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I am submitting herewith a thesis written by Melissa Rene Routh entitled "Empathy and the MSSW Curriculum: Are Students' Levels of Empathy Influenced by the Curriculum?" I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science in Social Work, with a major in Social Work.

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EMPATHY AND THE MSSW CURRICULUM:

ARE STUDENTS' LEVELS OF EMPATHY INFLUENCED BY THE CURRICULUM?

A Thesis

Presented for the

Master of Science in Social Work

Degree

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Melissa Rene Routh

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DEDICATION

I would like to dedicate this thesis to my parents, Hal and Donna Routh, and my brother, Scott Routh, who have been my support and encouragement during the completion of this thesis as well as both my undergraduate and graduate education. I would also like to thank my sister-in-law, Michele Routh and niece, Hailey Elizabeth Routh, for supporting me during my studies in Tennessee and for each of them being the best family possible. A final thank you to my grandmother, Clara Matthews and my deceased grandmother, Shirley Routh, for always believing in me and through their eyes, I see in myself the potential to make a difference in the world we live.

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ABSTRACT

Empathy has been recognized as an important element in the helping profession, specifically within the field of social work. It has been acknowledged as an important component for promoting, restoring, maintaining, and enhancing clients' well-being. Evaluation of empathy research has demonstrated contradictory conclusions about the impact of graduate education on students' levels of empathy. While the social work curriculum assumes reciprocal empathic communication is an attained skill developed throughout the MSSW curriculum, little research has been conducted on the extent of empathic communication obtained through the social work curriculum.

This study assessed the impact of graduate social work education on students' skill in communicating empathy. The major hypothesis of this study was that students' level of empathy would increase after completing their first semester of foundation courses at the University of Tennessee College of Social Work (UTCSW). The empathic ability of 99 incoming first year, full-time MSSW students was measured and compared using the Interpersonal Reactivity Index (IRI) (Davis, 1983a, b). This sample represented 93% of all first year, full-time students enrolled in the MSSW program at the UTCSW.

Findings revealed no significant differences in students' ability to communicate empathically after completing their first semester of core foundation courses. Thus, the major hypothesis of this study was not supported. Students scored highest on the empathic concern subscale (m=22.35, sd=2.97 on pre-test; m=22.16, sd=3.51 on post-test), but significantly lower on the personal distress

subscale (m=10.51, sd=4.27 on pre-test; m=10.00, sd=4.01 on post-test). Low personal distress skills will more likely prevent and hinder social workers from successfully complying with the values in the social work code of ethics. The identification of low personal distress among this sample is evidence for the need to incorporate empathy training models within the social work curriculum. Including empathy training models within the social work curriculum may decrease feelings of fear, discomfort, and apprehension in dealing with the difficult situations faced by social workers.

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CHAPTER 1

INTRODUCTION

Statement of the Problem

The development of empathy is an important factor within the field of social work. Empathy is a "facilitator of growth" and a critical variable in the helping process that establishes rapport between a professional and client (Keefe, 1978). One of the most important elements in a social worker's relationship with a client is being able to grasp an accurate understanding of the client's experience and feelings, while communicating with empathy.

Empathy has received an abundance of support as the most central factor within the helping profession (Bohart & Greenberg, 1997; Breggin, Breggin, & Bemak, 2002; Egan, 1990; Gladstein, 1970; Goldstein & Michaels, 1985; Nerdrum, 1996; & Rogers, 1975). Most psychotherapy and counseling texts emphasize the advantages and positive outcome in the professional/client relationship due to an ability to communicate empathically (Bohart & Greenberg, 1997; Breggin, Breggin, & Bemak, 2002; & Keefe, 1978). Data on effective practitioners identified a number of core skills that served a foundation for the helping process (Carkhuff & Berenson, 1967; Egan, 1982; Truax & Carkhuff, 1967). These studies confirmed that one of the most significant elements in a successful treatment outcome was empathy, the worker's genuine interest in people, and a commitment to personal growth.

Egan (1990) identified empathy as contributing to the overall helping process in a variety of ways such as building the relationship, stimulating,

exploring oneself, accuracy of understandings, providing support, maintaining focus, restraining the helper, and as a means of guiding the client in the right direction. Empathic response clarified the problem situation by identifying and communicating the client's experiences, behaviors, and feelings. This better enabled the worker to start where the client was while helping him/her meet his/her own needs (Egan, 1990).

Communication of empathy plays a fundamental role in nurturing and sustaining the helping relationship while also enforcing the practitioner as an emotionally significant and influential part of the client's life. The ability to communicate empathically becomes an essential component that facilitates communication and develops a strong foundation for growth and change within a therapeutic relationship (Hepworth, Rooney, & Larsen, 2002). Facilitating communication and a strengthened foundation helps to maintain a trusting environment where the client is more willing to share personal experiences and emotions. Training professionals to respond empathically becomes an essential ability which allows the worker to effectively reduce tension, threat, or defensiveness, convey interest and helpful intent, and create an atmosphere conducive to behavioral change (Hepworth, Rooney, & Larsen, 2002).

Rogers (1992) proposed that professionals attempting to enhance their client's emotional growth, well-being, and needs were those who communicate with empathic understanding. Research evidence suggests that professional helpers who offer high levels of empathy encourage positive change in their clients (Nugent, 1992). Empathy becomes one of the most powerful assets for

social workers to help their clients help themselves. Once empathy is accepted as the ability to transpose oneself into the personal and perceptual world of the client while maintaining objectivity, then we should also commit to developing empathic skills to influence the depth and understanding of our clients (Fergusson, 2000).

Purpose of the Study

The importance of this study is strengthened by the growing concern of social work educators to train students to become more competent and effective in their professional career. This research will focus on the effect of social work education upon students' empathy. Teaching social work students to be empathic and understand the importance of empathy in the helping profession is both the responsibility and the challenge of every social work educational program (Kaffenberger, Gibb, & Murphy, 2002). Empathy is the heart and art of the helping profession. People achieve varying degrees of empathy through different life experiences prior to beginning social work graduate programs. However, specialized training and curriculums may increase the ability to communicate empathically, promoting positive change in clients.

Research provides clear evidence that empathy training can be learned with both didactic and experiential training programs, yet empathy training is not explicitly offered in most social work curriculums. Programs often assume that aspiring professionals within the field of human service will absorb empathy from modeling their professors and supervisors. However, Bemak and Breggin (2002) argued that students' levels of empathy could actually be discouraged and even

stifled during the educational and professional experience. Evaluating social work programs will better ensure that professional training is incorporated by a systematic and conscious approach that will promote students' level of empathy.

While programs often assume that reciprocal or interchangeable communication of empathy is an attained skill developed throughout the MSSW educational curriculum, research provides no evaluation of social workers acquiring adequate empathic skill through this educational process. Research indicates that beginning social work students portray much lowers levels of empathy than is effective for working with clients within a professional relationship (Fisher, 1978; Larsen, 1975; Nerdrum, 1996). Unfortunately, little research is available regarding the effectiveness of empathy training within the social work curriculum. Currently no specific, short-term evaluation of empathy training has been researched within graduate social work programs. Most graduate social work programs rely solely on the acquisition of empathic skills through their core curriculum. Given the lack of research and based on the belief that empathy is essential to effective social work practice, the purpose of the current study is to assess the extent to which MSSW students at the University of Tennessee College of Social Work (UTCSW) acquire the ability to communicate empathically during their first semester of key foundation courses.

Hypothesis

(1) Students' ability to communicate empathically will increase after completing their first semester of foundation courses in the MSSW program at the University of Tennessee College of Social Work (UTCSW).

CHAPTER II

HISTORY: DEFINTION OF EMPATHY

History

Edward Titchener (1909) coined the English word empathy as a translation for the German term ‘Einfuhlung’, which meant “feeling into” during the late nineteenth-century. Originally, empathy referred to a tendency to project oneself into an object that was perceived more from one’s imagination (i.e., an individual may crave chocolate, and in contemplating the taste, sense the taste and smell). In 1926, Lipps examined the German term ‘Einfuhlun’ in a psychological context and defined empathy as a conscious and active attempt to put oneself into a situation that involved both affective reactions and cognitive processing. Following Lipps early explanation, many variations of the concept emerged.

Piaget (1932) viewed empathy as the ability to role-take which involved imagining another’s view of the environment and an individual’s influence on the environment of others. Like Piaget, Mead (1934) emphasized that empathy was the ability to role-take while he also adopted alternative perspectives, which considered the communication of empathy to be an essential ingredient of social intelligence. Professionals who considered the consequences of their actions on others and coordinated their actions accordingly had significant advantages over those who did not. Such consideration of one’s actions enhanced a warm relationship that strengthened rapport and trust (Atkins, 2000).

Fox and Goldin (1964) emphasized that a professional's empathic response consisted of an emotional and intellectual process that was demonstrated by two elements: (1) an emotional identification where the professional experienced the situation of the client, and (2) a professional's critical exploration of the meanings behind the feelings he or she was experiencing. The examination of empathy in the early 20th century was largely a theoretical discussion that stressed empathy was merely a process of role-taking, conceptualized as both an emotional and intellectual process (Mead, 1934; Piaget, 1932; Fox & Goldin, 1964).

Many conceptualized empathy as a role-taking ability of seeing the world through another's eyes (Egan 1990; Mead, 1934; Piaget, 1932; Fox & Goldin, 1964), while others emphasized empathy as an interactive process (Barrett-Lennard, 1981; Rogers, 1975; Carkhuff, 1969a). It was not enough to understand what the client said, but to develop one's ability to role-take and adopt alternative perspectives. Carkhuff (1969a) felt that the worker must reflect accuracy of subsequent communications to enhance a precise understanding of what the client said.

In the 1960s and 1970s, Carl Rogers hypothesized that for positive change to occur within the helping process, it was 'necessary and sufficient' for helping professionals' to express empathy, unconditional positive regard or "warmth," and genuineness (Rogers, 1992). Rogers (1987, 1975) accentuated the affective perspective of empathy by placing less emphasis one's role-taking abilities and more importance on what he referred to as the "as if" process. He

emphasized the importance of a professional being able to sense the client's private world while experiencing an accurate, empathic understanding of another's awareness (Rogers, 1992).

According to Rogers (1959), empathy was the state of perceiving another's view with accuracy and emotional components while sensing the hurt or the pleasure of another person as he/she sensed it. This level of awareness must be acknowledged without ever losing the recognition that it was as *if* the observer were actually experiencing the emotion. Rogers (1975) and Carkhuff (1969a, b) both demonstrated empathy as an interactive process where the understanding must be communicated back to the client.

Rogers (1975) provided a later definition that suggested the ability to enter the private perceptual world of another while temporarily living in his/her life without making any judgments. Rogers (1975) highlighted the "way of being with another person" and becoming "at home" in the insightful world of the client (p.4). This meant overlooking one's own views and values in order to enter another's world without prejudices. Roger's definition of empathy that eliminated prejudices conveys to ethics and values within the field of social work.

According to the *Glossary of Psychoanalytic Terms and Concepts* of the American Psychoanalytic Association, empathy was defined as the following:

> A special mode of perceiving the psychological state of another person. It is an "emotional knowing" of another human being rather than an intellectual understanding. To empathize means to temporarily share, to experience the feelings of the other person. On one partakes of the quality but not the quantity, the kind but not the degree of the feelings (1990, p.43).

To develop empathy, it is necessary to develop the capacity to generalize from one individual or case to a class of similar individuals or situations (Davis, 1983a). The professional should perceive empathic communication accurately and sensitively as the inner feelings of the client that held communication as an understanding of the clients' feelings in response to their current experience (Hepworth, Rooney, & Larsen, 2002). Keefe (1976) defined empathy as a set of behaviors that constituted a skill central to effective social work intervention at every level. He stated that although it was possible to understand another person without feeling with him/her, true communication of empathy included the capacity for an emotional response.

Egan (1982) identified two levels of empathy: primary and advanced. A practitioner communicated primary empathy by demonstrating a basic understanding of what another was feeling and of the experiences and actions fundamental to these emotions. This level of empathy helped the professional discover the problem situation from the client's point-of-view, without exploration into what the individual was saying, implying, and/or feeling. Instead the worker conveyed an understanding of what the client was saying overtly. Egan (1982) viewed empathy as both a relationship-establishing skill and a data-gathering technique that enabled the practitioner to develop rapport with the client, openness and trust, and exploration of the problem situation (Reid, 1997).

On the other hand, an advanced level of empathic communication increased one's level of understanding with greater clarification of the problem situation and deeper implication of what the client specified (Reid, 1997). This

level of empathy was much more than the worker listening and repeating back to a client what has been said with reflection of surface feelings. Advanced empathy allowed the practitioner to become aware of the client's circumstances and problems by entering into the client's often chaotic and upsetting world.

More recent definitions of empathy described the concept as "an affective state that stems from another's emotional state or condition – one that was highly congruent with the other's state of condition" (Eisenberg, 1995, p.418). Egan's (1990, 1998) examination of empathy grew from the process of role-taking to a more affective phenomenon that also acknowledged the importance of specific cognitive skills such as labeling another's emotions.

Bohart and Greenburg (1997) further emphasized the two levels of empathy with expansion of the more affective and cognitive components. They stated empathy was more than a practitioner's acknowledgement of the client's perspective, but a deep and sustained contact with another where the worker was highly attentive to, and aware of, the experience of the other as a unique individual. They stressed empathic exploration to include deep sustained empathic inquiry or immersing of oneself in the experience of another. This comprised a resonant grasping of the "edges" of implied aspects of a client's experience to help create new meaning (Bohart & Greenburg, 1997, p.5).

Reid (1997) emphasized the importance of entering the client's world and communicating an understanding without losing oneself in the process. Other research (Gibbons, Lichtenber, & Van Beusekim, 1994) emphasized the importance of understanding the client without losing oneself along with a

distinction between empathy and sympathy to maintain objectivity towards clients' problems. An overly sympathetic response could misdirect the professional's attempt to relieve the source of distress. Beck and colleagues (1979) defined sympathy as feelings of compassion for and active sharing of the client's pain, whereas empathy included both an intellectual and emotional component where the professional understands the cognitive basis of a client's emotions but was able to detach oneself from the client's feelings (such as anger, anxiety or sadness).

Although helpers should attempt to be accurate in the understanding they communicate, the possibility for inaccuracies are possible. One common inaccuracy in social work practice is the confusion between empathy and sympathy. Demonstrating empathy isn't the same as being a sympathetic individual. Berger (1987) defined sympathy as "the capacity of entering into….the feelings of another, *specifically*, (emphasis added) being thus affected by the suffering…of another". Sympathy is a means of displaying pity, approval, commiseration, and condolence that denotes agreement, whereas empathy denotes understanding and acceptance of the person as the client (Egan, 1990). Empathy may utilize abilities of being sympathetic, such that professionals may allow themselves to sympathize with another's situation while experiencing another's state. This is done without allowing oneself to be weighted down with interfering burden or stuck in the client's stance.

Gibbons and colleagues (1994) identified the roles a social worker may display when responding to clients. Social workers responding with appropriate

empathy were identified as the “Empathic Helper”, while those reacting more sympathetically were categorized as “Empathic Sympathizer”. They emphasized a distinction between the “Empathic Helper” being able to respond empathically while seeing their client as vulnerable and innocent, yet recognized the client as influential and culpable (Gibbons, Lichtenber, & Van Beusekom, 1994). The “Empathic Helper” was able to empathically communicate and identify another’s emotions while maintaining an objective and clear point-of-view. This social worker better promoted, restored, maintained, and enhanced client well-being, self-determination and accurate problem-solving formation.

Social workers can easily become sympathizers who deliver services to clients while having little or no empathic response or healthy identification. “Empathic Sympathizers” are helpers who often neglect and obscure the individuality of the client, tending to speak for the client rather than advocating the client’s self-determination and autonomy (Gibbons, Lichtenber, & Van Beusekom, 1994). Gibbons (1994) defined this role as the “rescuer” who attempts to solve his/her client’s problems and often develops an unequal worker/client relationship. The client often becomes more passive and ineffective in discovering his/her own solutions while becoming dependent on the social worker and others.

Social workers must gain the ability to communicate empathically to effectively work with their clients and avoid reacting sympathetically. Responding with empathy instead of sympathy can enhance better communication skills and promote a “way of being” (Egan, 1990). The communication skill of empathy

serves as a tool to help clients view themselves and their problem situations more clearly while managing themselves more effectively. Empathy as a "way of being" becomes a mode of human contact that develops an understanding of the client's experience (Egan, 1990).

Empathy will be conceptually used in this paper to designate the imaginative ability to transpose oneself into the personal and perceptual world of a client. This enables communication of one's senses in a delicate and sensitive manner without making judgments. An individual displaying the ability to communicate empathically is able to lay aside personal views and values in order to enter another's world without prejudice. In this sense, being empathic is a "complex, demanding, strong, yet subtle and gentle way of being" (Roger, 1975, p.4). This allows professionals to accurately perceive and recognize the client's thoughts and feelings based on what is currently being experienced as well as the unconscious awareness the client may not have.

In conclusion, an evaluation of literature defining empathy demonstrated growth over the years as well as questions concerning whether empathy was an affective or cognitive construct. Most writing on empathy provided a conceptual definition, mainly because little research has been conducted and few instruments have been evaluated for measurement of empathy.

Social Work Ethics and Empathy

When discussing empathy it only seems natural to address values and ethical principles of the social work profession. According to the National Association of Social Workers (NASW, 2004), the role of social workers' is to

"enhance human well-being and help meet basic human needs". Similarly the Council of Social Work Education describes the social work profession as being "committed to the enhancement of human well-being" (CSWE, 1995). Acknowledgement of social workers' role leads to the identification of values within the profession and how it relates to the significance of empathy.

An important value of the social work profession is dignity and worth of the person (NASW, 2004). Social workers respect the individual's right to make autonomous decisions, while enhancing a client's independence and self-determination (CSWE, 1995). Ethically, a social worker must treat each person with respect while being mindful and understanding of individual differences. Within this ideology, it is the social worker's responsibility to enhance clients' capacity and opportunity to change while empowering clients to address their own needs. Communication of empathy merges with this ideology in that empathy enhances rapport and understanding within the professional relationship. Enhancement of these elements creates a safe and trusting environment to seek help. A client's personal feelings and emotions are better mobilized, developing self-worth and creating positive change within oneself. Social workers are obligated to gain the best insight and empathic understanding of a client's situation to promote self-determination and resolution of conflict. Empathy is a practice component that is particularly significant in its relationship to promote self-determination, accurate problem formulation, and accuracy in planning (Bennett, Legon, & Ziberfein, 1989).

Evidence indicates that levels of empathy offered by social workers correlate with high levels of self-explorations and integrity by clients (Hepworth, Rooney, & Larsen, 2002). Bennett and her colleagues (1989) evaluated the use of empathy as a component in hospital-based practice that promoted patients' individual rights, choice, and appropriate self-determination. Empathy enhanced a social worker's capacity to complete a sensitive and precise psychosocial assessment that extended empathic skills beyond the worker-client relationship and fostered advocacy for both the patient and the hospital (Bennett, Legon, & Ziberfein, 1989).

Social workers frequently work with clients of diverse populations and must be aware of and sensitive to different cultural, ethnical, and socio-economic backgrounds. Professionals within the field of social work are obligated to demonstrate respect for and acceptance of unique characteristics of diverse populations distinguished by "race, ethnicity, culture, class, gender, sexual orientation, religion, physical or mental abilities, age, and national origin" (CSWE, 1995, p.140). When professionals work with clients from diverse backgrounds this entails looking past one's own views to see the world from a different perspective or background, and in doing so eliminating judgments and prejudices. Social workers are required to remain competent in their practice, being able to effectively work with various, diverse populations.

Communication of empathy facilitates the development of effective working relationships when social workers and clients have different backgrounds. Unfortunately, according to Mayer and Timms (1969), "It seems

that social workers start where the client is psychodynamically but they are insufficiently empathic in regard to cultural components" of the client's experience (p.38). Culturally competent and empathic social workers are fundamental elements to enhance positive client outcomes.

Based on the values and principles of the social work profession, it is imperative for social workers to develop appropriate skills to accurately and sensitively perceive clients' experiences. Clearly, social workers should respond with empathy, as this is truly an important construct to gain understanding and rapport within social work practice. Research confirms the importance of developing the ability to communicate empathically for accurate problem identification and resolution.

Most recent writers in social work take a scientific stance in identifying with the importance and effectiveness of demonstrating empathy in practice (Gibbons, Lichtenberg, & Beusekom, 1994; Holm, 2002; Raines, 1990), while other various helping professions outside the field of social work also recognize the significance of communicating with empathy (Bohart & Greenberg, 1997; Breggin, Breggin, & Bemak, 2002). The professional/client relationship is a special connection due to the uneven distribution of power – the skilled helper being in a position of authority and the client in a position of vulnerability, and often short-term dependency (Holm, 2002). In order to protect the client in a vulnerable setting, the helper should develop the ability to communicate empathically from professional training to ensure better accuracy within the working relationship.

Summary

Sufficient research portrays empathy as one of the most important skills in the helping profession that demonstrates positive influences in the worker/client relationship (Bohart & Greenberg, 1997; Breggin, Breggin, & Bemak, 2002; Gibbons, Lichtenberg, & Beusekom, 1994; Hepworth, Rooney, Larsen, 2002; Holm, 2002; & Nugent, 1992). The importance and effectiveness of empathy emphasizes the need to ensure efficient empathy training within MSSW curriculums to train social workers to better promote, restore, maintain, and enhance client well-being. Research reveals that empathy is influenced by learning and experience (Holm & Aspegren, 1999; Nerdrum, 1996), while evidence reveals the length of professional training results within higher levels of empathy (Holm 2002). Therefore, evidence demonstrates that students can acquire sufficient empathic skill with professional training.

Holm (2002) emphasized the common tendency of not always addressing the client's feelings or needs but only making reference to a client's intellectual statement. Past studies have found a low response of empathic communication within the helping profession, specifically in beginning social work students (Fisher, 1978; Larsen, 1975; & Nerdrum, 1996). The low level of empathic communication may be a result of not addressing the client's feelings or needs which may be accounted for due to a lack of empathy training within the profession. Efficient empathic communication entails the kind of attending, observing, and listening that is needed to gain the best understanding of the client's emotions and experiences.

CHAPTER III

LEARNING EMPATHIC SKILLS

An exploration of the theoretical literature presents confusion that has plagued empathy research for years. Important questions rising from this research are whether or not empathy can be taught and if empathy is an outcome or a process? An abundance of research concludes that empathy can be taught to a wide variety of individuals, yet it is not clear which method of training is the most effective (Bemak & Breggin, 2002; Hodge, 1976; Kam, Mok, & Fung, 1996; Kaffenberger, Gibb, & Murphy, 2002). Theorists agree that empathy can be learned by focusing on three specific areas of learning which are discussed as followed.

Specific Training Programs

Various types of empathy training programs have been implemented with mental health professions as well as laypersons. Although research indicates that empathy can be taught within different fields, it is not clear what type of training is best (Goldstein & Michaels, 1985; Truax & Carkhuff, 1967; Truax, Carkhuff, & Douds, 1964). In the past, empathy training was used primarily in parenting, education, and psychotherapy, but research continues to become more common in the therapeutic relationship between social workers and their clients (Atkins, 2000; Bohart & Greenberg, 1997; Goldstein & Michaels, 1985; Hepworth, Rooney, Larsen, 2002; Kam, Mok, & Fung, 1996). Past studies have made an effort to "teach" empathy with more didactic means of modeling techniques (Therrien, 1979), structured learning training (Guzzetta, 1976), skills

workshops (Kremer & Dietzen, 1991), film (Gladstein & Feldstein, 1983), and psychodrama (Kipper & Ben-Ely, 1979).

Various studies have confirmed the effectiveness that empathic training have on adults' understanding with children. Therrien (1979) studied empathy skill training that used the Parent Effectiveness Training (PET) program, and found that the experimental group was significantly more empathic than the control group. A four-month follow-up evaluation confirmed that the experimental group continued to benefit from empathetic training while the control group functioned with lower empathic levels (Therrien, 1979). This study provided evidence that empathy can be taught to enhance a nurturing and helping relationship.

Another study consisted of mothers of sixth, seventh and eighth-grade students who participated in a minicourse on the communication of empathy. The effectiveness of Goldstein's structured learning training (modeling, role playing, and social reinforcement) was determined by parents' empathic responses toward their children (Guzzetta, 1976). Parents were able to successfully learn empathic communication through Goldstein's structured learning training, suggesting empathy training may be a valuable commodity in the field of social work (Goldstein & Michaels, 1985).

Ivey and colleagues (1968) found that microcounseling training was an effective training method that operationalized and taught specific counseling skills to beginning level therapists. Subjects participated in a single session empathy intervention that consisted of video taped models, accompanied by a

workbook of exercises and didactic material. Adler (1989) evaluated empathy based on a microcounseling format that measured empathy in terms of how an individual performed after training. Results found a significant difference between the treatment groups and control groups, which indicated that empathy, at least measured by the Empathy Rating Scale of the WCSE, could be learned in a brief amount of time.

While studies indicated empathy training could be effective when working with parents, children, and beginning level therapists, more recent studies demonstrated that empathic understanding could be learned within the university setting. Kremer and Dietzen (1991) found that students gained significant benefits after short-term empathy training. Improvements in actual empathy skills were found in undergraduate students after a self-directed empathy training program was offered and followed-up 13- to 17-months later. Empathy training improved students' interpersonal challenges, communication skills, and academic performance when training efforts were offered within the university setting (Kremer & Dietzen, 1991; Francis, McDaniel, & Doyle, 1987). Research by Kremer and Dietzen supported previous work that emphasized communication of empathy was taught effectively in a large-group setting (Baker & Daniels, 1989; Crabb et al., 1983).

McKee (1998) implemented a formative evaluation of an empathy training model to determine the effectiveness in improving empathy in a sample of psychology and social work students. Students were randomly assigned into two groups, either a treatment group that received specific affective empathy training

or a comparison group that did not experience the affective component of the training. The empathy training comprised a sequence of steps that included identification of personal feelings, inducing vicarious emotional feelings, and role-play. Results showed that the treatment group demonstrated higher levels of affective empathy than the comparison group at follow-up. McKee (1998) found that the affective empathy training may have caused an increase in students' emotional concern and initiated a change process in affective empathy.

Gladstein and Feldstein (1983) referred to aesthetic/film literatures when using film to increase counselors' empathic experiences. They believed empathic understanding and experiences were increased after gaining three early stages of empathy counseling (emotional reaction, role-taking, and cognitive suspension) (Gladstein & Feldstein, 1983). Commercial films, minicourses, and supervision were ways helping professionals learned the early stages of empathy to increase empathic experiences (Gladstein & Feldstein, 1983).

Kipper and Ben-Ely (1979) investigated the effectiveness of three methods of empathy training: psychodramatic double method, the reflection method, and the lecture method. Results showed that all three training methods produced significant improvements compared to the control group. As hypothesized, the psychodramatic double method showed the greatest level of empathic improvement with statistically significant results. The reflection method ranked second, yet results did not show this method to be significantly better than the lecture method.

Despite the evidence to support empathy training, only one study evaluated a specific training program with social workers alone. Kam and colleagues (1996) reported that combined training methods were useful in increasing students' communication of empathy toward disadvantaged and vulnerable populations. Kam contends that social work training often focused on developing knowledge and skills, but lacked thorough reflection and enlightenment that developed in-depth values and empathic ideology (Kam, Mok, & Fung, 1996). Kam (1996) presented both formal and informal social work education as a complementary method to develop competent and better equipped social workers. The role of formal education and merits of informal education will be further discussed in implications for social work practice and research.

In conclusion, empirical research supports a connection between empathy training and an increase in communication of empathy (Alder, 1989; Atkins, 2000; Gladstein & Feldstein, 1983; Kam, Mok, & Fung, 1996; Kremer & Dietzen, 1991; McKee, 1998; Whitaker, 1994). Effective training programs already exist to enhance students' ability to respond empathically, but unfortunately, most MSW programs fail to include specific empathy training in the educational curriculum.

Traditional Classroom Instruction

The didactic or teaching approach demonstrates instruction of specific behaviors or skills in the traditional learning environment. Common skills of empathy which are taught in the classroom consist of teaching historical and

foundation theories, gaining basic skills, encouraging student identification for personal growth, establishing trust and acceptance to practice unfamiliar skills, practicing accurate listening skills, and role- playing (Kaffenberger, Gibb, & Murphy, 2002).

Kaffenberger (2002) emphasized the importance of forming triads and checking in with students as essential components to creating an atmosphere required to teach empathy. She formally taught empathy to students by beginning with the formula: "You are feeling _____ (key emotion), because _____ (key experience and/or behaviors that are causing the emotion)" (Egan, 1998, p. 84). Students were reminded to reflect both the *feeling* and the *reason* for the feeling in triads, on tape, and in writing exercises.

An essential theory taught in social work curriculums is Carl Roger's person-centered therapy. Kaffenberger (2002) believed the Rogerian therapeutic conditions captured the heart of empathy: "unconditional positive regard, congruence, and accurate empathic understanding" (p. 104). Roger's believed that simply listening, being present, and being aware of the client's needs would establish a relationship for individual change. Kaffenberger and her colleagues (2002) emphasized the significance of teaching strategies and theories as well as being a role model in the use of empathy.

A limited amount of research had been conducted on acquiring empathy through traditional learning techniques. Whitaker (1994) evaluated whether or not teaching was a good way to learn empathy through the investigation of three separate groups: peer supervisors, peer supervisees, and a control group. A

pretest-posttest control group experimental design was applied to measure the development of participants' empathic response when asked to respond to an audio tape of a mock counseling session. His research showed evidence that the teaching of counseling skill resulted in a positive learning outcome for the student serving in the instructional role of a supervisor. Integration of peer supervision in the teaching of empathic response would most likely increase the value and effectiveness of supervision available in training programs. Whitaker acknowledged that peer supervision increased the helping professional's chance of gaining essential empathic response from the experience of teaching, which better established an effective therapeutic relationship (1994).

Wallman (1980) examined how the first year of graduate social work education impacted students' skill in communicating empathy with use of the Carkhuff Communication Index. He found that students' scores improved significantly after one year of school; however a substantial number of students displayed decreased skills in communicating empathy. Wallman's (1980) study indicated the need for future research to examine the most effective training methods, populations, and conditions for training empathy. He also suggested identifying the extent of which students are able to learn and retain the communication of empathy.

Experiential Learning Techniques

Empathy has also been taught through experiential approaches that historically questioned the more traditional concept of learning. These approaches placed greater emphasis upon the experiential-feeling qualities that

based the professional's personal growth on the student's relationship with his/her clients (Arbuckle, 1963; Foreman, 1967; Hansen & Barker, 1964; Orton, 1965). Experiential supervision nurtures student's feelings of safety and freedom to promote openness to experience and a willingness to experiment (Truax, Carkhuff, & Drouds, 1964). An awareness of oneself is created and implemented as one's own orientation is gained from personal experiences and practice (Carkhuff, 1993). Carkhuff (1993) believed that growth was developed from the trainee's personal experiences, which contributed and benefited the helping process.

Evaluation of experiential approaches began with suggestions of four possible areas of focus: the training agency (practicum), clients being counseled by practicum students, the students, and the dynamics and development of the supervisory group (Orton, 1965). Orton stressed the importance of the supervisor's feedback in developing the communication of empathy and other counseling skills. Hodge (1976) found that experiential learning contributed to a significant increase of learning empathy due to individual supervision. Research indicated that more didactic approaches of direct feedback, cueing, live modeling, and reinforcement may contribute to the increase of an individual's ability to learn to communicate empathy. Hodge (1976) noted that his study and prior studies revealed that a combination of didactic methods provided greater feedback and input that enhanced a student's ability to communicate empathically (Miller, 1969; Truax, & Carkhuff, 1967).

Few studies have explored whether empathy could be acquired through maturity and life experiences. Wallman (1980) found that greater levels of maturity were related to improved communication of empathy. Atkins (2000) found evidence of a developmental nature of empathy and a sequential relationship with developmental maturity. Atkins (2000) concluded the nature of perspective-taking and one's empathic imagination were associated with the affective component of empathic concern.

No experience in the human services field enhances a student's learning like the reality of live supervision (Kaffenberger, Gibb, & Murphy, 2002). Theorists believe that supervision is a conscious effort of the profession to "program" future professionals with the proper principles to incorporate into their professionals lives (Truax, Carkhuff, & Douds, 1964). Training programs emphasizing the importance of supervision advocate techniques such as shaping, reinforcement, modeling, cueing, and feedback (Guzzetta, 1976; Kipper & Ben-Ely, 1979; Payne & Gralinski, 1968; Payne, Weiss, & Kapp, 1972; Therrien, 1979). Hodge (1976) specifically examined the effects of the experiential learning approach in teaching empathy with use of both professional and peer supervisors. He found that both professional and peer supervisors were effective means for teaching the communication of empathy.

Graduate social work education has a large experiential component that includes a learning module devoted to fieldwork with the traditional emphasis on the helping process. A student's composite learning experience, which leads to greater empathy, is efficient for the MSSW program and the helping profession.

Exploratory data suggest that experiential learning is a critical component (Keefe, 1975).

Current Social Work Education

Social work education can be viewed as a form of "adult learning" and "adult education," consisting of a formal curriculum design (i.e., lecturing, tutorials, laboratories, and fieldwork) that equips students with necessary knowledge and skills for efficient intervention (Kam, Mok, & Fung, 1996). Existing social work education and traditional approaches for teaching skills of empathy rely on the acquisition of both didactic and experiential methods. The graduate social work curriculum focuses concentration on field practice orientation, field practicum, foundation knowledge and theories, practice skills, human behavior and social environment, oppression, policy, values, and ethics (Hepworth, Rooney, & Larsen, 2002; Wodarski, Feit, & Green, 1995; UT Graduate Handbook, 2003).

While didactic and experiential approaches are evident in current social work education, the MSW curriculum does not generally utilize specialized training programs to teach empathy despite the evidence of improving the communication of empathy (Goldstein & Michaels, 1985; Egan, 1990; Truax & Carkhuff, 1967; Truax, Carkhuff, & Douds, 1964). Holm and colleagues found that empathy was influenced by a combination of the three approaches: didactic learning, experiential, and training (Holm & Aspegren, 1999; Nerdrum, 1996). Research indicated that the existing formal teaching method (i.e., didactic and experiential approaches) that excluded specific training programs could be

inadequate to solve the problems and meet the needs of social work students (Kam, Mok, & Fung, 1996).

No evaluation or research has been conducted to determine whether these didactic and experiential approaches in the current social work curriculum are sufficient for enhancing students' ability to communicate empathically. The present study will evaluate the effectiveness of such interventions in the MSSW program to increase students' abilities to communicate empathically. Evaluation will investigate whether students gain the ability to communicate empathically during their first semester in the graduate program or if additional training approaches are needed to enhance students' communication of empathy.

CHAPTER IV

METHODOLOGY

This research study utilized a cross sectional survey research design. In order to determine students' abilities to communicate empathically over a semester, this study addressed the following research question:

1. Do MSSW students at the University of Tennessee College of Social Work (UTCSW) enhance their empathic skills after completing their first semester of key foundation courses?

Variables

The independent variable included the first semester of foundation courses at the UTCSW. Foundation courses were students' initial phase of the master's program that contributed to the process of professional identification. These courses presented a comprehensive broad based theory of knowledge and skills from which to practice (UT Graduate Catalog, 2003). Students' first semester was comprised of the following courses: Field Practicum orientation, Field Practice, Foundations Social Work Practice I, Human Behavior in the Social Environment I, and Social Work and Oppression. An explanation of each course is as follows.

Field Placement Orientation. Orientation provides a comprehensive overview of relevant policies and procedures while also addressing field practice etiquette and the initial anxieties many beginning students may experience.

Field Practice. Field instruction is a critical component for students during the first semester of the program. Students' field practice focuses on

professional development, assessment, and intervention that address values, theoretical knowledge, and skills common to all social work roles. As students partake in field two days a week, the emphasis is on broadening students' experience and perspective while enhancing practice skill related to the foundation curriculum content. Within each student's placement, experiences are planned and designed according to the curriculum's objectives. Field practicum engages students in supervised social work practice and provides opportunities to apply classroom learning in field setting (CSWE, 1995).

Foundations Social Work Practice I. This class teaches the history, mission, and identity of social work while recognizing basic theories, professional values and ethics, and methods (i.e., assessment, planning, communication, intervention, and evaluation skills) generic to social work practice at various system levels (UT Graduate Catalog, 2003). This class emphasizes "mutuality, collaboration, and respect for the client system….Content on practice assessment focuses on the examination of client strengths and problems in the interactions among individual and between people and their environments…to be enhance well-being of people and to ameliorate the environmental conditions that affect people adversely…[in] practice with clients from differing social, cultural, racial, religious, spiritual, and class backgrounds, and with systems of all sizes" (CSWE, 1995, p. 141)

Human Behavior in the Social Environment I. This course incorporates major social science theories that inform social workers about the understanding of human behavior and social systems from an ecological perspective. Human

Behavior in the Social Environment identifies interactions among biological, social, psychological, and cultural systems on development across the life cycle while revealing the effects one's ethnicity, race, socio-economic status, gender, and sexual orientation may have (UT Graduate Catalog, 2003). Social workers' mission to enhance social functioning of people is emphasized in this course while focusing on factors and theories regarding developmental phases.

Social Work and Oppression. Oppression provides an examination of the sources, dynamics, and impact of oppression in US society as manifested in social, ecological, and economic systems as well as one's personal experiences. The course identifies connections among various forms of oppression (i.e., racism, sexism, classism, ageism, physical and mental ability, and heterosexism) and the forces that perpetuate such conditions (UT Graduate Catalog, 2003). The social worker's role is to challenge oppression and promote a socially and economically just society while decreasing prejudices and inequalities. Social work has a commitment to defy oppressive social systems and to work with those who experience the impact resulting from oppressive behaviors. Students gain a better perspective of oppression on a social/ecological level to meet this professional commitment.

The dependent variable was students' level of empathy which was defined by the researcher for the current study as imaginative ability to transpose oneself into the private and perceptual world of another. A professional demonstrating empathic skill is able to put aside personal views and values to objectively recognize the client's problem and needs without prejudice or judgment.

Sample

Participants in this study consisted of approximately 99 students enrolled in the MSSW full-time program at the UTCSW during their first semester. All three of the College of Social Work campuses (Knoxville, Memphis, and Nashville) were included in the current study. This represented 93% of all first year, full-time students enrolled in the MSSW program at UTCSW. The UTCSW has a standardized curriculum to maintain consistency through the social work program so students will gain the same education and experience regardless of geographic location.

Measures

Early empathy research was faced with problems in developing a single definition and the best assessment for measuring empathy (Eisenberg & Miller, 1987). Much of the early research on empathy focused on measuring empathy in children (e.g., Borke, 1971; Flavell, Botkin, Fry, Wright, & Jarvis, 1968; the Three Mountains Task, Piaget & Inhelder, 1956). This research generally measured empathy from a cognitive perspective with the assessment being based on one's role-taking ability or skill to predict another's perspective (Atkins, 2000). Early assessments that measured an adult's role-taking ability were usually tested in a self-report format (Dymond, 1949).

Davis (1980) asserted that the study of empathy was neglectful without implementing a multidimensional approach. Research has shown the importance of using a multidimensional approach to include both constructs (i.e., cognitive and affective) associated with empathy. A multidimensional approach

integrated both cognitive and emotional aspects of empathy so more valid measures were developed (Coke, Batson, & McDavis, 1978). The original multidimensional measurement of empathy developed by Davis was initially a set of 50 items administered to 201 males and 251 females (Davis, 1980, 1983a). A 45-item version of the empathy index was then constructed, combining the preliminary questionnaire as well as new items confirming to the four discrete subscales (i.e., perspective-taking, PT; fantasy, FS; empathic concern, EC; and personal distress, PD). The second version was replicated and administered to 221 males and 206 females.

Research from these two empathy questionnaires produced the strongest, most reliable instrument to measure empathy, a multidimensional scale known as the Interpersonal Reactivity Index (Davis, 1980, 1983b) (See Appendix A). For the present study, empathy is operationally defined by the Interpersonal Reactivity Index (IRI) to evaluate the increase of empathic abilities using a 28-item self-report questionnaire that consists of four discrete, seven-item subscales (Davis, 1980, 1983b). The IRI measures four major components of empathy, two cognitive (i.e., PT and FS) and two affective (i.e., EC and PD). Davis claimed that the content in the four subscales fits the "general definition of empathy as a reaction to the observed experiences of another" (Davis, 1983a, p. 114). Subjects were asked to respond to items using a 5-point Likert scale ranging from 0 (does not describe me very well) to 5 (describes me very well). Some items were reversed scored prior to the analysis so that each subscale ranged from 0 to 28 with higher scores that indicated higher levels of empathy.

The cognitive scale, perspective-taking (PT), identifies a student's tendency for spontaneously adopting a psychological point-of-view of another (i.e., I try to look at situations from "the other individuals" point of view). The items that comprised this scale reflected the ability to shift perspectives, being able to step "outside the self" when dealing with others (Davis, 1980, p.9). Davis (1996) reported this cognitive component of the IRI to be the only assessment tool measuring the process of role-taking rather than the outcome. The cognitive scale, fantasy (FS), relates to students' tendencies to transpose themselves imaginatively into the feeling and actions of fictitious character in movies, books, and plays (Davis, 1983b).

The other two subscales: the empathic concern (EC) scale and the personal distress (PD) scale, measures typical emotional or affective reactions of students. The empathic concern scale assesses "other oriented" feelings of sympathy and concern for clients (i.e., "I am often quite touched by things that I see happen"). These items assess a tendency of individual's to show feelings of warmth, compassion, and concern for others experiencing negative situations (Davis, 1983a). Finally, the personal distress scale, identifies "self-oriented" feelings of personal anxiety and discomfort in stressful interpersonal settings (e.g., "I tend to lose control during emergencies") (Davis, 1983b).

Research shows support for the use of the Interpersonal Reactivity Index as a measuring tool in studying empathy (Davis, 1980). Davis (1980) reported the psychometric properties of all four scales had satisfactory internal reliability (Cronbach's standardized alpha) and test-retest reliabilities (internal reliabilities

ranging from .71 to .77 and test-retest reliabilities ranging from .62 to .71). He acknowledged that as with all empathy measures, significant sex differences exist within each scale, with females scoring higher than males on all four scales (Davis, 1983b).

Research Design

This study utilized a one group pretest-posttest design. A one-group pretest-posttest design provided before and after results that controlled for the threat of differential selection, since the same participants at pre-test were followed at posttest. The IRI was administered pre and post the first semester, core foundations courses.

Procedures

Data collection included two main phases. The first phase of data collection took place prior to field placement orientation and involved the administration of the Interpersonal Reactivity Scale (See Appendix A) and a Demographic Information Questionnaire (See Appendix B). Students at all three campuses were administered the two questionnaires by the researcher. Students were permitted class time to finish the questionnaire and were asked to return it to the researcher once completed. Students were asked to write their last four digits of their social security numbers to match the pre-post tests.

The second phase of data collection was the administration of the same IRI questionnaire and a simplified Demographic Information Questionnaire after students completed their first semester of foundation courses. The questionnaires were mailed to professors at each campus location who then

distributed the questionnaire to the appropriate students. Each student was permitted class time to finish the questionnaire and asked to return it to the professor once completed. The completed questionnaires were then mailed back to the researcher. Future research can be easily replicated with the exact procedure to confirm any findings and results.

Ethical Considerations/Procedures

Before beginning the research process, ethical procedures and considerations were conducted to insure the proper care of human subjects. IRB approval was granted for proper consent, confidentiality, and protection of subjects from physical and mental harm. After distribution of the survey the implied consent (See Appendix C) was read to all participants. It consisted of specifications directly related to the standards of the University of Tennessee Human Subject Guidelines. All participation was voluntarily, no harm was done, and the issues of confidentiality and anonymity were emphasized with all participants.

Data Analysis

Data from this pretest-posttest design was analyzed using the SPSS-PC for windows, Version 12.0. Frequency distributions were computed for the demographic variables. Descriptive statistics, including the mean, mode, and standard deviation were calculated to provide a description of the sample and key variables. The dependent t-test was used to determine statistical significance for the dependent variable.

CHAPTER V

RESULTS

Demographic Data

The vital demographic data included campus, age, sex, race, undergraduate degree, years since graduation, BSW degree, years of social work experience, and current social work experience (See Table 5.1). The total sample consisted of 99 respondents with a mean age of 27.76 (sd=9.6). The sample consisted of 38 respondents from Knoxville, 28 respondents from Memphis, and 39 respondents from Nashville. Participants received their undergraduate degree on average 3.3 years (sd= 5.6) prior to entering the MSSW program at the UTCSW, and they reported on average less than 2 years of social work experience (m=1.9, sd=2.3). The majority of participants were Caucasian (79%) and female (88%).

Findings

Reliability analysis was conducted to assess the reliability of the IRI subscales on this particular sample. Findings revealed satisfactory reliability with Cronbach alpha values of .86 for the fantasy subscale, .77 for the personal distress subscale, and .72 for the perspective-taking subscale. However, only moderate reliability was found for the empathy concern subscale with a Cronbach alpha value of .62.

Table 5.1 Percentage Distribution For Demographic Information Among MSSW Students At The University Of Tennessee College of Social Work Of Participants (n = 99).

Variable	n (%)
University of Tennessee College of Social Work Campus	
Knoxville	37 (37.4%)
Memphis	28 (28.3%)
Nashville	31 (31.3%)
Missing	3 (3%)
Gender	
Female	87 (87.9%)
Male	12 (12.1%)
Missing	0 (0%)
Race	
African American	14 (14.1%)
Caucasian	78 (78.8%)
Other	7 (7%)
Missing	0 (0%)
Undergraduate Degree	
Social Work	19 (19.2%)
Psychology / Sociology	36 (36.4.%)
Other	44 (44%)
Missing	0 (0%)
BSW Degree	
Yes	21 (21.2%)
No	76 (76.8%)
Missing	2 (2%)
Current Social Work Experience	
Yes	42 (42.4%)
No	54 (54.5%)
Missing	3 (3%)

Table 5.2 Participants Pre And Post Scores On The IRI (n = 99)

IRI Subscale	Pre-test Mean (sd)	Post-test Mean (sd)	T-test
Perspective Taking	19.79 (3.63)	19.81 (4.25)	-0.08
Fantasy	17.78 (5.95)	17.43 (5.79)	0.69
Empathic Concern	22.35 (2.97)	22.16 (3.51)	0.63
Personal Distress	10.51 (4.27)	10.00 (4.01)	1.56

A dependent sample t-test was used to assess the findings comparing participants' level of empathic skill prior to beginning their first semester and upon completion of their first semester core foundation classes. As shown in Table 5.2, there were no significant changes in any of the four IRI subscales during the first semester of full-time study in the MSSW program ($p>.05$). Participants scored highest on the empathic concern subscale ($m=22.35$, $sd=2.97$ on pre-test; $m=22.16$, $sd=3.51$ on post-test) and significantly lower on the personal distress subscale ($m=10.51$, $sd=4.27$ on pre-test; $m=10.00$, $sd=4.01$ on post-test).

Pearson correlation analysis was used to assess the relationship of age, years since undergraduate degree, and years of social service experience with empathy at pre-test (See table 5.3). Findings revealed that the only significant correlation was a negative correlation ($r=-.27$) among years since receiving an undergraduate degree and the personal distress subscale. This means that as students' mean years since receiving an undergraduate degree increased their empathy on the personal distress subscale decreased.

Table 5.3 Correlation Matrix For Age, Years Of Social Service Experience, And Years Since Undergraduate Degree On IRI Subscales (n = 99)

	Age	Yrs. Social Service	Yrs. Since Undergrad.
Perspective Taking	.11	.15	.15
Fantasy	-.18	-.01	-.06
Empathic Concern	-.19	.13	.09
Personal Distress	-.20	.01	-.27**

**Significant at the p<.01 level.

CHAPTER VI

DISCUSSION AND CONCLUSIONS

Summary of Findings

The general aim of this study was to assess the extent to which MSSW students at the UTCSW acquired the ability to communicate empathically during their first semester of key foundation courses. Results suggested that there were no significant differences in students' ability to communicate empathically after completing this first semester of graduate school. Thus, the major hypothesis of this study was not supported. Results of the current study could be due to a number of limitations, in which case caution is recommended before concluding that students in the MSSW program at the UTCSW did not significantly enhance empathic ability during their first semester of core foundation classes.

Limitations of the Study

There are several limitations to this research. The main limitation was time constraints to finish the study that constricted data to the first semester of foundation courses. A study following students throughout their graduate school, social work education at UTCSW will demonstrate a more comprehensive evaluation of how graduate school influences a student's ability to communicate empathically.

Another limitation was a lack of randomization to control for any threats to internal validity. The lack of a control group eliminated the comparability of findings in students' ability to communicate empathically. Differences in data measured by the IRI between the pretest-posttest of students' ability to

communicate empathically could be due to factors other than the independent variable.

A second threat to internal validity was possible inconsistencies that weren't controllable due to various professors, lecture material, and field practice experiences among and within the three campus locations at the University of Tennessee. Discrepancies among different teaching methods were controlled with a variety of professors from Knoxville, Memphis, and Nashville. The variance of professors at different campus locations controlled any extraneous factors that occurred due to different teaching techniques among individual instructors.

A threat to external validity was a lack of generalizabilty due to data being gathered from only one masters program in the social work curriculum. Generalizabilty was limited to social work students at UTCSW who were enrolled in their first semester, core foundation courses.

Discussion

Four discrete, seven-item subscales (i.e., perspective-taking, fantasy, empathic concern, and personal distress) were measured to determine any increase in students' ability to communicate empathically. There were no significant differences found in students' abilities to communicate empathically before and after the first year of foundation courses. Despite the lack of significant results, valuable information was obtained regarding participants' level of empathic communication.

As could be expected, students scored highest on the empathic concern subscale (m=22.35, sd=2.97 on pre-test; m=22.16, sd=3.51 on post-test), but surprisingly lowest on the personal distress subscale (m=10.51, sd=4.27 on pre-test; m=10.00, sd=4.01 on post-test). The latter subscale measured the individual's own feelings of fear, apprehension, and discomfort at witnessing the negative experiences of others (i.e., being in a tense emotional situation scares me), therefore low scores revealed that students experienced feelings of discomfort and anxiety after witnessing such negative situations (Davis, 1980).

Social work students should be demonstrating strong personal distress skills to maintain empathic response and objectivity within the professional-client relationship. The field of social work is a demanding profession that entails many distressing cases such as child and adult sexual abuse, physical abuse, domestic violence, rape, and mental illness often including severe psychosis, and crisis intervention. These are just a few examples of situations that social workers may encounter during their professional careers.

Students demonstrating low personal distress skills are less likely to objectively respond to clients' needs. Social workers are obligated by ethics and values to promote, restore, maintain, and enhance client well-being without doing any harm. Low personal distress skills may prevent and hinder social workers from successfully complying with the values in the social work code of ethics.

Findings also revealed little correlations between demographic factors and the communication of empathy. The only significant correlation was a negative correlation between the personal distress subscale and years since receiving an

undergraduate degree. This means that the longer participants were out of undergraduate school, the more distress they experienced in these difficult situations. Such findings provide additional support for the need to incorporate some type of empathy training into graduate social work curriculums.

Implications for Social Work Practice and Research

The findings in this study have a number of implications for social work education and research. The current study found that this sample group at the UTCSW did not improve in their ability to communicate empathically after completing their first semester of foundation courses. Based on this finding, it would be useful to consider how social work programs might alter their curriculum to incorporate empathy training so that students' will communicate more empathically. There is sufficient evidence that brief empathy training programs increase communication of empathy (Atkins, 2000; Kam, Mok, & Fung, 1996; Kremer & Dietzen, 1991; McKee, 1998; Whitaker, 1994), and there is widespread agreement among social work educators as to the importance of empathy in practice.

Although past research questioned the best method for training students to correspond empathically, findings demonstrated training programs did enhance students' ability to communicate with empathy. While no one training method has been proven the most successful, procedures such as structured learning, skill workshops, modeling, behavior rehearsal and assignment, videotaped and verbal feedback, and coaching have been recommended in studies among helping professionals (Wallman, 1980).

Other research demonstrated the integration of didactic and experiential approaches led to a training program that further increased one's level of communicating empathically. The didactic-experiential training approach began with didactic input that provided trainees with a foundation of relevant knowledge. This knowledge followed a series of experiences (some didactic, some experiential, and some a mixture of both) that reflected the prevailing training philosophy (Goldstein & Michaels, 1985).

Kam and colleagues (1996) suggested specialized training programs for social work students that consisted of both formal and informal education. Kam (1996) recognized the merits of formal and informal education as complementary teaching strategies that achieved the ultimate benefits in social work curriculums. Three main approaches were suggested when interweaving a formal and informal education approach: (1) acknowledging the role of both formal and informal education, (2) increasing the use of informal ways of teaching, field visits, observation and reflection, action research and attachment to social services agencies, and (3) incorporating informal education in the formal social work curriculum (Kam, Mok & Fung, 1996).

Research suggested implementing learning outside the classroom, volunteering participation in organizing learning activities, a partnership between students and educators, and specialized training as additional components in social work curriculums. Further research is needed to validate components of the three main approaches for combining informal and formal empathy training methods.

Further research is also needed to determine if communicating empathically is enhanced after completing the graduate social work program as opposed to only one semester of key foundation courses. Given the importance of communicating empathically in the social work profession, it is essential that social work educators assess these skills among social work students and provide adequate training in this area as needed.

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APPENDICES

APPENDIX A: INTERPERSONAL REACTIVITY INDEX

INTERPERSONAL REACTIVITY INDEX

The following statements inquire your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate number on the scale below each statement: 1, 2, 3, 4, or 5. After deciding your answer, please circle the appropriate number under each item. READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly as you can. Thank you.

1. I daydream and fantasize, with some regularity, about things that might happen to me.

1	2	3	4	5
Does Not				Describes
Describe Me Well				Me Very Well

2. I often have tender, concerned feelings for people less fortunate than me.

1	2	3	4	5
Does Not				Describes
Describe Me Well				Me Very Well

3. I sometimes find it difficult to see things from the "other guy's" point of view.

1	2	3	4	5
Does Not				Describes
Describe Me Well				Me Very Well

4. Sometimes I don't feel very sorry for other people when they are having problems.

1	2	3	4	5
Does Not				Describes
Describe Me Well				Me Very Well

5. I really get involved with the feelings of the characters in a novel.

1	2	3	4	5
Does Not				Describes
Describe Me Well				Me Very Well

6. In emergency situations, I feel apprehensive and ill-at-ease.

1	2	3	4	5
Does Not				Describes
Describe Me Well				Me Very Well

7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.

1	2	3	4	5
Does Not				Describes
Describe Me Well				Me Very Well

8. I try to look at everybody's side of a disagreement before I make a decision.

1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

9. When I see someone being taken advantage of, I feel kind of protective towards them.
1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

10. I sometimes feel helpless when I am in the middle of a very emotional situation.
1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

11. I sometimes try to understand my friends better by imagining how things look from their perspective.
1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

12. Becoming extremely involved in a good book or movie is somewhat rare for me.
1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

13. When I see someone get hurt, I tend to remain calm.
1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

14. Other people's misfortunes do not usually disturb me a great deal.
1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.
1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

16. After seeing a play or movie, I have felt as though I were one of the characters.
1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

17. Being in a tense emotional situation scares me.

1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.

1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

19. I am usually pretty effective in dealing with emergencies.

1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

20. I am often quite touched by things that I see happen.

1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

21. I believe that there are two sides to every question and try to look at both of them.

1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

22. I would describe myself as pretty soft-hearted person.

1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

23. When I watch a good movie, I can very easily put myself in the place of a leading character.

1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

24. I tend to lose control during emergencies.

1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

25. When I'm upset at someone, I usually try to "put myself in his" shoes for a while.

1 2 3 4 5
Does Not Describes
Describe Me Well Me Very Well

26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.

1	2	3	4	5
Does Not Describe Me Well				Describes Me Very Well

27. When I see someone who badly needs help in an emergency, I go to pieces.

1	2	3	4	5
Does Not Describe Me Well				Describes Me Very Well

28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

1	2	3	4	5
Does Not Describe Me Well				Describes Me Very Well

29. I am an empathic person.

1	2	3	4	5
Does Not Describe Me Well				Describes Me Very Well

APPENDIX B: DEMOGRAPHIC INFORMATION QUESTIONNAIRE

Demographic Information Questionnaire

INSTRUCTIONS: Please provide us with the following information.

1. Gender: _____ Male _____ Female

2. Current Age: _____

3. Ethnicity: _____ African American _____ Native American

_____ Asian/Asian American _____ Multiethnic

_____ Caucasian _____ Other (please specify)

_____ Hispanic/Latino _____

4. Undergraduate Degree: _____

Year granted: _____

5. BSW degree: Yes No

6. Type of Program: _____ Full time

_____ Extended Study

_____ Advanced Standing

7. Length of Social Work Experience: Total ____ years ____months

post-Bachelors ____ years ____months

Type: _____

8. Current Social Work Experience: _____ Yes
_____ No

Type: _____

9. Current Field Placement: _____

APPENDIX C: IMPLIED CONSENT

Research Project on
M.S.S.W. Education and Empathy

This study aims at better understanding student's level of empathy throughout the first semester in the MSSW program at the University of Tennessee College of Social Work. The project will explore if students level of empathy response increases after taking the four foundation courses during the first semester in the full-time program. A questionnaire was administered prior to orientation and is being followed-up after completing your first semester. This research project is being conducted by Melissa Routh as part of a thesis from the College of Social Work at the University of Tennessee. Your participation is of great importance to this research study.

First year, full-time MSSW students enrolled during the fall of 2004 who completed a questionnaire prior to orientation are invited to participate in the follow-up in this study. Your participation is voluntary and all your answers are anonymous, so please do NOT write your name on either questionnaires. PLEASE PROVIDE the LAST FOUR DIGITS of your SOCIAL SECURITY NUMBER on the RIGHT HAND CORNER of the questionnaire. The same fours digits of your social security numbers were asked during the first collection of questionnaires in August to match the pre-tests and post-tests to ensure your confidentiality. The questionnaires will take approximately 10 minutes to complete. It would be most helpful if you could answer all parts of the questionnaire. If you choose not to participate in the study, you may simply return a blank questionnaire or throw the questionnaire away.

If you have any questions or concerns about this research, please feel free to contact Melissa Routh at (615) 356-2557 or mrouth@utk.edu or Dr. Cindy Davis at (615) 256-1885 or cdavis3@utk.edu Thank you very much for your time and cooperation in completing both questionnaires this semester – it is greatly appreciated!

Sincerely,

Melissa Routh, MSSW student

VITA

Melissa Rene Routh was born in Lexington, North Carolina on June 21, 1980. Melissa attended Lexington City Schools (e.g., South Lexington Elementary School, Dunbar Intermediate School, Lexington Middle School, and Lexington Senior High School) from elementary through her senior year where she graduated from Lexington Senior High School in 1998. She graduated from the University of North Carolina at Chapel Hill in 2002 with a double major in Psychology and Sociology. Following her undergraduate studies, Melissa taught children with autism in the Carrboro/Chapel Hill school system for a year and then returned to graduate school in 2003 to obtain her Masters in Social Work.

Melissa is graduating in May 2005 with her MSSW from the University of Tennessee in Knoxville and plans on pursuing her PhD in the near future. She plans to gain experience in the field of social work prior to returning to a doctorial program to enrich her clinical experience. Melissa plans on continuing her research on empathy and the MSSW curriculum by following students in the current study as they continue their education and complete their education at the University of Tennessee College of Social Work.