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An Exploration of Empathy and Personality in Preservice Counselors

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Empathy allows individuals to care for the well-being of others and act with compassion. Research indicates that empathy is an essential ingredient for developing successful counseling relationships, leading to positive change for clients. Determining how empathy is related to personality provides counselors with valuable information for exploring the impact of personality on empathy in counselor trainees. To explore the relationship between empathy and personality among counselor trainees, the researchers compared scores on the MBTI® and the IRI. Results of this study suggest a clear relationship between personality and empathy and were similar to the findings of previous researchers. In addition, this study demonstrated that the MBTI® type preferences of extraversion, intuition, feeling and perceiving are significantly higher than introversion, sensing, thinking and judging on the various empathy scales, specifically in the areas of empathic concern, perspective taking, personal distress and fantasy. Implications were discussed for both counselor educators and practitioners.

Keywords: Empathy, personality, assessment, counselor training, personal distress

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Lack of empathy in societies throughout the world has been a growing concern for many and may contribute to increases in social and personal cruelty (Baron-Cohen, 2011). Issues of oppression among diverse populations indicate a general lack of empathy considered to be a component at the core of many of these problems (Calloway-Thomas, 2010). In considering how to support marginalized populations and increase empathy within society, it is vital to first understand empathy along the frontline of support by examining its manifestation in helping professionals. Specifically, determining how empathy is related to personality provides counselor educators with valuable information for exploring the development of empathy among clients and counseling trainees.

Exploring Definitions of Empathy

Empathy is often viewed as important for treatment outcomes, yet as a construct it lacks consistency in definition and assessment (Cuff et al., 2021; Neukrug et al., 2013). In defining empathy, it is important to first distinguish it clearly from the concept of sympathy. Sympathy is an emotion which involves some form of care or concern for another person. The other person is the object of this state, and so the attitude is third personal rather than first-personal; empathy is rather different— one adopts the first person perspective of the other person (Miller, 2009). Someone who has global empathy, for example, would identify cross-culturally from personal experience, or attempt to do so, with the circumstances of another. Sympathy by contrast would not involve a first-person cognitive perspective.

Empathy is, however, a multidimensional construct and comprises the ability to perceive, understand and feel the emotional states of others. Expanding on a framework introduced by Carl Rogers, an integral model of empathy in counseling uses empathic understanding through three ways of knowing: Subjective empathy enables a counselor to momentarily experience what it is like to be a client, interpersonal empathy relates to understanding a client's phenomenological experiencing, and objective empathy uses reputable knowledge sources outside of a client's frame of reference. Across the counseling process, empathy is integral to treatment strategies and interventions (Clark, 2010). Through a relational process in the integral model, a counselor strives to empathically understand the phenomenological experiencing of a client and demonstrate a sensitive

attunement to the perceptual field of the individual. As a way of knowing, interpersonal empathy involves perceiving a client's internal frame of reference and conveying a sense of the private meanings to the person (Haugh & Merry, 2001). When attempting to empathically understand a client, the counselor fleetingly engages in processes involving identification, imagination, intuition, and felt-level experiencing. As a reciprocal process, subjective empathy relates to a counselor's awareness of his or her sensibilities and internal reactions in response to the experiencing of a client. Through a form of personal knowing, a counselor vicariously experiences, for a momentary period of time, what it is like to be the client. When attempting to empathically understand a client, the counselor fleetingly engages in processes involving identification, imagination, intuition, and felt-level experiencing (Clark, 2010).

Models of Empathy

Although there are variations in the importance that contemporary theoretical orientations attribute to empathy, most theories of counseling and psychotherapy acknowledge the therapeutic value of empathically understanding a client. A refined multiple perspective model has the potential to enrich and deepen the empathy process (Clark, 2010). Regarding the dynamic interplay between traits, studies show that much higher levels of helping behavior are exhibited by subjects who experience elevated levels of guilt, embarrassment, or empathy. These observations have been distilled into three areas: cognitive, emotional, and behavioral empathy.

Cognitive empathy

Cognitive empathy involves the counselor’s ability to accurately understand client statements from a more distanced and objective perspective (Miller, 2009). Cognitive empathy is conceptually distinct from *behavioral empathy,* which is the application of verbal and nonverbal responses that convey understanding to a client. Historically, behavioral empathy has been a strong focus in conceptualization and assessment of empathy (Egan, 2010), as well as in counselor training, because it is more easily observed and concrete than other forms of empathy (Clark, 2010; Stepien & Baernstein, 2006). Despite these differences in definition and assessment measures, previous research has nearly universally highlighted the importance of empathy and the beneficial outcomes of

an empathic approach. The general construct of empathy has been linked to increased adherence to treatment, greater satisfaction with the therapeutic relationship, and efficacy in treatment outcomes (Watson et al., 2014).

Emotional empathy

Emotional empathy is distinct from both cognitive and behavioral empathy; it involves a homology of feeling and emotion between self and other. Also known as *affective empathy*, or *emotive empathy*, this involves identifying with the emotional expression or experience of another person, in the sense that the counselor feels what the client feels or draws on previous personal experiences to connect with the emotional content of the client (Kohut, 2010). A second definition, *moral empathy*, refers to a motivation to connect with and understand another's reality (Stepien & Baernstein, 2006; Zaki, 2014). This definition suggests that a person must intentionally choose to act in an empathic way for it to be fully expressed, and thus empathic connection cannot be accidental in its application. As emotional empathy is commonly conceived, however, there is considerable ambiguity, since it could mean any of the following (Peterson, 2017, p. 235): 1) experiencing the exact same emotion at the exact same strength as another; (2) experiencing the exact same emotion, but not necessarily at the same strength; (3) experiencing not necessarily the same emotion but the same valence of emotion (positive or negative); or (4) experiencing emotional arousal as the result of witnessing the emotional arousal of another, but not necessarily the same emotion, the same valence, or same strength.

Behavioral Empathy

Behavioral empathy is a construct that is defined as actions taken in response to the internal experience of cognitive and/or emotional empathy. Although behavioral empathy may be triggered by both cognitive and emotional processes (Shamay-Tsoory, 2011), it is distinguished from cognitive and emotional empathy by its action-oriented approach. This approach involves experiencing and internalizing the feelings experienced by others (Eisenberg, 1989; Nunes et al., 2011; Tamayo et al., 2016).

Empathy in Counselor Trainees

Multiple dimensions of empathy have been explored within counselor trainees. Some research has begun to investigate the impact of empathy in this population on professional behaviors. Trusty and colleagues (2005) found that counseling students with the highest levels of empathy demonstrate lower avoidance and higher anxiety. Intervention research also points to various ways to improve empathy within this population. One study by DePue and Lambie (2014) proved that a practicum experience had the ability to increase counseling trainee empathy. The effect of a six-week loving-kindness meditation intervention on counseling students supported an improvement within the perspective taking dimension of empathy (Leppma & Young, 2016). In another study, Bohecker & Doughty Horn (2017) illustrated the positive impact of a mindfulness experiential small group intervention on students to stay present and empathize with their clients. Although new attention has been given to empathy, significant gaps in the research still exist in exploring dimensions of empathy especially in associated with dimensions of personality development within counselor trainees.

Instruments to Explore Empathy

This study examined the definition and development of empathy as a construct of personality, and explored the relationship between personality and empathy using The Myers Briggs Type Indicator (MBTI®; Myers, 1962) and the Interpersonal Reactivity Index (IRI; Davis, 1980). The MBTI® may be an effective tool for counselor educators in assessing an individual's empathy potential and may further be used to develop empathy training that matches type specific learning styles. In contrast to previous correlational studies, Confirmatory Factor Analysis (CFA) demonstrates that the MBTI® measures aspects of individual differences which are distinct from the Big Five factors of personality. Thus, the MBTI® has been found to add information to measures of the Big Five, including the Neuroticism Extraversion Openness Five Factor Inventory (NEO-FFI; Costa & McCrae, 1989). The MBTI® explores personality assessment across four categories of personality characteristics, each of which is paired with its opposite and measures dominance between the two on a continuum. This assessment promotes a nonjudgmental framework and has a high degree of face validity (Renner et al., 2014). In addition, research suggests that linking intuition to empathy indicates that cognitive aspects of empathy are not primarily obtained

through logical inference but instead through mental imagination, the ability to understand another's position or perspective by projecting into it. It may be that the cognitive aspect of empathy is defined more by divergent thinking, captured in MBTI® Intuition and BFI Openness, than the convergent, deductive thinking of logic. (Kanske et al., 2015).

The IRI (Davis, 1980) measures four separate aspects of empathy and their relationships to measures of social functioning, self-esteem, emotionality, and sensitivity to others. Each of the four subscales displays a distinctive and predictable pattern of relationships with these measures, as well as with previous unidimensional empathy measures. Davis (1983) explored relationships among the IRI- subscales, between the subscales and other psychological measures, and between the subscales and extant empathy measures, resulting in strong support for the IRI. The IRI scales not only exhibit the predicted relationships among themselves but are also related in the predicted fashion with other empathy measures and with indexes of social competence, self-esteem, emotionality, and sensitivity to others.

Purpose of the Study

Empathy is especially important to cultivate for counselors, as research indicates that empathy is an essential ingredient for developing successful counseling relationships, leading to positive change for clients. This study examined the relationship between personality and empathy in a sample of counseling students using the Myers Briggs Type Indicator® as the personality measure and the Interpersonal Reactivity Index as the empathy measure. Therefore, the research question for this study was: Is there a relationship between personality as measured by the MBTI® and empathy as measured by the IRI in counseling students?

Method

This study was approved by the [institution blinded] Institutional Review Board and supported by a research grant from CPP®, the Myers Briggs Company. The research study was completed through an online Qualtrics survey distributed through an anonymous link. The link contained an informed consent that explained the research project (including possible benefits and negative consequences of participation), assured confidentiality with a Qualtrics generated code number for each participant, and explained the option to

discontinue participation at any time. After completion of the consent form, the participants were directed to complete a demographic questionnaire. Upon completion of the demographic questionnaire, participants were directed to complete the IRI. Participants then followed a link specially programmed by Qualtrics, which took them to the MBTI® online format for form M. Once the MBTI® platform was accessed, participants entered their Qualtrics generated code. Both assessments were completed by study participants in approximately 30 minutes.

Instrumentation

Data were gathered using a quantitative, non-experimental method using two assessment instruments: the Myers Briggs Type Indicator ® and the Interpersonal Reactivity Index.

The Myers Briggs Type Indicator®

The Myers Briggs Type Indicator® (Myers et al., 1998) is a 93-item forced choice, untimed questionnaire. Preferences are determined on four bi-polar scales, Extroversion (E)/Introversion (I), Sensing (S)/Intuition (N), Thinking (T)/Feeling (F), and Judging (J)/Perceiving (P). There are 16 personality types based on the highest score received on each of the four scales. An effective tool for facilitating self-awareness, the indicator provides a positive psychological perspective as well as identifies individual strengths while providing rich information about individual differences. No results are more or less advantageous. The validity and reliability of the instrument has been deemed satisfactory by research (Capraro & Capraro, 2010; Carskadon, 1979; Cohen et al., 1981). The MBTI and its scales yields scores with strong internal consistency and test-retest reliability estimates (Capraro & Capraro, 2010).

The Interpersonal Reactivity Index

The IRI (Davis, 1980) is a 28-item instrument with four seven item subscales that identify four central measures of empathy resulting in a measure of individual differences in empathy. The IRI explores the multidimensional aspects of empathy including both affective and cognitive components. E*mpathic concern* (EC) assesses an individual's ability to experience compassion and concern when observing others negative emotional experience, *personal distress* (PD) assesses an individual's self-sense of anxiety and

distress when witnessing another's negative experiences, *fantasy* (FS) assesses an individual's tendency to equate themselves with the fictitious characters in a movie, book, play, etc. , and *perspective taking* (PT) assesses an individual's cognitive ability to understand and adopt the view of another experiencing negative reactions to a situation. The IRI questions includes nine reverse scored items that are arranged on a five-point Likert-type scale. The answers range from 0 (does not describe me well) to 4 (describes me very well). Research verifies the reliability and validity of the IRI scores, with internal consistency coefficients from 0.68 to .079 and test-rest reliability from 0.61 to 0.81 (Davis, 1980, 1983).

Data Collection

The population for this study consisted of master's and doctoral students enrolled in counselor education programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) throughout the United States (U.S.). This accreditation assures prospective students and employers that the counseling programs meet the current standards and qualities for the training of professional counselors according to the standards set by the counseling profession ("Mini Manual 1," n.d.). As of 2017, there were 753 CACREP programs in the U.S. with an estimated enrollment of 42,820 students at the masters and doctoral levels (CACREP, 2017).

Participants were recruited by email through three processes, resulting in over 350 students choosing to participate in the study. First, the researcher sent emails to a personal network of faculty contacts at institutions throughout the U. S. to request assistance in recruiting students in their respective programs. Second, faculty at randomly selected U.S. institutions found on the CACREP website were contacted to request assistance in recruiting masters and doctoral level students in their classes to voluntarily participate in the research project. Third, with permission from the administrators, this email request was sent via four counseling listservs; CESNET-L, OCA-L, OHCOUNSED-L and COUNSGRADS-L.

Participants

A total of 248 participants completed both assessments. Once the data were cleaned and reviewed, there were 232 participants whose responses were analyzed. The

demographic questionnaire was designed to be inclusive and allow for individuals to identify themselves as members of groups representing various categories of gender and race/ethnicity. There were 200 (86.2%) female participants and 24 (10.3%) male participants. The remaining 8 (3.5%) participants represented gender queer (3), gender non-conforming (2), gender fluid (1), and non-binary (2). For statistical purposes, a decision was made to analyze the data for the male and female categories since the 7 members of the other categories was not a large enough number for any statistical significance.

Within the demographic data, race and age were explored. There were 9 categories for race/ethnicity. Of these, 26 (11.2%) were African American/Black, 4 (1.7%) Asian, 174 (75%) Caucasian/White, 13 (5.6%) Hispanic/Latino, 13 (5.6%) Biracial/Multiracial, 1 (0.4%) Jamaican (write in) and 1 (0.4%) Middle Easter (write in). For analysis purposes African American/Black was one category, Caucasian/White was one category, Hispanic/Latino was one category, and Biracial was one category. The remaining two categories were considered as missing data. Participants were also asked to choose one of nine age range categories. The results were: 45 (19.4%) 20 -24 yrs., 71 (30.6%) 25 – 29 yrs., 36 (15.5%) 30 – 34 yrs., 24 (10.3%) 35 – 39 yrs., 16 (6.9%) 40 – 44 yrs., 17 (7.3%) 45 – 49 yrs., 8 (3.4%) 50 – 54 yrs., and 15 (6.5%) 55 or older. The 232 participants represented 32 different states in the U.S. States represented included: Alabama (2 participants), Arizona (24), California (7), Colorado (1), Connecticut (2), District of Columbia (7), Florida (4), Georgia (4), Iowa (1), Idaho (3), Illinois (6), Kansas (4), Kentucky (3), Maryland (1), Michigan (11), Minnesota (11), Missouri (2), Mississippi (1), Montana (1), North Carolina (7), North Dakota (2), Nebraska (2), New Jersey (1), Nevada (3), New York (3), Ohio (30), Pennsylvania (10), South Carolina (8), Tennessee (1), Texas (54), Virginia (6), and Washington (10). The participants represented the geographic regions of the South (98 participants; 42.1%), Midwest (69; 30%), West (49; 21%), and Northeast (16; 6.9%).

Participants were recruited from various fields of study. Fields of study included clinical mental health (116 participants; 50%), school (32; 13.8%), rehabilitation (5; 2.2%), counselor education and supervision (32; 13.8%), clinical mental health and school (6;

2.6%), clinical mental health and rehabilitation (9; 3.9%), clinical mental health and counselor education (3; 1.3%), college student affairs (8; 3.4%), couple and family counseling (9; 3.9%), and other (12; 5.2%). In addition, 159 participants (68.5%) were in a master's degree program, while 73 (31.5%) were in a doctoral program.

Data Analysis

Once the data were collected and prior to running any analysis through SPSS, the data was screened for normality (skewness, kurtosis, outliers, frequencies, etc.). Since the independent variables were viewed as categorical variables and because these data were multivariate, one-way MANOVAs for each independent variable were conducted to test for significant differences among groups to determine if there is a relationship between each of the personality type preference variables and each of the empathy variables. Post-hoc tests were conducted on statistically significant results to identify where the significant difference occurred, while controlling for Type I error. The demographic information was summarized and descriptive statistics utilized to understand the sample in detail. Graphic representations were used to display the results.

Results

Descriptive Statistics were completed on the IRI subscales and MBTI subscales (see Tables 1 and 2).

Table 1.
Descriptive Statistics of Participant Results on IRI subscales

	N	Mean		SD
	Statistic	Statistic	Std. Error	Statistic
EC_Mean	232	3.2223	0.03328	0.50698
PT_Mean	232	2.9938	0.04039	0.61518
PD_Mean	232	1.2562	0.04330	0.65957
FS_Mean	232	2.7722	0.05006	0.76256

Table 2.
Descriptive Statistics of IRI Subscales by MBTI® Subscales

		EC				**PT**				**PD**				**FS**			
Personality		**Mean**	**SD**	**n**	**%**	**Mean**	**SD**	**n**	**%**	**Mean**	**SD**	**n**	**%**	**Mean**	**SD**	**n**	**%**
EI	**E**	3.306	0.479	90	39	3.056	0.677	90	39	1.076	0.646	90	39	2.725	0.808	90	39
	I	3.169	0.518	142	61	2.955	0.572	142	61	1.370	0.644	142	61	2.802	0.734	142	61
SN	**S**	3.081	0.523	76	32	2.707	0.635	76	32	1.256	0.614	76	32	2.618	0.784	76	32
	N	3.291	0.486	156	68	3.134	0.556	156	68	1.256	0.682	156	68	2.847	0.743	156	68
TF	**T**	2.925	0.496	63	27	2.823	0.602	63	27	0.975	0.616	63	27	2.415	0.768	63	27
	F	3.333	0.466	169	73	3.057	0.610	169	73	1.361	0.646	169	73	2.905	0.719	169	73
JP	**J**	3.144	0.509	125	53	2.890	0.633	125	53	1.264	0.661	125	53	2.777	0.789	125	53
	P	3.314	0.491	107	47	3.115	0.532	107	47	1.247	0.661	107	47	2.766	0.734	107	47

In addition, the research question was explored as four hypotheses that were tested through one-way MANOVAs. Results are as followed.

Hypothesis 1

There will be significant differences between Extraversion(E) and Introversion (I) scores across the central measures of empathy; *Empathic Concern (EC), Personal Distress (PD), Perspective Taking (PT), and Fantasy (FS).*

Results indicate that there was a significant overall omnibus test, suggesting that extraversion/introversion personality type preferences explain significant variation across the four empathy scales, $F(4,227) = 4.42$, $p = .002$, $\eta 2p = .072$. Specifically, post-hoc analyses revealed that extraversion and introversion differed in terms of empathic concern, $F(1,230) = 4.09$, $p = .04$, $\eta 2p = .047$., and personal distress, $F(1,230) = 11.44$, $p = .001$, $\eta 2p = .047$. Pairwise comparisons were conducted to examine mean differences between extraversion and introversion in regard to empathic concern and personal distress. Results revealed that extraversion scores were significantly higher on the empathic concern scale than introversion scores, $p = .04$, 95% Confidence Interval = .004, .271, Cohen's $d = 0.279$. Introversion scores were significantly higher on the personal distress scale than extraversion scores, $p = .001$, 95% Confidence Interval = .123, .465, Cohen's $d = 0.449$. The Cohen's d indicates that the effect of extraversion/introversion index is stronger for the personal distress scale than for the empathic concern scale. Neither extraversion nor introversion scores differed significantly on either the perspective taking scale, $p = .23$, 95% Confidence Interval = .062, .264; or on the fantasy scale, $p = .46$, 95% Confidence Interval = -.126, .279.

Hypothesis 2

There will be significant differences between Sensing (S) and Intuition (N) scores across the central measures of empathy; *Empathic Concern(EC), Personal Distress(PD), Perspective Taking (PT), and Fantasy (FS).*

For this hypothesis, there was a significant overall omnibus test, indicating that sensing/intuition

personality type preferences explain significant variation across the four empathy scales, $F(4,227) = 7.75$, $p = .000$, $\eta 2p = .120$. Specifically, post-hoc analyses revealed that sensing

and intuition differed in terms of empathic concern, F (1,230) = 9.10, p = .003, η2p = .038., perspective taking, F (1,230) = 27.42, p = .000, η2p = .107, and fantasy, F (1,230) = 4.66, p =.032, η2p = .020. Pairwise comparisons were conducted to examine mean differences between sensing and intuition in regard to empathic concern, perspective taking, and fantasy. Results revealed that intuition scores were significantly higher on three of the four empathy scales. Intuition was significantly higher than sensing on the empathic concern scale, p = .003, 95% Confidence Interval = .073, .348, Cohen's d = 0.415; on the perspective taking scale, p < .001, 95% Confidence Interval = .266, .588, Cohen's d = 0.698; and on the fantasy scale, p = .03, 95% Confidence Interval = .02, .437, Cohen's d = 0.302. Cohen's d indicates that the effect of the sensing/intuition index is strongest on the perspective taking scale. Sensing and intuition

scores did not differ significantly on the personal distress scale, p = .99, 95% Confidence Interval = -.181, .183.

Hypothesis 3

There will be significant differences between Thinking (T) and Feeling(F) scores across the central measures of empathy; *Empathic Concern (EC), Personal Distress (PD), Perspective Taking (PT), and Fantasy (FS).*

There was a significant overall omnibus test, indicating that thinking/feeling personality type preferences explain significant variation across the four empathy scales, F (4,227) =14.15, p = .000, η2p = .200. Specifically, post-hoc analyses revealed that thinking and feeling differed in terms of empathic concern, F (1,230) = 33.94, p = .000, η2p = .129, perspective taking, F (1,230) = 6.82, p = .010, η2p = .029, personal distress, F (1,230) = 16.78, p = .000, η2p= .068, and fantasy, F (1,230) = 20.58, p = .000, η2p = .082. Pairwise comparisons were conducted to examine mean differences between thinking and feeling in regard to empathic concern, perspective taking, personal distress, and fantasy. Results revealed that feeling scores were significantly higher than thinking scores across all four empathy scales. Feeling scores were significantly higher on the empathic concern scale than thinking scores, p < .001, 95% Confidence Interval = .270, .546, Cohen's d = 0.824; on the perspective taking scale, p = .01, 95% Confidence Interval = .058, .411, Cohen's d = 0.396; on the personal distress scale, p <.001, 95% Confidence Interval = .20, .571,

Cohen's d = 0.598; and on the fantasy scale, p <.001, 95% Confidence Interval = .277, .703, Cohen's d = 0.657. Cohen's d indicates that the effect of the thinking/feeling index is strongest on the empathic concern scale.

Hypothesis 4

There will be significant differences between Judging (J) and Perceiving (P) scores across the central measures of empathy; *Empathic Concern (EC), Personal Distress (PD), Perspective Taking (PT), and Fantasy (FS).*

There was a significant overall omnibus test, indicating that judging/perceiving personality type preferences explain significant variation across the four empathy scales, F (4,227) = 2.75, p = .029, η2p = .046. Specifically, post-hoc analyses revealed that judging and perceiving differed in terms of empathic concern, F (1,230) = 6.62, p = .011, η2p = .046, and perspective taking, F (1,230) = 7.91, p = .005, η2p = .033. Pairwise comparisons were conducted to examine mean differences between judging and perceiving in regard to empathic concern and perspective taking. Results revealed that perceiving scores were significantly higher than judging scores on the empathic concern scale, p = .01, 95% Confidence Interval = .04, .30, Cohen's d = 0.339; and on the perspective taking scale, p = .005, 95% Confidence Interval = .076, .382, Cohen's d =0.395. The Cohen's d indicates that the effect of the judging/perceiving index is stronger for the perspective taking scale than for the empathic concern scale. Judging and perceiving scores did not differ significantly on either the personal distress scale, p = .85, 95% Confidence Interval = -.189,.155; or on the fantasy scale, p = .92, 95% Confidence Interval = -.209, .188.

Discussion

Empathy provides the foundation for effective counseling and is facilitated among counseling trainees by counselor educators. Results of this study suggest a clear relationship between personality and empathy and were similar to the findings of previous researchers. In addition, this study demonstrated that the MBTI® type preferences of extraversion, intuition, feeling and perceiving are significantly higher than introversion, sensing, thinking and judging on the various empathy scales, specifically in the areas of empathic concern, perspective taking, personal distress and fantasy. In addition to establishing a relationship between personality and empathy, this study affirmed a

significant relationship between personality type as measured by the MBTI® and empathy as measured by the IRI, which is supported by findings in other research (Costa Jr. & McCrae, 1995; Furnham et al., 2007, 2003; Mooradian et al., 2011; Renner et al., 2014).

Extraversion and Introversion

This study demonstrated mixed results on this index, with both significant and non-significant differences. No significant differences were found between extraversion and introversion on either the perspective taking or fantasy scales. Significant differences were found between extraversion and introversion on two empathy scales: empathic concern and personal distress. In terms of empathic concern, extraversion was significantly higher than introversion. On the personal distress scale, introversion was significantly higher than extraversion, which indicates more anxiety and discomfort for the introvert but does not indicate a lower empathy score. The personal distress scale had a stronger effect size on the extraversion/introversion index. On the personal distress scale, Cohen's d = .49 in comparison to .27 on the empathic concern scale, indicating a larger personality type difference for personal distress.

Sensing and Intuition

The findings of this study indicated that sensing and intuition were significantly different on three empathy scales: empathic concern, perspective taking and fantasy. Intuition scored significantly higher than sensing on empathic concern, perspective taking and fantasy. Of these three, the strongest effect size was on perspective taking (Cohen's d = .7). There was no significant difference between
the sensing and intuition scores on personal distress.

Thinking and Feeling

The findings of this study suggested that the thinking and feeling scores were significantly different on all four empathy scales: empathic concern, perspective taking, personal distress, and fantasy. Feeling scores were significantly higher than thinking scores on empathic concern, perspective taking, personal distress and fantasy. The largest effect size of the four was empathic concern (Cohen's d = .8).

Judging and Perceiving

This study found that the judging and perceiving scores were significantly different on two empathy scales: empathic concern and perspective taking. Perceiving scores were significantly higher than judging scores on empathic concern and perspective taking. Of these two scales, perspective taking had the stronger effect size (Cohen's d = .39). There were no significant differences between the judging and perceiving scores on the empathy scales: personal distress and fantasy.

Limitations

Correlational research designs come with a set of limitations that include the following: a) cause and effect relationships are not necessarily identified; rather, some type of relationship exists between variables, b) there is less control, if any, over the independent variables and therefore sometimes considered less rigorous, and c) relational patterns may have little or no reliability and validity (Isaac & Michael, 1981). Type I error can be inflated due to running many analyses, which means that it could be more likely to find a statistically significant result that is not there (Creswell, 2014, p. 194).

Potential limitations in the design of this study are related to self-report instruments. Debate in the field of personality psychology involved a disagreement as to whether self-reports or observer methods are more accurate since individuals with low levels of self-awareness may not be able to describe their behavior accurately (Roberts et al., 2006). This limitation about self-awareness is related to the "Forer Effect" that indicates that different people have varying levels of self-awareness

that can affect their scoring (Forer, 1949). Individuals may also want to answer questions in ways that they want to be seen rather than in how they actually are seen. However, counseling students may have a higher level of self-awareness than the average college student due to an emphasis on self-knowledge and self-awareness in the curriculum and in the competencies emphasized in the counseling profession. A concern in the responses of counseling students is that empathy is a socially desirable characteristic that they would want to claim as part of their identity (Zeisset, 1996). The respondents may want to imply empathy by answering questions to indicate higher levels of empathy as well as answer questions differently based on how they view themselves in different situations such as work, home, school or social situations (Berger & Luckmann, 1967). The participants

answers could have been influenced because they knew that the study was about the relationship between personality and empathy.

The Center for Applications of Psychological Type (CAPT) have more than a half a million cases stored in their research archives, most of which are of college age and college educated individuals (Myers et al., 1985; Zeisset, 1996). Included in the archives are over two thousand individuals who identify themselves as counselors and who have strong preferences for introversion/extraversion (I/E), intuitive (N), feeling (F), and perceiving (P) (Myers et al., 1985). Therefore, since the participants of this study will be counseling students, another limitation could be that the variation in type may be limited to the above-mentioned categories. Previous familiarity with the MBTI® could have an impact on the study from an overly positive to a negative view of psychological type. Extraneous variables not in the control of the researcher due to the design of the study many also have an impact on the outcome. As much as possible measures will be put in place to address these limitations. The instructions to the participants included directions to answer the questions based on their everyday normal behavior in environments where they are most comfortable and experience the least amount of stress.

Conclusions and Implications

Isabel Briggs Myers emphasized the value of a variety of personality types in all professions, as each type preference brings with it individual strengths or gifts that contribute to the diversity and complexity of any profession (McCaulley, 1978). In the field of counseling, practitioners can employ the MBTI® for self-awareness and to improve understanding of how their own type preference may reveal empathy tendencies. In addition, the MBTI® can be used as a tool for assessing client personality and related empathy tendencies based on type preference. Clients who present with a need to develop and/or increase empathy skills could be assessed with the MBTI and IRI, enabling the counselor to identify optimal counseling techniques, based on personality type preferences. For example, clients who prefer introversion, sensing, thinking, and judging, who also need to work on empathy development may benefit from working with a counselor familiar with the research findings.

Counselor Education and Supervision

It is understood that empathy increases as a result of self-knowledge combined with learning about differences and similarities in others (Blandin et al., 2017; Stebbins, 2005). The findings of this study can be used to inform counselor training programs on the benefits of incorporating the MBTI® into the education of counseling students for the purpose of empathy training. The results of the MBTI® assessments will assist counselor education faculty in understanding trainee learning and developmental needs, and an applied understanding of personality type preferences through the use of the MBTI® may shape the development of knowledge of self and others in counseling trainees, thereby increasing empathy.

Specifically, many counselor educators assert that counselor education graduate programs would benefit from including effective methods for teaching trainees to develop and sustain empathy for their clients (Barden & Cashwell, 2014; Greason & Cashwell, 2009; Hick & Bien, 2010). Evidence-based research suggests that experiential teaching practices would especially resonate with the learning styles of the type preferences of sensing, thinking and judging who may have tendencies to be lower in empathy (Lawrence, 2009; McCaulley, 1974; Myers et al., 1998; Quenk, 2009). In addition, these findings suggest that individuals who score higher on introversion may benefit from understanding the potential for personal distress as well as additional support and strategies to foster self-care and mental well-being prior to entering the field. To combat the potential of unnecessary turnover and burnout, supporting individuals at high risk for personal distress through education and structured facilitation of a self-care regiment beginning in counselor training is recommended.

In preparation of counseling trainees for the field, counselor educators may consider administering the MBTI® to incoming and/or current counseling program students. If used as part of an entrance assessment, the information ascertained from the MBTI® may assist the faculty in understanding the students' personality preferences as well as indicate empathic capabilities based on the results of this research. MBTI® ethical guidelines prohibit its use as a screening tool for guiding admissions into a counseling program (Myers et al., 1998; Quenk, 2009), but when administered as a tool for learning

assessment, may give faculty useful information for designing and implementing training and teaching strategies to enhance empathy based on type learning styles and professional development stages. Some of these strategies may include incorporating mindfulness, which is supported as a tool for increasing empathy in counselor trainees (Birnie et al., 2010; Bohecker & Doughty Horn, 2016; Fulton & Cashwell, 2015; Greason & Cashwell, 2009; Leppma & Young, 2016). Other suggested pedagogical tools include art and experiential immersion and service-learning programs, both of which are associated with increasing empathy (Barden & Cashwell, 2013, 2014; DePue & Lambie, 2014; Gerdes et al., 2011; Tomlinson-Clarke & Clarke, 2010; Ziff, Ivers, & Hutton, 2017).

Counselor Practitioners

Counselor practitioners can employ the MBTI® for self-awareness and on understanding how their own type preference may reveal empathy tendencies. In addition, the MBTI® can be used as a tool for assessing client personality and related empathy tendencies based on type preference. Clients who present with a need to develop and/or increase empathy skills could be assessed allowing the counselor to find techniques and or counseling methods based on personality type preferences. In particular, clients who prefer introversion, sensing, thinking, and judging, who also seek to work on empathy development, may benefit from working with a counselor familiar with the research findings.

Further Research

Overall, these findings provide a starting point for future investigations in the areas of personality and empathy in counselor education and supervision programs. The Myers-Briggs Type Indicator® (MBTI®) assessment is often portrayed as a means of facilitating communication and understanding not only of oneself but also of others. As a disposition, empathy involves an intuitive and emotional openness and at least a tolerance, if not acceptance and affirmation, of differences in and between others. Unfortunately, in Western cultures, the study of empathy focuses exclusively on the individual, whereas in traditional non-Western cultures, empathy more typically involves an inclusive perspective focusing on the individual and significant others in the societal context (Pedersen & Pope, 2010). A specific avenue to explore is the emerging concept of global empathy which may

be conceptualized as *cultural empathy* and involves the desire to supportively engage with an "other" who lives outside of one's immediate physical surroundings (Calloway-Thomas 2010). Cultural empathy is comprised of a refined ability to perceive an etic perspective toward others, to exhibit cognitive complexity in new circumstances, and to sustain an unbiased, non-judgmental understanding of culturally based interactions. Therefore, it would be helpful to include a measure of global empathy on future research.

People who possess global empathy "come to see themselves not only as citizens of their local community, nation-state, or ethno-cultural group, but also as global citizens willing and able to empathize with other peoples and their situations elsewhere in the world" (Bachen et al., 2012, p. 3). Identification as a global citizen as a component of global empathy infers some degree of political and civic engagement with the broader global community as an expanded peer group, and by extension, a globally empathetic response may include an urge to take action beyond one's borders. Intercultural empathy encompasses the ability to communicate and connect well with people from other parts of the world, understand nonverbal expressions of people from other cultures, build emotional ties with people from other cultures, and engage people from other parts of the world to work together (Javidan & Bowen, 2013). Therefore, we recommend further research explore the relationship between personality and empathy within a diverse array of training programs across cultures within professions charged with supporting individuals who are in crisis or require mental health support. The inclusion of a measure of global empathy in future studies is also recommended.

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