## Statement of the problem

This study was conducted to determine if quantitative differences in levels of empathy exist among master's degree candidates enrolled in a formal counselor education program at the beginning of training, at the initiation of the practicum and at graduation. As part of the data analysis the investigator compared test results of male and female respondents, to assess interaction similarities or differences among the three groups. Specifically, this study examined the differences in emotional empathy among beginning counselor education students, practicum students, and graduating counselor education students, and also examined the interaction of variables based on gender.

## Research Question

The question examined for the study is: Is there a difference in the level of empathy among students who begin the counselor training program, practicum students and those

students who are completing their master degree training?

<div align="center">Rationale</div>

The pedagogical foundations of counselor education programs have been criticized (Sexton, 1998), as only teaching specific counseling techniques (Nelson & Neufeldt, 1998) and de-emphasizing the counseling relationship.  This is at the expense of developing counselors' " humanness".  Mahoney (1986), Bergin (1997), Winslade, Monk, and Drewrey  (1997), have criticized the fields of counseling and psychology for emphasizing technique and  training of skills, overlooking other important aspects of counselor/ therapist development such as relationship and the personal aspects of the counselor/therapist.  One of the human capacities that reflect effective counselor characteristics is one's level of emotional empathy.  Through the process of formally evaluating this domain, counselor education programs need to design and implement individualized programming and assist the students ability to empathize (Bergin, 1997).

Several studies have concluded that it is possible to increase levels of empathy through a variety of training programs (Crabb, Moracco, & Bender, 1983; Goldstein & Michaels, 1985). For instance, one program determined that training social work students in emotional empathy, having them imagine the emotional responses of their clients, increased levels of empathy as measured by a widely used index of dispositional empathy (Erera, 1997).  In this study, no changes in empathy were observed for a group of students receiving cognitively-oriented empathy training. Yet, in another study it was found that an empathy-oriented rape awareness training program, that included discussions of case histories, increased empathy for victims of rape (Pinzone-Glover, Gidycz, & Jacobs, 1998).  Moreover, a third study found that training medical students in

empathy for the elderly led to increases in empathy and more favorable attitudes toward

the elderly (Pacala, Boult, Bland, & O'Brien, 1995).  While knowledge and

skills are important, a distinguishing characteristic of any profession is empathy; or the

ability "to get inside" the patient or client.  These skills require a depth of sensitivity that

allows one to sense other people's needs, often before they themselves articulate them.

This investigator believes that empathy has both a cognitive and an affective

component, which is compatible with Davis' (1983) proposal that empathy is a

multifaceted process.  He developed a self-report scale, the Interpersonal Reactivity

Index (IRI), to assess three components; 1) the cognitive process of perspective taking,

the 2) affective experience of other oriented, empathetic concern, and 3) the affective

experience of personal distress.  Of more direct concern, for the purposes of the current

research, Davis' (1983) study as well as Jose's, (1989) study indicated that females

evidence higher IRI scores than males.  Other studies using a wide range of self-report

measures of empathy have also found that females score higher than males.  In a meta-

analysis of sixteen studies Eisenberg & Lennon (1983) found highly significant

differences between male and female scores.  In a later analysis by Eisenberg & Lennon

(1987), significant differences were found in eleven of the thirteen included studies.

These patterns are rather robust because the studies differ from one another in the age of

the participants and in the questionnaires used to assess empathy.

Eisenberg & Lennon (1987) suggested that such gender differences can be

interpreted in two ways.  First, since both males and females acknowledge the stereotype

that females are more emotional and caring than males (e.g., Ashmore, 1981; Eagly

1987), there may be a stereotype-confirmation bias in self reports.  Second, Eisenberg &

Lennon suggest that gender differences may occur because males and females are apparently socialized differently in the realm of emotion (e.g., Greif, Alvarez & Ullman, 1981; Dunn, Bretherton & Munn, 1987; Kuebli, Butler & Fivush, 1995)

Because the ability to empathize has roots in cognitive belief systems, the socialization process may in and of itself influence an individual's style, preferences and sensitivity to another person via empathetic awareness. Men and women often differ in their perceptions of the same event (Lakoff, 1990; Stapley & Haviland, 1989). Their different interpretations can create different emotional responses to the event. Also emotional display rules (Ekman, 1994) are entrenched in socio-cultural contexts and these "rules" that regulate when, how and where a person may express or suppress emotions, are differentially enforced socially, perhaps leading to gender differences. For example, on a test that measures the ability to detect emotions revealed in tones of voice, movements of body, and facial expressions, women have indeed scored slightly better than men (Blum, 1997; J. Hall, 1987). And Buck (1985) reported that most people are better at reading the emotional signals, facial expressions and gestures of members of their own gender than those of the other gender.

There may be, however, stereotypical biases related to the perception of differences in emotional awareness, expression and the ability to accurately empathize with others. The one gender difference that undoubtedly contributes most to the stereotype that women are "more emotional" than men – their status and power being equal – is women's greater willingness to express feelings, nonverbally and verbally. In North America, women on average smile more than men do, gaze at their listeners more, have more emotionally expressive faces, use more expressive hand and body movements,

and tend to touch others more and be touched more (DePaulo, 1992; Kring & Gordon, 1998). Women also talk about their emotions more than men do. Women are also far more likely than men to cry, and to acknowledge emotions that reveal vulnerability and weakness, such as "hurt feelings" fear, sadness, loneliness, shame, and guilt (Grossman & Wood, 1993; Smith & Reise, 1998; Timmers, Fischer, & Manstead, 1998). Although the major reason for this may have to do with socialization, roles, status, and expectancies attributed to women. As Fischer (1993) and Grossman & Wood (1993) have indicated, attentiveness to other people's feelings are typically related to the female role. Thus it would be interesting to see if there are any significant differences in male and female scores on the BEES as they relate to emotional empathy. Although this analysis would not have any causal implications, significant differences may expose an area of further research and inquiry.

Another alternative to resolving this issue is to distinguish between gender and gender-role orientation. In her analysis of psychological androgyny, Bem (1974, 1975, 1984) argued that the adoption of masculine and feminine characteristics is a major aspect of socialization. She suggested that these two dimensions are independent and that individuals can be high or low on each, irrespective of their gender. Following Bem's argument, it should be the adoption of a given gender-role orientation, rather than one's biological gender, that should be linked to variations in emotional empathy. In those domains wherein this issue has been directly examined with adult participants, the evidence seems to support Bem's argument as to the relative impact of gender-role orientation (Lavine & Lombardo, 1984; and Marcia, 1994). However, in the domain of empathy, the relative contribution of gender-role orientation and gender have not been

examined  (Karniol, 1998).

This investigator, as well as others, believes that increased experience enhances counselors' ability to provide high levels of empathy (Mullen & Abeles, 1971),  Hayden (1975) and Barrett-Lennard (1962).  These investigators have found that experienced counselors offer the highest levels of empathy to their clients and communicate that empathy more specifically to them, also that their clients show the greatest amount of change.  Comparing the scores on the BEES between students recently enrolled in a masters program in counselor education and students at completion of the program may reveal differences in their perceived ability for emotional empathy.  This may evidence developmental changes in emotional empathy scores.

## Hypotheses

1.)  There is no significant difference among beginning, practicum and graduating counselor education students in their level of emotional empathy.

2.) There is no significant interaction of gender and emotional empathy among beginning, practicum, and graduating counselor education students.

## Definitions

1.  Emotional empathy score on the Balanced Emotional Empathy Test (BEES) – For the purposes of this study the Balanced  Emotional Empathy Test Score (BEES), an instrument published by Mehrabian (1996), is defined as one's vicarious experience of another's emotional experience – feeling what the other person feels.

2.  Emotional regulation – For the purposes of this study emotional regulation will be defined as the evocation of thoughts or behaviors that influence which emotions people have, when they have them, and how people experience or express these emotions.

3.  <u>Beginning counselor education students</u> – For the purposes of this study beginning counselor education students will be defined as students enrolled in their first semester of training in a masters degree graduate program in counselor education with a major in community counseling, school counseling, or marriage and family therapy.

4.  <u>CACREP</u> – The Council for Accreditation of Counseling and Related Educational Programs

5.  <u>Counselor education students</u> – For the purposes of this study counselor education students will be defined as graduate students enrolled in a counselor education program with a major in community counseling, school counseling,  or marriage and family therapy.

6.  <u>Counselor education program</u> - For the purposes of this study counselor education program will be defined as a masters degree level counselor training program at an urban Catholic University with approximately 10,000 students.

7. <u>Emotional empathy</u> – For the purposes of this study emotional empathy is defined as a score on the BEES.

8.  <u>Graduating counselor education students</u> - For the purposes of this study graduating counselor education students will be defined as graduate students enrolled in a counselor education program with a major in community counseling, school counseling, or marriage and family therapy, who are in their final semester and completing their internship.

9.  <u>Practicum Students</u> - For the purposes of this study practicum counselor education students will be defined as students enrolled in a counselor education program with a major in community counseling, school counseling, or marriage and family therapy, who are beginning their practicum field experience semester.

10. <u>Professionals</u> – For the purposes of this study professionals will be defined as persons who worked those occupations that require at least a B.S. degree and include such occupations as teaching, business management, and nursing.

Summary of Chapter One

The study of empathy has a long and rich history in the social sciences (Cooley, 1902; Coutu, 1951; Mead, 1934; Piaget, 1932; Turner, 1956), and the relative importance of a counselor's efficacy in providing accurate empathy is well established in counselor education programs. However there appears, to this investigator, to be a dearth of empirical research on the empathetic characteristics of students enrolled in counselor education programs.

Counselor educators and supervisors are required to evaluate a student's personal behavior and clinical skills relative to their effect on professionally accepted standards of practice. Educational programs that prepare persons for careers in counseling must require that individuals in these programs demonstrate competencies beyond the acquisition of theoretical and factual content.  The intrapersonal and interpersonal skills of providing accurate emotional empathetic responses are crucial to the efficacious provision of services and are paramount to causing no harm to the clients.

Mehrabian (2000) states that emotional empathy has been found to relate to generally healthy and adjusted personality functioning and to reflect interpersonal positiveness and skill, both of which would be desirable and functional characteristics of effective counselors. Mahoney(1986), Bergin (1997), Winslade, Monk, and Drewrey (1997), and others have criticized the fields of counseling and psychology for emphasizing technique and the training of skills over other important aspects of counselor

and therapist development, such as relationship quality and the person of the counselor or therapist. One of the human capacities that reflect effective counselor characteristics is one's level of emotional empathy.

This study was conducted to determine if differences in levels of empathy exist among first semester master degree candidates enrolled in a formal counselor education program, practicum students and graduating master degree candidates enrolled in the same University's counselor education program. Examining the scores on the BEES among students recently enrolled in a masters program in counselor education, practicum students, and comparing them to students at completion of the program may reveal differences in their perceived ability for emotional empathy. This may evidence developmental changes in emotional empathy scores.

Through the process of formally evaluating this domain, counselor education programs may design and implement individualized programming, to assist the students developmentally in this very important area.

CHAPTER TWO

REVIEW OF LITERATURE

Development of Empathy

Empathy has long been an area of study, historically, in the social sciences and much has been compiled throughout the years (Cooley, 1902; Coutu, 1951; Mead, 1934; Piaget, 1932; Turner, 1956). Although there appears to be a wealth of information in regard to empathy research, difficulty arises when one examines the operational definition of the term empathy as utilized historically. Operational definitions and theories of empathy have varied over decades and across psychological disciplines (Wispe, 1986; Davis, 1994).

There has been significant disagreement historically about the definition and measurement of empathy (Eisenberg & Strayer, 1987). Proponents of the cognitive definition of empathy view empathy as putting oneself cognitively into another person's psychological perspective, while proponents of the affective definition argue that empathy involves an affective response to another person's plight. Other researchers define empathy as having three components, one cognitive, and two affective. The distinction is made in the affective domain, dividing the affective processes into reactive and parallel responses (Winter, 1999).

In general, researchers and theorists agree there are two basic types of empathy: cognitive empathy and emotional empathy (Davis, 1994; Duan & Hill, 1996). Although many terms are used to label these two types of empathy, the first clearly refers primarily to taking the perspective of another person, whereas the second refers primarily to emotional responses to another person that either are similar to those the other person is

experiencing (parallel empathy) or are a reaction to the emotional experiences of the other person (reactive empathy). This investigator believes that empathy has both a cognitive and an affective component, which is compatible with Davis' (1983) proposal that empathy is a multifaceted process.

There appears to be mounting evidence that emotional and cognitive processes are tightly interwoven in everyday life ( Damasio, 1994), and that people often regulate their emotions to preserve cognitive functioning ( Gross, 1998)). Emotional regulation refers to the evocation of thoughts or behaviors that influence which emotions people have, when people have them, and how people experience or express these emotions. Affective theorists have long emphasized that emotion regulation is widespread among adults in Western cultures, and some theorists have gone so far as to argue that it is rare to see adult emotion that is not regulated ( Tompkins, 1970).

The teaching of appropriate socio-cultural, emotional display rules, are introduced at an early age and the socialization of emotional self-regulation principles become internalized developmentally secondary to these processes. By the time an individual reaches adulthood, these self regulatory practices become second nature. By adulthood, managing how one looks and feels would seem a natural response to the growing list of automatic responses one draws upon in everyday life (Bargh, 1990, Greenwald, Draine & Abrams, 1996) and would seem so overlearned that it would have no impact on cognitive activities such as attending to information, interpreting and responding empathetically.

Gender Differences

Davis (1983) developed a self-report scale, the Interpersonal Reactivity Index (IRI), to assess three components; the cognitive process of perspective taking, the

affective experience of other oriented, empathetic concern, and the affective experience of personal distress. Of more direct concern for the purposes of the current research, Davis' (1983) study as well as Jose's, (1989) found that females evidence higher IRI scores than males. Other studies using a wide range of self report measures of empathy have also found that females score higher than males. (See Eisenberg and Lennon, 1983 and 1985 studies as described in chapter one).

Karniol's (1998) study on gender and gender role orientation as a predictor of empathy in adolescence indicated that levels of empathy and femininity were highly correlated (r = .57), but that masculinity and empathy were not negatively correlated. She reported that boys had lower empathy scores than girls, and that individuals high in femininity, whatever their gender, had higher empathy scores than those low in femininity. When the contributions of gender versus gender role orientation were examined, the main effects for gender were no longer significant. The conclusions were that gender-role orientation rather than gender per se determines the level of empathy, and of the two gender-role orientations, it is only femininity that contributes to the level of empathy. These results suggest that gender role orientation develops in a context of prescribed socio-cultural expectations, and that these behavioral role prescriptions become internalized and define themselves as either masculine or feminine. Socio-emotional display rules appear to influence the level of empathetic tendencies based on gender role orientation. Intuitive logic would indicate that the socialization process, being a powerful influence, would increase the probability that males would internalize masculine gender role orientations. If this process occurs one would expect to find a stronger correlation between gender and gender role orientation leading males to exhibit

less emotional empathy than what the Karniol (1998) research indicated. Another plausible explanation for the Karniol (1998) findings is that males compartmentalize gender role orientation and selectively self-report masculine or feminine traits situationally depending on contextual factors. In other words, males may self-report more masculine gender role characteristics when the social environment is more likely to support, reward, and not punish these qualities. This explanation relates to image / impression management theory and is supported by socio-cultural display rules, which tend to be internalized developmentally and are gender role specific.

Because the ability to empathize has roots in cognitive belief systems, the socialization process may in and of itself influence an individual's style, preferences and sensitivity to another person via empathetic awareness. Men and women often differ in their perceptions of the same event (Lakoff, 1990; Stapley & Haviland, 1989). Their different interpretations, in turn, can create different emotional responses to the event. Also emotional display rules (Ekman, 1994) are entrenched in socio-cultural contexts and these "rules" that regulate when, how and where a person may express or suppress emotions are differentially enforced socially, perhaps leading to gender differences. For example on a test that measures the ability to detect emotions revealed in tones of voice, movements of body, and facial expressions, women have indeed scored slightly higher than men (Blum, 1997; J. Hall, 1987). And Buck (1985) reported that most people are better at reading the emotional signals, facial expressions and gestures of members of their own gender than those of the other gender. There may however be stereotypical biases related to the perception of differences in emotional awareness, expression and the ability to accurately empathize with others.

Another explanation to resolving this issue is to distinguish between gender and gender-role orientation. In her analysis of psychological androgyny, Bem (1974, 1975, 1984) argued that the adoption of masculine and feminine characteristics was a major aspect of socialization. She suggested that these two dimensions are independent and that individuals can be high or low on each, irrespective of their gender. Following Bem's argument, it should be the adoption of a given gender-role orientation, rather than one's biological gender, that should be linked to variations in emotional empathy. In those domains wherein this issue has been directly examined with adult participants, the evidence seems to support Bem's argument as to the relative impact of gender-role orientation (Lavine & Lombardo, 1984; Marcia, 1994). However, in the domain of empathy, the relative contribution of gender-role orientation and gender have not been examined (Karniol, 1998).

Age, Experience and Empathy

Empathy depends not only on one's ability to identify someone else's emotions but also on one's capacity to put oneself in the other person's place and to experience an appropriate emotional response. The cognitive and perceptual abilities required for empathy develop only as a child matures. Frontal brain structures that allow for emotion regulation are evident in infants as young as 9 months ( Fox, 1989), and by age 6, children have developed a sophisticated arsenal of emotion regulatory strategies (Saarni, 1984)

This investigator, as well as others, believes that increased experience enhances counselors' ability to provide high levels of empathy (Mullen & Abeles, 1971). This may be due to developing more perceptual acuity to emotional cues of the clients and

responding accurately.  Also, through repeated practice, experienced counselors may be more spontaneous in response to the client and be more balanced in terms of cognitive and emotional interaction. Hayden (1975) and Barrett-Lennard (1962) found that experienced counselors offer the highest levels of empathy to their clients and communicate that empathy more specifically to them.  Moreover, their clients show the greatest amount of change.

Lutwak and Hennessy (1982) analyzed the level of empathy demonstrated in a counseling session by persons enrolled in a thirteen-session training program.  They found that the level of empathy is determined by the counselor's personality characteristics.  They developed four hierarchical stages of conceptual development to represent the counselor-trainees' conceptual level.  Stage 1 is concrete and tied to cultural standards and rules; stage 2 is typified by functioning with a high degree of resistance to authority; stage 3 is characterized by relationships based on mutuality, not authority, and is therefore more abstract and complex; and stage 4 functioning is more abstract with people having an open relationship with their environment.  Trainees in stages 1 and 2 had significantly lower empathy ratings than did those in stage 3 and 4.  The authors believe "that the ability to perceive the 'as if' quality of empathy is too complex for lower-functioning persons to master even in highly structured training programs".  Beginning counselors tend to focus primarily on technique, "what counselors do", as opposed to interacting on a genuine, spontaneous and authentic level.  This inexperience may impede their ability to accurately attend to, sense, and perceive the clients' verbal and nonverbal communication in the process of the counseling relationship.  There may be intra-personal and inter-personal deficits in skill areas which may inhibit accurate

empathetic responses in the students early on in the masters program.

Next, the investigator believes as counselors grow with experience, they need to become aware of what they are actually feeling -- to acknowledge, identify, and accept their feelings. Only then can counselors empathize with others. That is one reason this investigator believes it is so important for counselors to work on emotional awareness and sensitivity-- in other words, to be "in touch with" their feelings. If empathy begins with awareness of one's own feelings then the second initiative is to become aware of another person's feelings. It would be easier for counselors to be aware of client's emotions if clients would simply tell them how they felt. But since most people do not, counselors must resort to asking probing and clarifying questions, active listening, analyzing, and trying to interpret non-verbal cues.  These skills and abilities may be developmentally progressive, meaning that, through intrapersonal and interpersonal experience, formal and informal education, and clinical practice, counselors should continually refine and hone these complex tasks.   Emotionally expressive people are easiest to read because their eyes and faces are constantly letting counselors know how they are feeling.

Experienced counselors appear to be able to identify the non-verbal emotional cues more than beginning counselors, and tend to do this in a spontaneous fashion. Experience and practice, in and of itself, may assist in the efficacious utilization of these skills.  Once counselors have identified how another person feels, they typically show empathy verbally, by acknowledging the emotion, and also non-verbally through body language.

In one of the Mayer, et al (1995) studies, many variables were measured.  Of these, sensitivity was found to have the highest correlation to emotional intelligence. It can be assumed that empathy and sensitivity are also significantly correlated. By more likely to notice someone else's feelings and to feel something themselves. But even those who are not naturally sensitive, or do not have a high natural level emotional intelligence, can take steps to show more sensitivity to the feelings of others.

A basic guideline, typically taught in formal counselor education programs, for showing sensitivity to someone is not to invalidate their feelings by belittling, diminishing, rejecting, judging, or ignoring them.  Sensitivity also means being receptive to others' cues, particularly the non-verbal ones such as facial expressions. The more information a counselor is able to receive, the more likely he/she will be able to help the client. This investigator believes that, someone can never be "too sensitive" any more than someone can never be too intelligent.  It is a question of how they use the information obtained via extra sensitivity and respecting personal and professional boundaries while keeping the client's best interest in mind.

Empathy is closely related to compassion. It seems to both precede compassion and be a prerequisite for it. When we feel empathy for someone, we are getting emotional information about him /her and his /her situation. By collecting information about other people's feelings, one gets to know them better. As one gets to know others on an emotional level, one is likely to see similarities between one's feelings and theirs, and between one's basic emotional needs and theirs.

This investigator believes that compassion can be defined as a combination of empathy and understanding. Greater empathy gives the counselor greater information,

and the more information the counselor has, the more likely in-depth understanding will occur in the therapeutic relationship. Higher emotional intelligence makes possible a greater capacity for such understanding. Thus, the logical sequence is as follows: 1) higher emotional sensitivity and awareness leads to higher levels of empathy; 2) This leads to higher levels of understanding which 3) then leads to higher levels of compassion.   One would expect that these multifaceted skills and abilities would improve and be significantly different between beginning counselors and more experienced therapists.

## Counselor Education Programs

One of the human capacities that reflect effective counselor characteristics is one's level of emotional empathy.  A number of counselor education programs focus on a clinical skills training model which emphasizes knowledge acquisition, cognitive processes, clinical case conceptualization, and theoretical foundations, as core educational components of their programs.  While these areas are significantly important to the developing counselor, they may appear in the counseling education curriculum at the exclusion of other intrapersonal and interpersonal skills areas.

Professional and educational beliefs are embedded in the cultural context of the times, and these are reflected in the educational approaches and practices currently prescribed.  The primary pedagogical direction for the counseling profession currently exists only in national accreditation standards.  What is taught in counselor education courses is either directly or indirectly influenced by the standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP).  These standards have evolved historically to address the issues regarding the necessary and

sufficient conditions required of professional counselor education programs.

The curriculum within which students are to develop as counselors is typically a sequence from initial counseling skills, through didactic courses on different aspects of counseling (such as multi-cultural counseling), to practica, and finally, internship, and is largely a function of tradition rather than empirically based pedagogy. Although extensive literature has developed around components of the counseling training program, such as counseling skills training (Baker, Daniels, & Greeley, 1990) and clinical supervision (reviewed in Bernard & Goodyear, 1992), research is lacking on the emotional empathy development of counselors as they progress through the program. Likewise, little is understood about the relationship of any changes in counselors' emotional empathy development and program participation.

This investigator, as well as others, believes that increased experience enhances counselors' ability to provide high levels of empathy (Mullen & Abeles, 1971). Moreover Hayden (1975) and Barrett-Lennard (1962) have found that experienced counselors offer the highest levels of empathy to their clients and communicate that empathy more specifically to them. Also, their clients show the greatest amount of change. Comparing the scores on the BEES between students recently enrolled in a masters program in counselor education and students at completion of the program may reveal differences in their perceived ability for emotional empathy. This may evidence developmental changes in emotional empathy scores.

Stoltenberg (1981) and other developmental theorists of supervision (e.g., Loganbill, Hardy, & Delworth, 1982; Stolenberg & Delworth, 1987) hold as a basic tenet that counseling students or supervisees progress through sequential, hierarchal stages as

they gain more advanced conceptual and behavioral counseling skills and become more insightful about themselves and their clients.  Researchers have attempted to operationalize conceptual development as a level of cognitive complexity (Holloway & Wampold, 1986), or ego development (Borders, 1989), and as experienced counselors versus novice counselors (Martin, Slemon, Hiebert, Hallberg, & Cummings, 1989).  In general, these studies have found that higher levels of cognitive development relate to more effective clinical hypotheses (Holloway & Wampold, 1986), more sophisticated, interactive descriptions of clients (Borders, 1989), and more parsimonious conceptualizations of specific counseling situations Martin et al., (1990).  All of these studies have been cross sectional in design, taking students at one point in time and for one counseling performance.

The most broadly referenced developmental model of counselor trainee supervision is Stoltenberg and Delworth's (1987) Integrated Developmental Model (IDM).  It states that counselors progress through three primary developmental levels (levels 1, 2, 3) as a function of three structures: (a) Self and Other Awareness, (b) Motivation, and (c) Dependency – Autonomy.  As trainees become more adept in counseling, they progress from a simplistic level to more conceptually and practically advanced and integrative levels.  Level 1 trainees are generally focused on themselves, instead of the client or interaction, because of initial anxiety.  This reduces their ability to focus on an affective level and impairs accurate empathetic responses.  Results of several studies, for example, suggest that entry-level counselors are unaware of their feelings and, therefore, resist discussions that focus on their feelings (Heppner & Roehlke, 1984; Nelson, 1978; Worthington, 1984).  Level 1 trainees are highly motivated, lack an

understanding of the complexities of counseling, and rely heavily on their supervisor for guidance. Level 2 trainees often experience conflict regarding their aspiration for autonomy versus their need for assistance from their supervisor. Motivation begins to fluctuate in this level due to a greater understanding of counseling, more difficult client cases, and insecurity regarding their skills. Usually, a shift occurs in counselor – client awareness from self-focused to client focused, which often results in confusion because the trainee may over identify with client concerns. Level 3 trainees have endured previous counselor identity struggles and function at a more autonomous level. Motivation is again high and stable, and trainees can integrate client experiences with their own cognitive and emotional experiences (Stoltenberg & Delworth, 1987). Thus, level 3 trainees become more spontaneous and authentic in providing empathic responses to their clients. Trainees at this developmental level have more self confidence and report higher levels of self-efficacy than level 1 trainees. Larson et al. (1998) concluded that individual counselor perceptions of self-efficacy change across developmental levels. A number of studies have suggested that advanced counselors expressed willingness to examine personal issues, emotional responses, and feelings that effected their relationship with clients (Allen, Szollos, & Williams, 1986; Ellis, 1988; Guest & Beutler, 1988; Heppner & Roehlke, 1984; Rabinowitz, Heppner, & Roehlke, 1986; Worthington, 1984).

Strategically evaluating and modifying one's thoughts, feelings, or behaviors may have the effect of decreasing attentional resources available for other tasks ( Ellis & Hertel, 1993 ). Much of the support for the idea that emotion regulation consumes cognitive resources derives from studies in which emotional regulation is the dependent variable as opposed to the independent variable (Wegner, 1994 ). For example,

Wegner (1994) found that mood regulation success was reduced by cognitive load. This research suggests that emotion regulation consumes cognitive resources, but it does not show that it does so at the expense of other concurrent tasks.

Summary of Chapter Two

The relative importance of counselor's efficacy in providing accurate empathy is well established in counselor education programs but there appears, to this investigator, to be a dearth of empirical research on the empathetic characteristics of students enrolled in counselor education programs.  A review of the literature reveals evidence that supports differences related to emotional empathy in terms of gender, experience, and level of training. Although extensive literature has developed around components of the counseling training program, particularly counseling skills training (Baker, Daniels, & Greeley, 1990), and clinical supervision (reviewed in Bernard & Goodyear, 1992), research is lacking on emotional empathy development of counselors as they progress through the program.  Likewise, little is understood about the relationship of any changes in counselors' emotional empathy development and program participation.

CHAPTER THREE

METHOD

This study investigated balanced emotional empathy differences among master's degree counseling students as they progressed through and graduated from a CACREP approved counselor education program. The data was gathered through the assessment of the balanced emotional empathy levels of (a) students entering the counselor education program, (b) students participating in the practicum field experience aspect of their training and  (c) students graduating from the counseling program.  The assessment instrument that was utilized in collecting the data is Albert Mehrabian's Balanced Emotional Empathy Scale (BEES).

This chapter describes the methods that were used in the study. Included in this section are descriptions of the research design, the survey instrument, the research population, the process of data collection, and the data analysis strategy.

Research Question

The research question for this study concerns counselor trainees and the development of emotional empathy.  Will there be a difference in the emotional empathy levels of counselor trainees at the beginning of training, practicum students and students at the end of training?

Research Design

The research design was a static group comparison as described by Campbell and Stanley (1963). This design involves the assessment of non-equivalent groups. For this study, three non-equivalent groups were assessed (i.e. Group A – Beginning Counselor Students, Group B – Practicum students, Group C -Graduating Counselors), utilizing the

BEES as an individual assessment instrument. As part of the data, analysis based on

gender was also compared to evaluate differences. The limitations for this design are

described by Campbell and Stanley (1963) to be Selection, Mortality, Interaction of

Selection and Mortality and Interaction of Selection and Treatment. Differences among

the means, as a result of the proposed selection, may occur because of who the

participants were (their personal history). The experiences outside the classroom could

not be controlled nor could the selection of who the participants would be. The

generalization of the results is limited by the interaction of selection and treatment. One

should generalize to individuals being tested and who know they are in an experiment.

Having identified these limitations, the results of this study provide some implications

regarding stages of training, changes in levels of emotional empathy among students and

if gender has an interactive effect.

<div align="center">The Instrument</div>

The instrument that was utilized in this study for measuring the counseling

students' levels of emotional empathy is the Balanced Emotional Empathy Test (BEES).

This instrument was developed by Albert Mehrabian for measuring the individual's level

of balanced emotional empathy. The BEES was designed to update, improve, and

replace the original version of the Emotional Empathetic Tendency Scale (EETS)

(Mehrabian & Epstein, 1972). The EETS was one of the most widely used measures of

emotional empathy in the literature (Chlopan et al., 1985; Mehrabian et al., 1988). The

EETS was designed to assess a person's predisposition as he /she vicariously experiences

the emotions of others. The EETS demonstrated validity in different settings and

applications. It was suggested that such a measure could be explored as a correlate of

success in the helping professions or as a possible correlate of the success of untrained therapists. There is no item overlap between the 30 items of the BEES and those of the original EETS.

The BEES is a self-scoring 30 question inventory based upon a Likert scale of (+4 through -4 agreement-disagreement scale, +4 = very strong agreement, +3 = strong agreement, +2 = moderate agreement, +1= slight agreement, 0 = neither agreement nor disagreement, -1 = slight disagreement, -2 = moderate disagreement, -3 = strong disagreement, -4 = very strong disagreement).

The inventory instructions state that the examinee is to mark the number that most closely describes him/her at this point in time. The examinee is asked to describe himself/herself accurately and in terms of how he/she is generally (that is, the average of the way they are in most situations), not the way they are in specific situations or the way they would hope to be.

The 30-item BEES is designed to reduce "acquiescence bias" or the tendency of some people to agree with most statements put to them and the tendency of others to generally disagree with any statement. One-half of the items are worded such that agreement shows higher emotional empathy. These are positively worded and positively scored items. The remaining 15 items are worded such that disagreement shows higher emotional empathy and are worded negatively and are negatively scored items.

A total score was computed for each subject by algebraically summing the examinees responses to all 15 of the positively worded items and by subtracting from this quantity the algebraic sum of their responses to all of the negatively worded items.

The norms for the full-length BEES are as follows;

Combined male and female norms:     mean = 45; standard deviation = 24

Male norms:                          mean = 29; standard deviation = 28

Female norms:                        mean = 60; standard deviation = 21

The coefficient alpha internal consistency of the BEES is .87 (Mehrabian, 1997). This is comparable to the coefficient alpha of .85 for the original Emotional Empathetic Tendency Scale (EETS) (Mehrabian, 1997). Evidence on the validity of the BEES is available, as per the author, indirectly through its high positive correlation of .77 with the original Emotional Empathy Tendency Scale. Initial studies by Mehrabian and Epstein (1972) provided preliminary validity for the original EETS. Subsequent reviews of available literature showed support for the validity of that scale (Chlopan et. Al., 1985; Mehrabian, Young, & Sato, 1988).

## Research Population

The research population that was assessed in this study consists of volunteer students enrolled in Duquesne University's Counselor Education Program. Students were informed, verbally as well as by letters placed in their BEES test package, that their participation in the study would be strictly voluntary and that they may withdraw from the study at anytime. Students were reminded that names would not be requested on the survey instrument's cover sheet, and that the completed statistics will be reported as group data, a further measure guaranteeing participant anonymity. Also, students were given the opportunity to meet and discuss with the researcher any questions they might have on the use of personal information and issues of confidentiality. The completed anonymous test forms were grouped in the following manner: Group One consisted of 22

students entering the counseling program, Group Two consisted of 23 students participating in the practicum aspect of their training. Group three consisted of 31 students graduating from the Counselor Education Program. After the students' emotional empathy level was determined, the test forms were shredded and disposed.

Process for Data Collection

Voluntary counseling students were given a Balanced Emotional Empathy test packet containing the following materials: (a) one copy of the BEES instrument, (b) a set of instructions for completing the evaluation process along with the researcher's phone number for questions that may arise during the evaluation process, and (c) a stamped, addressed envelope for returning the BEES instrument. The BEES test packets were distributed to the three groups at the following times. Group One, students beginning the counseling program were given evaluation packets at the beginning of the semester. Group Two students were given the evaluation packets at the middle or near the completion of the practicum experience. Graduating students, comprising Group Three, were given BEES packets near the end of the semester before their graduation.

Analysis Plan

Data analysis of the mean scores on the BEES was calculated for each of the three groups of students. The Analysis of Variance was used to determine if there were significant differences among the groups. Post hoc analysis was employed when significant differences were found

using the Scheffe Test.

Summary of Chapter Three

This chapter describes the methods used for the collection and analysis of data on the amount of emotional empathy differences in volunteer master's degree counseling students. This study utilized the BEES for assessing and determining if differences in emotional empathy levels existed among three levels of counselor trainees. The three levels were: (a) Group One, 22 beginning counseling students, (b) Group Two , 23 practicum students (c) Group Three, 31 graduating counseling students. When significant differences were found to exist among the three groups of students, a post hoc analysis utilizing the Scheffe Test was conducted to further refine the collected data. While there were definite limitations resulting from the selected research design, the study provided implications regarding stages of counselor training and established possible foundations for future studies in  this area.

CHAPTER FOUR

RESULTS

The results of this study are presented in this chapter.  The Hypotheses will be restated and the analysis presented separately.

Hypothesis Number One

There is no significant difference among beginning, practicum and graduating counselor education students in their levels of emotional empathy.

The mean score for the BEES for beginning students was 63.32, standard deviation 17.387, with an N of 22 (see table 1).  The mean score for the BEES for practicum students was 54.70, standard deviation 19.488, with an N of 23.  The mean score for the BEES for graduating students was 60.94, standard deviation 24.453, with an N of 31.  The F ratio was 1.019 and significance is .366 (see table 2).  The results indicate that there is no significant difference among the groups.

Table I
Means, Standard Deviations, and Sample Size for the BEES
Descriptives

| Participant scores | N | Mean | Standard Deviation |
|---|---|---|---|
| Beginning | 22 | 63.32 | 17.387 |
| Practicum | 23 | 54.70 | 19.488 |
| Graduating | 31 | 60.94 | 24.453 |
| Total | 76 | 59.74 | 21.151 |

Table II
Analysis of Variance of Means Among Beginning, Practicum Students and Graduating Students

ANOVA

| Participant scores | sum of squares | df | Mean Square | F | Sig |
|---|---|---|---|---|---|
| Among groups | 911.224 | 2 | 455.612 | 1.019 | .366 |
| Within groups | 32641.513 | 73 | 447.144 | | |
| Total | 33552.737 | 75 | | | |

Hypothesis Number Two

There is no significant interaction of gender and emotional empathy among beginning, practicum, and graduating counselor education students.

The results indicate that there is a significant interaction of gender and emotional empathy among beginning, practicum and graduating counselor education students. The mean or beginning males was 64.86, standard deviation 11.082 with an N of 7. The mean for beginning females was 62.60, standard deviation 19.978, with an N of 15.

The mean for the male practicum students was 50.56, with a standard deviation of 14.672, with an N of 9. The mean for the female practicum students was 57.36, standard deviation 22.152, with an N of 14. The mean for the male graduating students was 41.75, with a standard deviation of 19.367, with an N of 8. The mean for the female graduating students was 67.61, with a standard deviation of 22.707, with an N of 23. (see table three).

Table III
Means, Standard Deviations, and Sample Size by Group and Gender

| Group | Gender | Mean | Std Deviation | N |
|---|---|---|---|---|
| Beginning | Male | 64.86 | 11.082 | 7 |
| | Female | 62.60 | 19.978 | 15 |
| | Total | 63.32 | 17.387 | 22 |
| Practicum | Male | 50.56 | 14.672 | 9 |
| | Female | 57.36 | 22.152 | 14 |
| | Total | 54.70 | 19.488 | 23 |
| Graduating | Male | 41.75 | 19.367 | 8 |
| | Female | 67.61 | 22.707 | 23 |
| | Total | 60.94 | 24.453 | 31 |

The F ratio among groups was 2.543 the probability of .036. There is a significant interaction (see Table Four).

Table IV
Tests of Between Subject Effects

| Source | Type III Sum Of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Corrected Model | 5157.865* | 5 | 1031.573 | 2.54 * | .036 |
| Intercept | 212005.196 | 1 | 212005.196 | 522.642 | .000 |

* F ratio is significant at the .05 alpha level

Given the significant interaction, the investigator conducted a Post Hoc analysis

to determine which group differences demonstrated a significant difference.  After

grouping the results, there is a significant difference between the beginning male students

and graduating male students.  There is also a significant difference between graduating

female students and graduating male students (see Table Five)

Table V
The following is the Post Hoc Analysis using the Tookey analysis

1.  Beginning males vs Beginning females        t=0.322        p>.05
2.  Practicum males vs Practicum females        t=0.847        p>.05
3.  Graduating males vs Graduating females      t= -2.950      p<.05*
4.  Beginning males vs Practicum males          t=2.078        p> .05
5.  Beginning males vs Graduating males         t= -2.68       p<.05*
6.  Practicum males vs Graduating males         t=0.972        p> .05

* t-ratio is significant at the .05 alpha level

The females demonstrated a significantly higher level of emotional empathy upon

graduation than the males.  The males demonstrated a significantly lower level of

emotional empathy at graduation than those male students at the beginning of the

program.

Summary

This investigator tested the two hypotheses, and there was no significant difference or no main effect difference among students at the beginning, practicum, and graduation, in terms of the BEES scores.  However, graduating males had a significantly lower level of emotional empathy than those males who began the program.  In addition, graduating females showed a significantly higher level of emotional empathy than graduating male students.

CHAPTER FIVE

CONCLUSIONS, DISCUSSION AND RECOMMENDATION FOR FUTURE
RESEARCH

In Chapter Five this investigator presents the conclusions for each hypothesis, listing

the implications with regard to counseling training and education.  Also, this investigator

discusses possible explanations for the data results, and the implications and list of

recommendations for further research.

Conclusions

1.  There was no significant difference or main effect difference among

beginning, practicum, and graduating students, in terms of the BEES scores.

2.  Upon graduation, females demonstrated more empathy than males.

3.  Males significantly decreased in levels of empathy upon graduation.

4.  Graduating males had a significantly lower level of emotional empathy than those
    males who begin the program.

Discussion

Hypothesis Number One

There is no significant difference among beginning, practicum and graduating

counselor education students in their level of emotional empathy.

This hypothesis was supported by the research data.  The mean BEES scores for

females were relatively consistent across training groups.  The mean scores for

beginning, practicum, and graduating females were, 62.60, 57.37, and 67.61,

retrospectively.  The females in all three cohorts out numbered the male participants 52 to

24, which may have raised the mean scores for each of the three groups, as the females

tended to score an average mean higher than males in all groups, except that of the

beginning male group. There were no main effects or differences among the means of beginning female and male students. This occurred because the mean scores for females, which tended to be higher, and the lower mean scores for males, averaged themselves out. This investigator believes a relatively reasonable explanation for the higher mean score in the beginning male group may be because of a social desirability bias. In other words, males at the beginning of their training may have exaggerated their responses to particular test items to appear more empathetic, and thus more socially desirable to be members of the counselor training program. As reported by Mehrabian (2000), women tend to be more emotionally empathic than men, and this is evidenced in the norms of the BEES. Male mean scores were 29 (standard deviation = 28), and females mean scores were 60 (standard deviation = 21). Thus, for this particular study, males tended to score on average, higher than the males in the original study by Mehrabian (2000).

<center>Hypothesis Number Two</center>

There is no significant interaction of gender among beginning, practicum, and graduating counselor education students in their level of emotional empathy.

There was a significant difference between graduating females and graduating males. Females showed a significantly higher level of emotional empathy at graduation than males. What is interesting in regards to the data, is that males evidenced a linear decrease in their mean scores from beginning, practicum, and through graduation. Whereas female mean scores dropped only during the practicum experience and rose again at graduation. The drop in female mean scores during the practicum experience may be explained by the process of applying cognitive rather than empathetic processes

during this initial phase of applying counseling skills. This investigator, as well as

others, believes that increased experience enhances counselors' ability to provide high

levels of empathy (Mullen & Abeles, 1971). Hayden (1975) and Barrett-Lennard (1962)

found that experienced counselors offer the highest levels of empathy to their clients and

communicate that empathy more specifically to them. Moreover, their clients show

the greatest amount of change. It appears that students in the practicum experience

tended to focus on cognitive processes as opposed to integrating the empathetic and

emotional processes, i.e., concentrating on technique rather than authentic interaction.

Beginning counselors, as well as, counselors in the practicum phase of their

training, tend to focus primarily on technique, "what counselors do", as opposed to

interacting on a genuine, spontaneous and authentic level. This inexperience may impede

their ability to accurately attend to, sense, and perceive the clients' verbal and nonverbal

communication in the process of counseling. There may be intra-personal and inter-

personal deficits in skill areas which may inhibit accurate empathetic responses in the

students early on in the masters program.

Males, on the other hand, declined throughout their training on their mean scores

for emotional empathy. The significant differences in the mean scores between males

and females are consistent with other research studies. In Davis' (1983) study and Jose's,

(1989) study females evidenced higher Interpersonal Reactivity Index (IRI) scores than

males. Other studies using a wide range of self-report measures of empathy have also

found that females score higher than males. In a meta-analysis of sixteen studies,

Eisenberg &Lennon (1983), found highly significant differences between male and

female scores. In a later analysis by Lennon & Eisenberg (1987), significant differences

were found in eleven of the thirteen included studies.  These patterns are rather robust

because the studies differ from one another in the age of the participants and in the

questionnaires used to assess empathy.

Eisenberg & Lennon (1987) suggest that such gender differences can be

interpreted in two ways.  First, since both males and females know the stereotype of

females as more emotional and more caring than males (e.g., Ashmore, 1981; Eagly

1987), there may be a stereotype-confirmation bias in self reports.  Second, Eisenberg

& Lennon suggest that gender differences may occur because males and females are

apparently socialized differently in the realm of emotion (e.g., Greif, Alvarez & Ullman,

1981; Dunn, Bretherton & Munn, 1987; Kuebli, Butler & Fivush, 1995).  Males initially

may exaggerate their levels of emotional empathy, secondary to social desirability bias
and

later report more accurate responses due to increased confidence.  Males during the

practicum and at graduation tended to disagree more with test items than at the beginning

of the program.  This may put into question the reported reduction in "acquiescence bias"

as reported by Mehrabian (1996).  Males may be less influenced by social variables or

influences and thus respond to the BEES in dramatically different ways which may

account for the linear decline in their mean scores.

Males may also be inclined to respond more cognitively than emotionally to the

BEES, because of socialization, culture and gender role preferences.  Because the ability

to empathize has roots in cognitive belief systems, the socialization process may in and of

itself influence an individual's style, preferences and sensitivity to another person via

empathetic awareness.  Men and women often differ in their perceptions of the same

event (Lakoff, 1990; Stapley & Haviland, 1989).  Their different interpretations, in turn,

can create different emotional responses to the event.  The socialization process and the internalization of masculine gender role identity may influence one's perception and interpretation of test items and lead to different responses.  Males during the practicum experience of their training and at graduation may perceive they need to be in control of their empathetic responses more than females.

Also emotional display rules (Ekman, 1994) are entrenched in socio-cultural contexts and these "rules that regulate when, how and where a person may express or suppress emotions", are differentially enforced socially, perhaps leading to gender differences.  As the males progress through the counselor training program they appear to report less emotional empathy.  This in and of itself does not mean that they do not experience emotional empathy or that they are less capable of empathetic responses.  The decline in self-report scores may be associated with socio-cultural processes, and males may have been sanctioned or otherwise negatively reinforced for such disclosures.  Masculinity is frequently associated with instrumental behaviors possibly translating into a cognitive orientation, whereas femininity has been associated with expressive behaviors or a more emotionally sensitive and expressive orientation.

This investigator believes that the BEES may measure emotional aspects of empathy as opposed to cognitive aspects.  This is evidenced in that females tended to have a more emotional response to the test items than the males.  This investigators review of the instrument revealed that the BEES also focuses on hypothetical empathy rather than the actual experience of empathy.  This may influence respondents to retrospectively examine their responses and may be influenced by gender-role identity, rather than their actual ability to emotionally empathize.  In other words, females may be

using memory to put themselves in a empathetic situation and more readily be influenced by the stereotypical bias that females are perceived as being more empathetic. Thus the higher scores for females on an emotional level.   In retrospect, males may have developed a more cognitive framework for answering the questions on the BEES.

Implications

Professional and educational beliefs are embedded in the cultural context of the times, and these are reflected in the educational approaches and practices currently prescribed.  The primary pedagogical direction for the counseling profession is influenced and directed by research based principles in the areas of supervision, teaching, an clinical practice. There appears to be a dearth of empirical research on the empathetic characteristics of students enrolled in a masters level counselor education programs.  This study has attempted to address this issue.  A number of counselor education programs focus on a clinical skills training model which emphasizes knowledge acquisition, cognitive processes, clinical case conceptualization, and theoretical foundations, as core educational components of their programs.  While these areas are significantly important to the developing counselor, they may appear in the counseling education curriculum at the exclusion of other intrapersonal and interpersonal skills areas.  This study provided implications for further study, including training on empathy in males.  It may not be necessary to focus on empathy specifically in regard to females in training.  But this issue may need to be addressed with males in counselor education programs.

This research study has identified a significant interaction, in that, graduating males had a significantly lower level of emotional empathy than those males who began the program.  In addition, graduating females showed a significantly higher level of

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emotional empathy than graduating male students. These significant findings provide a basis for further investigation and inquiry. Specifically, in terms of systematic inquiry, the relationship between reported levels of emotional empathy between beginning male students and graduating male students as they relate to professional competence. The question which must be raised; "Do counselor education programs address male issues as they relate to expressed emotional empathy in terms of curriculum, training and education?"

In summary, there were several interesting findings in the research. Males seem to demonstrate a significantly lower empathy score at graduation than do females. In addition, males seem to demonstrate significantly lower empathy scores at graduation than do males who are beginning the program. What is most curious is the instrument has significantly lower standard scores for men than for women; there is an expectation therefore that differences will exist because of the instrument that was used. One may want to determine why men at the beginning of the program and at the practicum did not demonstrate significant differences? The implication may be that men become more comparable with the male standard population at graduation than they are during their training.

<center>Recommendations for Future Research</center>

This study should be viewed as an initial step in examining the levels of emotional empathy in counselors at different levels of their training. And there appears to be a dearth of research on specific training models and curriculums that focus on emotional empathy and empathetic development across the training program. This investigator believes that more systematic analysis and conceptual clarity be sought

through continued research. Below are suggested areas of further research and specific

questions that became evident as a result of this current study.

1. To empirically study one group of male and female students longitudinally, using the

BEES, in a counselor education program from the beginning to graduation. Making a

comparative analysis among the cohorts over time to identify main effects.

2. To examine and compare differences among the groups in regard to BEES scores

with peer related reviews. Is there a correlation between the counselor trainee and an

observer? Are the evidenced differences related to distortions in self evaluation or

observable in clinical practice?

3. Although the significant differences in the mean scores between males and females

are consistent with other research, there is a need to specifically identify how these

processes are encouraged and or discouraged in the counselor education programs. For

example, do supervisors unconsciously encourage male students to engage in more

cognitive processes throughout their training and expect females to engage in more

empathetic practices?

4. Are there gender specific conceptual limitations in terms of how one defines and

identifies oneself as being empathetic? In other words, do males tend to report lower

levels of empathy because they maintain a cognitive bias? This would require a

comparative study examining cognitive versus emotional empathy as this relates to

gender.

5. The BEES might be further evaluated for validity and reliability purposes with a

counselor education population. This would address why there were no gender

differences at the beginning of the training although the standardized scales indicate there

should be differences.

6. This author suggests that replication in order to address the history limitation that was previously noted. Results from replication with groups of students from other universities would help to clarify whether or not these results were a function of the specific population.

7. To examine cultural factors and beliefs as they relate to scores on the BEES. Are there relevant and specific cultural factors which influence the differences between male and female scores.

8. To develop and examine specific training programs in regards to the development of emotional empathy. To evaluate the impact of these educational programs on male and females BEES scores throughout their training. In other words, can emotional empathy be taught via the curriculum?

9. To compare male and female BEES scores to supervisor, peer and client evaluations. To determine if there is a correlation between self-report levels of emotional empathy on the BEES and perceived levels of emotional empathy through observation.

10. Do students who are identified as maintaining low levels of empathy be amenable to developing good counseling skills? There is no indication that what is measured on the BEES is correlated with good therapeutic practice. A future study would be to evaluate various skill levels among counselors to determine if the BEES can be a predictor of successful counseling.

11. To examine if there are any differences based on other interactive variables such as culture, race and socio-economics.

12. To study emotional empathy and compare the scores with results from professionals in the field.  Is there a relationship between levels of emotional empathy and experience?

13.  To examine and compare measures of gender role orientation with the BEES scores, to determine if main effects exist.

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APPENDIX A

Balanced Emotional Empathy Scale

# The Full-Length (30 Item) BEES

Please use the following scale to indicate the degree of your agreement or disagreement with each of the statements below.  Record your numerical answer to each statement in the space provided preceding the statement.  Try to describe yourself accurately and in terms of how you are generally (that is, the average of the way you are in most situations—not the way you are in specific situations or the way you would hope to be).

+4 = very strong agreement
+3 = strong agreement
+2 = moderate agreement
+1 = slight agreement
 0 = neither agreement nor disagreement
-1 = slight disagreement
-2 = moderate disagreement
-3 = strong disagreement
-4 = very strong disagreement


\_\_\_\_\_ 1.  I very much enjoy and feel uplifted by happy endings

\_\_\_\_\_ 2.  I cannot feel much sorrow for those who are responsible for their own misery.

\_\_\_\_\_ 3.  I am moved deeply when I observe strangers who are struggling to survive.

\_\_\_\_\_ 4.  I hardly ever cry when watching a very sad movie.

\_\_\_\_\_ 5.  I can almost feel the pain of elderly people who are weak and must struggle to move about.

\_\_\_\_\_ 6.  I cannot relate to the crying and sniffing at weddings.

\_\_\_\_\_ 7.  It would be extremely painful for me to have to convey very bad news to another.

\_\_\_\_\_ 8.  I cannot easily empathize with the hopes and aspirations of strangers.

\_\_\_\_\_ 9.  I don't get caught up easily in the emotions generated by a crowd.

_____ 10. Unhappy movie endings haunt me for hours afterwards.

_____ 11. It pains me to see young people in wheelchairs.

_____ 12. It is very exciting for me to watch children open presents.

_____ 13. Helpless old people don't have much of an emotional effect on me.

_____ 14. The sadness of a close one easily rubs off on me.

_____ 15. I don't get overly involved with friends' problems.

_____ 16. It is difficult for me to experience strongly the feelings of characters in a book or movie.

_____ 17. It upsets me to see someone being mistreated.

_____ 18. I easily get carried away by the lyrics of love songs.

_____ 19. I am not affected easily by the strong emotions of people around me.

_____ 20. I have difficulty knowing what babies and children feel.

_____ 21. It really hurts me to watch someone who is suffering from a terminal illness.

_____ 22. A crying child does not necessarily get my attention.

_____ 23. Another's happiness can be very uplifting for me.

_____ 24. I have difficulty feeling and reacting to the emotional expressions of foreigners.

_____ 25. I get a strong urge to help when I see someone in distress.

_____ 26. I am rarely moved to tears while reading a book or watching a movie.

_____ 27. I have little sympathy for people who cause their own serious illnesses (e.g., heart disease, diabetes, lung cancer).

_____ 28. I would not watch an execution.

_____ 29. I easily get excited when those around me are lively and happy.

_____ 30. The unhappiness or distress of a stranger are not especially moving for me.

APPENDIX B

Cover Letter for Survey

Demographic Information
Assessment of Differences in the Balanced Emotional Empathy between beginning and
graduate students in a counselor education program
Frank M. Yesko Ed.D Candidate

**Please read the following instructions carefully and complete the below information.
<u>DO NOT PUT YOUR NAME ON THIS INFORMATION SHEET.</u> Refer to the
definition sheet to assist you in selecting the appropriate responses.**


Date: _____          Semester: _____

Male _____          Female _____

Age _____


**<u>Check only "ONE" of the below categories that best describes your status in the
counselor education program</u>**

Beginning Counselor Education Student _____

Practicum  Student_____

Graduating Counselor Education  Student_____


I am currently employed in a **professional** capacity or have been in the past?

Yes          No


Briefly describe your past/ present **professional** position or job title.

APPENDIX C

Consent Form

CONSENT FORM

Dear Participant,

In order to complete the requirements for a doctoral dissertation entitled

Assessment of Differences in the Balanced Emotional Empathy Between Beginning and

Graduate Students in a Counselor Education Program, at the School of Education,

Duquesne University, I am requesting your assistance.

You are being asked to participate in a research project that seeks to investigate

the development of emotional empathy among counseling students at three levels in their

training program, beginning students, practicum students, and graduating students who

have completed their training.

There will be no risk to you as a participant and your total anonymity will be

guaranteed.  Your name will never appear in any survey or research instruments.  No

identity will be made in the data analysis.  All written material and consent forms will be

stored in a locked file in the researcher's home.  Your responses will only appear in

statistical data summaries and all materials will be destroyed at the completion of the

study.  You are under no obligation to participate in this study and you are free to

withdraw your consent to participate at any time.

Please take a few minutes to complete the Balanced Emotional Empathy Scale.

All questions are optional and all information, as stated, will remain confidential.  Do not

sign your name to the Balanced Emotional Empathy Scale.  Please return the completed

Balanced Emotional Empathy Scale and your signed consent form to me using the

enclosed envelope, at your earliest convenience.

A copy of the results will be available in the Department of Counseling, Psychology and Special Education, Canevin Hall, Duquesne University, Pittsburgh, Pa.

I have read the above statements and understand what is being requested of me.  I also understand that my participation is voluntary and that I am free to withdraw my consent at any time, for any reason.  On these terms, I certify that I am willing to participate in this research project.

I understand that should I have any further questions about my participation in this study, I may call Paul Richer, Director of the Duquesne University Institutional Review Board (412-396-6553)

If there are any further questions, I can be reached at 412-271-5253.

Thank you for your time and consideration when completing this questionnaire. Your help is greatly appreciated.


_____         _____
Participant's Signature                                           Date


_____         _____
Researcher's Signature                                           Date
Frank M. Yesko Ed.D Candidate

APPENDIX D

Research Permission