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Better Understanding of the Nature of Empathy: Interaction of empathy, attachment styles, narcissism, dogmatism, anxiety, and emotion regulation in people of helping professions.

Karolina Arutyunyan

Submitted in fulfillment of the requirements for the degree of Professional Doctorate in Counselling Psychology.

City University London
Department of Psychology.

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City, University of London
Northampton Square
London
EC1V 0HB
United Kingdom

T +44 (0)20 7040 5060

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Declaration

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Chapter I

Preface

Three pieces of work, which current portfolio is comprised of, are based on a premise that empathy is the focal feature of any successful therapeutic relationship. My passion in expanding our existing knowledge of the aforementioned concept and making advancements in the field of counseling psychology, inspired a dedicated approach to the subject of interest. The three parts of current work were focused on examination of empathy in the context of parental child-rearing styles, regulation of negative emotions and character traits of anxiousness, dogmatism, and narcissism.

Even before I knew very much about psychotherapy, I regarded empathy as the most decisive aspect of successful therapeutic outcome. My opinion in relation to this facet has been formed long before I began my quest for a degree in counseling psychology. Even as a 13- year- old teenager I often reflected on the profound feelings of sadness and worry that I felt upon witnessing the misfortune of other people. I frequently wondered if human race, in all its entirety, experienced the same feelings of concern. In my mind I believed that I was particularly sensitive and receptive to the feelings of other people. Even at an early age I believed that emotional receptivity was a vital attribute of psychotherapists and counselors. A number of years later I learnt that my perception of empathy, as a vital characteristic of psychotherapists, was shared by Carl Rogers (2004) himself. Rogers (2004) believed that empathy was a desirable attribute not only of clinicians, but the human kind as a whole.

My passion and strong belief in the healing qualities of empathy inspired me to examine this concept in the course of my doctoral thesis. I aspired to understand the concept at greater length and to expand the already existing knowledge of empathy in the context of counseling psychology.

During my training as a counseling psychologist my opinion of empathy as a central component of therapeutic relationship was confirmed and further reinforced. This was apparent during my practice, since empathy provided

substance and humanity to my interactions with clients. Much of the problems in my clients' presentations have arisen as a result of cold and detached care they have received. For many of my clients working with an understanding and caring therapist was a unique experience and one they could not make progress without.

The emphasis that modern psychotherapy places on clinician's affective engagement in therapeutic process is a far cry from early Freudian psychoanalytic reasoning. Emotional involvement of the therapist was seen as an impediment to the psychotherapeutic practice and something that needed to be kept in check (Freud, 1914/1993). Jung (1970/1909) considered counter-transference as a perpetual problem, which needed to be controlled. Pioneers of psychoanalysis called for the concept of neutrality to be introduced into the psychotherapeutic setting and to be maintained strictly as best it could. Furthermore, Hoffer (1985), in his translation of Freud's original text, claimed that Freud's concept of neutrality was wrongly interpreted and that direct translation of his writings called for therapist's indifference. Freud (1914/1993) propagated that indifference towards the patient could be maintained by controlling counter- transference (as cited in Hoffer, 1985). Weather termed as neutrality or indifference, the healing qualities of the concept were later regarded as a myth (Hoffer, 1985) and subsequently renounced. Contemporary writers, such as Brenner (1976), began to argue that transference and working alliance were indistinguishable. Other writers suggested that neutrality alone did not encompass analytic approach, which also entailed sensitivity and commitment (Blum, 1981 as cited in Hoffer, 1985). Similarly, Rizutto (1983) proposed that in order to provide a caring approach, therapeutic neutrality needed to occur in conjunction with empathy (as cited in Hoffer, 1985).

Most of the patients, whom I had the pleasure to work with, were struggling to regulate their negative emotions, which was frequently as result of parental failures (even if not deliberately inflicted). In my experience therapist's warmth, compassion, and understanding cultivate a more integrated, flexible, and compassionate sense of self. In turn the client's existing critical and rigid standards are relinquished. However, in order for this process to take place the

client must accept what the therapists has to offer. Frequently perpetually injurious patterns of behavior deprive the client from taking in anything positive.

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Chapter II

The Thesis

Better Understanding of the Nature of Empathy: Interaction of empathy, attachment styles, narcissism, dogmatism, anxiety, and emotion regulation in people of helping professions.

Abstract

The current study looked at the interaction between four facets of empathy ('empathic concern', 'personal distress', 'perspective taking', 'fantasy'), nine strategies of emotion regulation (ER), three parental styles, and traits of narcissism, dogmatism and anxiety. The main aim of the current work was to explore the variables, thought to relate to empathic reasoning, and to consider how empathy can be facilitated in people of helping professions. The sample of participants was comprised of counselling and clinical psychologists, psychotherapists, psychoanalysis, care workers, and other people of helping professions at various stages of their professional development. A total of 163 females and 53 males took part in the study. The mean age of participants fell in the '44–49' category box.

Data were analysed with three methods of statistical analyses: multiple regression analysis, correlation analysis, and cluster analysis. Results of cluster analysis indicated that participants were classified into three distinct groups. The clusters appeared to represent a gradual transition from the youngest to the oldest participants and an accompanying shift towards emotional resilience, better management of negative affective states, positive recollections of parental dynamics, and increased propensity for empathic relating.

Results of regression and correlation analyses indicated that regulation of negative emotions had facilitating effects on empathic capacity, with the exception of 'fantasy', which was positively associated with negative emotionality. Overall, findings indicated that empathic dimensions of 'personal distress' and 'perspective taking' were more susceptible to the influence of ER, narcissism, and anxiety than the remaining aspects of empathic relating, namely 'fantasy' and 'empathic concern'. The field of helping professions could benefit from drawing clear distinctions between dimensions of empathic relating and implementing strategies to facilitate appropriate regulation of emotional fragility in younger trainees.

Key words:

Empathy, Empathic concern, Perspective taking, Personal distress, Emotion regulation, Narcissism, Dogmatism, Parental styles, Anxiety, Counselling.

Abbreviations:

IRI - Interpersonal Reactivity Index

MOPS - Measure of Parental Style

DOG - Dogmatism (measure)

CERQ - Cognitive Emotion Regulation Questionnaire

STAI - State Trait Anxiety Inventory

NPI - Narcissistic Personality Inventory

PWP - Psychological Well-being Practitioner

ER - Emotion Regulation

CPD - Continuous Professional Development

CMT - Compassionate Mind Training

CMT - Compassion Focused Therapy

PT- Perspective Taking

FS- Fantasy Scale

PD - Personal Distress

EC- Empathic Concern

DV- Dependent Variable

IV- Independent Variable

1. Introduction and Literature Review

1.1 Empathy

The first definition of empathy was put forward by Lipps (1903), who viewed it as a process by which the observer "feels himself into the object he is contemplating". Freud (1920) defined empathy as "The mechanism by means of which we are enabled to take up any attitude at all towards another mental life" (p. 110), as well as "the process … which plays the largest part in our understanding of what is inherently foreign to our ego in other people" (p. 108, as cited in Strachey, 1955). Kerr and Speroff (1954) refer to empathy as a distinct talent of exceptional counsellors. Their definition of empathic reasoning is composed of ability facets, such as putting oneself in the shoes of another person, establishing connection, and predicting behaviours, feelings, and reactions.

Empathy is not a compulsory reaction, but something that occurs when we observe negative feelings of other people (Singer et al., 2004). Empathic reaction can be elicited by means of visual stimuli, such as by witnessing the pain of a fellow human being, as well as through a more abstract medium, such as a representation of another person's mental state (Singer & Lamm, 2009). Empathy fosters pro-social behaviour (Eisenberg & Fabes, 1998), making it not only a desirable but a vital personality characteristic of any human being. This is particularly the case when it comes to people of helping professions, whose primary objective is to aid those in their care.

Empathy is often associated with two corresponding dimensions, sympathy and personal distress (Eisenberg & Fabes, 1998). However, unlike the concept of sympathy, empathy is characterised by the ability to separate oneself from the other and to recognise alternative perspectives and emotions (Baskin-Sommers, Krusemark, & Ronningstam, 2014). Empathy involves an affective recognition of another person's actual or inferred emotional state, as well as comprehension of that state, which makes empathy a multifaceted construct (Decety & Moriguchi, 2007). Gelhaus (2012) deliberated on whether empathy can be used interchangeably with sympathy, care, compassion, and

benevolence. All of the aforementioned concepts contribute to good clinical conduct. However, despite the link, they must be understood as separate dimensions (Gelhaus, 2011).

The literal meaning of "sympathein" is to suffer with, whereas "empathein" means to suffer inside (Gelhaus, 2011). Halper (2012) described empathy as an act of emotional resonance, distinguishable by curiosity. She goes on to explain that sympathy involves feeling in the same boat with the other, while empathy is manifested by curious inquiry of another person's unique experience, which is achieved by attuned listening.

Olinick (1987) explains that in the context of sympathy the aim is to reach the same emotional state as the person with whom we sympathise; in essence we are trying to identify with them and feel the same thing they are feeling. Wilmer (1968) states that when we sympathise our identity is fused with that of the other person, as if we become them. Empathy, however, does not involve the element of 'merging with the other', haracteristic of sympathy. Empathy permits one to maintain the awareness of outside perspective, with an aim to reach inside the other person and understand their feelings. Our own inner experiencing helps us comprehend these feelings inside the other. If, however, this understanding goes beyond a rational recognition of the emotional affect, empathy can evolve into to sympathy (Gelhaus, 2011).

Empathy, in a wide sense, is a reaction one has in relation to observations of another person's experiences (Davis, 1983). Such reactions can vary in nature. Smith (1759) and Spencer (1870), almost a century apart from one another, came up with two broad categories: a cognitive response (ability to understand the position of the other) and an emotional response, which is more ingrained and intuitive (as cited in Davis, 1983). Much research has been conducted with regard to the two separate definitions. Some researchers have taken a stance of empathy as a cognitive phenomenon. They selectively examined the intellectual properties involved in the accurate recognition of other people's mental states (Dymond, 1949 as cited in Davis, 1983). Other researchers focused on emotional properties of the concept and directed their investigations towards emotional reactivity in helping behaviour (Sherman, Hansson, & Richardson,

1978 as cited in Davis, 1983). Thereafter, the two dimensions of empathy began to be integrated. Rather than treating these components as two separate parts, they were conceptualised as two elements of the same concept. Researchers claimed that understanding of the empathic response could take place only if we acknowledged that it consisted of both affective and cognitive components (Deutsch & Madle, 1975 as cited in Davis, 1983; Eisenberg & Eggum, 2009). This is how empathy has come to be appreciated as a multidimensional construct. Lockwood, Seara-Cardoso, and Viding (2014) demonstrated that both cognitive and affective components of empathy play a part in promoting pro-social behaviour, as indicated by a positive association between both types of empathic reasoning and the intent to benefit the other. Walter (2012) describes empathy as (1) a state that is affective; (2) evoked by the emotional state of another; (3) is like the emotional state of the other; (4) is directed towards the other; (5) entails taking perspective and making a distinction between the self and the other; and (6) involves an understanding of the causal association between one's personal emotional state and the emotional state of the other.

1.1.1 Key components of empathy

Preston and De Waal (2002) state that empathy can be expressed on a continuum ranging from a mere feeling of turmoil upon witnessing the distress of another human being to a total understanding of their problems, and with numerous intermediate expressions of empathy existing in between. If empathy elevates beyond a certain threshold it will develop into sympathy or personal distress (Eisenberg & Eggum, 2009). Sympathy is defined as an emotional response, stemming from feelings of concern we have for other people. It is not identical to the emotional state of another person, but arises from feelings of sorrow we experience in relation to their situation (Eisenberg, Shea, Carlo, & Knight, 1991). Personal distress on the other hand is an aversive, self-focused emotional reaction, brought on by witnessing the misfortune of other people. It arises due to empathic over-arousal, which results in a sense of urgency to alleviate personal distress. This self-focused state prevents one from attending

to the distressed other (Decety & Lamm, 2006). Therefore, personal distress comes in direct opposition to the distinctively other-directed construct of empathy.

Research in cognitive neuroscience identified four key components which conceptualise empathy: emotional contagion or affective response, self-other awareness, perspective taking and emotion regulation (Gerdes, Lietz, & Segal, 2011). I would now like to outline the processes of each component in further detail and consider their individual contribution to the overall concept of empathy.

Emotion contagion/ affective response

Affective response is physiological in nature. It is unconscious and automatically elicits a mirroring response of another person's feelings (Gerdes et al., 2011). Empathy is preceded by a somatic mimicry a.k.a. emotion contagion, which allows for automatic synchronisation of movements and facial expressions and eventually leads to emotional convergence (Hatfield, Cacioppo, & Rapson, 1993). Therefore, if we were to witness someone crying we might start crying too. This happens because our mirroring neurons activate the physiological sensation that makes us feel as if we are the person who is telling the story. Despite this intense physiological reaction we maintain the self-other awareness, which comes as a result of the other three components of empathy, which are cognitive in nature (Gerdes et al., 2011). Although, the ability to share feelings is not unique to human beings and can be shared by primates, it is only humans who can feel for others and act on their behalf, despite the fact that they do not share their experience. Therefore, empathic concern is linked to pro-social behaviour (such as offering a helping hand) and is therefore a pivotal component of altruism. Pro-social behaviour occurs because of synchronised self-other representations.

Self-other awareness

Decety and Lamm (2006) state that self-individuality is a necessary prerequisite to empathy. A complete overlap between oneself and other during emotion sharing would result in self-oriented emotional distress or empathic over-arousal, which contradicts the concept of empathy. Self-awareness is essential in order to distinguish one's own mental state from that of another person (Gerdes et al., 2011). Empathy requires modulation of affect sharing and consideration of whose feelings belong to whom (Decety & Lamm, 2006). Therefore, a sense of agency is crucial in order to elicit selfless regard to the emotional state of another person, as opposed to a selfish need for avoidance of aversive emotional activation.

Perspective taking

Adam Smith, an 18th-century Scottish philosopher, proposed that by means of imagination we are able to put ourselves into the shoes of another person, therefore entering their body and becoming one (as cited in Decety & Lamm, 2006). Due to its reliance on mature executive resources (control of thoughts and actions: self-regulation, response inhibition, and cognitive flexibility), perspective taking develops after emotional contagion. Mental flexibility and self-regulation allow one to engage in perspective taking and maintain separateness between oneself and other (Decety & Jackson, 2004).

Emotion regulation

Research findings indicate that there is an association between self-regulatory processes and empathy. Developmental psychologists describe self-regulatory processes as voluntary control of attention allocation, inhibition and activation of behaviour, integration of information and planning (Eisenberg & Eggum, 2009). Research indicates that orienting and effortful control are positively related to children's ability to control attention and emotions (Gerardi-Caulton, 2000).

Effortful emotion-related self-regulation is linked to sympathy as opposed to personal distress (Eisenberg & Fabes, 1992). Due to under-regulation of negative emotions personal distress is thought to lead to empathic over-arousal, and subsequently a self-concerned response is evoked (Eisenberg, Wentzel, & Harris, 1998).

Emotion regulation plays an important part in the modulation of reactions we experience in relation to emotional states of other people. In essence it prevents us from perceiving these states as aversive (Decety & Lamm, 2006). According to Decety and Jackson (2004): "The mental flexibility to adopt someone else's point of view is an effortful and controlled process" (p. 84), which makes self-regulatory processes a crucial part of empathy-related responding. Without emotional control activation of shared perspective would lead to emotional contagion and subsequent emotional distress (Decety & Jackson, 2004). Derryberry and Rothbart (1988) state that emotion regulation is linked to feelings of concern, directed towards other people.

In order for empathy to take place, all four components need to be fully operational. By engaging the three cognitive components (emotion contagion, perspective taking, and self-other awareness) we are able to comprehend distressed states of other people. Appreciation of separateness between oneself and other facilitates resilience to the initially profound physiological reaction. In turn, regulation and control of emotional affect promotes empathic reasoning (Decety & Jackson, 2004). By regulating our emotions we are able to experience the intensity of someone else's feelings without getting overwhelmed (Gerdes et al., 2011). Decety and Jackson (2004) assert that self-regulatory processes are crucial for empathy-related responding: "The mental flexibility to adopt someone else's point of view is an effortful and controlled process" (p. 84). Without emotional control the activation of shared perspective would lead to emotional contagion and subsequent emotional distress (Decety & Jackson, 2004). Research shows that orienting and effortful control are positively related to children's ability to control attention and emotions (Gerardi-Caulton, 2000).

1.1.2 Fantasy

Another component thought to contribute to the overall process of empathic relating is fantasy. It was defined by Davis (1983) as imaginative empathy and entails a propensity for identification with fictitious characters from movies, books, or plays.

Research literature portrays fantasy as a concept invariably linked to empathy. Davis (1983) sees fantasy as an emotional part of empathy, which allows one to vicariously participate in the affective state of another person (as cited in Frías-Navarro, 2009). In line with Davis (1983), current work regards fantasy as a cognitive component of empathic relating. Researchers believe that at the age of 3 (around the same time as the development of empathy takes place) children start to show preference for particular types of cognition and play (Brown, Thibodeau, Pierucci, & Gilpin, 2016). Sharon and Woolley (2004) and Taylor (1999) demonstrated that some children show increased propensity for play in a fantastical realm, which researchers termed fantasy orientation. Brown et al. (2016) believe that fantasy play effects the development of empathy, whether directly or indirectly. Children whose play is characterised by fantasy engage in activities where they assume positions of imaginative figures (Singer & Singer, 1990; Taylor, 1999).

A predominant part of research literature affirms the link between manifestation of one's fantasy orientation and empathy. Connolly and Doyle (1984) found that children between the ages of 3 and 5 who engaged in more fantasy play were better at identifying and justifying emotional states of characters in a story. Additionally, researchers detected that fantasy play, in comparison to non-fantasy play, was more group orientated. Saltz and Johnson (1974) designed a study aimed at evaluating the influence of thematic play on pre-schoolers with low socioeconomic status. Findings of the study revealed that intervention was associated with an increase in empathy. Findings of the study were replicated over a three-year period (Saltz, Dixon, & Johnson, 1977). Similarly, Alyse (2015) established that fantasy orientation predicted affective empathy in pre-school children. Goldstein and Winner (2012) established that after elementary school children who received acting training showed an

increase in empathy. Presumably this took place as a result of transposing oneself into the shoes of fictitious characters, which could then be utilised in the context of empathising with affective states of other people. Iannotti (1978), however, failed to detect any association between role taking, conceptualised as taking the perspective of a character from a story, and empathy in a sample of 6- to 9-year-olds. In the adult population fantasy has been linked with empathic concern. Davis (1983) reported a correlation of .33 between the aforementioned variables. Similarly, De Corte et al. (2007) reported an association between fantasy and empathic concern in the adult population. Existing literature provided substantial evidence in support of fantasy (defined as identification with fictitious characters) as a contributing factor in empathic relating.

Furthermore, Davis (1983) defined fantasy as one of the components that empathic reasoning is comprised of. This prompted the inclusion of fantasy in the design of the current investigation.

1.1.3 Empathy and the therapeutic relationship

In 2000 Watson stated that 60 years of consistent research provided evidence for therapist empathy to be the most powerful predictor of client progress in therapy, in every therapeutic modality. Horvath and Simmons (1991) (amongst many other researchers) wrote about the importance of the client-therapist relationship in achieving favourable therapeutic outcomes.

The concept of the therapeutic alliance was first explicated by Freud in 1912 (as cited in Luborski, 1994), in the same year that Freud defined empathy as a way for the therapist to get to know the mind of the patient (as cited in DeGeorge, 2008), indicating that empathy was a window to the patient's unconscious dynamics (Feller & Cottone, 2003). Rogers (1959) further expanded on Freud's (1912) concept of empathy defining it as the ability "…to perceive the internal frame of reference of another with accuracy and with emotional components and meanings…as if one were the person" (as cited in DeGeorge, 2008). Carl Rogers postulated that empathy was one of the three core conditions that needed to be present in order for therapeutic change to take place (Rogers,

1957). Burns and Nolen-Hoeksema (1992) compared CBT therapists with varying degrees of empathic relating. The researchers provided robust evidence that therapists with the highest degree of empathic relating had patients who improved significantly more, when compared to patients of therapists with the lowest rating in empathy. Wampold (2001) wrote that there is an inextricable connection between empathy and the formation of a working alliance. Bohart, Elliott, Greenberg, and Watson (2002) conducted a meta-analysis involving 190 studies and 3,026 psychotherapy clients. Findings of meta-analysis supported the presumed link between therapist empathy and successful outcome of psychotherapy.

Carey et al. (2012) stated that empathy allows clients to express whatever comes to their mind thereby reducing psychological distress. Furthermore, empathising with another person's perspective facilitates helping behaviour, reduces anger, and is therefore imperative in conflict resolution (Betancourt, 2004).

Mearns and Thorne (2013) state that empathy is a vital aspect of the person-centred counsellor's professionalism. Frederick (2016) advocated that empathy is an essential component of therapeutic work with dissociated patients. In the absence of empathy, a secure and healing therapeutic alliance cannot be developed and the patient's malevolent ego state is unlikely to transform and integrate.

Reynolds, Phil, and Scott (1999) in their literature review paper demonstrated that empathy is vital to all forms of helping relationships. They asserted that expressing feelings of empathy for the distress of the client is a vital component of clinical nursing, since it communicates a supportive social interaction. It appears that empathy plays a crucial part in the human decision to help (Coke, Batson, & McDavis, 1978;), making it an invaluable component of working in the fields of the helping professions. Halpern (2012) called empathy the non-technical core competency of primary care. A study conducted by Suchman, Markakis, Beckman, and Frankel (1997) demonstrated that initially patients provide only peripheral details of their histories and only after sensing empathy of the physician do they disclose the anxiety-provoking material. Mercer and

Reynolds (2002) conducted a study on quality of care and established that empathy played a key part in positive outcomes of mental health treatments as well as nursing. There is an abundance of empirical evidence which points to the fact that good communication by physicians has beneficial effects on patients' satisfaction of care and compliance with treatment (DiMatteo & Hays, 1980; DiMatteo, Taranta, Friedman, & Prince, 1980; Linn & Wilson, 1980; Olson, 1995; Pelz, 1982; Kim, Kaplotitz, & Johnston, 2004; Roter et al., 1998; Ptacek & Ptacek, 2001).

Beneficial effects of empathy extend not only onto the patient, but the physician too. Increased levels of empathic concern and perspective taking proved to have protective function against burnout (Lamothe, Boujut, Zenasni, & Sultan, 2014). Zenasni et al. (2012) explain that burnout leads to depersonalisation of the patient. Deighton, Gurris, and Traue (2007) explored the two widely used concepts (compassion fatigue, and vicarious trauma) in relation to working with torture survivors. Empathy proved to act as a protective factor for counsellors, exposed to the traumatic accounts of client's experiences and events. Wagaman, Geiger, Shockley, and Segal (2015) provided further support for the protective factors of empathic relating on a sample of social workers. Findings of the study indicated that higher levels of empathy were associated with lower levels of burnout, secondary trauma stress and compassion satisfaction in social workers.

Therefore, physicians' empathy benefits the patient via direct communication of compassionate expression as well as indirectly by reducing physicians' burnout, thereby preventing its negative effects on physicians' empathic relating (Thomas et al., 2007; Brazeau, Schroeder, Rovi, & Boyd, 2010). Zenasni et al. (2012) advocated that only empathy containing both cognitive and affective components bears the protective function against burnout.

1.2 Emotion Regulation

1.2.1 Effortful control

So how do we develop into skilled emotion regulators? As infants we regulate ourselves by means of orienting (Eisenberg, 2012). Piaget (1952) states that the orienting reflex, which is a reaction to a change in the environment, operates on vision and facilitates the infant's first knowledge schemas. Later on, in the first year of life, effortful control comes into play, when regulating a response to a stimulus (Rothbart & Posner, 2000). Effortful control is a temperament attribute which contributes to emotion regulation (Eisenberg et al., 2005). Executive attention is the system in the brain responsible for effortful control. Therefore, development of executive control is necessary for the maintenance of focused attention. There is evidence that delayed gratification is linked to the ability to take control of negative affect in children. Effortful control is defined as "the efficiency of executive attention, including the ability to inhibit a dominant response and/or to activate a subdominal response, to plan, and to detect error" (Rothbart & Bates, 2006, p. 129).

By means of effortful control we are able to regulate our attention, which includes focusing, shifting attention, and cognitive distraction, and activate or inhibit behaviour (Eisenberg, Smith, & Spinrad, 2012). Emotional control is not entirely analogous to emotional self-regulation, due to the involvement of the former in various other processes, such as focusing on the task at hand. Nevertheless, intrinsic skills of emotional control shape the core of internally based, voluntary emotion self-regulation. Effortful control, along with executive functioning, engages an array of processes that allow us to manage our emotions and behaviours. However, it is necessary to acknowledge the distinction between control and regulation. Eisenberg et al. (2011) state that flexibility in emotional control is necessary for a well-regulated adaptive functioning (neither an over-control nor an under-control would be desirable). Furthermore, aspects of emotional control re automatic and happen without conscious awareness, yet when necessary we are able to shift into a more

volitional mode of operating. Eisenberg et al. (2011) advocate that volitional or effortful aspects of emotional control result in more adaptive outcomes since they can be applied at will and flexibly adapted to the requirements of a specific context, as opposed to emotional reactivity, which is automatic and non-volitional. The present study is centred on the volitional aspects of emotional control. The assumption that aspects of emotion regulation can be adaptive, when working in the field of helping professions, has inspired the focus of the current project.

Emotional control is linked to successful regulation of emotions. It plays a role in a wide variety of emotion regulation strategies such as attention strategies (avoidance and distractions), reappraisal, selection and modification of the situation, as well as inhibition of emotionally motivated actions (Eisenberg et al., 2011).

1.2.2 Emotion regulation

Thompson (1994) defined emotion regulation as a compilation of extrinsic and intrinsic processes, which monitor, evaluate, and alter emotional reactions in order to attain one's goals. According to Gross (1998) emotion regulation is the process that allows us to influence which emotions we experience, when we experience them, and how we experience and manifest them. Numerous studies demonstrate that emotion regulation affects mental health. Freud (1961) delivered us the notion that psychological health depends on the way affective impulses are managed (as cited in Gross & Levenson, 1997). Similarly, Thompson (1991) and Ciccetti, Ackerman, and Izard (1995) stated that successful functioning and well-being are largely reliant on regulation of emotions. Emotion regulation is a factor in over a half of *Diagnostic and Statistical Manual- IV* Axis I disorders (Gross & Levenson, 1997). It plays a part in alcohol abuse (Sayette, 1993), binge eating (Lingswiler, Crowther, & Stephens, 1989), anxiety and mood disorders (Barlow, 1986). Although, since alcohol, food, and anxiety are used to defend against certain feelings (Frederickson, 2013), they in themselves form a subtype of emotion regulation strategies (namely distraction and avoidance).

Emotion regulation is a concept comprised of vast regulatory processes: regulation of emotion by oneself, regulation of emotion by the other, regulation of emotions themselves, and regulation of the underlying feature of emotions (Thompson & Calkins, 1996). As such the concept of emotion regulation contains elements of social, behavioural, biological as well as conscious and unconscious nature. Physiologically our emotions manifest in rapid breathing and an increased heartbeat. The social aspect of emotion regulation entails seeking interpersonal proximity. Behavioural coping responses include screaming, crying, or withdrawing. Unconscious cognitive processes regulate emotions by means of denial, projection, and distortion, whereas cognitive processes entail thought modulation such as acceptance, catastrophising and blaming others (Garnefski, Kraaij, & Spinhoven, 2001).

A process model of emotion regulation states that emotions start with an appraisal of internal or external emotion cues. Emotion cues are attended to and in turn certain evaluations generate responses that involve experiential, behavioural and physiological systems, which promote responses to challenges. These response tendencies aren't fixed and are susceptible to regulation, which shapes the final manifestation of an emotional response (Gross, 2001).

Emotional response can be engendered at different times after the stimulus has been perceived as important. Emotions unfold over time and therefore emotion regulation strategies can make an impact at different points during emotion-development processes (Gross, 1998). Emotion regulation strategies fit into one of two broad categories: antecedent-focused and response-focused. Antecedent-focused strategies involve acting prior to emotion response activation, thus emotions are handled at the input to the system. In contrast response-focused strategies entail regulation of an emotion once it has commenced, thereby manipulating the output (Gross & John, 2003). These broad emotion regulation categories can be distinguished in terms of smaller subtypes (outlined below).

Subtypes of antecedent-focused emotion regulation

Attention deployment is used to select which aspects of a given situation we concentrate on. This strategy can be further divided into the following components: concentration, distraction, and rumination (Gross, 1998).

Cognitive change involves reappraisal of the situation we find ourselves in, or our capability for managing it. Downward social comparison and reappraisal are attributed to this subtype. The former works by means of juxtaposing the negative occurrence in our life with that of someone in a less fortunate position (Taylor & Lobel, 1989 as cited in Gross, 1998), while the latter modifies the situation to adjust the impact it has on our emotions (Gross, 2002). Additionally, the psychological defences denial, intellectualisation and isolation fall into this category (Gross, 1998).

Situation selection entails avoiding a given situation (objects, people, places) to alter our emotional state (Gross, 1998).

Situation modification involves altering our surroundings to modify emotions (Gross, 1998).

Response-focused emotion regulation strategies

Response modulation entails direct impact on physiological, experiential, or behavioural responding (Gross, 1998). The management of emotion-expressive behaviour is the most frequently occurring form of ER (Gross, Fieldman, Barrett, & Richards, 1998). "Suppression is defined as inhibiting ongoing emotion-expressive behavior": Gross (2002) and can entail the use of drugs, alcohol, exercise or food.

Gross (1998) categorized emotion regulation by response-tendency. Lazarus and Folkman (1984) clustered the strategies into problem-focused and emotion-focused coping mechanisms. Problem-focused coping acts on the stressor, while emotion-focused coping regulates the emotions which arise as a result of the stressor (Compas, Orosan, & Grant, 1993). Both forms of coping are considered adaptive (Garnefski et al., 2001). Problem- and emotion-focused coping clusters are comprised of two types of strategy: cognitive and behavioural (i.e. thinking and acting). Garnefski et al. (2001) argued that because of the conceptual distinctiveness of the strategies as well as the fact that they are generated at different points in time, the two clusters should be studied independently.

The primary aim of the current project is to explore the ways by which people of helping professions can facilitate their empathic responding. Existing literature informs us that successful regulation of negative emotions has a positive effect on empathic reasoning (Eisenberg & Fabes, 1992). Despite the fact that problem-focused coping is considered more effective in dealing with negative feelings (as compared to emotion-focused coping), there are times when nothing can be done to change the situation and problem-focused coping loses its value (Lazarus, 1993). Additionally, as noted by Garnefski et al. (2001), cognition precedes the action – first we make a plan and only then operationalise it. Authors argue that it is of greater value to train people on how to develop plans for subsequent conscious actions, rather than merely focusing on the act while ignoring accompanying cognitions. This has motivated me to explore the cognitive side of emotion regulation.

1.2.3 Cognitive emotion regulation strategies

Cognitive emotion regulation strategies can be divided into adaptive and maladaptive ones, based on their immediate effect as well as their relationship to psychopathology (Gross, 1998). Previous research shows that maladaptive emotion regulation strategies are generally associated with mental health problems such as anxiety, depression, and stress (Carver, Scheier, & Weinsraub, 1989; Anderson, Miller, Riger, Dill, & Sedikides, 1994; Garnefski et al., 2001; Garnefski, Teerds, Kraaij, Legerstee, & Van Den Kommer, 2004; Martin & Dahlen, 2005; Lazarus, 1993; Lazarus & Folkman, 1984; Campbell-Sills, Barlow, Brown, & Hofmann, 2006; Mennin et al., 2007). According to Lazarus's (1993) coping theory prediction, maladaptive strategies of affect regulation, along with negative thoughts about the self (Lazarus & Folkman, 1984), will result in greater levels of stress. Adaptive ER strategies, on the other hand, are associated with down regulation of negative emotions (Goldin, McRae, Rame, & Gross, 2007; Garnefski et al., 2004) and reduced levels of psychopathology (Aldao, Nolen-Hoeksema, & Schweizer, 2010).

Out of nine cognitive strategies measured by Garnefski, et al. (2001) positive reappraisal, rumination, catastrophising and self-blame were the best predictors of negative emotions (Martin & Dahlen, 2005).

A full list of cognitive emotion regulation strategies, examined in the context of current research, is outlined below:

Self-blame

'Self-blame' entails blaming yourself for a negative outcome (Garnefski et al., 2001). Past research on self-blame indicates that this strategy manifests in depression, anger, stress, and anxiety (Anderson, Miller, Riger, Dill, & Sedikides, 1994; Martin & Dahlen, 2005; Garneski et al., 2001; Kraaij, Garnefski, and Van Gerwen, 2003).

Other-blame

Other-blame refers to putting blame for what has happened onto somebody else Garnefski et al., 2001). Research across samples indicates that blaming others for the occurrence of various threatening events is linked to poorer emotional health (Tennen & Affleck, 1990), maladaptive anger suppression, and emotions of depression, stress, anger, and anxiety (Martin & Dahlen, 2005).

Positive reappraisal

Cognitive reappraisal refers to attaching a positive meaning of personal growth to a negative situation (Garnefski et al., 2001). Dennis (2007) defined it as a process of cognition modification, with the aim of reducing the negative feeling or amplifying the positive emotional aspect of a future event.

Positive reappraisal had a positive relationship with self-esteem and optimism and a negative relationship with anxiety, depression (Carver, Scheier, & Weintraub, 1989; Garnefski et al., 2001; 2004), startle magnitude response (Lissek et al., 2006), emotion-expressive behaviour (Gross, 1998), and levels of anger (Martin & Dahlen, 2005; Memedovic, Grisham, Denson, & Moulds, 2010; Mauss, Book, Cheng, & Gross, 2007).

Acceptance

Acceptance involves resigning oneself to what has taken place (Garnefski at al., 2001). Acceptance is positively related to optimism and self-esteem, and negatively related to anxiety (Carver, Scheier, & Weintraub, 1989).

Acceptance led to less negative feelings when compared to suppression (Levitt, Brown, Orsillo, & Barlow, 2004; Campbell-Sills et al., 2006). Garnefski et al. (2001) and Kraaij et al. (2003) reported a negative association between acceptance, depression, and anxiety. Martin and Dahlen (2005), however, reported that acceptance was positively related to maladaptive anger suppression, stress and depression.

Mixed research findings indicate that any definitive judgement regarding acceptance as an adaptive or a maladaptive strategy must be suspended. Martin and Dahlen (2005) propose that acceptance might be an adaptive strategy depending on the type of emotion that needs to be regulated

Refocus on planning

Refocus on planning is a cognitive aspect of behaviour-focused coping. It does not imply that the intended action will follow. Refocus on planning entails thinking about a plan of action and ways to manage a negative situation (Garnefski et al., 2001). Martin and Dahlen (2005) demonstrated that refocus on planning was related to anger control. Refocus on planning is negatively correlation with depression and anxiety (Garnefski et al., 2001; Garnefski et al., 2004).

Positive refocusing

Positive refocusing is a type of "mental disengagement", which entails refocus of current thoughts towards something more positive (Garnefski et al., 2001). Beneficial effects of positive refocusing were reported by Garnefski et al. (2001), who established a negative relationship between positive refocusing

and depression, and Martin and Dahlen (2005), who reported that positive refocusing was related to anger control. However, Garnesfski et al. (2004) failed to report any functionality of positive refocusing when managing negative emotions.

Rumination

Rumination entails thinking about thoughts and feelings in relation to the negative event (Garnefski et al., 2001). Nolen-Hoeksema (2000) and Nolen-Hoeksema, Parker, and Larson (1994) report a link between paying deliberate attention to negative emotions and higher levels of depressive symptoms (as cited in Gross, 1998). Research indicates that rumination is linked to trait anger, maladaptive anger suppression, and stress (Martin & Dahlen, 2005). Kraaij et al. (2003) and Garnefski et al., (2001) established a positive relationship between rumination, anxiety, and depression. In 2004 Garnefski et al. yielding a negative correlation between rumination and levels of depression.

Putting into perspective

Putting into perspective entails underplaying the negative effect of an event or looking at it in terms of a wider perspective (Garnefski et al., 2001). Martin and Dahlen (2005) established that putting into perspective had a negative relationship with anger, anxiety, and depression and a positive relationship with anger control.

Catastrophising

Catastrophising involves intensifying the horror of a negative experience (Garnefski et al., 2001). Catastrophising is related to depression, anxiety, stress, anger, and emotional distress (Sullivan, Bishop, & Pivik, 1995; Martin & Dahlen, 2005; Garnefski et al., 2001; Kraaij, Garnefski, & Van Gerwen, 2003). Research on CERQ subscales shows that catastrophising is linked to aggressive

expressions of trait anger. Whereas, lower levels of catastrophising were related to anger control (Garnefski et al., 2001).

1.2.4 Regulation of negative feelings and work-related stress

Previous research literature indicates that parental behaviour plays a crucial part in the child's ability to regulate negative feelings and subsequently exhibit empathic tendencies towards other people (Cooper, Shaver & Collins, 1998; Eisenberg, Liew & Pidada, 2001; Kochanska & Aksan, 1995). An ability to regulate aversive emotions is a desirable attribute of any human being and a vital facet for those who are continuously exposed to traumatic stimuli. Regulation of negative feelings would ensure psychological stability on behalf of the clinician, in turn allowing her to perform the requirements of her job to a high standard. Exposure to the patients' traumatic narrative characterises the work of people of helping professions. A compassionate approach can put a strain on psychological well-being of professionals and needs to be mediated appropriately. Presumably, continuous exposure to the pain and suffering of other people could result in the distress of the professional, thereby hindering them from performing their job. This further highlights the importance of emotion regulation in the context of empathic relating.

Deighton, Gurris, and Traue (2007) stated that research evidence links work-related mental instability to the lack of a supportive environment and interpersonal resources. Figley (2002) advises that in order to reduce compassion fatigue, psychotherapists need to learn how to emotionally and physically distance themselves from work. Compassion fatigue is a syndrome that originates specifically from empathising with the pain and suffering of other people (Deighton, Gurris, & Traue, 2007). Maytum, Heiman, and Garwick (2004) state that it is of primary importance for nurses to detect signs of compassion fatigue and employ a repertoire of coping strategies, in order to restore the levels of compassion.

Research evidence indicates that coping methods are of the essence when it comes to regulation of work-related stress. Descriptions of clients' traumatic experiences can cause vicarious trauma in the therapist (Kadambi & Ennis,

2004). Deighton et al. (2007) reported that therapists working with torture survivors were less prone to experience compassion fatigue if they worked through their client's trauma. Working through relates to controlled exposure to some aspects of the memory and reintegration of past events into the current life narrative. In the field of psychodynamic psychotherapy, working through relates to the concepts of denial and resolution of catharsis, which brings relief from repressed emotions (Deighton et al., 2007). Deighton et al. (2007) demonstrated that psychological problems did not arise as a result of exposure to the clients' traumatic material, but as a result of what the therapist did in the face of the exposure.

Findings of the aforementioned studies indicate that the manner in which therapists process difficult feelings, i.e. the means by which they choose to regulate effects of negative emotions, will play a crucial role in their ability to overcome the adverse impact of such emotions.

1.2.5 Emotion regulation and anxiety

Research suggests that emotion regulation strategies can alter emotional responding on a neural as well as a cognitive level (Cisler et al., 2010). Neuroimaging data has established that activity in the neural regions responsible for emotion regulation is negatively related to activity in the neural regions responsible for fear elicitation. This indicates that emotion regulation moderates expressions of fear and anxiety (Cisler et al., 2010). Myers and Davis (2007) demonstrated that the amygdala mediates cognitive, behavioural, and physiological indicators of fear. Neural regions responsible for emotion regulation show a strong inverse relationship with amygdala activity during reappraisal, indicating that emotion regulation plays a big part in managing anxiety. Drawing together the findings of the aforementioned studies, Cisler et al. (2010) concluded that emotion regulation moderates the output of fear, and allows one to maintain goal-directed behaviour. Amstadter's (2008) research findings indicate that anxious individuals employ ineffective emotion regulation strategies. Similarly, Salters-Pedneault, Roemer, Rucker, and Mennin (2006) established that lack of emotional clarity, inability to accept emotions, control

impulsive behaviour, access affective regulation strategies, or maintain goal-directed behaviour (during distress) were strongly related to general anxiety disorder. Cisler et al. (2010) state that emotion regulation predicts anxiety even after accounting for emotional reactivity and temperamental emotional vulnerability. They go on to explain that dispositional factors, such as temperament, result in heightened emotional reactivity and greater susceptibility to anxiety disorders, meaning that emotion regulation does not result in the initial acquisition of anxiety. However, emotion regulation functions in the development and maintenance of anxiety in the post-conditioning phase. The aforementioned research demonstrates that adaptive emotion regulation strategies moderate emotional responding, whereas maladaptive strategies are related to variance in the anxiety disorder symptoms. This led Cisler et al. (2010) to conclude that individual differences in emotion regulation styles moderate anxiety during the process of fear conditioning.

Research evidence indicates that enhanced skills in the regulation of negative emotions improve symptoms of trait anxiety (Menezes & Bizarro, 2015). It appears that individual emotion regulation strategies aren't universally good or bad but instead are related to specific emotional problems. Levitt et al. (2004) demonstrated that compared to cognitive strategies, expressive suppression is associated with social anxiety. However, Leen-Feldner, Zvolensky, and Feldner (2004) failed to establish a link between suppression and trait anxiety. Dennis (2007) tested the assumption that emotion regulation creates specific vulnerabilities depending on individual differences. Behavioural and neurological research indicates that one such difference might be human trait-like variability in the magnitude of emotional responding to threat. Behavioural Inhibitory Sensitivity (BIS) is characterised by motivation to avoid potentially threatening situation (Dennis, 2007). Dennis (2007) states that BIS is a diathesis for anxiety since both are related to experiencing fear and thus result in motivation to avoid threat-inducing situations (Carver & Scheier, 1998). Carver (2004) established that greater intensity of BIS, combined with expressive suppression, is linked to anxious moods. Whereas Dennis (2007) reported that suppression was associated with greater anxiety amongst the low

BIS group. These findings demonstrate that anxiety is influenced by the interaction of the emotion regulation styles and specific psychological vulnerabilities. This led me to conclude that anxiety should be explored in conjunction with conceptually related personality characteristics.

It appears that a characteristic feature of anxiety is attentional bias towards threatening information, which subsequently influences cognitive and emotional processing (Derryberry & Reed, 2002). This process is not limited to automatic influence, since people recruit voluntary attention to regulate anxiety (Derryberry & Reed, 2002). Studies indicate that attention plays a part in the maintenance of anxiety.

In his summary of findings from diverse psychological disciplines, Dennis (2006) stated that emotional self-regulation is a result of the interplay between two processes: (1) arousability of behavioural, physiological, and emotional systems; and (2) modulation of reactivity. Fox et al.'s (1995) research on child temperament demonstrated that regulatory vulnerabilities, such as anxiety, can be a characteristic feature of fearful children. However, these children can also possess regulatory strengths, such as frustration tolerance, depending on how their reactivity is modulated and controlled. Calkins and Johnson (1998) state that parental style in infancy and early childhood is one of the main decisive factors in the outcome of the child's emotional self-regulation. Calkins and Johnson's (1998) assertion inspired me to explore parental styles alongside emotion regulation in the context of the current research.

1.2.6 Emotion regulation and empathy

Empathic concern or other oriented empathy (Davis, 1994) is associated with ability to experience the emotions of other people; it is also related to optimal emotional arousal and regulation (Eisenberg & Eggum, 2009).

Intensity of experienced emotions and our capacity to regulate these affective states are linked to our ability to respond in a pro-social way. Buruck et al. (2014) stated that acute stress impairs empathic processes. Previous research established a relationship between pro-social behaviour and empathy (Carlo, Allen, & Buhman, 1999; Eisenberg, Eggum & Giunta, 2010; Lockwood et al.,

2014). Witnessing the distress of another human being generates emotional arousal in the observer, but whether the observer acts in a pro-social way depends on how the arousal is regulated (Eisenberg & Fabes, 1992).

The emotion regulation strategy as well as the degree with which it is implemented (over-regulated, under-regulated, or optimally regulated) will determine the likelihood of a person acting in a pro-social way. An optimal level of emotion regulation will prevent undue discomfort, allowing one to focus on the well-being of the distressed person, instead of feeling concerned for themselves. Whereas an over-regulation of an emotion is hypothesised to result in proactive withdrawal and suppression of pro-social behaviour. Under-regulation of an emotion promotes antisocial as opposed to pro-social behaviour (Eisenberg & Fabes, 1992).

Upon witnessing the distress of other people, those who feel their own emotions with too great an intensity experience aversive emotional reactions, such as discomfort and anxiety (Eisenberg et al., 1991). Those prone to experience intense emotions but lacking the capacity to regulate them will end up over-aroused and experience personal distress (Eisenberg, Fabes, & Spinrad, 2006 as cited in Eisenberg & Eggum, 2009). Emotional distress forces the individual to focus on the reduction of this imminent negative feeling and takes precedence over empathising with the anguish of another person (Decety & Lamm, 2006). Therefore, empathic over-arousal motivates personal distress as opposed to empathy (Eisenberg & Fabes, 1992). Research indicates that personal distress is inversely related to pro-social behaviour, whereas empathy is said to have a positive association with empathic tendencies (Batson, 1991; Carlo, Allen, & Buhman, 1999).

Optimal levels of arousal, on the other hand, are expected to promote other-focused behaviour (Eisenberg & Eggum, 2009). Eisenberg et al. (1996) state that well-regulated individuals are expected to be most sympathetic. Therefore, effortful control is strongly related to the development of empathy in children (Eisenberg, 2012). Guthrie et al.'s (1997) findings demonstrated that children high on emotional control were prone to experience greater levels of empathy.

Research in the field of emotion regulation and empathy is limited to conceptualisation of the former in merely general terms or through examination of a limited number of specific emotion regulation strategies. Interactions between cognitive emotion regulation strategies and empathy are largely under-researched. Out of nine cognitive strategies investigated in current study, only three were previously examined by other researchers. Theoretical evidence on the interaction between the three aforementioned strategies (rumination, reappraisal, and catastrophising) and empathy is outlined below.

Rumination and empathy

Past researchers reported a negative relationship between rumination and empathy (Wenzel, Turner, & Okimoto, 2010; Chung, 2014). However, Witvliet, Mohr, Hinman, and Knoll (2014) established that cognitive and emotional empathy showed a small positive association with rumination. Witvliet et al.'s (2014) findings yielded curious results, which contradicted theoretical argument that maladaptive patterns of ER inhibit capacity for empathic relating. It is possible that the sample of participants (comprised of undergraduate psychology students) was affected by the social desirability bias, prompting them to succumb to the ideal image of an empathic psychologist. Another possibility is that people pursuing a degree in psychology are intrinsically more empathic. Furthermore, empathy could have been developed in these participants during the course of the study, therefore making empathic reasoning in this group more resilient to the effects of ruminative thinking.

Reappraisal and empathy

Witvliet et al. (2014) conducted a study on introductory psychology students. Findings of the study revealed that in comparison to rumination, reappraisal prompted greater emotional empathy towards offenders. Similarly, Tully, Ames, Garcia, and Donohue (2015) established that cognitive empathy showed a moderate relationship with reappraisal. These findings support the theoretical

presupposition that adaptive means of emotion regulation will be positively related to empathic reasoning.

Catastrophising and empathy

Catastrophising is expected to predict psychological distress (Cano, Leonard, & Franz, 2005; Leonard & Cano, 2006). Empirical evidence demonstrates that there is, in fact, a link between the two variables. Interestingly, however, researchers established that catastrophising and personal distress were positively related to empathic concern (Goubert et al., 2008; Leong, 2013). This discovery challenges the firmly held empirical view. An existing notion in clinical research predicts that personal distress will result in a diminished ability to empathise (Cano, Leong, Williams, May, & Lutz, 2012). However, studies conducted by Goubert et al. (2008) and Leong (2013) explored catastrophising in the context of physical pain, which is distinctive from seeing someone go through mental anguish.

Furthermore, the sample group, recruited for Goubert et al.'s (2008) and Leong's (2013) studies, consisted of parents and romantic partners of pain sufferers. Parental and romantic partners' empathy might be more resilient against the damaging effects of personal distress. Lastly, at least half of Leong's (2013) sample was comprised of psychology students. This may have affected empathy scores due to the fact that psychology programmes stimulate empathic reasoning in trainees.

Research evidence in the field of cognitive emotion regulation is scarce. To my knowledge the link between the remaining strategies of ER (self-blame, other-blame, refocus on planning, positive refocus, putting into perspective, and acceptance) and empathy has not been examined. Furthermore, interactions between rumination and empathy, and reappraisal and empathy, were explored in the context of attitude-regulation in relation to crimes committed by offenders. Regulation of negative views is conceptually different from regulation of negative feelings towards an unpleasant event, which is the focus of the current project and which no previous study has examined thus far. Similarly, the relationship between catastrophising and empathy was explored

exclusively in the context of an exaggerated pessimistic mental state related to physical pain, which is distinctive from non-pain related catastrophising. Additionally, the present study drew a sample of various people of helping professions at distinct stages of their careers. This allowed me to examine the differences in variable interactions between trainees and fully qualified professionals. No study to date has explored the association between cognitive emotion regulation and empathy in people of helping professions.

1.3 Parental Child-Rearing Practices

1.3.1 Parental styles and emotion regulation

Capacity for self-regulation stems partly from constitutional temperament (genes) and partly from environmental influences. Traits can be modified by means of prevention and intervention in childhood. Intervention programs have the capacity to alter children's self-regulatory capacity, coping skills, and emotional competence (Eisenberg, 2012). Kandel (1998) argues that early experiences play a crucial role in shaping our brain, which subsequently controls our behaviour in adulthood. Research in neuroscience has established that our brain is plastic, which makes it highly susceptible to the influence of experience (Merzenich & Jenkins, 1995 as cited in Eisenberg, 2012). Therefore, early environment (a crucial part of which is the relationship we have with our parents) plays a major role in our capacity for self-regulation.

Eisenberg (2012) explains that in the first five years of life we improve greatly in our ability to achieve effortful control. However, marked individual differences exist in the domain of emotion regulation. Both biological as well as environmental factors account for these variations. Research evidence shows that parental styles account for some of the divergence. Children's self-regulation has a positive correlation with maternal sensitivity and support, and a negative association with directive and controlling styles of parenting (Eisenberg, Smith, & Spinrad (2005) as cited in Eisenberg (2012)). Eisenberg et al. (2005) conducted a longitudinal study on a sample of 183 adolescents.

Findings of the study indicate that parental warmth and positive expressivity predict effortful control in children two years later.

Individual differences in self-regulation are modulated by genes as well as the quality of parent-child interactions (Kochanska, Philibert, & Barry, 2009). Kagan (2012) reported that supportive and warm parenting styles as opposed to cold and directive were associated with higher levels of effortful control in children. The child's psychological adjustment was linked to warmth and positivity in parents, whereas impaired psychological adjustment was related to parental control and punishment (Johnson, Shulman, & Collins, 1991; Wagner, Cohen, & Brook, 1996; Dusek & Danko, 1994). Baumrind (1991) proposed that positive parental styles allow the child to receive the necessary support for reinforcement of psychological resources, thereby allowing her to cope with stress efficiently.

Coping can be classified as problem-focused or emotion/cognitive-focused. Although the former is considered more effective in dealing with the negative events (Dusek & Danko, 1994), the latter is of the essence when nothing can be done to change the situation (Lazarus, 1993). The aim of the current study is to focus strictly on the cognitive emotion regulation strategies. Although a vast number of studies have examined the link between parental practices and problem/behavioural-focused coping, the link between parental styles and cognitive coping is under-researched. The studies outlined above contextualised cognitive coping in reductionist terms by narrowing it down to the following facets: maintaining a positive focus, worrying about the future, blaming oneself, and seeking social support. Research in the field of cognitive coping has become considerably more sophisticated and the conceptualisation of strategies has become more refined. Furthermore, cognitive emotion regulation strategies have seen advances in terms of practicality of application.

Emotion regulation allows us to keep emotions in check and regulate them appropriately (Gerdes, Lietz, & Segal, 2011). Research indicates that the ability to manage negative feelings is linked to a greater likelihood of experiencing empathy (Eisenberg, et al., 1994). Eisenberg, Smith, Sadovsky, and Spinrad (2004) define emotion regulation as a process of maintaining, avoiding,

inhibiting, initiating, or modulating the intensity, form, occurrence, or duration of emotion-related physiological processes, internal feeling states, emotion-related goals, and behavioural contagion of emotions. Emotions are usually regulated in order to allow for goal-directed behaviour.

The empirical studies outlined above demonstrate that not only do attachment styles act as prototypes for later relationships, they also determine our future ability to regulate negative feelings.

Bowlby (1973) explains that when the child receives sufficient support from the attachment figure she learns how to effectively regulate distressing affective states (as cited in Bartholomew & Horowitz, 1991). On the other hand, if the child gets no reassurance during the affective storm she will not acquire the skills necessary to contain her own negative emotions. Cooper et al. (1998) tested this concept on a sample of adolescents aged 13–19. Findings of the study revealed that securely attached participants were better at regulating negative emotions, while anxious- resistant and avoidant styles were likely to engage in problem behaviour due to an inability to regulate negative feelings.

Gudmundson and Leerkes (2012) demonstrated that mothers who regulated their emotions by means of maladaptive coping styles lacked sensitivity when responding to their infant's negative emotions. While, mothers who lacked empathy were prone to being insensitive to their offspring's negative emotions (Zeifman, 2003).

Vast numbers of research studies indicate that there is a close link between parental rearing practices, regulation of emotions, and empathic tendencies (Cooper et al., 1998; Decety & Lamm, 2006; Eisenberg, Smith, & Spinrad, 2005). These associations are explored in further detail in the next section of the thesis.

The aim of the current project is to explore the link between the full list of cognitive strategies and parental rearing practices. Previous research in the area has focused largely on the effects that parental styles have on children and adolescents. I would like to fill the gap in the existing research by exploring the implications of parental styles on the offspring's adjustment in adulthood.

In the course of the analysis, parental styles of participants' caregivers will be assessed retrospectively. Richaud de Minzi (2005) asserted that it is the perception of one's relationship with his/her parents that influences the behaviour (as sited in Caycho, 2016). Therefore, external reality of participants' perceptions is of little relevance in the context of the current research.

1.3.2 Parental styles and anxiety

The previous section on parental styles and emotion regulation discussed the connection between how one is treated as a child and his/her subsequent capacity for modulation of aversive emotions. Amstadter (2008), in his literature review paper, stated that emotion regulation plays a central part in aetiology and maintenance of anxiety. Therefore by way of theoretical presumption, based on the inter-relatedness of parental styles and the child's ability to regulate negative affective states, one would expect to find a link between parental child-rearing practices and anxiousness in the offspring. I would now like to closely examine the link between caregiving styles and anxiety, in the context of previous research findings and existing theories.

Transitory states of anxiety and worry commonly take place in the development process of any given child. However, some children experience symptoms the severity of which has serious repercussions on academic and social domains and are linked to mental disorders, such as depression (Albano, Chorpita, & Barlow, 2003). Vasa and Pine (2004) report that approximately 20% of children are diagnosed with an anxiety disorder, symptoms of which can continue into adulthood.

Research literature indicates that parental rearing practices could contribute to a life-long prevalence of anxiety. Researchers believe that constitutional as well as psychosocial factors play a major role in predicting a child's vulnerability to anxiety neurosis in later life (Parker, 1981). Slater and Roth (1969) noted that a child's predisposition to generalised anxiety emerges as a result of being subjected to fear, which takes place in families with rigid and stern parental figures. Bowlby (1973) propagated that pathogenic parenting, and the resultant malformation of the attachment bond between the child and the caregiver, has a

causal effect of the expressions of anxiety in the offspring's current and future life.

Researchers estimate that children are 3-5 times more likely to develop anxiety if one of the parents has it, and 6 times as likely if both parents have an anxiety disorder (Beidel & Turner, 1997; Merikangas, Avenevoli, Dierker, & Grillon, 1999). Maintenance of childhood anxiety-related disorders are thought to be associated with parental influence and behaviour. Research documented the link between trait anxiety and parental styles. Parental styles are usually evaluated along two dimensions: parental response (e.g. warmth) and parental demand (e.g. control). Baumrind (1971) conceptualised four parental styles: neglectful – conceptualised by low demand and low responsiveness; authoritative – high demand and high responsiveness; authoritarian – high demand and low responsiveness; and permissive – low demand and high responsiveness. Darling and Steinberg (1993) advice that parental styles and behaviours must be treated as two separate concepts, where the latter manifests in certain socialisation goals, such as high attainment at school, and the former is defined as a communication of parental attitudes in relation to the child, which creates a certain emotion climate.

Parental control is considered to be one of the most prevailing factors in the development of anxiety in the offspring (Brendel & Maynard, 2013). Those scoring high on trait anxiety recalled their mothers as over-protective and low on care (Parker, 1979a; Parker, 1990). Lamborn, Mounts, Steinberg, and Dornbusch (1991) reported that adolescents who reported their parents as neglectful were characterised by psychological distress, whereas participants coming from authoritative parental environment were characterised by better adjustment. An early study conducted by Parker (1979b) failed to report an association between paternal care and anxiety. Parker (1979a) conducted a similar study that same year on a sample of first-year undergraduate psychology students. Findings of the second study demonstrated that the lowest levels of anxiety were observed in participants who reported their mothers as caring yet not over-protective. Whereas high levels of anxiety were detected in participants who perceived their mothers as lacking in care and as over-

protective. A total of 6.1% of variance in anxiety was accounted for by maternal care and 2.6% of variance came as a result of maternal over-protection. A similar but less pronounced pattern of variable interaction was found in relation to fathers. Overall, parental-child rearing practices accounted for 9-10% of variance in anxiety (Parker, 1979a). In 1981 Parker replicated the above findings on a clinical sample of anxiety neurosis patients. Wolfradt, Hempel and Miles (2003) established that authoritarian parental styles were linked to the highest levels of anxiety in the adolescent group. Parker et al.'s (1999) study demonstrated that patients with an anxious personality style were more likely to report their parents as over-controlling, uncaring, and abusive.

Research investigating the association between attachment styles and empathy in adults has focused primarily on the participants' current styles of attachment. To my knowledge no study has examined the relationship between participants' recollections of their childhood attachments and levels of empathy in adulthood. Furthermore, aside from the previously mentioned Parker et al. (1999) study, a predominant part of past research has focused on two facets of parental styles: demand (e.g. control, monitoring) and response (e.g. warmth, involvement, acceptance). The aforementioned gap in empirical research inspired me to explore empathy in the context of participants' recollections of parental attitudes, with the inclusion of parental practice of 'abuse'.

1.3.3 Parental styles and empathy

Comprehensive data of the aforementioned research indicates that parental attitudes have a direct influence on the offspring's empathic capabilities. The knowledge of empathy is acquired by affective means of experiencing positive emotions from parental figures (Denham, 1997) and modelling this behaviour independently (Halberstadt & Fox, 1990), as well as by means of cognitive learning and understanding of emotional states (Denham, 1997; Eisenberg et al., 1998).

A review of existing literature points towards an apparent link between how an offspring is reared by the parental figures in childhood, his/her subsequent capacity for modulation of aversive emotional states, and the resultant scope

for empathic relating (Eisenberg & Eggum, 2009; Eisenberg & Fabes, 1992). Furthemore, we become accustomed to exhibit feelings of concern for other people by first experiencing them from our parents and then modelling these in relation to others. Therefore, parental rearing practices can facilitate empathic relating through successful management of negative affect as well as by directly exhibiting empathy towards the offspring.

Harvard graduates Weissbourd & Jones (n.d.) explain that when parents express empathy towards their children they develop a warm and trusting relationship with their offspring. This form of interaction is vital for the child's ability to adopt parental values and therefore to exhibit empathic styles of behaviour towards other people. Parental primary rearing practices play a central part in determining the child's relational characteristics in later life (Grossmann & Grossmann, 1990). Kestenbaum, Farber, and Sroufe (1989) established a link between the quality of early relationships and propensity to exhibit empathic responses towards others, in a sample of male and female pre-schoolers.

Empathy emerges in the second year of life. It relies on comprehensive awareness of the self and other and promotes conscious concern, all of which is facilitated by the caregivers' parental styles (Decety & Svetlova, 2012). Therefore, empathic relating of the caregiver is vital for the development of a healthy and secure bond (Baskin-Sommers et al., 2014).

Neuroscience research tells us that there are two predominant subdivisions of empathy: cognitive and emotional. Cognitive empathy is related to the theory of mind, which is characterised by comprehension of mental states (e.g. desire, knowledge, and beliefs), and allows us to anticipate and explain other people's actions. Emotional empathy entails responding to affective displays of other people (e.g. facial expressions) and emotionally suggestive stimuli (e.g. stories) (Baskin-Sommers et al., 2014). Attachment styles and innate temperament moderate one's empathic tendencies (Baskin-Sommers et al., 2014; Zahn-Waxler, Robinson, & Emde, 1992, as cited in Valiente et al., 2004). Infants begin to communicate with others long before the onset of language, through generation and reading of facial expressions (Leppänen & Nelson, 2009). These

facets of emotional relating are present from birth and are generated by connections between perceptual processing and emotion-related neural circuits. They promote later empathic communications through affective interactions with other people. When children are securely attached they are more responsive to the needs of other people (Mikulincer, Shaver, & Pereg, 2003). Furthermore, infant arousal, evoked by the affective state of another person, facilitates social learning and promotes the infant's emotionality and empathy (Baskin-Sommers et al., 2014; Young, Fox, and Zahn-Waxler, 1999).

Jones, Brett, Ehrlich, Lejuez, and Cassidy (2014) explain that unsupportive parental responses to the child's negative emotions lead to lower emotional competence, less pro-social behaviour, and difficulties in regulating emotions (Ainsworth et al., 1978). Halberstadt, Cassidy, Stifter, Parke, and Fox (1995) defined a concept of parental expressivity: "the dominant style of exhibiting nonverbal and verbal expressions within a family" (p. 95). Eisenberg, Cumberland and Spinrad (1998) suggest that parental expressivity encourages adaptive behaviour and learning so long as it doesn't cause emotional over-arousal. Occurrence of over-arousal causes attentional capacities to diminish, therefore compromising the child's ability to experience and manage emotions. Valiente et al. (2004) state that parental emotional expressivity is a contributing factor in the child's empathy-related responding.

Zhou et al. (2002) established that parental positive expressivity negotiates the link between parental warmth and children's empathy. Empirical data indicates that positive emotional communication facilitated perspective-taking, sympathy and diminished personal distress in the offspring (Eisenberg and McNally, 1993). Furthermore, parental expression of positive emotions fosters an understanding of these emotional states in their children (Eisenberg, Cumberland, & Spinrad, 1998) making them more adept to experience emotions of other people (Roberts and Strayer, 1996).

Kochanska and Aksan (1995) propose that a mutually positive parent-child relationship facilitates internalisations of empathy in children. In contrast to positive expressivity, parental negative expressivity was linked to children's over-arousal and distress, preventing them from learning how to manage

emotions efficiently (Hoffman, 1983; Eisenberg et al., 1992; Valiente et al., 2004). Caregiver's negative expressivity proved to be inversely related to sympathy (Eisenberg, Liew, & Pidada, 2001; Valiente et al., 2004). Knowledge of emotions provides cognitive guidance for contextualising feelings and responding to them appropriately (Denham, 1997). Therefore, children deprived of an opportunity to grasp affective states will be unprepared for the management of negative feelings when witnessing distress in other people. Halberstadt (1991) states that children's emotional competence develops as a result of modelling of parental behaviour (as cited in Denham, 1997).

Denham (1997) explains that children practice various emotional situations with their parents, which teaches them to be skilled at comprehending feelings and reacting appropriately to them. He demonstrated that children who perceived their parents as comforting, and able to share their positive feelings were able to model these behaviours on their peers.

According to the prototype perspective an individual's patterns of relating remain stable from infancy to adulthood (Fraley, 2002). Followers of the revisionist perspective, however, postulate that previous experiencing is revised and updated in line with new events (Aikens, Howes, & Hamilton, 2009). McConnell and Moss (2011) established that numerous variables impact the stability of our patterns of relating to other people.

Therapeutic encounter, for example, could effect endurance of early dynamics by coming to a resolution of an existing conflict. Psychology-related courses promote a reflective approach and encourage self-awareness, which could be beneficial in overcoming negative effects of childhood experiences, including those of parental control, indifference, or maltreatment.

A number of clinical research studies explored the potential influence of parental rearing styles on children and adolescents. Schaffer, Clark, and Jeglic (2009) explored the association between parental styles and offspring empathy amongst young adults with an average age of 20.7. There is a clear gap in the research on parental styles and empathy in the older age group. The current study will examine whether parental practices to which participants were

exposed as children have long-lasting effects on empathic tendencies that continue into adulthood.

1.4 Individual Attributes: Anxiety, Dogmatism, Narcissism, Age, and Gender

Previous subsections of the current chapter explored the crucial part parental rearing practices play in the formation of empathic tendencies and affect regulation in the offspring. These, however, are not the only factors thought to impact empathic relating. It comes as a matter of logic that some people would be innately more empathic than others. Supposedly one can be predisposed to compassionate relating in much the same manner as someone can have a striking capacity for numerical reasoning. However, although such qualities can be innate they are by no means stagnant. Research indicates that empathy can be successfully trained. LaMonica, Carew, Winder, Haase, and Blanchard (1976) advocated for the efficacy of staff development programs in increasing empathy in nurses, while Pecukonis (1990) established that empathy training had beneficial effects on the capacity for empathic relating in aggressive adolescent females. It is now time to focus our attention on the examination of certain character traits thought to inhibit the propensity for empathic relating. I believe that identification of personality characteristics, presumed to have negative effects on empathy, is vital, especially in the context of helping professions. If certain identifiable tendencies stand in the way of one's ability to empathise then such individuals could be encouraged to undergo training programs in order to facilitate greater expressions of this vital communicative 'tool'.

1.4.1 Anxiety and empathy

Reviewed literature highlighted the importance of self-regulation in the context of empathic relating. It is evident that appropriate methods of coping can reduce work-related stress (Kadambi & Ennis, 2004) and in turn increase one's propensity for empathic relating (Buruck et al., 2014). I would now like to take

a closer look at the ways in which anxiety is thought to impact one's ability to empathise.

As previously noted, empathy is a vital element of a successful therapeutic relationship (Rogers, 1957). It facilitates the development of the client-counsellor working alliance (Feller & Cottone, 2003) and promotes a positive therapeutic outcome (Watson, 2000). Anxiety, on the other hand, was found to have adverse effects on one's ability to reason empathically (Hiebert, Uhlemann, Marshall, & Lee, 1998). Kelly, Hall, and Miller (1989) reported an inverse relationship between anxiety and counsellor empathy. Lehrer and Woolfolk (1982) identified anxiety as a multidimensional construct comprised of three components: cognitive (worry), somatic (increased heart rate), and behavioural (escaping the situation). It is reported that trait anxiety is associated with dysregulation of the psychobiological stress response system (Wiggert, Wilhelm, Nakajima, & al'Absi, 2016). Oliver et al. (2016) established that trait anxiety was linked to greater affective arousal when viewing emotionally charged images, but without inspiring greater emotional empathy. These findings support the previously outlined empirical assertion that under-regulation of negative emotions leads to personal distress. In turn, personal distress promotes a shift of focus towards reduction of the aversive state within the self, as opposed to attending to the affective state of another person (Eisenberg, Wentzel, & Harris, 1998). Dollard and Miller (1950) stated that the anxiety-provoking material that patients bring to therapy is likely to provoke apprehension not only inside the patient but within the therapist herself. This poses a challenge to the fundamental principle of psychotherapy and its basic premise that the therapist's containment of the client's anxieties will alleviate the distress (Dollard & Miller, 1950).

Research indicates that when patient tendencies elicit apprehension in the therapist, she will take steps to evade the anxiety-provoking interaction (Dollard & Miller, 1950). These findings echo those of more contemporary researchers who advocate that emotional distress leads to heightened self-focus and motivation to reduce the unpleasant sensation. This comes at a cost of overlooking the needs of the distressed person, whose affective state had

evoked anxious feelings within us in the first place (Eisenberg, Wentzel, & Harris, 1998). Bandura (1956) observed a number of such reactions: premature interruptions, diversion of discussion, reassurance etc., which only reinforce patient anxieties.

The aforementioned research illustrates how the therapist's emotional distress can hinder therapeutic progress. Therefore, it is of the essence to call upon resolution of this counter-productive dynamic, by regulating the negative affect within people of helping professions.

1.4.2 Anxiety and emotion regulation

One way by which anxiety can be modulated is through the use of appropriate emotion regulation strategies. According to a cognitive-behavioural perspective, anxiety disorders are conceived as a result of distorted beliefs about the threat of certain stimuli (Clark, 1999). The beliefs are thought to originate from biases taking place during modification of information as it travels through the cognitive system (Daleiden & Vasey, 1997). In particular researchers have focused on the way stimuli affect two cognitive functions – memory and attention (Mogg & Bradley, 1998). The majority of the studies on adults report an association between clinical anxiety and attention and memory bias towards threatening information (Clark, 1999). A considerable proportion of studies on adults and children report that clinically anxious individuals engage in selective processing of threat cues (Morris & March, 2004).

It can be presupposed that selective processing can be modulated by means of cognitive restructuring techniques. It therefore follows that anxiety can be reduced if one diverts the attention away from the fearsome qualities of the dreaded occurrence. Goldin and Gross (2010) observed that social anxiety symptoms were reduced in participants who engaged in attention deployment emotion regulation (re-focusing and distraction). Campbell-Sills and Barlow (2007) proposed that individual differences in emotion regulation could account for vulnerability to anxiety. Furthermore, they claimed that the concept of anxiety can in itself be understood as a collection of maladaptive strategies employed to regulate negative affect. Craske and Barlow (2007) advocated

down-regulation of negative emotions as an effective means of anxiety reduction. Collectively the above findings indicate that anxiety can be successfully moderated by means of appropriate regulation of negative emotions.

1.4.3 Dogmatism and empathy

Child-rearing practices of our parental figures along with our ability to regulate negative affective states are not the only factors thought to play a part in our propensity for empathic relating. A good psychotherapist must possess certain skills and personality characteristics in order to provide high-quality service to her clients. Carlozzi, Edward and Ward (1978) stated that personality variables most frequently sighted in literature are concerned with counsellor's flexibility and openness in the affective and cognitive domains. One of the variables that taps into the dimension of openness and flexibility is dogmatism (Kemp, 1962). The construct of dogmatism was developed by Rokeach (1954, 1960), who defined it as a degree of openness or closedness of one's cognitive framework for receiving, comprehending, evaluating, and acting on stimulus input (as cited in Carlozzi, Bull, Eells, & Hurlburt, 1994). According to Rokeach (1954) dogmatic individuals are characterised by a closed way of thinking, an authoritarian personality, a propensity to distort incoming information, and intolerance of those with a different set of beliefs or attitudes. Later Rokeach (1960) added that dogmatic individuals have a closed belief-disbelief system and struggle receiving information that is external to themselves. Wright (1975) postulated that a dogmatic, closed person views the world as non-affective, unfriendly, and unstable, which in turn facilitates helplessness and isolation. Barrette-Lennard (1962) wrote that a closed person views a man as powerless, deficient, and unable to manage the demands of daily life.

Characteristics of dogmatic individuals as described by Rokeach (1954) are in direct opposition to the traits of high empathisers. In the context of the client-therapist relationship, dogmatic attributes pose a serious threat to the therapeutic alliance. As a result of a restriction in the capacity to take on and tolerate alternative perspectives, dogmatic therapists would present as less

empathic in a dyadic interaction with their clients. People scoring low on dogmatism are less defensive towards belief systems that differ from their own and show greater tolerance in their relationships with other people (Carlozzi et al., 1994). If empathy requires comprehension of another person's emotional and affective expressions (Eisenberg et al., 1991), then features of dogmatism (i.e. a closed way of thinking, distortion of incoming information, and unwillingness to take on a different set of attitudes) would lead to a diminished capacity for accurate understanding of another person's feelings. This in turn will jeopardise one's ability to reason empathically. The findings of Carlozzi et al.'s (1994) study on 56 graduate students of counselling and educational psychology provided support for this hypothesis, exhibiting an inverse relationship between empathy and dogmatism. A similar pattern of interaction between the two variables was obtained by Redmond (1985), Mezzano (1969), and Kemp (1962).

Russo, Kelz and Hudson (1964) assessed the effects of dogmatic personality characteristics in the context of the therapeutic alliance between trainee counsellors and their clients. Findings revealed that greater openness in the dyad led clients to give higher ratings of their relationship with the counsellor. Tosi (1970) discovered that clients reported an unfavourable therapeutic climate when they were seen by dogmatic counselling trainees. Carlozzi, Campbell and Ward (1982) established that open-minded thinking was positively related to empathic interactions in 215 counsellor trainees.

Carlozzi, Campbell, and Ward (1982) established that open-minded thinking was positively related to empathic interactions in 215 counsellor trainees.

The findings outlined above support the contention that personal qualities such as dogmatism must be taken into account during the supervision and training of people of helping professions. It is vital to examine such variables and implement them in the educational process. Training programmes can raise awareness and help trainees, as well as fully qualified members of helping professions, understand the effects of their personality characteristics. They can also offer potential to develop and implement greater levels of empathic reasoning in their work. Supervisory methods and educational strategies can be

devised in order to modulate personal qualities of individuals and enhance their capacity for empathy.

Additionally, findings in relation to dogmatism could be of great use in the process of core-competencies specification. Nerdrum (1977) reported that open, curious, and non-judgmental counsellors were more empathic following empathy training, when compare to those who did not possess these traits. Therefore, characteristics of flexibility and tolerance might be highly desirable for candidates pursuing a career in helping professions. Professionals, identifying with reduced tendencies in these domains, could undergo training and workshops in order to facilitate expansion of these valuable qualities.

1.4.4 Narcissism and empathy

Narcissism is not simply an attribute of adult personality. It plays a crucial part in infantile developmental processes and is an inherent part of early self-preservation. Freud (1914) proposed that the first object-relationship an infant experiences is his love towards the self. He termed this "primary narcissism" and considered it an impulse of self-care, which ensures protection from danger. 'Primary narcissism' is experienced by every prenatal and neonatal infant as far as their needs are instantaneously satisfied (Freud, 1914). To an infant, satisfaction of desire is an indication of sameness with the other; the infant experiences the mother and himself as one. This fusion gives rise to a sense of omnipotence and 'primary narcissism' (Freud, 1914).

'Secondary narcissism' takes place in later childhood and adulthood when the libidinal energy is once again directed away from the external object and re-invested into oneself. This form of narcissism can be ordinary or pathological, which depends on whether the child's needs are met at the point of maximum frustration (Adams, 2012). Adequate mirroring of the child's narcissism leads the child to invest energy into significant others and develop independence. If, however, primary narcissism is not adequately held then a needy self is manifested. The boundaries between self and other become blurred, leading to a fantasy of omnipotence (Adams, 2012). Secondary narcissism manifests in

undue self-significance and longing for undue adoration from other people (Horney (n.d.) as cited in Cooper et al., 1986). The primary focus of the current study is secondary narcissism.

Narcissistic personality was first conceptualised by Walder (1925) and encompassed the following features: condescending, preoccupied with the self, in need of admiration, superior, and lacking in empathy (as cited in Sedikides, Campbell, Reeder, Elliot, & Gregg, 2002). Freud (1914) described the narcissistic character type as one characterised by self-preservation, independence, extraversion, aggression and inability to love and commit to close relationships (as cited in Crockatt, 2006). In 1961 Nemiah broadened the concept of narcissism from personality type to a disorder, which he called narcissistic character disorder.

According to the *Diagnostic and Statistical Manual for Mental Disorders* (5th ed., American Psychiatric Association, 2013) narcissistic personality disorder (NPD) is characterised by a need for admiration, grandiosity, interpersonal exploitiveness, and a lack of empathy.

An inverse association between empathy and narcissism was confirmed by a number of empirical studies (Watson, Grisham, Trotter, & Biderman, 1984; Watson & Morris, 1991). Narcissism is linked to decreased deactivation in the right anterior insula (Fan et al., 2011), the region of the brain that is typically associated with empathy (Singer & Lamm, 2009; Lamm & Singer, 2010).
Vonk, Zeigler-Hill, Mayhew, and Mercer (2013) conducted a study on various facets of narcissism. Findings revealed that although high grandiosity was positively related to emotional intelligence, perspective taking, and empathy, the overall construct of narcissism presented a negative association with the above-named variables. It appears that although narcissism is inversely related to global empathy (Wai & Tiliopoulos, 2012), predominant part of psychological research reported little to no impairment in cognitive empathy (Ritter et al., 2011; Watson, Grisham, & Biderman, 1984; Wai & Tiliopoulos, 2012; Ning and Yunli, 2016).
However, Hepper, Hart, Meek, Cisek, and Sedikides (2014) reported a negative relationship between narcissism and cognitive empathy. They further noted

that a negative association between narcissism and cognitive empathy causes inhibition of affective empathy. Evidence regarding the relationship between narcissism and cognitive empathy is of a mixed nature, however seem to agree that is a negative link between narcissism and affective empathy (Ning & Yunli, 2016). Even if narcissistic personality traits do not affect one's ability to read and assess the emotions of other people, they nevertheless compromise the capacity for appropriate reaction to these emotional states (Wai & Tiliopoulos, 2012).

Research indicates that people with NPD show diminished capacity for emotion recognition when viewing facial expressions (Marissen, Deen, & Franken, 2012). Additionally, NPD is linked to a diminished capacity for mirroring of emotions and decreased levels of empathic concern upon witnessing emotionally charge events (Ritter et al., 2011).

Kelsey, Ornduff, McCann, and Reiff (2001) reported that narcissism was associated with an impairment in the processing of aversive information. In turn, the inability to process unpleasant material resulted in a failure to recognise and respond appropriately to the distress of other people.

An inverse association between narcissism and affective empathy appears to be logical in view of narcissism as a trait, characterised by a grandiose view of the self and a desire to engage in exploitative behaviours (Cain, Pincus, & Ansell, 2008). A tendency to engage in pro-social behaviour only with intent to enhance self-concept and acquire desired outcome (Wai & Tiliopoulos, 2012) is in direct opposition to experiencing genuine other-oriented concern, analogous to empathy. Research evidence indicates that lack of empathy, characteristic of narcissism, leads to highly antisocial consequences (Wai & Tiliopoulos, 2012; Harper, Hart, & Sedikides, 2013; Watson & Morris, 1991).

A more contemporary piece of research, however, tends to challenge the link between narcissism and lack of empathy, putting it down to weak test conditions and ambiguous measures of empathy (Lishner, Hong, Jiang, Vitacco, & Neumann, 2015). Ning and Yunli (2016) revealed that priming of emotional empathy motivated significantly higher levels of overall empathy in narcissists. These findings have important implications for potential training programmes,

which could devise methods aimed at eliciting appropriate emotional responses to the affective states of other people.

Ning and Yunli (2016) proposed that narcissists might possess innate empathic abilities but have chosen to disengage from them in order to protect themselves from the suffering of other people. In fact, Stone (1998) argued that narcissists may simply have a separate facet of abilities that drives their empathic reasoning. The above findings indicate that there are practical pathways by which empathic reasoning can be accessed and evoked in individuals with narcissistic traits.

To my knowledge no study thus far has examined the relationship between narcissism and empathy in people of helping professions.

1.4.5 Gender, age, and empathy

The prevailing stereotype in social and psychological theory is that females are more empathic than males. Traditional social roles are thought to impact the behaviour of men and women, where males are expected to ensure functionality of the family and society at large while females are encouraged to facilitate harmony within the family unit (Parsons & Bales, 1955). As a result empathy is seen as a valuable attribute of the female gender and a trivial aspect male socialisation, since it is considered redundant to the requirements of their social role (Lennon & Eisenberg, 1990).

Freud (1925/1950) believed that male and female differences in empathic relating arise as a result of variability in the Oedipal complex. He postulated that unlike males, females do not fear castration and thus do not come to the resolution of the aforementioned complex, leading to the development of a weaker superego (as cited in Lennon & Eisenberg, 1990). As a result, in their interactions with the world females rely on a primitive emotional capacity.

Studies reviewing gender differences in empathy return with inconclusive results since empathy is defined in different ways. Moreover, researchers use various methods to measure the concept of empathy, making it impossible for the researchers to draw definitive conclusions about consistent gender

differences (Lennon & Eisenberg, 1990). In an 11-study review Hoffman (1977) reported that girls were more empathic than boys; these findings were however obtained from a sample of very young children. Lennon and Eisenberg (1983) reported gender differences are largely dependent on the mode by which empathy is operationalised.

Christov-Moor et al. (2014) reported differences between male and female participants, with females scoring higher on the capacity for empathic relating. Sex differences appeared to increase with age, although the authors consider whether this might be a result of divergence in the sensitivity of various measures.

Echoing their writings on gender, Lennon and Eisenberg (1990) stated that variability in empathic tendencies of various age groups is largely dependent on the type of measure in question. Francis and Pearson (1987) reported a positive association between empathy and age. Steiber, Boulet and Lee (1979) reported that younger participants were more successful at empathy training than older subjects. Some researchers assert that cognitive empathy is influenced by age (Golan, Baron-Cohen, & Golan, 2008) and some argue that it is not (Garaigordobil, 2009). Empirical evidence indicates that emotional empathy is not correlated with age (Light et al., 2009; Roberts & Strayer, 1996).

It appears that previously generated data in the context of empathy and age has focused predominantly on child participants. To my knowledge no known study examined the association between age and empathy in a sample of professional counselling psychologists, psychotherapists, clinical psychologists, etc. Past research in the area of empathy and age has yielded inconclusive findings. I believe it is imperative to explore the association between the aforementioned variables in people of helping professions in order to enhance facets of training and post-qualification development.

1.5 Measures

The factors that have thus far been explored in the context of the existing literature will be measured with the use of a survey comprised of six questionnaires. Properties of these measures are outlined below.

1.5.1 Emotion regulation measures

CERQ is a 36-item scale, with 9 four-item subscales. The measure gathers information on what a person thinks following a stressful life event (Garnefski & Kraaij, 2007). The dimensions of emotion regulation strategies outlined below originated as modifications of existing cognitive strategies of coping measures, as transformations of non-cognitive strategies into cognitive ones, as well as by adding new theoretically meaningful dimensions (Garnefski & Kraaij, 2007). During construction of items for the CERQ, Garnefski, Kraaij, and Spinhoven (2001) consulted COPE (Carver et al., 1989), the Coping Inventory of Stressful Situations (CISS) (Endler & Parker, 1990 as cited in Garnefski, Kraaij, & Spinhoven, 2001), as well as the Ways of Coping Questionnaire (WCQ) (Folkman & Lazarus, 1988 as cited in Garnefski & Kraaij, & Spinhoven 2001). Theoretically, cognitive coping strategies of the CERQ can be divided into two distinctive strategies of emotion regulation – adaptive: acceptance, putting into perspective, refocus on planning, positive reappraisal, positive refocus; and maladaptive: self – blame, rumination, catastrophising, and blaming others (Garnefski & Kraaij, 2001).

Emotion regulation dimensions

As defined by Garnefski & Kraaij (2007), the dimensions are:

- 'Blaming others' – putting the blame for what has happened on another person or the environment.
- 'Self-blame' – blaming ourselves for what has taken place.
- 'Refocus on planning'– entails consideration of steps to be taken, in order to handle the negative situation.
- 'Acceptance'– involves submission to the negative event.

- ‘Positive refocusing’– involves shifting the attention from a negative affair onto something more positive e.g. joyful life events.
- ‘Positive reappraisal’ – entails viewing a negative event as an opportunity for personal growth.
- ‘Rumination’– involves mulling over the negative event as well as upsetting feelings and thoughts in relation to it.
- ‘Putting into perspective’– entails appreciation of the trivial nature of a negative situation in comparison to other, more serious events.
- ‘Catastrophising’– refers to deliberate emphasis of the gloomy aspects of a negative event.

1.5.2 Empathy measure

Davis’s (1980) Interpersonal Reactivity Index (IRI) scale was the first scale to measure the multifaceted nature of empathy. Previous research focused on empathy as a unipolar construct, either cognitive or emotional (Dymond, 1949; Kerr & Speroff, 1954; Stotland, 1969; Mehrabian & Epstein, 1972; Stotland, Mathews, Sherman, Hansson, & Richardson, 1978 as cited in Davis, 1983). Thereafter, researchers began to explore the effects of both facets of empathy on human behaviour (Coke, Batson, & McDavis, 1978). Davis’s (1980) IRI scale consists of a set of constructs which are discriminate from each other and tap into separate aspects of empathy. The aspects, although unique, are all concerned with responsivity towards others. ‘Fantasy’, ‘empathic concern’, and ‘perspective taking’ coincide with traditional concepts of empathy (Pulos, Elison, & Lennon, 2004).

The scale measures cognitive as well as emotional aspects of empathy. ‘Fantasy’ and ‘perspective taking’ represent two types of antecedent emotions, experienced in relation to the affective state of another person (Davis, 1983). ‘Empathic concern’ and ‘personal distress’ represent two types of vicarious participation in the emotional state of another human being.

Davis’s (1980) capacity for perspective taking is akin to Hoffman’s (1977) concept of non-egocentric thought. Upon witnessing the distressing emotions of another person, non-egocentric reasoning (Hoffman, 1977) negotiates the

transition between a self-focused emotional reaction and other-directed feelings of sympathy and concern (as cited in Davis, 1983).

Coke at al. (1978) investigated emotional reactions and helping behaviour in adults. They discovered dimensions similar to Davis (1983) – empathic emotion, perspective taking, and personal distress.

Stotland et al. (1978) demonstrated that a tendency to fantasise about imaginary events (which is equivalent to Davis's (1980) fantasy scale) influences emotional reactions and subsequent provision of help.

It is evident that Davis's (1983) domains of empathic relating have emerged from other-directed reactions, which were conceptualised as empathy by preceding researchers. The aforementioned studies demonstrated that all four of Davis's (1983) subscales (perspective taking, empathic concern, personal distress and fantasy scale) were rooted in preceding investigations, thereby further confirming the credibility of these components as dimensions of empathic relating.

Chronbach's α for the subscales of the IRI ranged between .70 and .78 (Davis, 1980). Baldner and McGinley (2014) further confirmed the reliability of the scale, reporting Chronbach's α between .75- .80. The four subscales of Davis's (1983) empathy scale showed good convergent and discriminant validity. Properties and validity of each subscale are outlined in further detail below.

Empathic Concern (EC) scale measures sympathy towards another person in distress. It is analogous to emotional empathy and is related to feelings of concern directed towards someone else. Empathic concern was found to be strongly correlated with measures of concern for others and selflessness.

The scale shows good convergent validity indicated by a positive association between 'empathic concern' and scales measuring emotional vulnerability, selflessness, and non-selfish concern for others. The scale's discriminant validity was affirmed by the negative correlation with an undesirable interpersonal style characterised by boastfulness (Davis, 1983).

Perspective Taking (PT) scale measures the likelihood with which one spontaneously adopts another person's point of view. It can be referred to as

cognitive empathy and is related to the ability to "put oneself into someone else's shoes". The scale was consistently related to the construct of interpersonal functioning and other-oriented sensitivity measures and inversely related to dysfunctional social behaviour, and self-oriented sensitivity measure (Davis, 1983). The aforementioned findings affirm the convergent and discriminant validity of the scale.

It is considered that perspective taking and empathy have numerous similarities (Vorauer & Quesnel, 2016) and one can give rise to the other (Vorauer, 2013). However, the two concepts bare some key differences. Empathy is an emotional response which entails feeling for the other in a less fortunate position (Batson et al., 1997), whereas perspective taking involves taking another person's point of view and seeing the world through their eyes (Davis, 1983).

Fantasy Scale (FS) measures a tendency to become deeply involved in the world of books, plays, and films. This scale assesses the likelihood with which one transposes him/herself into the position of fictitious characters. It can be referred to as imaginative empathy, and is related to how likely one is to identify with the emotions of characters from films, books, and plays. Three items from the IRI fantasy scale come from Stotland et al.'s (1978) Fantasy-Empathy (FE) scale. Stotland et al. (1978) reported that people scoring high on FE scale experienced greater physiological arousal (as indicated by palmar sweating) upon witnessing an emotional reaction of a film character. They also exhibited a greater tendency to help other people.

Fantasy scale was related to the chronic emotionality and increased sensitivity measures, which was more pronounced in males than females. Such findings indicated good convergent validity of the 'fantasy scale' of the IRI (Davis, 1983).

Personal Distress (PD) scale measures self-orientated feelings of anxiety which are evoked from witnessing another person in distress. This anxiety prevents us from reacting proactively by getting in the way of helping others. Personal distress can take place after the initial reaction of empathic relating (Batson, 1991). Convergent and discriminant validity of this subscale was confirmed by

the association with poor interpersonal functioning, low self-esteem, fearfulness, uncertainty, and vulnerability (Davis, 1983).

1.5.3 Dogmatism measure

Prior to 1996, Rokeach's (1960) measure of dogmatism was the dominant scale of dogmatism research (Crowson, DeBacker, & Davis, 2008). The scale was, however, criticised for the inclusion of right-wing sentiments, which prompted the measure to be revised. Subsequently, Rokeach (1960) decided to focus on assessing cognitive specificities of dogmatic and non-dogmatic individuals. Unfortunately, Rokeach's (1960) new measure was conceptually and methodologically flawed, leading Altemeyer (1996) to introduce a new conception of dogmatism. He departed from Rokeach's anchoring on the cognitive-structural attributions of dogmatism and focused on the certainty with which people hold their beliefs.

Several studies were conducted on Canadian college students and their parents, returning good internal consistency of Altemeyer's (1996) DOG scale, with Cronbach's α of around .90. Criterion-related validity of the scale was confirmed by high positive correlations between the DOG scale and right-wing authoritarianism, religious fundamentalism, and belief zealotry, as well as resistance to belief change following the presentation of belief-disconfirming evidence. In 2002 Altemeyer provided further support for the criterion-related validity of the scale by demonstrating that individuals high in dogmatism were highly resistant to belief change.

Crowson, DeBacker, and Davis's (2007) study further validated the scale by testing it for discriminant and convergent validity, as well as providing additional evidence for criterion-related validity, therefore expanding on the overall construct validity of the measure. The study was conducted on undergraduate and graduate students and community adults of various ethnic backgrounds. Discriminant validity of the DOG scale was confirmed by its disparity with conceptually related but dissimilar measures: the need for closure, need to evaluate, need for structure, need for rationale, cognition, and

experiential processing. Correlation coefficients between the DOG scale and the aforementioned measures did not exceed .31, indicating a strong discriminant validity/empirical distinctiveness of the dogmatism measure.

Convergent validity of the scale was affirmed by high correlations between the DOG scale and conceptually similar measures: Schraw et al.'s (2002) "belief in certain knowledge subscale" and Powell's (1965) Dogmatism Scale. High correlations between the DOG and measures of ideological conservatism and right-wing authoritarianism establish criterion-related validity of the dogmatism scale.
Overall, the DOG scale was affirmed as a valid, internally consistent measure of dogmatism, supporting the construct validity of the questionnaire.

1.5.4 Parental style measure

Measures of parental styles (MOPS) originated from the Parental Bonding Instrument (PBI), but incorporated a third scale. Harris and Brown (1996) argued that PBI misses an important aspect of childhood experience, linked to later psychopathology. This aspect was physical and sexual abuse. Parker et al. (1997) designed a scale that complemented the BPI and broadened examination of childhood experiencing by capturing abusive parental characteristics. They argued against the inclusion of specific abusive conduct, such as incest, because of the infrequency of occurrence and difficulty in defining its elements. This measure assesses participants' perceptions and recollections of early caregiving environment (Parker et al., 1997). MOPS is a 15-item self-report measure. The survey was administered in order to gather information on participants' early experiences of mother and father figures' caregiving patterns. Inter-correlations between MOPS and BPI scales indicated that 'indifference' and 'over-control' subscales of the former were refined versions of the 'care' and 'protection' subscales of the latter. The added subscale of 'abuse' was sufficiently independent to assume a separate dimension (Parker et al., 1997).

Cronbach's α for the subscales ranged from .76 to .93.

1.5.5 Trait anxiety measure

Spielberg et al.'s (1983) State trait anxiety inventory (STAI) is comprised of equal number of items assessing state anxiety and trait anxiety (20 items in each subscale). State anxiety is related to state anxiety, conceptualising a temporary feelings of stress a person might experience upon encountering a perceived threat. Trait anxiety, on the other hand, measures the levels of anxiety one experiences on a day- to-day basis.

Construction of the scale began in 1964 with the final version completed in 1983 (Spielberg & Reheiser, 2004). More than 10,000 adolescents and adults contributed to the validation process of the scale: students, working adults, psychiatric, medical, and surgical patients, military personnel and prison inmates. Test-retest stability for the T-Anxiety scale was measured on high school and college students over 20–104 days. The scores ranged between .73 and .86. This presented high internal consistency, with Cronbach α of .90 (Spielberg et al., 1983).

In order to test for concurrent validity, the scale was correlated with related measures of trait anxiety: Taylor's (1953) Manifest Anxiety Scale (MAS) and Cattell and Scheier's (1963) IAPT Anxiety Scale Questionnaire (ASQ). Correlations coefficients ranged between .73 and .85, indicating a good concurrent validity (as cited in Spielberg & Reheiser, 2004). Additionally, the T-Anxiety scale was superior to the aforementioned measures because it was less contaminated with depression items and took half as much time to complete (Spielberg & Reheiser, 2004).

1.5.6 Narcissism measure

Ames, Rose and Anderson's (2006) NPI-16 is a shorter version of Raskin and Terry's (1988) NPI-40. It is comprised of 16 items, which represent narcissism in its purest form and void related, but with distinct pairs of statements. The validity of NPI-16 was measured with the help of MBA and undergraduate university students. NPI-16 shows good internal consistency α of .72 and a

strong correlation with NPI-40 of .90. NPI-16 correlated positively with related measures of self-esteem, extraversion, and openness to experience, indicating a good convergent validity. Correlation between NPI-16 and dispositionism was non-significant, indicating to good discriminant validity. The scale showed good test-retest reliability over a 5-week period. NPI-16 was positively related to self-ratings of power (r = .29) and attractiveness (r = 37), and negatively related to self-ranking of effort (r = - .17), creativity (r = - .28), and overall performance (r = - .25), indicating good predictive validity. Discriminant validity was confirmed by a lack of significant relationship between NPI-16 and cooperativeness (Ames et al., 2006).

1.6 Aims

The current study explores the association amongst variables that are considered important in the context of empathic relating, but which are under-researched in people of helping professions. Close examination of existing literature prompted the formulation of a number of research aims.

1) Research on emotion regulation in the context of empathic relating is limited to conceptualisation of both variables in largely universal terms. Therefore, the present work will examine the interaction between various aspects that comprise emotion regulation and empathy. The current study is set to determine the interaction between a complete set of cognitive emotion regulation strategies and four aspects of empathic relating.
2) Previous investigations into parental rearing styles and offsprings' subsequent propensity for empathic relating was conducted on children and adolescents. Schaffer et al.'s (2009) study was the only one that examined the link between parental patterns and empathy in a sample of young adults, with a mean age of 20.7 years. The aforementioned variables have never been explored in a middle-older adult age group. Therefore, the current study is aimed at filling the gap in research and examining whether the association between parental styles and offspring empathy is long lived.

3) The association between dogmatism and empathy remains vastly under-researched. Existing studies examining the link between the two variables were conducted on undergraduate and postgraduate students of psychology. To my knowledge no study has explored the link between the aforementioned variables in practising people of helping professions. The current study aims to fill the gap in research. Furthermore, in the context of the current work, empathy will be conceptualised as four distinct (but interrelated) components, thereby permitting examination of how dogmatism interacts with four unique facets of empathic relating.
4) Similarly, the concept of narcissism remains largely unexamined in the helping professions. The aim of the present research is to test for the association between narcissism and capacity to empathise in people of helping professions.
5) Emotion regulation is generally regarded as a global process of maintaining affective stability. Training programs emphasise the importance of emotion regulation as a means of maintaining psychological mindedness and the mode by which empathic relating is facilitated. However, the progression of emotion regulation, recollections of parental styles, or patterns of empathic relating have thus far not been examined in people of helping professions. The current study is aimed at exploring the evolution of empathy and emotion regulation in various age groups, in order to formally assess the advancement of human relating.
6) The final aim of the study (and one closely related to aim number 5) is to touch upon the efficacy of training delivered by institutions. Responses of participants from various age groups will allow me to take a look at the influence of training (in the domains of emotion regulation and empathic relating specifically) and its application post-qualification.
7) Existing research exploring the association between empathic relating and age has focused predominantly on child participants. To my knowledge no known study has examined the association between the aforementioned variable in an adult sample of people of helping

professions. The current project aims to fill the gap in existing research literature.

1.7 Hypotheses

A separate list of hypotheses was formulated for each method of statistical analysis.

1.7.1 Correlation analysis hypotheses

1. The empathy aspect 'empathic concern' will have a negative relationship with maladaptive patterns of emotion regulation (ER) and a positive relationship with adaptive patterns of ER.
2. The empathy aspect 'fantasy' will have a positive relationship with adaptive patterns of ER and a negative relationship with maladaptive patterns of ER.
3. The empathy aspect 'fantasy' will have a negative relationship with trait anxiety.
4. The empathy aspect 'personal distress' will have a positive relationship with maladaptive strategies of ER and a negative relationship with adaptive patterns of ER.
5. The empathy aspect 'personal distress' will have a positive relationship with trait anxiety.
6. The empathy aspect 'perspective taking' will have a negative correlation with maladaptive strategies of ER and a positive correlation with adaptive strategies of ER.
7. The empathy aspect 'perspective taking will be negatively correlated with trait anxiety.
8. There will be a correlation between age and aspects of empathic relating.
9. There will be an association between age and ER strategies.
10. There will be an association between age and narcissism.
11. Parental styles will be inversely related to adaptive patterns of ER.
12. Parental styles will be positively related to maladaptive patterns of ER.

13. Parental styles will be positively linked to trait anxiety.
14. Parental styles will have a negative relationship with the facets of empathic relating: 'empathic concern', 'fantasy', and 'perspective taking'.
15. Parental styles will have a positive relationship with the facet of empathic relating: 'personal distress'.

1.7.2 Cluster analysis hypothesis

1. Distinct groups of participants will be formed in the course of cluster analysis.

1.7.3 Regression analysis hypotheses

1. There will be a significant prediction of 'empathic concern' by parental styles, dogmatism, narcissism, anxiety, and emotion regulation strategies, gender, and age.
2. There will be a significant prediction of 'fantasy' by parental styles, dogmatism, narcissism, anxiety, and emotion regulation strategies, gender, and age.
3. There will be a significant prediction of 'personal distress' by parental styles, dogmatism, narcissism, anxiety, and emotion regulation strategies, gender, and age.
4. There will be a significant prediction of 'perspective taking' by parental styles, dogmatism, narcissism, anxiety, and emotion regulation strategies, gender, and age.

2. Methodology

2.1 Reflexivity

I would like to begin my discussion on reflexivity by locating myself in relation to the topic of the current thesis. Undoubtedly, the characteristics of my personality motivated the choice of the topic on which the current thesis is based. I have always believed that my empathic nature was the hallmark feature of my character and defined who I was. It has contributed greatly to my choice of career and will remain the driving force of my future work as a counselling psychologist.

Although I have always been somewhat proud of my highly empathic character organisation, there were a number of traits within my personality that I disapproved of. Innately I am dogmatic, with traits of narcissism and poor skills in regulation of negative feelings. I was aware that these characteristics could present a serious impediment in my personal and professional development.

My belief in the vitality of empathy and concern over the potentially hindering effects of narcissism, dogmatism, and maladaptive patterns of emotion regulation have compelled me to expand my knowledge in these domains. It must, however, be noted that in my personal view I do not reduce narcissism and dogmatism to purely negative qualities. I believe that both dimensions carry valuable aspects, discussion of which is beyond the scope of the current project. In the context of the current study, my opinion of the above-named traits as hindersome only stretches as far as the implied impediment to the therapeutic alliance. The choice of topic on which I decided to focus reflected my hopes for progress in personal as well as professional domains. Personal development occurred by means of gained insight into how my personality characteristics interact with my empathic capabilities, while professional development will take place if the current study succeeds in making an important contribution to the field of counselling psychology.

My personal characteristics have been the driving force behind the choice of methodology for the most important piece of work in my life. By nature I am

active and driven by rapid personal development. Positivist methodology resonates with my characteristic tendency to take big strides. I believe that my profound desire for self-advancement inspired me to gather insight in to a large-scale social trend, which I hoped could be of use to the wider population. My wish to be of use to the public was evident in my therapeutic practice, where frequently I attempted to liberate the client of all conflict in the space of 12 sessions. Similarly, the motive for rapid progression was indisputable in my research agenda, which was aimed at investigation of numerous variables on a large sample of participants.

My romantic nature prompted me to search for answers that would help the world at large while the dogmatic within me urged me to select positivism as a route of my pursuit. A scientific method of inquiry, characterising quantitative methodology, sat well with my pragmatism and appreciation of quantifiable numerical data. I make no claim that quantitative methodology diminishes all possibility of researcher bias or ensures direct causality between the variables. However, I do consider the data collected and analysed by means of positivist methodology to be more objective, generalisable, and rigorous than that obtained and evaluated by the interpretivist approach. My inner conflict and struggle against the dogmatic traits of my personality has urged me to steer away from interpretivism as a perspective guided by subjectivism. Positivism allows a sense of comfort, within me, in the fact that reality is universal and exists independent of us. The researcher's rigid beliefs in the righteousness of her persuasions could taint the autonomous reality of external world. Opting for an objectivist approach has allowed me to steer clear of my absolute, inflexible, and purely subjective convictions and produce generalisable findings that are independent of my opinionated assumptions. The choice of research method was a reflection of my struggle against my arbitrary, categorical beliefs.

Undoubtedly, the sample of participants selected for my study reflects my agenda for making a contribution to the field of counselling psychology. Equally, the selection of participants, whose professional fields accentuated the importance of empathic traits, rested well with my fear of rejection.

Participants were contacted via email, with a request to take part in the study. There was never any face-to-face communication between the participants and the researcher. However, even electronic interactions can provide a sufficient amount of information to influence responses from specific groups of individuals.

Recruitment of participants via a City University email account generated a number of responses from past students. These recruits made casual enquiries about the institution, the way the course has evolved (since their departure), as well as my thesis. Such interactions allowed for a more personal involvement, resulting in the increased interest in the project and presumably, therefore, making it more likely that the recruits would take part in the study.

Potential participants, who expressed specific interests in the subject, were eager to respond, give advice, and offer participation in the project. Response rates from qualified counselling psychologists and trainees of counselling psychology courses exceeded those of other helping professions. It is possible that similarity of training experience between the researcher and the participants inspired subjects to support the project. Willingness to take part in the project could in itself have biased the sample of participants. Potentially, the recruits who put themselves forward for participation experienced a greater degree of empathy for the researcher. This could have been a result of innate disposition, thereby skewing the sample towards a group that is more empathic. Alternatively, feelings of identification could have been elicited by means of a letter of invitation, advert, and subsequent interaction with the researcher.

An ability to understand the feelings of another person is the central feature of empathy and something people of helping professions engage in on daily basis. Perhaps the title of the current work was a reminder of the fundamental principles of our profession and inspired the participants to empathise with the researcher, and contribute to the study.

Subjects received an electronic letter, inviting them to take part in the project. The letter was deliberately designed, to the best of the researcher's abilities, to invite participation of individuals with varying degrees of personal

characteristics. The letter was also aimed to inspire participation. The main difficulty was to design the letter of invitation in such a way that by inspiring the subject to take part, I was not targeting a specific sample of recruits. I believe that this was possible only to a certain extent. The mere introduction of me as a student of counselling psychology and belonging to the institution of City University would have undoubtedly evoked identification by recruits with similar backgrounds, thereby increasing likelihood of participation. The willingness of the researcher to extend gratitude to the potential recruits for giving their time could have invariably conveyed an undertone of trepidation. The email explicitly communicated appreciation of potential participants' busy schedules, all the while conveying that unique contributions of each person would be of great assistance to the researcher and of vital importance to the field of counselling psychology. These qualities of the letter could have appealed more to subjects with a greater degree of identification with the researcher, once again pre-determining a sample with greater empathic orientation. The letter stated that the importance of the study rested on the premise of offering advancements in the field of psychology, which could have prompted participation of psychologists and less so of other groups of recruits. Therefore, the determined transparency of the letter may have caused biases in the sample of participants.

In further argument that the design of the letter could have unwillingly skewed the sample group, I would like to consider how the wording of my invitation to participate could have impacted the recruits. In the letter I convey appreciation of participants' busy schedules yet urge them to spare some of their time in order to make an important contribution to research field of psychology and help out a fellow peer. Some might have perceived my attempted persuasions as over-imposing and amateur and be, therefore, alienated by this approach. The power dynamic between myself (as a trainee) and the fully qualified professionals was evident in those instances where I was urged to alter a word in my electronic letter because the person deemed it too directive, or when I was berated for a typo in the subject field of the email and informed that it nearly resulted in a dismissal of my request to participate. It became apparent that in our dyadic interactions many of the participants were in the position of

authority. I was a student working towards accreditation, which was largely reliant on the contribution of qualified professionals. I welcomed constructive criticism, which prompted me without further hesitation to alter the indicated errors and become more vigilant of the potential blunders in my future interactions. However, these incidents did more than that; they have allowed me to reflect on my personal dynamics and the way these relate to my therapeutic work. The progress of my work, which was largely tied in with my personal growth and actualisation, was conditional to the subjects' willingness to take part in the project. I was keen to encourage participation, but afraid of pestering the recruits, therefore causing aversion. The fact that I was heavily reliant on the good graces of my participants left me feeling very vulnerable. I reflected on this feeling within myself, which allowed me to pick up on its resemblance to the therapeutic setting. I was able to further acknowledge the challenges clients face when putting trust in the therapist and how unsafe it feels to be vulnerable. This experience illuminated the need for conveyance of a tentative empathic understanding on behalf of the therapist, in order to project willingness to understand and contain clients' anxieties. It further emphasised the need for careful consideration of the language I use in the therapeutic setting, in order to help the client feel understood and accepted rather than judged and persecuted.

2.2 Epistemological Roots

Empiricism is the foundation of positivism, which views reality as a quantifiable, universal, and objective phenomenon. This perspective relies on application of science as a way of establishing reality that is shared by all (Darlaston-Jones, 2007). Robson (2002) stated that scientific research must be based on empirical data and conducted systematically, ethically, and sceptically. Adherence to a positivist paradigm has allowed me to carry out research that is objective, controlled, relatively value neutral, and generalisable.

The primary purpose of the present study was to explore associations between the variables in a relatively unbiased way. My ontological stance presumed the existence of an objective reality, which could be measured in a numerical form. I

do not refute the idea of the social world being constructed by its inhabitants. Neither do I deny that reality can be interpreted differently by those who hold the perception, in a particular moment in time. However, I strongly believe that social trends continue to exist in their entirety, outside of our perceptions. Reality as we know it was constructed by societal tendencies; we allowed it to evolve and facilitated its expansion. Presently, we live in a social world, which is characterised by certain general perceptions and stereotypes. Existing patterns of human tendencies operate in the present tense and are therefore of relevance to human sciences. If human generalisations and interpretations carry characteristic similarities (which do not imply sameness), then these similarities are useful in detecting social trends. A concept must exist in the first place in order to be understood and interpreted. Social phenomena are undeniably divergent and dependent on the perceptual field of the observer, nevertheless existential patterns manifest through a synergy of our joint constructions, transmitted throughout visceral fields. We take part in co-creating what's out there. We construct reality jointly, share it together and therefor, there is an element of similarity of experiencing. Accordingly, a positivist paradigm is an approach which lets us catch a glimpse of the world, as a collectively generated phenomena.

Epistemologically I am motivated to adopt a positivist paradigm. Therefore, the conclusions of the current research will be derived from empirical evidence. Adaptation of positivist research strategies will allow for generation of robust data, which will remain relatively separate from human influence. I believe that a positivist paradigm leaves less space for researcher bias when compared to constructivism. This led me to conclude that positivistic research strategies are more suitable for generation of data that is generalisable to the wider population and applicable in daily life. Additionally, quantitative methodology permits data replication, which could strengthen the validity of the present research findings.

2.3 Rationale

The present study is aimed at exploring the relationship between emotion regulation strategies, parental styles, dogmatism, narcissism, anxiety and empathic tendencies in people of helping professions.

Given its importance to positive therapeutic outcomes, Elliott et al. (2001) defined empathy as a vital training objective of counsellors. The objective of the current study is to further our understanding of the concept of empathy and factors that interact with it.

The association between parental styles and offsprings' empathy in adulthood remains largely unexamined.

Past research evidence established that stress can inhibit empathic reasoning (Buruck et al., 2014), accordingly adaptive regulation of negative emotions should promote empathic abilities. Thus far no study has explored the full range of cognitive emotion regulation strategies in the context of empathic relating.

Additionally, the interaction between empathy and the personality feature of dogmatism, anxiety, and narcissism in the sample of helping professions remains unexamined.

Furthermore, majority of research on empathy has explored it as a binary concept, composed of one cognitive and one emotional dimension. In contrast, the current study examines empathy as a four-dimensional phenomenon, recognising two cognitive and two emotional components.

Previous research has demonstrated that maladaptive emotion regulation strategies lead to negative emotions such as stress, depression, anger and anxiety (Lazarus & Folkman, 1984). Therefore, I predicted that people of helping professions, engaging in maladaptive patterns of emotion regulation (blaming self, blaming others, rumination, catastrophising, acceptance), should yield elevated scores on trait anxiety, whereas adaptive strategies of emotion regulation (positive refocusing, refocus on planning, positive reappraisal, putting into perspective) should be accompanied by reduced scores on trait anxiety.

In light of previous research findings revealing that negative emotions (Buruck et al., 2014) impair empathic responses, I theorised that trait anxiety would have a negative relationship with empathic reasoning.

Previous empirical research established a negative association between narcissism and empathy (Wai & Tiliopoulos, 2012), which led me to predict an inverse relationship between the two variables.

Past research demonstrated a negative association between dogmatism and empathy, (Carlozzi et al., 1994), which led me to anticipate an analogous interaction between these variables in the context of the current study.

A large volume of empirical evidence confirms the link between parental styles and subsequent empathic capabilities in the offspring (Jones et al., 2014). A mutually positive relationship between the parent and the child is necessary in order for empathy to become internalised (Kochanska & Aksan, 1995). In line with previous findings I hypothesised that the parental styles 'indifference', 'over-control' and 'abuse' will have an inverse relationship with empathy.

In light of previous research evidence demonstrating interconnection between parental styles, emotion regulation strategies, levels of anxiety, and empathic relating (Kestenbaum et al., 1989; Eisenberg & Fabes, 1992; Oliver et al., 2016), I predict that the participants will be clustered into two separate groups. One group should be characterised by increased levels of negative parental styles, trait anxiety, maladaptive emotion regulation strategies, and personal distress. At the same time, this group should be characterised by decreased levels of empathic relating, indicated by descending levels of perspective taking and fantasy. The second group, on the other hand, should be characterised by more adaptive strategies of managing negative emotions, inverse levels of trait anxiety and personal distress, definitively more encouraging parents, as well as heightened propensity for empathic relating, as indicated by the upsurge in levels of perspective taking and fantasy.

2.4 Ethical Considerations

The current research was approved by the City University London Psychology Department Ethics Committee. The project abided by the ethical guidelines of the British Psychological Society and complied with the Code of Human Research Ethics (2014) and Code of Ethics and Conduct (2009).

The researcher closely followed outlined procedures in order to ensure that the process incorporated fair treatment, anonymity, confidentiality, and valid consent.

Participants were provided with an outline of the study explaining the nature of research, its aims, procedure, and time commitment. Subjects were informed that the study was completely anonymous and participants' individual responses were untraceable back to them. Participants were made aware that the data could be withdrawn only prior to the submission of the survey. Due to the fact that no personal or identifiable details were collected it would have been impossible to locate particular subjects' data once the questionnaire had been submitted. Nobody, except the researcher and the supervisor, had access to the participants' raw scores. Subjects were made aware that the data was safely stored on the computer, accessible by the password known solely to the researcher. Participants were informed that the data would be safely destroyed once the project had been finalised.

Upon completion of the survey participants were presented with a debrief slide. The slide contained information on the study the subjects had just participated in, listing the variables measured and their link to empathic relating. The variables were discussed in the context of previous empirical studies. Additionally, the debrief outlined the potential contribution that the study could bring to the field of helping professions.

The project was carried out with careful application of scholarly and scientific standards in order to ensure that the study was of a sufficiently high quality and incorporated foundations of scientific value while considering the principles of societal welfare.

In the debrief part of the study participants were encouraged to contact the researcher or the research supervisor should they have any further queries or in the event that the study had caused them any emotional distress.

The survey inquired about participants' recollections of their parental behaviours, which could have provoked traumatic or upsetting memories of past events. Additionally, subjects were asked to evaluate various traits of their personality. This could have brought on awareness of characteristics that may have, until now, remained latent and thus resulted in a conflict of emotions. Even if we assume that certain personal attributes are processed during the training of counselling psychologists (which accounted for the largest part of the sample), it is still vital to remain vigilant for the potential effects of prompting questions.

The invitation to contact the researcher and the supervisor was extended with an intention to listen and validate the person's experience, while carefully assessing the needs of each individual subject in order to provide help in accordance with their presenting concerns. In the course of the project the researcher aimed to maintain the highest professional standards. This materialised in the form of attunement to the needs of each individual participant and prompt attending to their presenting queries. In the course of the study no participant reported feelings of emotional distress. However, a number of subjects wished to receive further information in relation to the study. Such requests were attended to in a timely manner with an aim to provide knowledge and material to the satisfaction of the participants.

During the course of the study I remained mindful of the fact that the majority of the participants were my peers. I engaged in reflective deliberation on how this factor might manifest in the course of the study. I was wary that similarity in training might manifest in fantasised experiential closeness and emotional connectivity with the participants of the study. Awareness of these dynamics allowed me to reflect upon conclusions drawn in the course of the analysis, in order to maintain impartiality and objectivity of the highest possible degree. The need for self-awareness was particularly pronounced when interpreting the findings in relation to the younger group of participants, to which I felt the

closest degree of identification. In such instances I aimed to refrain from delving into unequivocal subjectivity and to be guided by my findings and a firmly grounded theoretical stance.

2.5 Method

2.5.1 Statistical analyses

Four methods of statistical analyses were employed in order to increase our understanding of the nature of empathy. The data was analysed by means of correlation analysis, regression analysis, and two methods of data reduction: cluster analysis and factor analysis. A detailed account of each method of statistical analysis is outlined in the 'results' section, along with findings and discussion for each individual method of data measurement.

2.5.2 Design

I have selected survey design as a means of collecting data for the current project. Participants were invited to fill out a survey comprised of six questionnaires:

1. Cognitive Emotion Regulation Questionnaire (CERQ) (Garnefski, Kraaij, & Spinhoven, 2001) (Appendix 1).
2. Interpersonal Reactivity Index (IRI) (Davis, 1983) (Appendix 2).
3. Dogmatism (DOG) scale (Altemeyer, 2002) (Appendix 3).
4. Measure of Parental Style (MOPS) (Parker et al., 1997) (Appendix 4).
5. State Trait Anxiety Inventory (STAI) Spielberg, Gorsuch, Lushene, Vagg, and Jacobs (1983), trait part only (Appendix 5).
6. Narcissistic Personality Inventory (NPI-16) (Ames, Rose, & Anderson, 2006) (Appendix 6).

2.5.3 List of twenty-seven variables used in the study

Dependent variable

Empathy (4 facets)

1. Perspective taking
2. Fantasy
3. Empathic concern
4. Personal distress

Independent variables

5. Narcissism
6. Dogmatism
7. Trait anxiety

Parental styles (3 facets) separately for mother

8. Abuse measure
9. Over-control Measure
10. Indifference measure

Parental styles (3 facets) separate for two parental figures:

11. Abuse measure (mother)
12. Over-control measure (mother)
13. Indifference measure (mother)
14. Abuse measure (father)
15. Over-control measure (father)
16. Indifference measure (father)

Emotion regulation strategies (9 facets):

17. Refocus on planning

18. Positive reappraisal
19. Positive refocus
20. Acceptance
21. Putting into perspective
22. Catastrophising
23. Other-blame
24. Self-blame
25. Rumination

26. Age
27. Gender

2.5.4 Surveys used in the study

1. Cognitive Emotion Regulation Questionnaire (CERQ) (Garnefski & Kraaij, 2007)

The questionnaire was designed in order to measure individual differences in cognitive coping styles. It is comprised 36 items, divided into 9 four-item subscales: 'blaming others', 'self-blame', 'refocus on planning', 'acceptance', 'positive refocusing', 'positive reappraisal', 'rumination', 'putting into perspective', 'catastrophising'. The items were scored on 10- point Likert scale (1= "almost never to 10= "almost always"). The total number of scores for each one of the subscales ranged between 0 and 40. Higher items reflect greater application of a given strategy. Internal consistency is between .68 and .93 (Garnefski et al., 2001).

2. Interpersonal Reactivity Index (IRI) (Davis, 1983)

The 28-item IRI scale consists of four 7-item subscales. Each statement is scored on a 10-point scale, ranging from 1– "does not describe me well at all" to 10 – "describes me very well". In the original IRI measure (Davis, 1983) items were scored on a 5- point rating scale The number of response categories was increased in order to improve the validity, reliability, and discriminating power

of the scale (Preston, 2000). The measure is comprised of four subscales, each tapping into a separate dimension of empathic relating: 'empathic concern', 'perspective taking', 'fantasy', 'personal distress'. The total scores of the questionnaire, for each one of the subscales, ranged between 7 and 70.

3. DOG Scale (Altemeyer, 2002)

Altemeyer's (2002) DOG scale measured participants' levels of dogmatism with the use of 20 statements. Statements were scored on a -4 to +4 scale. The minus scale ranges from "-1 slightly disagree with the statement" to "-4 very strongly disagree" with the statement. The plus scale ranges from "+1 slightly agree with the statement" to "+4 very strongly agree with the statement". The scale had a zero point, which reflected neutrality. The scores for the scale ranged between 1 and 180.

4. Parental Styles measure

Participants' perceptions and recollections of their early caregiving environment were assessed with the used of MOPS (Parker et al., 1997). MOPS is a 15-item self-report measure. The survey was administered in order to gather information on participants' early experiences of mother and father figures' caregiving patterns. The scale assesses Parental Over-control, items 1, 3, 4, 6; Parental Indifference, items 5, 8, 10, 11, 12, 13; Parental Abuse, items 2, 7, 9, 14, 15.

MOPS originated from the Parental Bonding Instrument (PBI), but incorporated a third scale on parental abuse. MOPS is comprised of 15 statements, which are scored on a 10-point Likert-type scale, ranging from "not true at all" to "extremely true". Items on the original MOPS questionnaire (Parker et al., 1997) were scored on a 4-point scale. This number was increased in order to improve the validity, reliability, and discriminating power of the scale. Preston et al. (2000) reported that questionnaires comprised of 4-point items performed poorly on the aforementioned indices, which inspired the modification.

The scores for MOPS subscales ranged from 4 to 40 for the parental 'over-control' dimension, 6 to 60 for the 'parental 'indifference' measure, and 5 to 50

for the dimension of 'parental abuse'.

5. State Trait Anxiety Inventory (Spielberg et al., 1983)

Spielberg et al.'s (1983) STAI (Form Y) is 40-item self-report measure. For the purpose of the current research only the trait part (T-Anxiety) of the questionnaire was used. T-Anxiety refers to the personality trait of anxiety proneness. The scale assesses frequency of participants' anxiety-related feelings, on a 10-point Likert-type scale. The responses range from 1– "almost never" to 10 – "almost always".
T-Anxiety scale consists of 11 anxiety-present items (e.g. I have disturbing thoughts) and 9 anxiety-absent items (e.g. I feel secure). Anxiety-present items are assigned values from 1to 10, while anxiety-absent items are reverse-scored. The total score for the scale is obtained by summing up all scores of the items.

6. Narcissistic Personality Inventory (Ames, Rose, & Anderson, 2006)

The Narcissistic Personality Inventory (NPI-16) (Ames et al., 2006) was used to assess participants' levels of narcissism. NPI-16 is a self-report measure, comprised of 16 pairs of statements. Each pair of statements was comprised of one narcissism-consistent statement and one narcissism-inconsistent statement. Participants were required to put an X next to the statement that described them best. Narcissism-consistent items were assigned a score of 1, narcissism-inconsistent items were scored 0. The scores were added up to give a total value for narcissism. The total sum of scores ranged between 0 and 16.

2.5.5 Participants

Two hundred and sixteen participants formed opportunity sample of the current study. The sample was comprised of predominantly female participants, 75.5% of the overall sample (163 female participants). Men were the minority, 24.5% (53 male participants). People of helping professions, at various stages of their careers, took part in the study: 95 participants were practising professionals and trainees of counselling and clinical psychology, 3 psychiatrists, 20 psychotherapists, 24 social workers, 6 counsellors, 6

psychological well-being practitioners (PWPs), 2 trainee psychoanalysts, 1 trainee nurse, and 59 other psychologists, which included CBT therapists, child psychologists, business psychologists, midwifes, care workers, support workers, occupational psychologists, forensic psychologists, and life coaches. Participants were of various ages, with the mean age of participants falling in the '44–49' category box. British participants made up the largest portion of the sample group (191), 9 participants were from Eastern European countries and 16 participants were of other nationalities.

The age of participants was broadly distributed across the life span. One must remain mindful of the way in which age interacts with other variables when interpreting findings of current work. Younger subjects might have more accurate recollections of the manner in which they were treated by their parental figures. Alternatively, older participants could have had more time to process and integrate childhood memories, leading to a more sympathetic recollection of caregiver interactions. Furthermore, older subjects have presumably spent longer in the professional field, leaving greater opportunity for the development of empathic relating and understanding of its various components. The issue of age is given further attention in the subsequent sections of the current work, namely 'general discussion' and 'recommendations'.

Age of Participants

Age	Frequency	Percent
20-25	4	1.9
26-31	33	15.3
32-37	32	14.8
38-43	24	11.1
44-49	27	12.5
50-55	38	17.6
56-61	30	13.9
62-67	15	6.9
68-73	8	3.7
74 and over	5	2.3
Total	216	100.0

Table 1

2.5.6 Procedure

Participants were recruited via social media (Facebook, British Psychological Society, British Association of Social Workers), by contacting universities, as well as via private and public healthcare organisations (NHS, IAPT, crisis houses). Participants formed opportunity sample, with elements of snowball sampling.

A variety of healthcare and psychological health-related forums were researched on the 'Facebook' social media platform. Such forums included 'care assistants and support workers', 'care assistants UK', 'counselling and psychotherapy networking' and 'psychotherapy and counselling union'. A recruitment advert (Appendix 7) was placed on the pages of these platforms with a brief outline of the project and participant requirements. The advert invited the recruits to contact the researcher in order to obtain further details about the study and to participate in the project.

Peers known to the researcher were invited to take part in the project. A participant information sheet, containing details of the study, was provided to the recruits. Upon receiving an agreement to participate, a link to the online questionnaire was supplied. Peers were encouraged to pass the details of the study around their placement organisations.

The directory of charted psychologists on the British Psychological Society (BPS) website was used to obtain contact details of the organisation members. Every psychologist on the list received an individual invitation to participate in the project. The initial invitation email (Appendix 8) included brief information on the nature of the study, time commitment, and potential contribution to the field of counselling psychology. The email contained 2 attachment: a 'participant information' (Appendix 9) file, where comprehensive details of the project were revealed, and an ethical approval letter (Appendix 10). The recruits were invited to respond to the email and thus indicate their willingness to participate. After the initial correspondence a second email (Appendix 11) was sent out to those agreeing to engage in the project. This email contained a link to the online questionnaire, which could be accessed by clicking on it or by

copying and pasting the link into the browser. The recruits were invited to contact the researcher in order to receive further details about the project or to obtain the findings of the study upon its completion. Details of participants who had expressed an interest in receiving the findings of the study were stored securely on a computer. Additionally, the email contained a request for participants to pass on the link to the questionnaire to other people of helping professions. The recruits were provided with examples of what constitutes a helping profession.

A number of participants were recruited through the researcher's placement organisation and by inviting participation from lecturers and supervisors. Various training institutions and psychological services were contacted via email (Appendix 15), with a request to distribute the study advert around their establishments as well as to pass on the participant information sheet and link to the online questionnaire to anybody willing to engage with the project.

A number of online directory websites were contacted, such as the Counselling Directory, with a request to get in touch with members of their organisations. In the event of approval of the online platform being granted, individual members were contacted directly.

The measure used in the course of the study was created with the use of Qualtrics software. Items of each subscale were entered into the software in order to form the questionnaire consisting of five separate measures. Instructions were provided prior to commencement of each individual subscale. The scores were assigned to each item at the time of creating the questionnaire, with reverse-scored items running in the opposite direction.

Prior to participation, subjects were greeted with a brief message from the researcher (Appendix 12). They were then presented with informed consent (Appendix 13) outlining the nature of the study and providing the subjects with an option to agree to participation in the study by clicking 'yes', or to withdraw by selecting 'no'. Subjects concurring with informed consent were subsequently permitted to access the survey, which took approximately 30 minutes to complete. Upon completion of the questionnaire participants were presented with a debrief sheet (Appendix 14). This section contained detailed information

about the study, explaining concepts investigated in the study and locating them in previous research literature. Subjects were invited to get in touch with the researcher or the supervisor should they have any further queries or concerns or if participation in the study had caused them any distress.

Upon completion of data collection participants' raw scores were transferred to an SPSS software package and analysed statistically.

Participants were predominantly recruited via electronic means of communication, which eliminated any possibility of a face-to-face interaction. A lack of human attendance in research focused on empathic relating comes as somewhat of a paradox. Although in the current environmental climate electronic means of communication have become the norm of human interaction, one must remain mindful of the potential effects this could have on findings of the study. Elimination of the human factor could influence the manner in which participants respond to questions on empathic reasoning. Such an impersonal form of communication has the potential for alienating the subjects, invariably influencing their frame of mind in relation to the study, the researcher, and their perceived modes of relating to other people.

2.5.7 Data preparation

Missing value diagnostics

Participants' responses were checked for systematic bias in the missing data. The randomness of missing data was determined with Little's MCAR test. The test yielded a non-significant result, Chi-Square = 1277.346 (df = 1270; $p > .05$). The null hypothesis was retained, which affirmed that the data was missing at random.

Missing values imputation

Missing values could be treated by two types of data replacement: expected maximisation and data imputation, using logistic regression. The ease of use of expected maximisation made it an attractive alternative to multiple imputation, but it could only be used on data that was missing at random (Field, 2009). Non-

significance of Little's MCAR test *p* value permitted application of the Expected Maximisation data replacement method.

The Expected Maximisation technique was carried out separately for each of the subscales, where missing values were detected. Imputing numbers based on the analysis of each individual subscale allowed for a more powerful increase of correlations between the units of that scale.

Examination of missing values output revealed that two scales, MOPS and CERQ, had some missing data, therefore Expected Maximisation was performed on the aforementioned parts of the survey.

A number of predictor variables examined in the course of the analysis were categorical. In order to meet the assumptions of the regression model, variables with more than two categories were dummy coded. The binary variable, namely gender, was coded with a value of 0 for male and 1 for female. Participants' response scores for variable 'parental styles' were summed separately for each category of parental rearing behaviour (over-control, indifference, abuse) and parental figure (mother, father). Cognitive styles of emotion regulation were derived by the summation of responses consistent with each individual coping strategy. Values for the levels of dogmatism and anxiety were computed by adding up the scores on the Likert-type response scale, while the value of narcissism was derived by summing up the number of responses consistent with this variable. Finally, propensity for empathic relating was computed by the summation of responses on each individual facet of empathy, which were scored on a Likert-type scale. Out of 28 items of the IRI empathy scale, 9 were reverse-scored.

3. Statistical Analyses and Results

3.1 Correlation Analysis

Correlation analysis was conducted in order to determine the relationship between four levels of empathy (1. empathic concern, 2. perspective taking, 3. personal distress, and 4. fantasy) and the remaining variables: 1) Narcissism 2) Dogmatism 3) Trait anxiety 4) Age 5) Gender 6) Three facets of parental styles for mother and father (1. abuse measure, 2. over-control measure, 3. indifference measure) 7) Nine facets of emotion regulation strategies (1. refocus on planning, 2. positive reappraisal, 3. positive refocus, 4. acceptance, 5. putting into perspective, 6. catastrophising, 7. other-blame, 8. self-blame, 9. rumination).

3.1.1 Correlation analysis results

Results of correlation analysis are presented in a table format. A total of 22 tables represent associations between the 4 subscales of empathy, parental styles, emotion regulation strategies, narcissism, dogmatism, age, gender, and anxiety. Only significant correlations with a minimum coefficient of .18 were presented in the report.

The final table of this section (Table 23) represents correlations for DV gender.

When interpreting the output, one must keep in mind that male and female participants were coded as 0 and 1 respectively. Therefore a positive relationship signified an increased tendency for the associated IV in the female sample of participants. A negative correlation conceptualised factor variability in the male subjects. For example 'other-blame' yielded a negative correlation (r = - .210) with gender, indicating that female participants were more prone to blame others when compared to male subjects.

Emotion Regulation Correlations

		Empathic Concern
Other-blame	Pearson Correlation	- .18,
	Sig.	.01
Putting into Perspective	Pearson Correlation	.21
	Sig.	.01
Rumination	Pearson Correlation	.24
	Sig.	.001

Table 2

		Perspective Taking
Other-blame	Pearson Correlation	- .29
	Sig.	.001
Refocus on Planning	Pearson Correlation	.29
	Sig.	.001
Positive Reappraisal	Pearson Correlation	.31
	Sig.	.001
Putting into Perspective	Pearson Correlation	.29
	Sig.	.001
Narcissism	Pearson Correlation	- .19
	Sig.	.01
Trait Anxiety	Pearson Correlation	- .19
	Sig.	.01

Table 3

		Personal Distress
Self-blame	Pearson Correlation	.31

	Sig.	.001
Refocus on Planning	Pearson Correlation	- .39
	Sig.	.001
Positive Reappraisal	Pearson Correlation	- .38
	Sig.	.001
Putting into Perspective	Pearson Correlation	- .19
	Sig.	.01
Rumination	Pearson Correlation	.24
	Sig.	.001
Catastrophising	Pearson Correlation	.39
	Sig.	.001
Narcissism	Pearson Correlation	- .20
	Sig.	.01
Trait Anxiety	Pearson Correlation	.52
	Sig.	.001
Personal Distress	Pearson Correlation	- .25
	Sig.	.001

Table 4

		Fantasy
Self-blame	Pearson Correlation	.24
	Sig.	.001
Positive Reappraisal	Pearson Correlation	- .23
	Sig.	.01
Rumination	Pearson Correlation	.27
	Sig.	.001
Trait Anxiety	Pearson Correlation	.26
	Sig.	.001
Fantasy	Pearson Correlation	- .24

	Sig.	.001

Table 5

Parental Styles Correlations

		Father's Indifference
Mother's Indifference	Pearson Correlation	.36
	Sig.	.001
Mother's Abuse	Pearson Correlation	.21
	Sig.	.01
Mother's Over-control	Pearson Correlation	.20
	Sig.	.01
Other-blame	Pearson Correlation	.20
	Sig.	.01
Trait Anxiety	Pearson Correlation	.21
	Sig.	.01

Table 6

		Father's Abuse
Mother's Abuse	Pearson Correlation	.19
	Sig.	.01
Mother's Over-control	Pearson Correlation	.18
	Sig.	.01
Other-blame	Pearson Correlation	.27
	Sig.	.001
Trait anxiety	Pearson Correlation	.25
	Sig.	.001

Table 7

		Father's Over-control
Mother's Over-control	Pearson Correlation	.34
	Sig.	.01
Self-blame	Pearson Correlation	.20
	Sig.	.01
Other-blame	Pearson Correlation	.18
	Sig.	.01
Trait Anxiety	Pearson Correlation	.34
	Sig.	.001

Table 8

		Mother's indifference
Trait Anxiety	Pearson Correlation	.22
	Sig.	.001

Table 9

		Mother's Abuse
Trait Anxiety	Pearson Correlation	.21
	Sig.	.01

Table 10

		Mother's over-control
Self-blame	Pearson Correlation	.27
	Sig.	.001
Rumination	Pearson Correlation	.23
	Sig.	.001
Catastrophising	Pearson Correlation	.20
	Sig.	.01
Positive Refocus	Pearson Correlation	- .19

	Sig.	.01
Putting into Perspective	Pearson Correlation	- .18
	Sig.	.01
Trait Anxiety	Pearson Correlation	.33
	Sig.	.001

Table 11

Emotion Regulation Styles Correlations

		Self-blame
Rumination	Pearson Correlation	.50
	Sig.	.001
Catastrophising	Pearson Correlation	50
	Sig.	.001
Acceptance	Pearson Correlation	.21
	Sig.	.01
Refocus on Planning	Pearson Correlation	- .18
	Sig.	.01
Positive Reappraisal	Pearson Correlation	- .26
	Sig.	.001
Trait Anxiety	Pearson Correlation	.67
	Sig.	.001
Self-blame	Pearson Correlation	- .18
	Sig.	.01

Table 12

		Other-blame
Rumination	Pearson Correlation	.22

	Sig.	.01
Catastrophising	Pearson Correlation	.35
	Sig.	.001
Narcissism	Pearson Correlation	.28
	Sig.	.001
Dogmatism	Pearson Correlation	.22
	Sig.	.001
Trait anxiety	Pearson Correlation	.23
	Sig.	.001

Table 13

		Rumination
Self-blame	Pearson Correlation	.50
	Sig.	.001
Other-blame	Pearson Correlation	.22
	Sig.	.01
Catastrophising	Pearson Correlation	.49
	Sig.	.001
Acceptance	Pearson Correlation	.18
	Sig.	.01
Trait anxiety	Pearson Correlation	.44
	Sig.	.001

Table 14

		Catastrophising
Self-blame	Pearson Correlation	.50
	Sig.	.001
Other-blame	Pearson Correlation	.35
	Sig.	.001

Rumination	Pearson Correlation	.49
	Sig.	.001
Positive Refocus	Pearson Correlation	- .21
	Sig.	.01
Refocus on Planning	Pearson Correlation	- .22
	Sig.	.001
Positive Reappraisal	Pearson Correlation	- .41
	Sig.	.001
Putting into Perspective	Pearson Correlation	- .35
	Sig.	.001
Trait Anxiety	Pearson Correlation	.59
	Sig.	.001

Table 15

		Positive refocus
Refocus on Planning	Pearson Correlation	.34
	Sig.	.001
Positive Reappraisal	Pearson Correlation	.36
	Sig.	.001
Putting into Perspective	Pearson Correlation	.45
	Sig.	.001
Trait Anxiety	Pearson Correlation	.25
	Sig.	.001

Table 16

		Acceptance
Self-blame	Pearson Correlation	.22
	Sig.	.01
Rumination	Pearson Correlation	.18

	Sig.	.01
Dogmatism	Pearson Correlation	- .27
	Sig.	.001

Table 17

		Refocus on Planning
Positive Reappraisal	Pearson Correlation	.72
	Sig.	.001
Putting into Perspective	Pearson Correlation	.46
	Sig.	.001
Narcissism	Pearson Correlation	.26
	Sig.	.001
Trait anxiety	Pearson Correlation	- .43
	Sig.	.001

Table 18

		Positive Reappraisal
Putting into Perspective	Pearson Correlation	.57
	Sig.	.001
Trait anxiety	Pearson Correlation	- .43
	Sig.	.001

Table 19

		Putting into Perspective
Narcissism	Pearson Correlation	- .37
	Sig.	.001.

Table 20

Personal Characteristics Correlations

		Narcissism
Dogmatism	Pearson Correlation	.29
	Sig.	.000

Table 21

		Age
Fantasy Scale	Pearson Correlation	-240**
	Sig.	.000
Personal Distress	Pearson Correlation	- .255**
	Sig.	.000
Narcissism	Pearson Correlation	.201**
	Sig.	.003
Trait Anxiety	Pearson Correlation	- .283**
	Sig.	.000
Self-blame	Pearson Correlation	- .184**
	Sig.	.007

Table 22

		Gender
Other-blame	Pearson Correlation	- .210**
	Sig	.002
Narcissism	Pearson Correlation	- .185**
	Sig	.007
Personal distress	Pearson Correlation	.255**
	Sig	.000
Empathic concern	Pearson Correlation	.186**
	Sig.	.006

Table 23

Directions of Variable Correlations

Positive correlations were established between the following variables:

- 'Empathic concern' and ER 'rumination', ER 'putting into perspective'.
- 'Perspective taking' and ER 'refocus on planning', ER 'positive reappraisal', ER 'putting into perspective'.
- 'Personal distress' and ER 'self-blame', ER 'catastrophising', 'trait anxiety'.
- 'Fantasy'and ER 'self-blame', ER 'rumination', 'trait anxiety'.
- 'Father's indifference' and 'mother's indifference', 'mother's abuse', 'mother's over-control', 'father's indifference', ER 'other-blame', 'trait anxiety'.
- 'Father's abuse' and 'mother's abuse', 'mother's over-control', ER 'other-blame', 'trait anxiety'.
- 'Father's over-control and 'mother's over-control', ER 'self-blame', ER 'other-blame', 'trait anxiety'.
- 'Mother's indifference' and 'trait anxiety'.
- 'Mother's abuse' and 'trait anxiety'.
- 'Mother's over-control' and ER 'self-blame', ER 'rumination', ER 'catastrophising', ER 'positive refocus', ER 'putting into perspective', 'trait anxiety'.
- Age and narcissism.

Negative correlations were observed between the following variables:

- 'Empathic concern' and ER 'other-blame'.
- 'Perspective taking' and ER 'other-blame', 'trait anxiety'.
- 'Personal distress' and ER 'refocus on planning', ER 'positive reappraisal', ER 'putting into perspective', narcissism, age.
- 'Fantasy' and ER 'positive reappraisal', 'age'.
- 'Mother's over-control' and ER 'positive refocus', ER 'putting into perspective'.
- Age and ER 'self-blame'.

3.1.2 Correlation analysis discussion

Parental styles and anxiety

Results of correlation analysis revealed that participants' recollections of parental styles were positively linked to anxiety. Previous research established a positive association between parental rearing behaviour and symptoms of anxiety (Ebrahim, Wah Yun, & Hanim, 2016). Similarly, Kiara et al. (2015) demonstrated that authoritarian parental styles were associated with sensitivity to anxiety in a sample of young adults. However, none of the previously conducted studies explored this effect in people of helping professions.

The anticipated link between trait anxiety and parental negative practices was confirmed in the course of the current study. Parental styles of 'indifference', 'abuse', and 'over-control' (for both parental figures) were positively linked to trait anxiety, with the strength of correlations ranging between $r = 0.21$ and $r = 0.34$. The parental style of 'over-control' had the strongest association with trait anxiety in people of helping professions. Similarly to results of the current study, Ebrahim at al. (2016) had previously reported a positive association between parental 'over-control' and anxiety in adolescents.

Parental styles and emotion regulation

Statistical analysis revealed that 'father's indifference', as perceived by the sample group, was positively related to ER 'other-blame' ($r = 20$), while 'father's over-control' showed a positive link with 'self-blame' ($r = .20$) and 'other-blame' ($r = 20$). Participants who recalled their mothers as 'over-controlling' had an inverse relationship with the adaptive ER strategies of 'positive refocus' ($r = -.19$) and 'putting into perspective' ($r = -.18$) and a positive relationship with the maladaptive ER strategies 'catastrophising' ($r = .20$) and 'self-blame' ($r = .27$).

Previously Caycho (2016) reported a positive interaction between maternal over-control and self-blame, which yielded an r value of -0.62. Similarly, the current study detected the link between mother's over-control as well as father's over-control and the offsprings' propensity to blame themselves. These

correlations were of a much smaller magnitude when compared to findings by Caycho (1916) with r- values equating to 0.27 and 0.20 for maternal and paternal over-control respectively. This could be a result of psychotherapeutic involvement undergone during training, as well as increased self-reflection and awareness that current participants would be presumed to engage in. Alternatively, it could be hypothesised that the influence of parental styles over affect regulation could simply weaken with time. This explanation could be plausible since the subjects in Caycho's (2016) study were adolescents, while the current study was conducted on adult participants.

Parental styles and empathy

A number of previous studies explored the way in which parental styles affect empathic capacity in children and adolescents. There is an existing notion in clinical research that authoritarian and abusive rearing practices inhibit development of empathic tendencies in children. Curiously, no links were detected between parental styles and the four subscales of empathy in the course of the current project.

Antonopoulou, Alexopoulos, and Maridaki-Kassotaki (2012) established that the father's supportive rearing practices were significantly related to empathy in pre-adolescents. Similarly, Cornell and Frick (2007) reported a negative link between child's empathy and parental authoritarian and punishing styles on a sample of 3- to 5-year-olds. Although a number of studies have examined the effects of parental practices on empathy in children, few studies have attempted to examine the relationship between these variables in an adult population. One such study was conducted by Schaffer, Clark, and Jeglic (2009), who recruited a sample of 18- to 46-year-olds. Schaffer at al. (2009) reported that permissive but not authoritarian parenting had a hindering effect on empathic abilities. It appears that disengaged parental practices, rather than strict and punitive ones, were associated with inhibited empathic capacity in the sample group. Combined evidence in the area of parental styles and empathy might indicate that caregiver rearing practices have a transitory effect on empathic tendencies. More specifically, it is possible that harsh, punitive, and abusive parents inhibit

empathic capabilities in children and adolescents, but that these effects diminish with time, giving way to empathic relating of a deeper level. Another possibility is that the damaging effects of perceived parental styles in people of helping professions were overridden by professional training of these occupations, which places strong emphasis on empathic reasoning. Lastly, a lack of correlation between parental styles and aspects of empathic relating could be down to an insufficiently large sample size, recruited for the purpose of the current project.

Emotion regulation and anxiety

Past research literature established that difficulties with regulation of emotions are associated with internalised behavioural difficulties, such as anxiety (Mennin et al., 2007; Contardi et al., 2013). Garnefski, Kraaij, and Spinhoven (2001) reported significant correlations between ER strategies and anxiety ranging between 0.15 (positive refocus) and 0.54 (rumination). The highest correlations were detected between anxiety and 'rumination' (r = 0.54) and anxiety and 'self-blame' (r = 0.40). Interestingly, the entire range of correlations, between ER strategies and anxiety (reported by Garneski,et al., 2001), were positive in nature. This was the case for both adaptive as well as maladaptive strategies.

Aldao, Nolen-Hoeksema and Schweizer (2001) reported a negative link between ER 'reappraisal' and anxiety and a positive relationship between ER 'rumination' and anxiety, which mirrored the findings of the current project.

The current study provided strong support for the existence of a link between ER and trait anxiety. The anticipated relationship between maladaptive patterns of ER and trait anxiety was confirmed, with correlations ranging between r = .23 and r = .67. Rather unexpectedly 'positive refocus', which is an adaptive strategy of ER, yielded a positive association with anxiety. The remaining adaptive strategies of ER showed negative associations with trait anxiety, ranging between r = - .27 and r = - .50. Overall, with the exception of 'positive refocus', findings of the study indicated that reliance on maladaptive

strategies of ER was associated with increased levels of trait anxiety, while adaptive patterns of ER yielded the opposite patterns of interaction.

Emotion regulation and empathy

Individuals employ various regulatory strategies (which can be adaptive and maladaptive by nature) in order to manage their emotions (Rottenberg & Gross, 2003). In turn the efficiency with which we manage our negative affective states has an impact on our empathic capabilities, which in the context of the current research were examined by four separate subscales: empathic concern, perspective taking, fantasy, and personal distress. Past research established a clear link between dispositional empathy and emotion regulation (Jolliffe & Farrington, 2004). Davis (1994) described dispositional empathy as a multifaceted construct, consisting of emotional and cognitive components, both of which in the context of the current research were examined with the use of the Davis (1980) IRI scale.

Contardi et al. (2016) demonstrated that difficulties in regulation of negative emotions had a positive association with personal distress and fantasy and a negative association with perspective taking. Contardi et al.'s (2016) findings were confirmed on a sample of helping professions, recruited in the course of the present study.

'Personal distress' yielded positive, moderate to strong relationships with maladaptive patterns of ER: 'self-blame'; (r = .31), 'rumination' (r = .24), and 'catastrophising' (r = .39), and negative relationships with adaptive ER strategies: 'refocus on planning' (r = - .39), 'positive reappraisal' (r = - .38), and 'putting into perspective' (r = - .19). Therefore, reliance on maladaptive strategies was linked to feelings of apprehension in stressful situations.

'Perspective taking', on the other hand, was negatively associated with the maladaptive ER strategy 'other-blame', and positively associated with the adaptive patterns of ER 'refocus on planning', 'putting into perspective' and 'positive reappraisal'. 'Perspective taking' is defined as a cognitive aspect of empathy. Correlation of this variable and 'positive reappraisal' echoed the findings of Tully et al. (2015) who reported a moderately positive association

between cognitive empathy and reappraisal. Thereby, findings of correlation analysis supported the existing contention that effective regulation of negative affect is linked to an increased tendency to take the psychological point of view of other people.

The results of the analysis yielded a positive association between 'fantasy' and the maladaptive patterns of emotion regulation 'self-blame' (r = .24) and 'rumination' (r = .27). These findings contradicted the anticipated negative interaction between 'fantasy' and inability to successfully manage negative affect. I hypothesised that 'fantasy', as an imaginative component of empathy, should be inhibited in the presence of maladaptive patterns of ER. This prediction did not uphold. However, similarly to findings of the current project, Davis (1983) reported a negative association between fantasy and emotional vulnerability. Thereby, it is possible that people with a heightened propensity to fantasise (which is also referred to as imaginative empathy), have a tendency to employ maladaptive patterns of ER, which consequently lead to anxiety and personal distress. This theory is supported by a positive association between 'fantasy' and the maladaptive patterns of ER 'self-blame' (r = .24) and 'rumination' (r = .27), as well as 'fantasy' and 'anxiety' (r = .26), and 'fantasy' and 'personal distress' (r = .22). Lastly, empathic concern, referred to as an emotional aspect of empathy (Frías-Navarro, 2009), yielded a negative association with the maladaptive ER strategy 'other-blame' and a positive association with the adaptive ER strategy 'putting into perspective'. Curiously, empathic concern yielded a positive link with 'rumination', which is a maladaptive strategy of ER.

Empathy and anxiety

'Personal distress' was positively related to trait anxiety (r = .52). Joireman, Needham, and Cummings (2002) reported a positive interaction between the two variables on a sample of college students. Joireman et al. (2002) established an inverse association between trait anxiety and 'perspective taking', which was also reported during the current investigation (r = - .19). The strength of correlations reported by Joireman et al. (2002) paralleled the ones observed in

the present study. The current project failed to report a statistically significant association between 'empathic concern' and anxiety. Although the prevailing view in research literature ascertains a negative link between empathy and anxiety (Hiebert et al., 1998; Kelly, Hall, & Miller, 1989), it appears that this contention applies to aspects of empathic relating rather than to the concept of empathy as a whole. This proposition is further supported by Joireman et al. (2002), as well as Cheryl (2012) who failed to report any association between empathic concern and anxiety. It is probable that failure to report the anticipated negative link between empathic concern and anxiety came about as a result of participant specificities. The above-named researcher recruited students enrolled on courses of a humanistic nature. Similarly, the current study relied on a sample of people of relational professions. Careers in humanistic fields might attract applicants of an innately empathic disposition who could be more resilient to the adverse characteristics of anxiety.
Fantasy proved to be positively related to trait anxiety. The notion of high fantasisers as people characterised by proneness to affect sensitivity was further supported by Davis (1983), who reported a link between fantasy and emotional vulnerability.

Narcissism

Research literature concerning the relationship between narcissism and cognitive empathy is of a rather mixed nature. Some researchers asserted that NPD diminishes one's capacity for emotion recognition during viewing of facial expressions (Marissen, Deen, & Franken, 2012), thereby causing deficits in mirroring of emotions and empathic concern (Ritter et al., 2011).

A number of researchers believe that although narcissism is inversely related to global empathy, it has a positive relationship with the cognitive aspect of empathy (Wai & Tiliopoulos, 2012). Ritter et al. (2011) and Watson, Grisham, and Biderman (1984) reported an association between narcissism and emotional empathy, but little to no impairment in cognitive empathy. However, Hepper et al. (2014) did not confirm a positive link between narcissism and cognitive empathy, reporting a negative relationship between the two variables.

Similarly, a negative association between narcissism and 'perspective taking' (*r* = - .19) was established in the course of the present study. Thereby, the higher participants' scores on narcissism, the less likely they were to spontaneously adopt someone else's point of view. 'Perspective taking' is referred to as a cognitive aspect of empathy (Frías-Navarro, 2009) and in order for it to take place we must adopt another person's psychological point of view. It is reasonable to attribute a negative link between narcissism and 'perspective taking' due to the heightened self-focused attention typical of narcissistic character organisation (Fan et al., 2011).

Narcissism appeared to have an inverse relationship with 'personal distress' (*r* = .20). 'Personal distress' measures an aspect of empathy which, due to anxiety, inhibits one's ability to successfully relate to another human being (Frías-Navarro, 2009). Theoretically, declining levels of 'personal distress' should inspire an increase in one's propensity for 'empathic relating'. However, empirical research has indicated that in the context of the narcissistic personality, this pattern of interaction might be reversed. Kelsey et al. (2001) reported that narcissism was associated with low state anxiety and reduced electrodermal reactivity in anticipation of an unpleasant stimuli.

Authors interpreted diminished levels of state anxiety as the reason behind the impaired processing of aversive information, which resulted in failure to recognise and respond appropriately to the emotional distress of other people, thereby explaining the lack of empathy characteristic of narcissism. Lockwood, Seara-Cardoso, and Viding (2014) assert that empathic relating is facilitated by an optimal level of emotion regulation. Eisenberg and Fabes (1992) state that under-regulation of emotions leads to antisocial behaviour, while over-regulation results in proactive withdrawal. Taking account of the above-mentioned findings it is feasible to propose that narcissism is linked to over-regulation of emotions, thereby preventing an individual from taking account of someone else's point of view. It is probable that individuals high on narcissism are concerned with self-preservation and choose to bypass the aversive state brought on by empathising with another person's pain. Ning and Yunli (2016)

suggest that narcissists possess dispositional empathy but selectively disengage from it in order to protect themselves from the suffering of other people.

Theory of mind is related to cognitive empathy and empirical evidence has pointed to the fact that pathological narcissists do not differ in its measure, when compared to the control group (Baskin-Sommers, 2014). A number of past research findings, with no exception of the present study, indicated that narcissistic traits have an inverse association with cognitive empathy. It is, however, legitimate to presuppose that narcissists are able to take the psychological point of view of other people, but selectively choose not to do so. Curiously, narcissistic individuals do not perceive themselves as caring (Campbell, Rudich, & Sedikides, 2016), further suggesting an awareness of a seemingly premeditated character.

A narcissistic character yielded a positive association with the maladaptive ER strategy 'other-blame' (r = .28) and a negative association with the adaptive ER strategy 'refocus on planning' (r = .26). Hui et al. (2016) reported a positive link between narcissism and emotion regulation difficulties. It appears that narcissism is linked to a diminished capacity in the regulation of negative affective states. However, the link was significant for only two out of nine ER strategies, indicating that there was no apparent link between regulation of negative affect and narcissism.

Dogmatism

Dogmatism is characterised by a lack of open-mindedness (Martin, Staggers, & Anderson, 2011). Research literature examining the direct link between dogmatism and emotion regulation is scarce. However, available research evidence indicated that psychological flexibility has a strong negative relationship with dogmatism (Martin et al., 2011). In turn, cognitive flexibility is said to be associated with regulation of negative emotions (Hildebrandt, McCall, Engen, & Singer, 2016). Therefore, it is legitimate to hypothesise that dogmatism should be inversely related to regulation of negative affect. This theory was partly confirmed by the findings of the current project. Correlations concerning dogmatism indicated that as the levels of this character trait went

up so did the levels of the maladaptive ER strategy 'other-blame' (r = .28); the relationship between dogmatism and the adaptive ER strategy 'acceptance' was of the opposite nature, (r = - .27). Dogmatism yielded a positive association with the adaptive ER strategy 'refocus on planning'. Dogmatism was positively related to narcissism, therefore inflation of one of these characteristics caused an upsurge in the other. Dogmatism failed to uphold any significant associations with the four dimensions of empathic relating.

Gender

Results of the analysis indicated that male participants were less likely to blame others for things that have gone wrong. Previously Martin and Dahlen (2005) reported an opposite trend in a sample of 362 undergraduate psychology students. The current study reported that male subjects were less narcissistic than female participants, which contradicted the findings reported by Ames, Rose and Anderson (2006). Female participants of the current study proved to be more likely to experience 'personal distress' when faced with a difficult situation. Curiously, female participants also scored higher on 'empathic concern'. An increased propensity for both 'personal distress' as well as 'empathic concern' detected in the female subjects challenged the existing assertion that anxiety should stand in the way of emotional empathy (Eisenberg et al., 1998; Decety & Lamm, 2006; Oliver et al., 2016).

3.2 Cluster analysis

The current study employed six questionnaires, which yielded a total of 25 variables; additionally age and gender were included, taking the total count of variables to 27. Cluster analysis was used in order to categorise 216 individuals into independent groups, based on their responses across the aforementioned questionnaires. In the course of the study, participants were scored on the following variables: empathy (four levels): empathic concern, perspective taking, personal distress, fantasy; narcissism; dogmatism; trait anxiety; parental styles for mother and father (3 facets for each parental figure): abuse measure, over-control measure, indifference measure; emotion regulation strategies (9

facets): refocus on planning, positive reappraisal, positive refocus, acceptance, putting into perspective, catastrophising, other-blame, self-blame, rumination; age; gender. I have opted for *k*-means clustering in order to recognise patterns within the generated data and classify these patterns into meaningful groups (Kanungo et al., 2002.

Cluster analysis allowed me to test for heterogeneity of character traits in the sample of participants (Buse, Orbanz, & Buhmann, 2007). This exploratory analysis was aimed at examining the relationships between the 27 variables of the current study across the sample of people of helping professions. The variables were distributed into clusters. Members of each independent group were distinctively similar to each other, while the clusters themselves were autonomous (Jason & Taylor, 2010). This form of statistical analysis has therefore allowed me to classify a wide set of variables into homogenous groups (Borgen & Barnett, 1987). The participants were grouped on the basis of ER strategies, past parental rearing practices, biological attributes, and personality characteristics. The groups were formed based on similarity of variable correlations, across the sample of participants (Borgen & Barnett, 1987). Examination of variables assigned to each individual group allowed me to explore the relationships between the variables as well as to examine distinctive characteristic patterns amongst the sample of people of helping professions. The analysis was conducted in order to explore the constellations of characteristic attributes in people of helping professions.

The cases in the present study were classified with the use of *k*-means clustering. Raw scores were converted into Z scores. Thereupon 27 variables were imputed into the model. After experimenting with various cluster-number models (ranging between 2 and 5), a 3-cluster model was established. This model was valid (as indicated by statistical analysis outputs), informative and comprised of theoretically distinct clusters.

3.2.1 Cluster Analysis Results

The dimensions reflected by the clusters were consistent with existing empirical studies. Cluster analysis yielded three groups of people. Cluster 1 was comprised of 39 cases and was therefore the smallest cluster, cluster 2 was comprised of 112 individuals and thus represented the largest group, and lastly cluster 3 was made up of 65 members. Twenty out of the initial 27 variables were retained for the final analysis. Variables were withdrawn one by one, upon investigation of the F- value and the accompanying level of significance. Analysis was rerun after each successive variable extraction. Subsequently four variables were removed (Empathic concern, Gender, Dogmatism, and Acceptance) due to their non-significant contributions to the final cluster formations.

Number of Cases in each Cluster

Cluster	**1**	39
	2	112
	3	65
Valid		216

Table 24

Iteration History

Iteration	**1**	**2**	**3**
1	4.492	4.680	5.380
2	.276	.921	1.489
3	.162	.334	.902
4	.146	.237	.537
5	.141	.189	.255
6	.062	.052	.132
7	.092	.096	.168
8	.067	.058	.133
9	.058	.101	.000
10	.000	.000	.000

Table 25

The final 20 variables all had a significant impact on determining which cluster the individuals were allocated to. Therefore, only three out of four dimensions

of empathy (Davis, 1983) made it to the final model, variable 'empathic concern' was extracted. Similarly, out of nine emotion regulation strategies one ('acceptance') was extracted. The number of iterations in *k*-means clustering was set to 10. After 10 iterations no further changes took place and the clusters were formed, which is indicative of a good model fit (Field, 2009).

Twenty retained variables formed a 3-clusters model. The dimensions reflected by the clusters were consistent with existing empirical studies. Cluster analysis yielded three groups of people. It appears that the groups depicted the gradual transition of self-regulation, empathic relating, personal attributes and perception of parental behaviour through various age groups. Examination of the clusters reveals that the three groups were distinct with regard to the ways in which they chose to regulate negative affect, or how they related to other people. Members of cluster number 1 were distinctly younger, they recalled unsatisfying interactions with parental figures in childhood, engaged in maladaptive patterns of emotion regulation and were characteristically anxious in disposition. This group remembered their parents as indifferent, abusive, and over-controlling. With regard to empathic dimensions of the current study, members of this group were likely to become distressed when experiencing the negative emotions of other people and struggled to take the perspective of other people. Members of cluster 1 were highly prone to engage in 'fantasy', defined as a tendency to transpose oneself into the feelings of fictitious characters (Frías-Navarro, 2009). When faced with a negative situation, members of this group tended to catastrophise the event, ruminate on it and engage in blaming themselves or somebody else for what had taken place. The second group was of an older age, slightly more narcissistic and notably less anxious in comparison to group one.

Members of cluster 2 reported less negative parental interactions. Although these were still predominantly unfavourable, they were of a much smaller magnitude. Members of this cluster appeared to have declining levels of both adaptive as well as maladaptive methods of emotion regulation, but again the values of these variables were rather small. Members of this cluster, therefore, showed slightly declining scores on 'rumination', 'self-/other-blame', and

'catastrophising'. They reported a slight propensity for 'positive refocus' and refrained from engaging in 'refocus on planning', 'positive reappraisal', and 'putting into perspective'. In relation to aspects of empathic relating this group tended to experience 'personal distress' when faced with an anxiety-provoking situation. Additionally, they were unlikely to engage with feelings of fictitious characters or take the psychological point of view of other people as indicated by descending levels of 'fantasy' and 'perspective taking' respectively.

The third cluster was comprised of much older members, who were very calm in disposition and also highly narcissistic. They reported very positive interactions with parental figures and were largely unengaged in any of the maladaptive patterns of emotion regulation. Therefore, their scores on 'self-blame' 'other-blame', 'rumination', and 'catastrophising' were in steep decline. On the other hand the patterns of engaging with adaptive strategies of ER were in direct opposition to the previously named maladaptive strategies. Therefore, this group proved to be largely reliant on 'positive refocus', 'refocus on planning', 'positive reappraisal', and 'putting into perspective' when confronted with negative or unpleasant events. When it came to patterns of empathic relating, this group was characterised by steeply declining levels of 'personal distress', a downturn of the propensity to fantasise and an upsurge of 'perspective taking'.

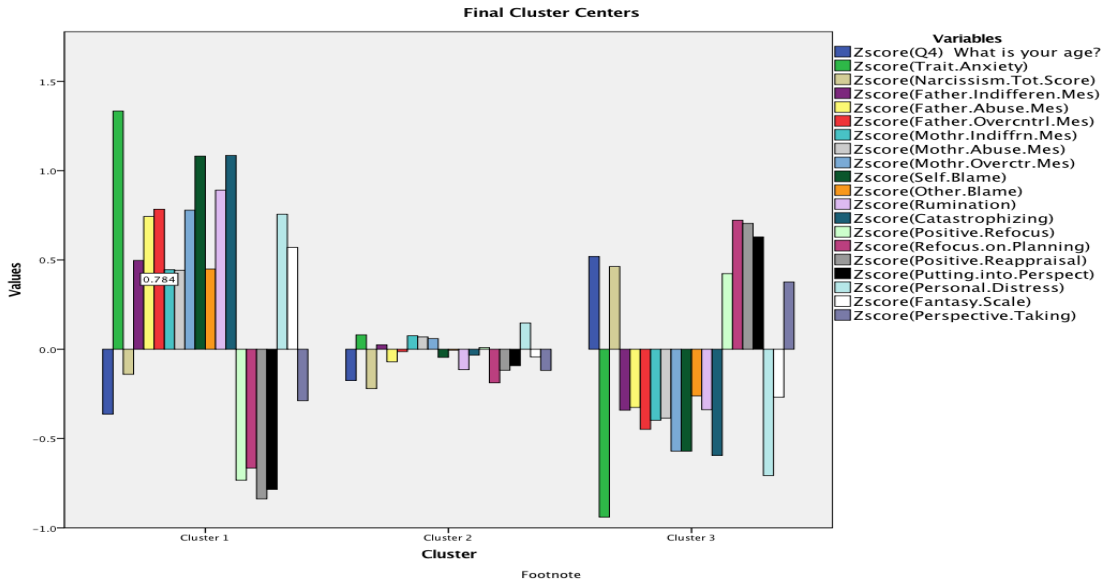

Figure 1 (Final Cluster Centres)

3.2.2 Cluster analysis discussion

The statistical model revealed that the current sample fell into three separate groups. The typology of participants belonging to each individual cluster depicted a gradual transition of empathic relating, regulation of negative affect, and recollections of parental behaviours between young adulthood and older age. The first cluster of participants was of the youngest age and characterised by troublesome parental interactions. Following the occurrence of an unpleasant event, members of group one tended to blame themselves or others for what had taken place, dwell on the situation, and intensify its negative aspects. This group was characterised by a prevailingly anxious disposition, which could stem from the fact that such individuals attempted to manage negative affect by engaging in maladaptive patterns of emotion regulation. This notion is supported by a vast amount of past research (Barlow, 1986; Thayer & Lane, 2000; Amstadter, 2008). Subjects belonging to cluster 1 experienced self-oriented apprehension in distressing situations and struggled to spontaneously take on the psychological point of view of other people. Members of this group exhibited an increased propensity for imaginative empathy, manifesting in a spontaneous ability to identify with fictional characters in books, movies, and plays.

Unique qualities of the three clusters appear to support previous empirical findings. Previous research findings indicate that parental negative attitudes inhibit one's ability for efficient regulation of negative affect, consequentially leading to anxiety (Kagan, 2012). In turn, inability to manage anxiety in an emotionally charged situation is linked to personal distress. This was established by previous researchers (Eisenberg & Fabes, 1992; Eisenberg et al., 1998) and further backed by a high positive correlation between anxiety and personal distress ($r = .52$, $p < .001$) detected in the course of the current study. Personal distress stands in the way of emotional relating directed towards other people, thereby inhibiting empathy-related responding (Decety & Jackson, 2004). The distribution of variables across the three clusters confirmed the findings of previous researchers. It is notable that as we progress from cluster 1 to cluster 2 we see a decline of maladaptive patterns of emotion

regulation, improvement in terms of parental interactions, as reported by the participants, and consequently a decline in the experience of personal distress. The final cluster depicted a shift towards fulfilling parental interactions, adaptive emotional functioning and empathy-laden social communication. More specifically, members of group 3 had parents who were characteristically attentive, protective, and permissive. When dealing with negative emotions group 3 showed preference for adaptive strategies of affect regulation. They regulated aversive feelings by focusing on something positive, planning an alternative course of action, taking perspective in relation to the significance of an upsetting situation (viewing it in terms of a wider scale of things) or by evaluating a negative situation in relation to personal growth. This group was characteristically calm in disposition, able to remain relaxed in tense interpersonal settings as well as to spontaneously engage with another person's point of view. Additionally, this group exhibited diminished propensity for engaging in fantasy, also known as imaginative empathy. This aspect of empathic relating declines as we move along the trajectory between cluster 1 and cluster 3. Davis (1983) observed that high fantasisers were prone to emotional vulnerability. This finding was further supported by the results of the current analysis where the distinctly nervous group 1 proved to be prone to getting caught up in fictitious stories, with this trend declining in the less emotionally fragile group 2, and diminishing entirely in group 3, which was characteristically calm.

Based on empirical literature we can hypothesise that the observed transition of empathic relating between the three clusters was accounted for by variability in parental rearing practices, and accompanying strategies of ER. The inhospitable caregiving environment of group 1 could have facilitated adoption of maladaptive patterns of ER, accompanied by increased levels of trait anxiety and distress. By means of increased self-focused attention, these difficult emotions could have subsequently become an obstacle to experiencing feelings of concern for the distress of other people (Eisenberg et al., 1998).

Findings of cluster analysis indicated that separate facets of empathy interacted differently with the remaining variables of the current study. Autonomous dimensions of empathy, outlined by Davis (1983), have allowed me to

investigate each aspect in isolation. Previously empathy was examined as an all-encompassing concept. Distinction of its comprising components reveals which aspects need to be treated with caution when it comes to emotional relating to other people. For instance, 'fantasy' might initially be perceived as a valuable attribute of human relating since it entails identification with feelings of fictitious characters and taking on their perspective. These aspects of empathy are analogous to the 'perspective taking' subscale of Davis's (1983) IRI, which led me to hypothesis a negative association between one's propensity to 'fantasy' and the tendency to experience anxiety on daily basis. However, the two facets of empathic relating ('perspective taking' and 'fantasy') have contrasting associations in terms of measures of emotional vulnerability. The concept of 'fantasy' proved to coincide with emotionality fragility, which might need to be carefully monitored in order to allow for improved self-care and fulfilment of professional requirements in individuals characterised by an increased tendency to engage with this aspect of empathic relating.

Similarly to findings of the current study, Davis (1983) reported that fantasy scores were positively correlated with anxiety in a social setting. Additionally, Davis (1983) established that high fantasisers were characteristically prone to emotional vulnerability and elevated levels of fearfulness. Findings of the current study, combined with those of Davis (1983), affirmed that high fantasisers are prone to emotionality and low resistance to emotional distress. This is further supported by a positive association between fantasy and personal distress ($r = 0.22$, $p < .001$), obtained during correlation analysis.

Individuals identifying with a heightened propensity for 'fantasy' could reflect on ways in which they react to difficult and stressful events and attempt to balance their negative reactions by means of adaptive emotion regulation. High fantasisers proved to be heavily reliant on maladaptive strategies of ER, which could account for emotional vulnerability. Individuals identifying with the constellation of these features could revise methods by which they negotiate aversive feelings and attempt to engage in more helpful strategies of ER such as 'positive refocus', 'reappraisal', 'refocus on planning' or 'putting into

perspective', thereby allowing for more advantageous methods of regulating negative affect.

The review of previous empirical evidence led me to conclude that parental styles promote empathy in the offspring via at least three routes.

The first route lies in the direct influence of warm parental styles on the child's ability for empathic relating. Empathic parents develop trusting relationships with their children (Strayer & Roberts, 2004). Feshbach (1987) argued that empathic parents are better at reading their baby's emotional cues, more responsive and affectionate, which in turn promotes empathy in their offspring.

The second route by which parental styles promote empathic relating in children is via stimulation of appropriate emotion regulation (ER). The ability to regulate negative affective states stems from the supportive environment provided by the primary attachment figure (Bowlby, 1973). In turn, regulation of negative emotions is linked to greater likelihood of empathic relating (Eisenberg et al., 1994).

Lastly, empathic skills in children are internalised by means of modelling of parental empathic behaviour (Feshbach, 1990). The current study does not explore this process. However, future research could examine how well the aforementioned routes of empathy acquisition predict its development in later life.

It can be further noted that overall, cluster 1 was comprised of individuals who were emotionally fragile. This group struggled to manage their negative emotional states, due to their increased reliance on maladaptive strategies of ER. Members of this cluster were prone to experience distress in stressful situations, which acted as an impediment to helping others (Frías-Navarro, 2009). Presumably the increased self-focus of this group inhibited their tendency to take another's point of view. The observed interaction of variables was consistent with previous research evidence, which established a negative link between anxiety and counsellor empathy (Kelly et al., 1989). Empirical data revealed that under-regulation of negative affect leads to distress (Oliver, 2016) and consequential self-directed motivation to diminish this aversive emotional

state (Eisenberg et al., 1998). Therefore, reducing personal, negative feelings takes priority over empathising with the plight of another human being (Decety & Lamm, 2006). Self-focus prevents one from successfully taking an alternative perspective (Eisenberg et al., 1998; Decety & Lamm, 2006).), which is one of the key aspects of empathy (Davis, 1980).

The three groups exhibited markedly disparate levels of 'personal distress'. In contrast to the youngest group (cluster 1), individuals belonging to the oldest group (cluster 3) were characterised by a drop off in 'personal distress'. This interaction can be explained in terms of variance in the ER strategies of the two groups. Members of cluster 1 engaged in characteristically maladaptive ER strategies, resulting in dysregulation of negative affect. Research evidence demonstrated that ER strategies such as catastrophising lead to psychological distress (Cano et al., 2005) and diminished capacity for empathic relating (Cano et al., 2012). On the other hand, adaptive ER strategies, e.g. reappraisal, were positively linked to empathy (Witvliet et al., 2014).

Drawing on findings of past studies we can conclude that by engaging in adaptive strategies of ER members of cluster 3 have equipped themselves with advantageous means of affect regulation, thereby permitting them to focus on the needs of other people.

Curiously, levels of narcissism were highest in cluster 3, which was comprised of individuals of the oldest age group and lowest prevalence of trait anxiety. Such findings come in opposition to previously generated data. Foster, Campbell, and Twenge (2003) reported that increased narcissism was associated with decreased age. Similarly, Wilson and Sibley (2011) and Stinson et al. (2008) demonstrated that age was negatively related to narcissism. Additionally, Stinson et al.'s (2008) data from a large epidemiologic survey involving 34,653 participants indicated that the prevalence of narcissism was significantly higher in those with anxiety disorders. Drawing on findings of previous researchers (Watson et al., 1984; Vonk et al., 2013; Wai & Tiliopoulos, 2012), it is plausible to propose that elated levels of narcissism will occur in conjunction with diminished capacity for empathic relating. Interestingly, however, the highest levels of narcissism were detected in a group that was also

most prone to empathic relating, as indicated by elevated levels of 'perspective taking' and propensity to remain calm during stressful situations. Perhaps, in the context of the current sample, increased preoccupation with oneself was mediated by the deliberate shift of focus to the psychological point of view of another person, which is an important aspect of professional development in psychology-related fields.

It might be of interest to examine the reasons behind the atypical trend of inflated narcissism in the older group of participants. One possibility is that increased self-reflection, which is a quintessential feature of psychotherapists' continuous professional development, resulted in a more acute perception of personality subtleties, allowing the present sample to notice attributes that subjects of other studies might not readily pick up on. Older psychotherapists might have increased awareness of their personality trends when compared to younger therapists or trainees, thereby reporting increased prevalence of this trend within themselves.

Whether narcissism was reported as a result of increased sensitivity of older adults to characteristics signifying this attribute, or due to a true prevalence of inflated self-admiration, it is clear that in this group narcissism did not appear to inhibit empathic relating. This finding is all the more curious since in the overall sample narcissism showed a small negative association (r = - .19) with 'perspective taking'. One possibility is that increased awareness of personal attributes signifying narcissism has allowed members of cluster 3 to harness its negative aspect, thereby preventing any negative influence spilling out into their ability to reason empathically. This once again illustrates that seemingly undesirable features of one's character can blossom in the right environment. What's more, it places further value on self-reflection as a means by which this growth and development takes place.

3.3 Multiple Regression

Multiple regression analysis was conducted in order to predict DV Empathy from several predictor variables. A separate analysis was run for each level of the outcome variable: empathic concern, personal distress, fantasy, and perspective taking. Predictor variables entered in each of the four models were: narcissism, trait anxiety, dogmatism, nine ER strategies, six parental child-rearing practices (three for mother figure and three for father figure), gender, and age.

3.3.1 Assessing collinearity

A collinearity diagnostic was carried out in order to assess the degree of correlation between the variables. High collinearity would indicate that one variable could be linearly predicted from another. Myers (1990) recommends a value of Variance Inflation Factor (VIF) below 10 as an indication of no multicollinearity. The VIF values of independent variables in the present study varied between 1.278 and 3.382, which indicated that the regression model was not biased by multicollinearity. The tolerance statistic values related to the VIF ranged between .296 and .782. Menard (1995) advises that only values below 0.2 indicate a cause for concern, which showed that multicolleniarity was not biasing the statistical model.

Hierarchical regression was carried out for each of the four levels of

DV Empathy:

1. Empathic concern
2. Personal distress
3. Fantasy scale
4. Perspective taking

And the IVs:

1. IV1 Narcissism
2. IV2 Dogmatism
3. IV3 Trait anxiety
4. IV4 Parental styles for mother and father separately (3 levels)

    1. Abuse measure
    2. Over-control Measure
    3. Indifference measure
5. IV5 Emotion regulation strategies (9 levels)
    1. refocus on planning
    2. positive reappraisal
    3. positive refocus
    4. acceptance
    5. putting into perspective
    6. catastrophising
    7. other-blame
    8. self-blame
    9. rumination

6. IV6 Gender
7. IV7 Age

A vast amount of theoretical literature (outlined in 'literature review' section) indicates that the variables investigated in the course of current project play an important part in empathic reasoning. Initially, all variables were entered into the regression model simultaneously. The variables were entered hierarchically. Variables with the strongest association to empathy (as indicated by previous research findings) were entered into the first block. The remaining variables were entered in order of declining importance.

Initial regression models for each level of DV Empathy were comprised of five blocks: (1) emotion regulation strategies, (2) parental styles, (3) trait anxiety, (4) dogmatism, (5) narcissism, (6) age, (7) gender.

A Durbin-Watson test was requested in order to check for collinearity within the models, as well as to test for independence of residuals. Field (2009) states that the closer the value of Durbin-Watson test to 2, the more certain we can be that the assumptions of the model have been met. The values for the Durbin-Watson test in each of the four models were approximating to 2: 2.252 (Fantasy

scale), 2.131 (Empathic concern), 1.845 (personal distress), 1.986 (perspective taking). Warrantable assumption of independent error indicated that the model was a good fit of the sample data. The plots of *ZRESID against *ZPRED for each one of the four models looked like a random array of dots arranged around zero, therefore meeting the assumption of linearity.

Coefficients tables of four regression models (one for each dimension of empathy) were carefully studied, in order to determine the individual contributions of each variable to the regression model. In particular *b* - values and *t* - values were examined in relation to the corresponding levels of significance. The variables with low *t* values and large values of *Sig.* were ejected from the analysis one by one. Regression was rerun after each successive removal in order to re-examine predictors' individual contributions to the model, as well as the overall model itself. The *F* - ratio change and its significance were checked for each level of the hierarchy.

Results of multiple regression analysis for each facet of DV Empathy are outlined below.

3.3.2 Multiple regression results

DV Empathic Concern

- A tendency to experience feelings of concern and sympathy for somebody in an unfortunate situation.

Nine strategies of emotion regulation were entered in the first block. Trait anxiety was added in block two. Subsequently, measures of parental styles were entered. Variables dogmatism and narcissism were added in blocks four and five respectively. Adjusted R2=.136, p<.05. A combination of IVs accounted for only 13% in empathic concern. Subsequently, standardised β of every variable were analysed. Variables of little importance to the model were withdrawn, after which the analysis was rerun in order to determine variables for subsequent withdrawal.

The final multiple linear regression model was used to predict 'empathic concern' based on three emotion regulation strategies: 'other-blame',

rumination 'putting into perspective', and levels of narcissism. A significant regression equation was obtained (F (4, 211)= 11.681,

p< .000), with an R^2 = .181, $R^2_{adjusted}$ = .166.

Predicted empathic concern of participants equated to 39.222- .211 (other-blame) + .291 (rumination) + .223 (putting into perspective) - .324 (narcissism). Results of the analysis demonstrated that emotion regulation strategies: narcissism (Beta = - .218, t (211) = - 1.97, p < .05), emotion regulation strategies: 'putting into perspective' (Beta = .222, t (211)= 3.53, p < .000), 'other-blame' (Beta= - .195, t (211) = - 2.92, p < .01), 'rumination' (Beta = .314, t (211) = 4.9, p < .000) all proved to be significant predictors of 'empathic concern'.

A total of four predictor variables were inserted into the final hierarchical multiple regression model. Predictor variables explain 16.6% of total variance in empathic concern (DV). Half of the variables were significant predictors of the outcome variable, which were three methods of emotion regulating: 'putting into perspective', 'rumination', and 'other-blame'. It is evident from the *t* – statistic, that 'rumination' had the largest impact on the magnitude of empathic concern. 'Putting into perspective' and 'other-blame' were the third and second strongest predictors respectively, while 'narcissism' was the weakest predictor of 'empathic concern'.

Emotion regulation strategies 'rumination' and 'putting into perspective' had a positive association with empathic concern. Therefore, an increase in the two strategies led to greater levels of empathic concern. The *b* – value indicates that one unit of increase in 'rumination' results in a .291 units increase in 'empathic concern', while one unit increase in 'perspective taking' led to a .223 units increase in the DV 'empathic concern'.

Cognitive emotion regulation strategy 'other-blame' had a negative relationship with the DV. An increase in a single unit of 'other-blame' led to .211 units decrease in 'empathic concern'. Similarly, 'narcissism' was associated with declining levels of 'empathic concern', with the latter declining by .324 units with every unit increase in 'narcissism'.

		Standard Error	Standardised
	B	***B***	***B***
Step 1			
(Constant)	38.899	2.388	
Other-blame	- .250	.070	.231
Rumination	.290	.060	.313
Putting into perspective	.218	.063	.218
Step 2			
(Constant)	39.222	3.277	
Other-blame	- .211	.072	- .195
Rumination	.291	.059	.314
Putting into Perspective	.223	.063	.222
Narcissism	- .324	.164	- .128

Table 26

DV Personal distress

- A tendency to experience anxiety and apprehension in strained interpersonal context.

Multiple linear regression was employed in order to predict 'personal distress' from 'trait anxiety', two emotion regulation strategies, one perceived parental style, and gender. Regression equation yielded significant results (F (5, 210) = 25.004, p < 0.000) with R^2 = .373, R^2 $_{adjusted}$ = .358.

Predicted personal distress of participants equated to 20.599 + 4.955 (gender) - .305 (refocus on planning) + .226 (catastrophising) + .127 (trait anxiety) - .166 (mother's abuse), where gender is coded as 0 = male, 1 = female. Examination of individual predictors indicated that ER 'catastrophising' (Beta = .138, t (210) = 2.01, p < .05), ER 'refocus on planning' (Beta = - .2, t (210) = - 3.1, p < .01), 'mother's abuse' (Beta = - .136, t (210) = - 2.4, p < .05), 'trait anxiety' (Beta = . 363, t (210) = 4.8, p < .001), and gender (Beta = .195, t (210) = 3.5, p < .001) were significant predictors of 'personal distress'.

Out of 20 independent variables entered 5 were retained for the final model.

A regression model was generated to predict (DV) personal distress from the IVs 'mother's abuse', ER 'catastrophising', ER 'refocus on planning', 'trait anxiety', and 'gender'. Five predictors accounted for nearly 36% of total variance in 'personal distress'.

'Trait anxiety', ER 'catastrophising', and 'gender' were positively related to the predictor variable. Therefore, anxious individuals and those prone to catastrophising were more likely to experience personal distress when faced with a difficult situation. B-value indicates that as trait anxiety increased by a single unit, 'personal distress' increased by 0.127 units. One unit increase in 'catastrophising' led to a 0.226 units increase in 'personal distress'. A single unit increase in gender resulted in a 4.955 unit increase in 'personal distress'. Gender was a binary variable coded 0 for male and 1 for female participants. Therefore, we can conclude that female participants were more likely to experience personal distress when compare to males. Emotion regulation strategy 'refocus on planning' and parental style 'mother's abuse' yielded a negative relationship with the DV. A decrease in a single unit of ER strategy 'refocus on planning' resulted in a 0.305 units decrease in 'personal distress'. Similarly, a decrease in one unit of 'mother's abuse' led to a 0.166 units decrease in the predictor variable. Standardised coefficients Beta indicate that 'trait anxiety' was the strongest predictor of personal distress. Gender and ER 'refocus on planning' had a comparable degree of importance to the model and were the second strongest predictors. Beta values for 'mother's abuse' and 'catastrophising' were similar in magnitude, making them the weakest predictors of personal distress.

		Standard Error	**Standardised**
	B	***B***	***B***
Step 1			
(Constant)	27.182	1.210	

Mother's Abuse	- .039	.083	- .032
Step 2			
(Constant)	35.774	3.275	
Mother's Abuse	- .084	.073	- .068
Catastrophising	.547	.100	.333
Refocus on Planning	- .502	.097	- .314
Step 3			
(Constant)	23.469	3.959	
Mother's Abuse	- .159	.071	- .130
Catastrophising	.225	.115	.137
Refocus on Planning	- .302	.101	- .189
Trait Anxiety	.136	.027	.388
Step 4			
(Constant)	20.599	3.939	
Mother's Abuse	- .166	.069	- .136
Catastrophising	.226	.112	.138
Refocus on Planning	- .305	.098	- .190
Trait Anxiety	.127	.027	.363
Gender	4.955	1.398	.195

Table 27

<u>DV Fantasy</u>

- A tendency to imagine oneself in the place of fictitious characters from movies, books, and plays.

Multiple regression analysis was carried out in order to predict fantasy from the levels of emotion regulation strategies: 'rumination', 'positive refocus', 'positive

reappraisal', and father's 'over-control'. Regression analysis yielded significant results (F (3,212) = 11.679, p < 0.000), with an R^2 of .142, $R^2_{adjusted}$ = .130.

Levels of observed tendency to fantasise equated to 47.193 + .329 (rumination) - .261 (positive reappraisal) - .942 (age). All three independent variables were significant predictors of participants' propensity to fantasise: ER 'rumination' (Beta = .220, t (212) = 3.39, p < .001), ER 'positive reappraisal' (Beta = - .167, t (212) = - 2.56, p < .05), and 'age' (Beta = - .180, t (212) = - 2.77, p < .01).

Three predictor variables explained 13% of variance in fantasy. The magnitude of the *t* – statistic indicated that 'rumination' exerted the biggest impact on the variance of the DV. Predictor variables 'age' and 'positive reappraisal' yielded a comparable degree of importance to the overall model. Emotion regulation strategy 'rumination' yielded positive *b* – value, indicating a positive relationship with the predictor. Therefore, the more an individual engaged in ruminative thinking the more likely they were to imagine themselves in the place of fictitious characters. The opposite was true for 'positive reappraisal'. An increase in this ER strategy resulted in the decline of participants' tendencies to identify with fictitious characters from films and stories. Similarly, an increase in age was associated with declining levels of propensity to fantasise.

As indicated by *b* – values an increase in one unit of 'rumination' led to .329 unit increase in propensity to fantasise, while a decrease in one unit of 'positive reappraisal' led to a .261 unit increase in DV 'fantasy'. One unit decline of age led to a .942 unit decline in 'fantasy'.

		Standard Error	**Standardised**
	B	***B***	***B***
Step 1			
(Constant)	42.978	4.037	
Rumination	.360	.098	.240
Positive Reappraisal	- .304	.102	- .195

Step 2			
(Constant)	47.193	4.255	
Rumination	.329	.097	.220
Positive Reappraisal	- .261	.102	- .167
Age	- .942	.339	- .180

Table 28

DV Perspective taking

- Impetuous adoption of someone else's point of view.

Multiple linear regression was performed in order to predict 'perspective taking' from 'anxiety', 'narcissism', and ER strategies 'self-blame', 'other-blame', 'rumination', and 'refocus on planning'. Results of the analysis yielded significant results ($F (6, 209) = 12.66$, $p < .000$, $R^2 = .26.7$, $R^2_{adjusted} = .24.6$). Levels of participants' 'perspective taking' equated to 44.452 - .067 (trait anxiety) - .756 (narcissism) - .233 (other-blame) + .223 (self-blame) + .191 (rumination) + .405 (refocus on planning). Trait anxiety ($Beta = - .23$, $t (209) = - 2.44$, $p < .05$), narcissism ($Beta = - .23$, $t (209) = - 3.61$, $p < .000$), and emotion regulation strategies 'other-blame' ($Beta = - .24$, $t (209) = - 3.71$, $p < .000$), 'self-blame' ($Beta = .17$, $t (209) = 2.01$, $p < .05$) 'rumination' ($Beta = .16$, $t (209) = 2.27$, $p < .05$), and 'refocus on planning' ($Beta = .30$, $t (209) = 4.40$, $p < .000$) were all significant predictors of the outcome variable 'perspective taking'.

Out of fifteen variables 6 were retained for the final model. These variables jointly predicted 24.6% of variance in the DV 'perspective taking'.

ER strategies 'self-blame', 'rumination' and 'refocus on planning' had a positive relationship with the DV, whereas 'trait anxiety', 'narcissism', and ER strategy 'other-blame' had a negative relationship with 'perspective taking'. Therefore, it follows that an increase in one unit of 'self-blame' resulted in a .223 units increase in 'perspective taking'. A single unit increase in 'rumination' led to a .191 units increase in the DV. An increase in one unit of 'refocus on planning' resulted in a .405 unit increase in 'perspective taking', whereas a single unit increase of anxiety led to the decline of 'perspective taking' by .067 units. One

unit increase in 'narcissism' led to a .756 units decrease in 'perspective taking'. A single unit increase in ER strategy 'other-blame' resulted in a .333 units decrease in the outcome variable.

The magnitude of the *t*– statistic indicated that ER strategy 'refocus on planning' had the strongest impact on the DV, with 'narcissism' and 'other-blame' being the second strongest predictors and exhibiting an impact of comparative magnitude. Trait anxiety and the ER strategy 'rumination' were the third strongest predictors of the outcome variable.

		Standard Error	**Standardised**
	B	***B***	***B***
Step 1			
(Constant)	40.937	3.222	
Self-blame	.117	.094	.091
Other-blame	- .466	.087	- .338
Rumination	.129	.085	.109
Refocus on planning	.437	.084	.328
Step 2			
(Constant)	44.452	3.534	
Self-blame	.223	.111	.173
Other-blame	- .333	.090	- .242
Rumination	.191	.084	.162
Refocus on planning	.405	.092	.304
Narcissism	- .756	.209	- .235
Anxiety	- .067	.027	- .229

Table 29

3.3.3 Regression analysis discussion

Multiple regression was performed in order to explain the outcome variable as a function of multiple independent variables. 'Empathic concern' was regressed

onto two maladaptive patterns of ER, one adaptive ER strategy, and narcissism. In total the regression model for DV 'Empathic concern' included four predictor variables: 'other-blame', 'rumination', 'putting into perspective', and 'narcissism'. Four variables predicted 16.6% of total variance in 'empathic concern'. The percentage of explained variance indicates that in the sample group of people of helping professions 'empathic concern' was not drastically influenced by the predictor variables. It appears that out of all independent variables emotion regulation was the strongest predictor of one's capacity for empathic relating. Emotion regulation strategies 'rumination' and 'putting into perspective' resulted in an increase of 'empathic concern'. In contradiction to the findings reported by the current project, it is generally believed that difficulty in regulating negative emotions should inhibit empathic relating. For example, Wenzel, Turner, and Okimoto (2010) and later Chung (2014) reported an inverse association between ER 'rumination' and 'empathy' (Wenzel, Turner, & Okimoto, 2010; Chung, 2014). The results of regression analysis challenged these theoretical assertions. It is legitimate to propose that a lack of anticipated negative association between 'rumination' and 'empathic concern' was due to the particularity of the recruited sample group. It could be the case that negative experiences have the potential to make a person more attuned to the distress of other people. Perhaps understanding the experience of being in pain can inspire one to help others. Results of multiple regression indicated that pondering on negative experiences resulted in greater empathic relating. Perhaps what distinguishes people of helping professions is their ability to reflect on these adverse experiences, rather than suppress them. Becoming aware of the effects of these adversities encourages such individuals to dedicate their lives to helping others overcome what they have struggled with themselves. Witvliet et al. (2014) reported a positive association between rumination and empathy in undergraduate psychology students, which provides further support for the above contention.

It is apparent that the variables of the current study were poor predictors of 'empathic concern', with a predominant part of the factors failing to account for any variance in the DV. It is probable that people of helping professions are innately more resilient towards dispositional characteristics (such as

dogmatism, anxiety, and to some extent narcissism) and the way they affect their empathic relating towards other people. Standardised coefficients of the model indicated that 'rumination' was the strongest predictor of 'empathic concern', followed by 'putting into perspective', 'other-blame' and 'narcissism' respectively.

To test the hypothesis for the second facet of the dependent variable I regressed DV 'personal distress' onto 'trait anxiety', 'gender', ER 'catastrophising', ER 'refocus on planning', and one aspect of parental rearing practice – 'mother's abuse'. As presupposed, individuals high on trait anxiety were more likely to experience personal distress. Furthermore, out of maternal abuse, ER strategies 'refocus on planning' and 'catastrophising', and gender, trait anxiety proved to cause the most variability in the outcome variable. In support of the current findings Eisenberg and Fabes (1992) stated that high emotionality, which includes anxiousness, should motivate personal distress. Additionally, the relationship between trait anxiety and 'personal distress' was examined by Eisenberg et al (1996), who reported a positive relationship between negative emotionality and personal distress in children.

Gender was the second strongest predictor of 'personal distress', with female participants reporting increased propensity for the experience of anxiety in stressful situations. Previously De Corte et al. (2007) reported that females were more prone to personal distress than male subjects. Similarly, Davis (1980) reported that the scores of female participants on 'personal distress' were significantly higher than those of male subjects.

Out of the two ER strategies, 'refocus on planning' appeared to have the biggest influence over the DV. As the propensity to 'refocus on planning' increased the levels of personal distress diminished. 'Catastrophising' was the fourth strongest predictor, yielding a positive association with the DV. Parental style 'mother's abuse' was the least important predictor of the outcome variable. This predictor variable was negatively associated with the DV, whereas ER 'positive refocusing' (which is an adaptive ER strategy) showed a positive association with the outcome variable. Both interactions contradicted previously gathered data.

In order to assess variance of 'fantasy' in people of helping professions I regressed it onto ER 'rumination', ER 'positive reappraisal', and age. Overall, the variables explained only 13% of variance in propensity to fantasise. Emotion regulation strategy 'rumination' was the best predictor of 'fantasy', with age and 'positive reappraisal' being the second and third strongest predictors respectively. An increase in 'rumination' led to an increase in propensity to fantasise, whereas an increase in 'positive reappraisal' led to a decrease in the dependent variable. Propensity to fantasise declined as the age of participants increased. It appears that 'fantasy' was not greatly predicted by the variables of the current study, with age and two emotion regulation strategies being the only significant predictors of the DV.

Dependent Variable 'perspective taking' was regressed onto 'self-blame', 'other-blame', 'rumination', 'refocus on planning', 'narcissism' and 'trait anxiety'. Overall, the model explained 24.6% of variance in 'perspective taking'. It appears that ER 'refocus on planning' was the strongest predictor, with 'other-blame' 'narcissism', trait anxiety and ER 'self-blame' being the second, third, fourth, and fifth most important predictors respectively. A rise in the adaptive ER strategy 'refocus on planning' resulted in an increased propensity to the take psychological point of view of other people. An increase in the maladaptive ER strategies 'self-blame' and 'rumination' were also linked to a slight increase in 'perspective taking', which contradicts the prediction that maladaptive patterns of ER will inhibit empathic relating. On the other hand, an increase in the maladaptive pattern of ER 'other-blame' exhibited an expected pattern of interaction with the outcome variable thereby, leading to a decline in 'perspective taking' in the current sample group. Findings of the current study indicated that aside from ER 'other-blame', the outcome variable 'perspective taking' remained resistant to the negative influence of maladaptive strategies of affect regulation. A closer reflection revealed that 'other-blame' was the only variable that involved coping with one's negative emotions by means of displacing the blame on to somebody else. This mental act appears to disregard any possible consideration of somebody else's perspective, merely seeing them as an object onto which one can displace a negative feeling. Thereby, it becomes apparent why 'other-blame' would result in declining levels of 'perspective

taking'. Previous research findings indicated that there is a link between successful regulation of emotions and 'perspective taking' (Hinnant & O'Brien, 2007). In a sample of 6- to 8-year-old children, Eisenberg et al. (1996) demonstrated that ability to regulate emotional arousal is associated with other-focus, which is a central feature of 'perspective taking' (Davis, 1983). Similarly, research on adults indicates that various measures of regulation were linked to 'perspective taking' (Eisenberg et al., 1996; Eisenberg & Okun, 1996). Eisenberg et al. (1996) reported that individuals who engaged in 'perspective taking' were well regulated, as reported by their friends. To my knowledge no study has examined the relationship between four facets of empathic relating, and nine strategies of emotion regulation in adults. The current study aimed to fill this gap in the existing research. Findings of the project indicated that previously held contention in relation to emotion regulation and 'perspective taking' was affirmed only in part. It comes to light that in the sample of people of helping professions only certain facets of maladaptive ER strategies have an inhibiting affect of 'perspective taking'.

Analysis indicated that as levels of anxiety went up propensity to take the psychological point of view of other people declined. Anxiety was the fourth strongest predictor of the DV 'perspective taking', therefore supporting previously established findings in relation to the two variables. Todd and Simpson (2016) demonstrated that anxiety inhibits one's ability for spontaneous consideration of an alternative point of view. Therefore, participants with an anxious disposition were likely to undermine the mental states of other people.

In contrast to previously generated data, the current study failed to report any noteworthy association between empathy and parental child-rearing styles.

The parental style of maternal abuse proved to be a significant predictor of only one facet of empathic relating, namely 'personal distress'.

Cornell and Frick (2007) reported a negative link between a child's empathy and parental authoritarian and punishing styles on a sample of 3- to 5-year-olds. Although a number of studies have examined the effects of parental practices on empathy in children, few studies have attempted to examine the

relationship between parental styles and empathy in adults. One such study was conducted by Schaffer, Clark, and Jeglic (2009), who recruited a sample of 18- to 46-year-olds. Schaffer at al. (2009) reported that permissive but not authoritarian parenting had a hindering effect on empathic abilities, suggesting that disengaged parental practices rather than strict and punitive might be associated with diminished empathic capacity in children.

The current study did not support previously generated findings (Hoffman, 1977; Davis, 1980; Christov-Moor et al., 2014) in relation to gender and empathy. In the sample of people of helping professions gender did not significantly predict any aspect of empathic relating aside from 'personal distress'.

As with gender, age proved to be largely unrelated to most facets of empathic relating. Aside from 'fantasy', age was not a significant predictor of any other subscale of empathy. The current project indicated that younger participants showed an increased propensity for 'fantasy'. 'Fantasy' is considered a cognitive aspect of empathy. Similarly to findings of the present study, past research (Golan, Baron-Cohen, & Golan, 2008) reported a link between cognitive empathy and age.

4. General Discussion

4.1 Discussion of Main Findings

A number of hypotheses were generated in the course of the study:

1. Empathy aspect 'empathic concern' will have a negative relationship with maladaptive patterns of emotion regulation and a positive relationship with adaptive patterns of emotion regulation.

– The hypothesis was partially supported. EC was positively associated with ER 'putting into perspective' and 'rumination' and negatively associated with ER 'other-blame'.

2. Empathy aspect 'fantasy' will have a positive relationship with adaptive patterns ER and negative relationship with maladaptive patters of ER.

– The hypothesis was rejected.

3. Empathy aspect 'fantasy' will have a negative relationship with trait anxiety.

– The hypothesis was rejected.

4. Empathy aspect 'personal distress' will have a positive relationship with maladaptive strategies of ER and a negative relationship with adaptive patterns of ER.

– The hypothesis was supported.

5. Empathy aspect 'personal distress' will have a positive relationship with trait anxiety.

– The hypothesis was supported.

6. Empathy aspect 'perspective taking' will have a negative correlation with maladaptive strategies of ER and a positive correlation with adaptive strategies of ER.

– The hypothesis was supported.

7. Empathy aspect 'perspective taking' will be negatively correlated with trait anxiety.

– The hypothesis was supported.

8. There will be a correlation between age and aspects of empathic relating.

- The above hypothesis was supported in part. Age was correlated with 'personal distress' and 'fantasy'.

9. There will be an association between age and ER strategies.

- The hypothesis was partly supported. Age was positively associated with ER 'self-blame'.

10. There will be an association between age and narcissism.

- This hypothesis was supported.

11. Parental styles will be inversely related to adaptive patterns of ER.

- The above hypothesis was partly supported, with ER styles 'positive refocus' and 'putting into perspective' yielding a negative association with 'mother's over-control'.

12. Parental styles will be positively related to maladaptive patterns of ER.

- This hypothesis was partly confirmed, with ER 'other-blame', 'self-blame', 'catastrophising' and 'rumination' yielding a negative association with 'father's indifference', 'father's over-control', and 'mother's over-control'.

13. Parental styles will be positively linked to trait anxiety.

- This hypothesis was confirmed.

14. Parental styles will have a negative relationship with the facets of empathic relating: 'empathic concern', 'fantasy', and 'perspective taking'.

- This hypothesis was rejected.

15. Parental styles will have a positive relationship with the facet of empathic relating 'personal distress'.

- This hypothesis was rejected.

<u>Cluster analysis hypothesis</u>

- Distinct groups of participants will be formed in the course of cluster analysis, where formation of variables will range between clusters high on empathic capacity, positive parental interactions, and adaptive styles of ER, on the one hand, and anxiety-prone styles of relating, dysfunctional parental interactions, difficulty regulating negative affect and disposition comprised of anxious, narcissistic, and dogmatic traits, on the other.

- Results of the current analysis supported the hypothesis.

Regression analysis hypotheses

1. There will be a significant prediction of 'empathic concern' by parental styles, dogmatism, narcissism, anxiety, gender, age, and emotion regulation strategies.
- Hypothesis was partly confirmed. ER strategies 'other-blame', 'rumination', 'putting into perspective', and narcissism were significant predictors of EC.
2. There will be a significant prediction of 'fantasy' by parental styles, dogmatism, narcissism, anxiety, gender, age, and emotion regulation strategies.
- Hypothesis was partly confirmed. ER strategies 'rumination', positive reappraisal', and age were significant predictors of FS.
3. There will be a significant prediction of 'personal distress' by parental styles, dogmatism, narcissism, anxiety, gender, age, and emotion regulation strategies.
- Hypothesis partly confirmed. Parental style 'mother's abuse', ER strategies 'catastrophising', 'refocus on planning', trait anxiety and gender were significant predictors of PD.
4. There will be a significant prediction of 'perspective taking' by parental styles, dogmatism, narcissism, anxiety, gender, age, and emotion regulation strategies.
- Hypothesis confirmed only in part. ER strategies 'self-blame', 'other-blame', 'rumination', 'refocus on planning', and traits narcissism and anxiety were significant predictors of PT.

The current project was focused on increasing our understanding of the phenomenon of empathy. Lambert and Barley (2001) affirmed that a client-therapist relationship which included empathy and warmth accounted for 30% of variance in client outcomes. In comparison, therapeutic technique was responsible for only 15% of variance in therapeutic outcomes. Orlinsky, Grave, and Parks (1994) identified empathic understanding as one of several factors that consistently proved to have a positive effect on successful therapeutic

outcome. Rogers (1967) propagated empathic understanding as one of key therapeutic conditions necessary for therapeutic progress to take place.

The focal point of empathic relating, in the context of the therapeutic relationship, inspired me to further our understanding of the phenomenon of empathy. In the course of the current study empathy was explored as a multidimensional construct, encompassing both cognitive as well as affective components. Empathy was measured as four distinctive but related components: 'empathic concern', 'fantasy', 'perspective taking', and 'personal distress'. Davis's (1983) IRI scale is the only multifaceted measure of empathy.

The concept of empathy was examined in relation to emotion regulation (ER), perceived parental rearing practices, age, gender, and traits of narcissism, dogmatism and anxiety.

The capacity for emotion regulation is universal to all human beings and something we engage in on daily basis. The present study focused specifically on the cognitive aspects of affect management.

Relationships between the four components of empathy, ER strategies, parental styles, age, gender, levels of dogmatism, narcissism, and anxiety were investigated with the use of three methods of statistical analysis: correlation analysis, regression analysis, and cluster analysis. Out of the nine ER strategies, investigated in current research, seven proved to be correlated with at least one dimension of empathic relating, these were: 'self-blame', 'other-blame', 'rumination', 'catastrophising', 'refocus on planning', 'positive reappraisal', and 'putting into perspective'. Cognitive ER strategies 'acceptance' and 'positive refocusing' appeared to be unrelated to any of the aspects of empathic relating.

Overall, results of the statistical analysis supported the contention that an upsurge of maladaptive strategies of ER was linked to 'personal distress', whereas adaptive patterns of ER were associated with a decline in the experience of distress. 'Empathic concern', which in my opinion captures empathy in the most traditional sense of the concept, appeared to be unrelated to the majority of variables. Out of the 23 variables entered into the initial regression only four were retained for the final model. These variables

predicted only 16.6% of total variance in 'empathic concern'. Feasibly, the sample of participants could have been comprised of individuals who were highly resilient to the negative effects of maladaptive ER strategies, parental styles, narcissism, dogmatism, and anxiety. Presumably, the reflective nature of those engaged in the helping professions facilitates consideration of their inner tendencies, and allows for greater mastery of the potentially constraining characteristics, thereby warding off the negative impact on their ability to empathise.

'Empathic concern' yielded the anticipated negative association with 'other-blame' and positive correlation with 'putting into perspective'. A positive association between 'empathic concern' and the maladaptive strategy of ER 'rumination' was more unexpected. Furthermore, 'rumination' appeared to be the strongest predictor of 'empathic concern'. The prevailing view of psychology research contends that poor regulation of negative affect leads to a decline in empathic relating (Eisenberg & Fabes, 1992; Decety & Lamm, 2006; Batson, 1991; Carlo, Allen, & Buhman, 1999). 'Rumination' involves repetitive thinking about negative feelings (Conway, 2000), and is therefore a central feature of depressive symptomatology (Papageorgiou & Wells, 2003). In light of the empirical assertion that negative emotions inhibit empathic relating (Eisenberg & Fabes, 1992), I hypothesised that 'rumination' would be negatively related to 'empathic concern'. Rather surprisingly, however, previous research, investigating the effects of ruminative thinking on empathic relating, returned mixed findings. Wenzel et al. (2010) reported a negative link between empathy and rumination, whereas Witvliet at al. (2014), similarly to findings of the current study, observed a positive association between the variables. It is possible that differences in findings came about as a result of the distinctive sampling groups selected for each study. Witvliet et al. (2014) recruited a sample of psychology students. Similarly, the current study was conducted on people of helping professions. In contrast, Wenzel at al. (2010) recruited a non-specific sample of university volunteers. Personal characteristics of individuals pursuing a career in humanities may contribute to the resilience of negative effects of ruminative thinking. Innately, such people could be more intuitive towards the feelings and experiences of other people. Additionally, training

specifications for careers in the field of helping professions facilitate the development of empathic relating, thereby further promoting other-directed concern.

Weinberger (1990) stated that people who face instead of defending against negative affect are likely to wholly feel, rather than resist against, their own emotions, which in turn would allow for the experience of other people's negative emotions and evoke feelings of sympathy towards them. Correspondingly, Eisenberg et al. (1994) hypothesised that sympathy should be positively associated with empathic sadness and negative emotions. Subsequently, they established a strong positive association between negative emotionality and sympathy on a sample of psychology students. Drawing on the writings and research findings outlined above, it is feasible to suggest that the link between 'empathic concern' and ruminative thinking observed in the course of the current study is due to the ruminator's heightened sensitivity for negative emotions. Pondering on negative feelings can direct one's attention to the impact of this unfavourable affective state within the self. In turn a large focus on self-reflecting and empathic relating, characteristic of psychology courses, encourages receptivity to other people's affective states and evokes feelings of sympathy and concern. Rumination requires reflection and awareness of personal emotions, understanding of which could later be successfully employed in the context of other-directed activity, such as exhibiting features of empathic concern towards another human being. People prone to rumination might experience pronounced concern for the plight of other people, leading them to pursue a career in the field of helping professions.

Empathic abilities of the sample group appeared to be resilient in the face of narcissistic and dogmatic character traits. This finding challenges the legitimacy of previously affirmed associations between empathy and the aforementioned variables (Hiebert et al., 1998; Carlozzi et al., 1994; Wai & Tiliopoulos, 2012). The failure to replicate a substantial association between empathy, narcissism, and dogmatism might be explained in terms of personal characteristics specific to people of helping professions. It might be that the variables usually associated with inhibition of empathic skills in the general population are not

influential in the sample of helping professions. This might be a result of increased self-reflection, typical of psychology-related fields. Awareness of personal attributes, such as narcissistic and dogmatic characteristics, might help to counteract or subdue these potentially damaging traits. The fact that older participants who were more narcissistic yet concurrently scored higher on dimensions of empathic relating supports this hypothesis. Presumably increased age coincides with greater length of practice, meaning that older participants would have had more time to reflect on their personal traits and come to understand and subdue their limitations. Then we can further infer that due to increased self-awareness, which comes as a result of continuous reflection, older participants were able to vanquish the negative traits that narcissism threatens to impose on empathic relating.

'Empathic concern' proved to be positively associated with 'perspective taking', referred to as cognitive empathy and entailing the adoption of other people's psychological point of view. A positive association between the aforementioned variables was previously reported by De Corte et al. (2007). Combined, such findings would provide further support for the contention that the feelings of sympathy and concern we experience in relation to other people are prompted through adoption of their psychological point of view.

'Perspective taking' yielded foreseeable associations with the remaining variables of the current research project. It proved to be inversely related to the maladaptive strategy of ER 'other-blame', 'narcissism', and 'trait anxiety'; and positively related to adaptive ER strategies 'refocus on planning', 'positive reappraisal', and 'putting into perspective'. I would now like to take a closer look at the above correlations, starting with ER 'other-blame'.

It is legitimate to propose that the inability to put oneself in the shoes of another person would make one ignorant of another's perspective and might consequently lead to objectification of another human being. Deficiency in a propensity to take perspective leads to exploitation of another person, as presumed to be the case in patients with personality disorders (American Psychiatric Association, 1994). Therefore, we can reason that a diminished capacity to take perspective would result in conceptualisation of 'the other' as

an object fulfilling a certain function. In this instance, another person is merely an outlet for one's displaced blame. A marked lack of sensitivity for the other person, accompanied by exploitative inclinations, is synonymous with narcissistic personality characteristics, featured in the DSM-V. It is therefore plausible to hypothesise an inverse association between 'perspective taking' and 'narcissism' and a positive association between 'narcissism' and 'other-blame'. These associations materialised in the course of statistical analysis. Regression analysis indicated that narcissism and 'other-blame' were amongst the three predictors explaining the largest amount of variance in a tendency to take perspective. An inverse association between 'narcissism' and 'perspective taking' could be accounted for by a lack of willingness to shift the internal focus, characteristic of narcissistic personalities (DSM-V). Empirical evidence with regard to narcissism and perspective taking is of mixed nature with some studies reporting a negative association (Hepper et al., 2014), analogous to findings of the current study, and others arguing for a positive link between the two (Wai & Tiliopoulos, 2012).

Statistical analysis indicated that as the level of anxiety increased the propensity to take the psychological perspective of another person declined, which supports the theoretical contention that anxiety inhibits one's ability for empathic relating. Although the effects of anxiety on the general concept of empathy have been examined in wider literature, no study to date has explored the direct interaction between trait anxiety and the 'perspective taking' aspect of empathy. Todd, Fortsmann, Burgmer, Brooks, and Galinsky (2015) argued that state anxiety causes increased egocentrism, thereby reducing one's ability to see things from other people's perspective. This assertion fits with the writings of Eisenberg et al. (1998) who claimed that the experience of anxiety leads to imminent motivation to reduce this aversive affective state, therefore resulting in self-focused attention.

Correlation analysis indicated that as the levels of adaptive emotion regulation increased so did the propensity to take perspective. In particular ER strategies 'refocus on planning', 'positive reappraisal', and 'putting into perspective' yielded positive correlations with perspective taking. This finding has a basis in

past research literature and supports the firmly held belief that well-regulated individuals are better equipped for empathic relating, as opposed to experiencing personal distress upon witnessing the negative emotional states of other people (Eisenberg & Fabes, 1992).

Overall, emotion regulation strategies: 'other-blame', 'refocus on planning', 'positive reappraisal', and 'putting into perspective' appeared to have the strongest associations with 'perspective taking'. Narcissism and anxiety returned associations of smaller magnitudes. Therefore, it appears that one's ability to regulate negative affective states is a better predictor of successful perspective taking than personal characteristics. Findings indicate that practical strategies of affect regulation could have positive results on the empathic abilities of people of helping professions.

However, the nature of the above associations was altered once the factors were entered into a regression model. Six variables entered into the model explained 24.6 % of variance in perspective taking. Although emotion regulation strategies 'refocus on planning' and 'other-blame' remained the strongest predictors of the DV, their effects were diluted in the presence of other variables. Emotion regulation strategy 'putting into perspective' lost its prominence and was withdrawn from the model. Narcissism became the third strongest predictor of 'perspective taking', having only slightly less influence over the DV than 'other-blame' and 'refocus on planning'.

Interestingly, parental styles did not exert statistically significant influence over 'perspective taking' or 'empathic concern'. It is feasible to propose that people of helping professions might be less susceptible to the influence of parental rearing practices, due to the increased awareness of their psychodynamics. A vast number of participants were psychologists, who as a result of course requirements had undergone personal therapy and engaged in extensive self-reflection. These factors may have affected their susceptibility, making them more resistant to the negative effects of harmful parental practices.

The third aspect of empathy, 'personal distress', manifested correlations that were supported by previous theoretical contentions and the hypothesised associations of the current study. 'Trait anxiety' showed a strong positive

association with ‘personal distress’. In light of previous research findings this link comes as a matter of logic. In fact, anxiety appears to be embedded in the concept of ‘personal distress’, since it is defined by Davis (1983) as a measure of anxiety-related feeling that comes in the way of helping other people. Davis (1983) established that ‘personal distress’ was related to emotional vulnerability, which was characterised by uncertainty and fearfulness. Similarly, the current study found that anxiety and ‘personal distress’ were positively associated. In fact, ‘trait anxiety’ yielded the strongest correlation with ‘personal distress’, before emotion regulation strategies and gender.

Emotion regulation strategies yielded the second strongest correlation with ‘personal distress’. Results of the analysis indicated that the maladaptive patterns of emotion regulation ‘self-blame’, ‘rumination’, and ‘catastrophising’ proved to be positively associated with ‘personal distress’. Therefore, an increased reliance on these strategies led to an increase in the experience of distress during stressful situations. By contrast, the adaptive strategies ‘refocus on planning’, ‘positive reappraisal’, and ‘putting into perspective’ showed an inverse association with ‘personal distress’, and therefore a reduction of this anxiety-laden state. The strongest relationships were manifested between IVs ‘catastrophising’, ‘refocus on planning’, ‘positive reappraisal’ and DV ‘personal distress’. Overall, we can infer that adaptive strategies of ER are associated with reduced levels of ‘personal distress’, while maladaptive patterns are related to an increase in ‘personal distress’. The link between an inability to regulate negative emotions and the resultant feeling of anxiety is supported by empirical research (e.g. Eisenberg et al., 1991).

Curiously, ‘personal distress’ proved to be negatively related to narcissism. This discovery comes in opposition to empirical findings, which established a positive relationship between narcissism and anxiety (Kelly, 2014; Miller et al., 2011). The emotion regulation strategy ‘personal distress’ contains facets of anxiety, with the current study reporting a strong positive association (r = .52) between the two variables. Drawing on these observations a positive association was anticipated between ‘personal distress’ and ‘narcissism’. The divergence between the current findings and past literature could be explained

by variability in the measure of narcissism. Miller et al. (2011) made an important distinction between grandiose and vulnerable narcissism; while the former reflects traits of grandiosity, the latter is related to inadequacy and defensiveness. Grandiose narcissism is considered to be either unrelated or negatively related to distress (Sedikides et al., 2004; Miller et al., 2011), whereas, vulnerable narcissism is positively associated with symptoms of anxiety (Miller, Widiger, & Campbell, 2010). Kelly (2014) conducted a study with the use of the O'Brien Multiphasic Narcissism Inventory, which measured grandiose and vulnerable narcissism as a single unified measure. Miller et al. (2011) and Sedikides et al. (2004), on the other hand, looked at the relationship between anxiety and narcissism with the use of the NPI-16 scale, which measures grandiose narcissism exclusively. In contrast to Kelly (2014), who observed a strong positive interaction between vulnerable narcissism and anxiety, Miller et al. (2011) and Sedikides et al. (2004) reported a negative association between grandiose narcissism and anxiety.

Similarly to Miller et al. (2011) and Sedikides et al. (2004), the current study investigated grandiose narcissism with the use of the NPI-16 measure, consequently establishing a negative link between the aforementioned variables. The findings of the current study further support the contention that variability of interaction between narcissism and anxiety is down to conceptualisation of the former variable. It appears that two distinct constructs of narcissism are manifested differently in subjects with an anxious disposition. Therefore, it is vital to explicitly differentiate the two constructs of narcissism when measuring its interaction with anxiety-related dimensions such as 'personal distress'.

Although previous research explored the nature of the association between anxiety and narcissism, no known study has examined the way narcissism interacts with the 'personal distress' aspect of empathic relating. Despite the fact that 'personal distress' contains elements of anxiety, it is a conceptually separate phenomenon. 'Personal distress' is related to feelings, which get in the way of helping others. Such feelings are inclusive of but not uniquely related to anxiety. Therefore, the current study contributed to our understanding of

narcissism in relation to an isolated aspect of empathy, namely 'personal distress'. Empirical research has examined associations between a number of aspects of empathy such as 'cognitive empathy', 'emotional empathy', and 'perspective taking' (Vonk et al., 2013; Wai & Tiliopoulos, 2012). However, the concept of 'personal distress' has remained largely unexamined until now.

An inverse association between the variables of 'narcissism' and 'personal distress' is conceivable when considered in the context of empirical theory. It is a logical presumption that in order to experience distress upon witnessing the misfortune of another person one must have the capacity to view things from their perspective. Past research examined the relationship between narcissism and perspective taking but the findings appear to be inconclusive. Some studies reported that high levels of grandiosity are linked to perspective taking (Vonk et al., 2013; Wai & Tiliopoulos, 2012), while others have argued that the two variables are inversely related (Hepper et al., 2014). Similarly to Hepper et al. (2014), the current study established a negative relationship between the two variables. If we assume that narcissistic individuals are lacking in ability to view things from someone else's perspective, as indicated by 'lack of sensitivity to the wants and needs to others': DSM-V (p. 670), then it is plausible to suggest that this character type runs a lower risk of becoming distressed by another person's emotional state, thereby explaining an inverse association between 'narcissism' and 'personal distress'.

Results of regression analysis further supported that 'trait anxiety' was the strongest predictor of 'personal distress'. Gender was the second most important predictor. Emotion regulation strategy 'refocus on planning, 'catastrophising', and parental style 'mother's abuse' were the third, fourth, and fifth most influential predictors respectively. Narcissism lost its significance when examined in conjunction with the other variables. The results of the analysis indicated that 'trait anxiety' was a strong contributor in the development of 'personal distress'. Furthermore, 'trait anxiety' showed a strong positive correlation with maladaptive strategies of ER, indicating that the synergy of these variables manifest in 'personal distress'. The presumption is

that a lack of appropriate emotion regulation skills leads to heightened levels of anxiety and in the context of stressful situations leads to 'personal distress'.

The final aspect of empathy, 'fantasy', proved to be positively associated with 'rumination' and negatively associated with 'positive reappraisal'

and age. A firmly held empirical view upholds that an inability to regulate negative affect hinders empathic abilities (Eisenberg et al., 1991; Decety & Lamm, 2006; Eisenberg & Fabes, 1992). Therefore, we can reason that 'fantasy', which is referred to as imaginative empathy, should yield an inverse association with maladaptive patterns of ER. In practice, however, this hypothesis did not uphold and the results of correlation analysis supported the opposite pattern of interaction. Although surprising at first glance, such findings might not be in direct opposition to existing empirical data. Previously, Davis (1983) reported a positive link between emotional vulnerability and fantasy. Davis's (1983) findings demonstrated that 'fantasy' was linked with emotionality and propensity to feel easily hurt as well as being associated with temperament characteristics of nervousness and frightfulness. Thomson and Jaque (2013) examined the relationship between fantasy proneness and anxiety in dancers. They reported a positive link between the two variables. Thomson and Jaque (2013) suggested that people engage in fantasy as a means of managing anxiety. Alternatively, the authors proposed that fantasy could be a contributor to the feelings of nervousness. If these points are addressed in the context of the current study, then it can be surmised that participants of an anxious disposition transpose themselves into the affective states of fictitious characters as a means of escape from the distress of their own inner psyche. Alternatively, transposing oneself cognitively into the affective states of fictitious characters might provoke feelings of anxiety.

It is probable that the sensitivity and nervousness of high fantasisers has facilitating effects on pro-social behaviour, which is supported by a positive association between 'fantasy' and 'empathic concern'. Awareness of one's own anxiety could make a person more receptive and sensitive to the pain of other people. Having an understanding of aversive states could allow for better assimilation of someone else's distress. Perhaps individuals characterised by a

sensitive disposition are more attuned to the emotionality of other people. This might be particularly true when it comes to people of helping professions, whose clinical training promotes empathic relating. It might even be the case that innate disposition of emotionality and anxiousness motivates one to choose a career in psychology-related fields.

Even if high fantasisers are innately better equipped for empathic relating, it does not necessarily mean that they possess superior abilities in that domain. Dispositional anxiousness, as indicated by a positive correlation between 'fantasy' and 'trait anxiety', might make high fantasisers more receptive to the plight of other people. However, heightened nervousness might also make them more susceptible to empathic over-arousal with consequential experience of personal distress. A positive association between 'fantasy' and 'personal distress', established in the course of current research, further supports this argument.

Although 'fantasy' and 'perspective taking' both measure cognitive empathy (Frías-Navarro, 2009), they appear to be conceptually separate. Placing oneself in the shoes of fictitious characters requires a shift of perspective from oneself to the other, which is also a necessary prerequisite of 'perspective taking'. The eighteenth-century philosopher Adam Smith propagated that by means of imagination we acquire the capability to transpose ourselves into the shoes of another person (as cited in Decety & Jackson, 2004). However, despite the fact that 'fantasy' and 'perspective taking' measure the same dimension of empathy, they proved to be unrelated to one another. Similarly, Davis (1980) detected only a minor positive correlation between 'fantasy' and 'perspective taking', which was indicative of the conceptual separateness of the two constructs.

The regression model for DV 'fantasy' consisted of three variables: 'rumination', 'positive refocus', 'positive reappraisal', and 'age'. The predictor variables explained only 13% of variance in the outcome variable, indicating that the variables selected for the current study were not strong predictors of one's propensity to fantasise. Regressing DV 'fantasy' on to the IVs of the current study showed the least amount of variance when compared to three other levels of DV Empathy.

Taken together, the findings of the current study partly confirm the existing empirical assertion that emotion regulation is a key contributor to successful empathic relating (Eisenberg & Fabes, 1992; Eisenberg et al., 1998; Derryberry & Rothbart, 1988). However, it appears that the effect magnitude of self-regulation is greater for some aspects of empathy than for others. 'Personal distress' and 'perspective taking' proved to be more susceptible to the influence of adaptive affect regulation, whereas, 'fantasy' and 'empathic concern' presented with substantial resilience to the influence of negative emotions.

Similarly, narcissism appeared to exert greater influence over 'personal distress' and 'perspective taking', while 'empathic concern' and 'fantasy' failed to establish any association with this IV. Trait anxiety proved to be correlated with all aspects of empathy aside from 'empathic concern'. The strongest correlation was observed between 'trait anxiety' and 'personal distress'.

Curiously, parental rearing practices, measured as participants' recollections of parental attitudes, proved to be unrelated to any aspects of empathic tendencies.

With the exception of 'personal distress', parental styles failed to predict any other aspect of DV empathy. Furthermore, even personal distress was regressed on to only a single aspect of parental style, out of six available options. Lack of association between parental rearing practices and one's propensity for empathic relating could come as a result of high reflexivity, typical of those engaged in psychology-related courses. Working through early experiences in personal therapy and professional development groups could facilitate resolution of perpetual conflicts of early experiences. Alternatively, an absence of correlation could be indicative of an insufficiently large sample group, recruited for the purpose of the current project.

The current study has expanded our understanding of previously unexamined ER strategies and empathy. Nine ER strategies were explored in relation to empathy, only three of them were researched in past studies ('rumination', 'reappraisal', 'catastrophising'). 'Rumination' was featured as a significant predictor for three out of four aspects of empathic relating: 'empathic concern', 'fantasy', and 'perspective taking'. In the course of the current study

'rumination' was confirmed as an inhibitor of empathic relating. This was true for 'fantasy' and 'perspective taking', but not 'empathic concern', which proved to be positively related to 'rumination'. This contradicts the previously established empirical view of narcissism as an inhibitor of empathic relating. I propose that the unexpected positive association between 'empathic concern' and ER 'rumination' might come as a result of training, specific to the field of helping professions. In my view, the specialised education of these occupations facilitates high levels of self-reflection and promotes development of nurturance and care, thereby promoting empathic concern. Perhaps, given the right environment, ruminative tendencies blossom into acute feelings of concern one might experience in relation to the distressed states of other people. This argument is further supported by the fact that Witvliet et al. (2014) established a positive association between ruminative tendencies and cognitive and emotional empathy in a sample of undergraduate psychology students. Drawing on the findings of Witvliet et al. (2014), as well as those of the current research, leads me to propose that psychologists, with a heightened propensity to ponder on negative feelings, are better equipped for experiencing feelings of empathy in relation to other people.

Past research established a positive association between 'reappraisal' and 'empathy' (Witvliet et al., 2014; Tully et al., 2015), which was replicated in the context of the current study, with 'positive reappraisal' yielding a positive association with 'perspective taking' and an inverse association with 'personal distress'. However, 'reappraisal' as researched by Witvliet et al. (2014) and Tully et al. (2015) differs conceptually from 'reappraisal' examined in the context of the current study. In the former investigation, 'reappraisal' was directed towards the behaviour of other people and conceptualised the compassionate appraisal of offenders' behaviour. The present research focused on reappraisal aimed at oneself and related to the attribution of positive meaning of self-growth to a negative event. Therefore, it is not entirely plausible to draw a collective conclusion about the interaction between 'reappraisal' and 'empathy' based on the above studies.

The findings reported by previous research in relation to ER 'catastrophising' (Goubert et al., 2008; Leong, 2013) were confirmed in the course of the current study. Emotion regulation strategy 'catastrophising' proved to be positively associated with 'personal distress'.

Regression analysis indicated that the four aspects of empathy were each influenced by a distinct set of emotion regulation strategies, aside from 'rumination', which proved to be related to three out of four dimensions of the DV. Therefore, one can presume that different subsets of empathic relating are influenced by independent strategies of affect regulation, which points to the autonomy of the four facets of empathy.

Overall, the findings in relation to anxiety and empathy supported the previously established empirical contention that feelings of apprehension are positively linked to 'personal distress' (Joireman et al., 2002) and 'fantasy' (Davis, 1983), and negatively linked to 'perspective taking' (Joireman et al., 2002). Therefore, increased levels of anxiety give rise to 'personal distress' subsequently inhibiting one's tendency to take the psychological point of view of other people. This is further supported by a negative correlation between 'perspective taking' and 'personal distress'. Batson (1987) stated that the self-orientated nature of 'personal distress' motivated an egotistical desire to reduce one's own distressing state, which would explain the negative link between 'personal distress' and the tendency to take the psychological point of view of other people. Interestingly, anxiety proved to be unrelated to 'empathic concern', which suggests that heightened levels of anxiousness do not inhibit one's ability to sympathise. This finding challenged empirical assertion that anxiety comes in the way of empathic relating (Hiebert et al., 1998). The lack of association between the aforementioned variables might be a result of training, undergone by the sample group of present research. People of helping professions are taught theoretical and practical applications of empathic relating. This facilitates the development of "professional empathisers", whose empathic skills might be superior to those of participants from non-relational fields. Alternatively, a lack of association between anxiety and 'empathic concern' could be a result of conceptual distinctiveness between the facets of

empathic relating. As previously mentioned predominant part of past research examined empathy either as an all-encompassing concept, or as a binary phenomenon, consisting of cognitive and affective components. The current study however, distinguished empathy as a four-dimensional variable, comprised of two cognitive and two emotional components. Distinctive components of empathic relating might have divergent interactions with variables of interest when compared to empathy as an all-encompassing concept. This is further supported by the fact that Davis (1983) reported a positive association between the IRI subscale of 'empathic concern' (also employed in the course of the current project) and 'fearfulness' (a concept akin to trait anxiety).

Interestingly, 'trait anxiety' and 'narcissism' proved to be significant predictors of one aspect of cognitive and one aspect of emotional empathy, while the other two facets of cognitive and emotional empathy were unrelated to the aforementioned variables. 'Personal distress', referred to as emotional aspect of empathy, and 'perspective taking', which is synonymous to the cognitive component of empathic relating, were both predicted by anxious personality traits. By contrast, 'empathic concern', and 'fantasy', which measure emotional and cognitive empathy respectively, remained free of influence from the above-named variables. Similarly, 'narcissism' was a significant predictor of 'empathic concern', but not 'personal distress' (both affective components of empathy') and a significant predictor of 'perspective taking' but not 'fantasy' (the cognitive components). This provides further support for the separateness of the components embodying empathy. Even the dimensions of Davis's (1983) IRI scale, measuring the theoretically analogous aspect of empathy, prove to be conceptually different from one other. Additionally, the two scales representing the cognitive dimensions of 'fantasy' and 'perspective taking' were uncorrelated with one another. Similarly, the two emotional dimensions of empathy, 'empathic concern' and 'personal distress', proved to be unrelated, further supporting the autonomous nature of Davis (1983) IRI scale dimensions.

It appears that the variables implemented in the analysis of the present study predicted one aspect of cognitive empathy – 'perspective' taking' – and one

aspect of emotional empathy –'personal distress' – much better than they did the other two facets of cognitive and emotional empathy ('fantasy' and 'empathic concern' respectively). Therefore, it can be argued that 'empathic concern' and 'fantasy' are influenced by variables other than the ones chosen for examination in the current project, investigation of which is beyond the scope of the current study. Alternatively, it could be the case that in the sample of helping professions these aspects of empathic relating are more resilient to the impact of predictor variables. This contention is supported by the fact that, in contrast to findings of the current study, Fan et al. (2010) reported diminished levels of empathic concern in a group of participants with high levels of narcissism. By contrast, in the context of the present research IV 'narcissism' appeared to be unrelated to 'empathic concern' in a sample of people of helping professions. Davis's (1983) definition of 'empathic concern' taps into the most nurturing and sympathetic domain of empathy, when compared to the other three dimensions. In my opinion it is the most stereotypically as well as practically accentuated dimension in the field of helping professions. We can reason that the empathic abilities of the current sample group were resilient to the damaging effects of narcissism. This could come as a result of training programs, of help-related fields, where great emphasis is placed on sympathetic and compassionate relating towards other people. However, before any conclusions can be drawn, the aforementioned variables must be explored in the control sample of non-helping professions.

The results of cluster analysis confirmed the foreseen relationships between variables of interest. A marked divergence of three separate groups reflected the hypothesised interaction of factors selected for examination in the current project. A feature of cluster organisation that stood out immediately was the apparent variability in the ages of members belonging to each individual group. Clusters were organised from the youngest to the oldest subjects in the three independent groups. As the age of participants increased between groups 1, 2, and 3 there was an apparent progression towards emotional stability, adoption of helpful emotion regulation strategies, presumed integration of negative parental interactions, capacity for empathic relating without the accompanying experience of distress, and elevated levels of narcissism. Findings indicated that

in comparison to cluster 1, which was the youngest cluster of participants, cluster 2 consisted of slightly older individuals who were notably less emotionally fragile, engaged in less maladaptive patterns of ER, reported less negative parental interactions and struggled less in the context of empathic relating than members belonging to cluster 1. Although collectively cluster 2 represented a group of individuals who were emotionally delicate, this was decisively less so in comparison to cluster 1. The characteristics of this cluster were less extreme and there was an apparent move towards a more balanced and integrated mode of functioning. The shift of characteristics in the final cluster, however, was most noteworthy. Cluster 3 was comprised of the oldest group of participants who in the face of a difficult situation tended to refocus, take perspective, and reappraise the situation, i.e., members of this cluster engaged in adaptive patterns of ER as a means of managing negative affect. They reported very positive parental interactions and were able to relate to the distress of other people without feeling overwhelmed themselves.

Based on empirical literature we can hypothesise that the observed transition of empathic relating between the three clusters was accounted for by variability in parental rearing practices, and accompanying strategies of ER. The inhospitable caregiving environment of group 1 could have facilitated the adoption of maladaptive patterns of ER, accompanied by increased levels of trait anxiety and distress. By means of increasing self-focused attention, these difficult emotions could have subsequently become an obstacle to experiencing feelings of concern for the distress of other people (Eisenberg et al., 1998). The details of causative associations between the aforementioned characteristics can be located in past research literature (Decety & Jackson, 2004; Decety & Lamm, 2006; Eisenberg et al., 2005), outlined in detail in the 'introduction' section of the current work.

Curiously, the results of cluster analysis exhibited a transition towards greater levels of narcissism. While members of clusters 1 and 2 presented as apparently modest, subjects belonging to the third cluster were typically narcissistic in character. An overriding notion in the existing research literature portrays narcissism as an inhibitor of empathic relating (Watson et al., 1984; Watson &

Morris, 1991; Vonk et al., 2013; Wai & Tiliopoulos, 2012). The current study has challenged this contention, since the greatest levels of narcissism occurred in conjunction with the most advanced capacity for empathic relating, representative of group number 3. Results of cluster analysis indicated that narcissism does not have to act as an inhibitor of empathic reasoning, which illustrated that individuals with high levels of this trait are capable of empathic relating. Ning and Yunli (2016) have proposed that narcissists are not deprived of the capacity for empathic reasoning but have merely chosen to disengage from this emotionally taxing form of relating. The findings of the current study illustrated that even presumably constraining aspects of one's personality can be negotiated and turned to one's own advantage. Psychology-related fields encourage and facilitate the development of emotionally empathic reasoning, prioritising it as a default mode of functioning. In the course of my career I have witnessed this in the context of training programmes as well as subsequent, post-qualification professional development. I believe that the attributes of cluster 3 could be taken as an indication that such training and development is effective, advantageous, and rewarding. The reflective nature of psychotherapeutic courses facilitates self-awareness, which could be the driving force behind the co-existence of both narcissism and an outstanding capacity for empathic relating.

Similarly, findings of the current study did not support the prevailing view that female participants are more empathic that male subjects (Parsons & Bales, 1955; Hoffman, 1977; Christov-Moor et al., 2014). As previously proposed (Lennon & Eisenberg, 1990), this might be a result of variability in the measure of empathy or the fact that male participants of the current sample have undergone professional empathy-facilitative training, bringing a balance between the two sexes in their capacity for empathic relating. Such findings might indicate that even if females are innately more empathic (Freud (1925/1950 as cited in Lennon & Eisenberg, 1990), males can certainly develop this aspect of emotional relating with appropriate training.

One of the aims of the current research was to explore the evolution of empathic relating, temperament characteristics and emotion regulation

patterns in the sample of people of helping professions. I believe it is worth considering the unique features of the three clusters in the context of training specifications of psychology-related fields. In the course of my career as a trainee of counselling psychology I have been encouraged to gain awareness of feelings experienced in relation to my therapeutic work. Self-awareness was the precursor to the reflection and subsequent management of negative affect. This conscious recognition of students' inner states was facilitated via the delivery of theoretical material in lectures, where the rationale behind the necessity for emotion recognition and regulation was addressed. Additionally, this process was implemented practically in small continuous professional development groups. Lastly, for me personally the largest part of affective integration took place in the context of private personal therapy. Initially I experienced a dissonance between how much I personally felt I needed therapy and the financial cost required to maintain it. However, the initial doubt and apprehension swiftly dissipated and in its place came great appreciation for the knowledge gained and personal growth acquired in the course of my work with a personal therapist.

Unique characteristics of the three clusters (established in the course of the analysis) could partly be attributed to the successful application of the tools supplied in the course of training and subsequent professional development of psychologists. If we presume that the age of participants corresponded with the stage of their professional standing, then we can infer that the younger subjects were most likely to have been trainees or newly qualified professionals, while older participants were notably more advanced in their careers. We can further reason that the shift of cluster characteristics could be attributed to the subjects implementing the training provided by institutions. Presumably older participants had more time to advance their 'skills', which could explain the strikingly elevated capacity for emotion regulation, empathic relating and general emotional stability in this cluster.

However, it is not clear whether advancements in emotional stability and empathic relating of the older participants were an indication of efficacy of post-graduate training or the development that took place post-qualification. It

is possible that trainees and newly qualified professionals experienced a greater amount of overall anxiety due to the pressures of the training programme and uncertainty of the job market. Perhaps older participants felt more secure in their established positions and had the luxury of prioritising a greater degree of self-care.

Interestingly, one of the four aspects of empathic relating, namely 'empathic concern', did not show any significant contribution in the formation of the clusters and was therefore withdrawn from the model. All in all results of three statistical analyses indicated that 'empathic concern' did not provide any compelling association with ER strategies, parental rearing practices, or personality attributes of narcissism, anxiety, and dogmatism.

The results of cluster analysis provided further evidence that 'fantasy', defined as an aspect of imaginative empathy, occurs in conjunction with (or can be presumed to be facilitated by) adverse parental rearing practices and difficulty in regulating negative affect. This observation might be indicative of a desire to escape one's own mental focus, manifested as a preference for transposing onto someone else's psychic space. By means of withdrawal the struggles and conflicts of factual reality are avoided, if only for the time being.

The purpose of the present study was to examine associations amongst variables presumed to have mediating effects on empathic relating. Thus far, the interaction between separate aspects of empathic relating and a vast range of cognitive emotion regulation strategies has remained largely unexplored. Empathy is considered to be a vital element of a successful therapeutic relationship (Rogers, 2004). The reviewed body of literature suggests that empathy is linked to successful regulation of negative affect (Eisenberg & Fabes, 1992; Eisenberg, 1998; Decety & Jackson, 2004). However, isolated dimensions of empathy ('empathic concern', 'perspective taking', 'personal distress', and 'fantasy') have not been fully examined in the sample of people of helping professions.

Additionally, the current study explored dimensions of parental rearing styles, traits of anxiousness, narcissism, and dogmatism in relation to empathic

relating. None of the aforementioned variables have been examined amongst people of helping professions.

Drawing together the findings of the current research, I would like to conclude that the centrality of self-regulation and narcissism (in the context of empathic relating) was distinctively prominent only in relation to one aspect of cognitive empathy ('perspective taking') and one aspect of emotional empathy ('personal distress'). The remaining dimensions of cognitive and affective empathy (namely 'fantasy' and 'empathic concern' respectively) did not indicate any striking interrelatedness with the IVs of the current study. This was particularly true of 'empathic concern', conceptualised by feelings of concern and sympathy for the distress of other people. Strong emphasis on provision of care, which characterises the field of helping professions, could account for the presumed resilience of this dimension to the effects of negative emotions and narcissistic traits. Primarily, I hypothesised that maladaptive ER strategies and traits of anxiousness would hinder imaginative empathy ('fantasy'). However, in the course of the analysis this interaction proved to be reversed. A heightened propensity to fantasise, and thereby transpose oneself into the shoes of fictitious characters, was linked to increased levels of anxiousness, maladaptive patterns of ER, and decreased levels of one adaptive ER strategy ('positive reappraisal').

Results of cluster analysis further affirmed the association between 'fantasy' and emotional fragility as increased levels of imaginative empathy were accompanied by harsh parental rearing practices and an apparent difficulty in regulation of negative emotions. The aspects of empathic relating 'empathic concern' and 'perspective taking', on the other hand, occurred in participants with caring parental figures and an outstanding capacity for regulation of negative emotions.

Interestingly, levels of dogmatism failed to establish any meaningful correlations with the dimensions of empathy. This discovery contradicted previous findings, a number of which reported a negative association between the two variables in a sample of counselling psychology trainees and graduates (Carlozzi et al., 1994; Redmond, 1985).

The current study has made significant contributions to our understanding of interactions between a wide set of cognitive ER strategies and four dimensions of empathy. Previous research in this area was focused largely on the general concept of self-regulation, or limited to the examination of a small number of ER strategies and constricted facets of empathic relating.

4.2 Conclusions

Emotion regulation is regarded as a central feature of successful empathic relating.

The findings of the current project have largely confirmed the aforementioned theory. They have also indicated that emotion regulation predicts some aspects of empathy better than others. Dimensions of empathic relating 'personal distress' and 'perspective taking' proved to have a stronger connection to strategies of ER, as well as trait anxiety and narcissism, when compared to the remaining aspects of empathy (namely 'fantasy' and 'empathic concern').

Certain aspects of empathy yielded anticipated associations with the remaining variables of the study, while other correlations came as a matter of surprise. 'Personal distress' yielded the expected positive association with maladaptive patterns of ER and trait anxiety and a negative association with adaptive patterns of ER. 'Perspective taking' proved to be inversely related to poor emotion regulation and positively associated with adaptive patterns of ER. Aspects of empathy 'empathic concern' and 'fantasy' yielded some unexpected associations with the remaining variables of current study. Outcome variable 'empathic concern' was negatively linked to one aspect of maladaptive patterns of ER and positively linked to another (namely 'rumination'), the latter association went against the researcher's prediction. Interaction between 'empathic concern' and 'rumination' suggested that those with a heightened propensity to ponder on their personal misfortunes were more likely to experience concern for someone else's distress. 'Fantasy' yielded a positive association with maladaptive patterns of ER. The fact that there was a positive

correlation between ‘fantasy’ and ‘empathic concern’ indicated that empathy can persevere in the face of distress, as long as one is able to shift perspective and take account of someone else’s feelings. However, this association must be explored at greater depth before any definitive conclusions can be drawn.

Subscales ‘fantasy’ and ‘perspective taking’ both measure cognitive aspects of empathic relating and require a shift of perspective from one’s own point of view to that of somebody else. Despite their conceptual similarity these dimensions proved to be unrelated to one another, but correlated to the dimension of emotional empathy (namely, ‘empathic concern’). This suggests that empathy can be accessed via two routes. One is via the dimension of ‘perspective taking’, which encapsulates a forthright shift of one’s viewpoint; the other is characterised by emotional fragility and the romanticised route of ‘fantasy’, which entails identifying with another person and almost becoming one with them. It is also evident that an increased tendency to fantasise was linked to greater levels of ‘personal distress’, whereas merely taking perspective was linked to the decline of this facet. The above findings indicate that shifting one’s perspective, without fully submerging into the psyche of another person, is psychologically more adaptive.

In the course of the analysis it became apparent that older participants of cluster 3 were more advanced with regard to empathic capacity, they employed more advantageous strategies of ER, and were distinctly calmer in disposition. These findings are of great relevance to the field of counselling psychology and therefore can be utilised during training and development of future professionals (for further details please refer to section 4.5 Recommendations).

The advanced operationalisation of emotional management and empathic reasoning observed in the older participants could be attributed to the fact that these individuals had more time to implement the skills acquired in the course of the training program. Alternatively, they could have acquired this capacity in the course of professional development post-qualification. Most probably, however, it was a combination of the two.

Analysis revealed that the youngest participants of the sample formed cluster 1. Subjects of this cluster experienced adverse parental practices, difficulties in

regulation of negative affect and were characteristically emotional fragile. In the face of negative emotions such individuals engaged in self-blame, catastrophising, and rumination. In the context of emotional relating members of cluster 1 reported a preference for imaginative empathy and were prone to experience 'personal distress'. Cluster 1 was characterised by declining levels of 'perspective taking', presumably due to increased self-focus brought on by feelings of anxiety and distress (Decety & Lamm, 2006). 'Perspective taking' and 'fantasy' both require a shift of focus from oneself onto another person. However, unlike 'perspective taking', 'fantasy' is linked to emotionality and anxiety. Thomson and Jaque (2013) proposed that fantasy is prompted by innate nervousness as a way of managing distress. An anxious disposition might inspire an individual to temporarily transpose themselves onto another person's psyche, thereby briefly abandoning their own worry-laden state.

Results of correlation analysis further indicated that younger participants were more likely to be emotionally fragile, as age was inversely related to self-blame, personal distress, and propensity to engage in imaginative empathy or 'fantasy'. This interaction could be explained in terms of the inexperience of newcomers to the field of helping professions. Emotionally demanding job roles undoubtedly require a period of adjustment. It comes as no surprise that the initial reaction towards exposure to distressing narratives could be one of emotional over-investment and distress on the part of the trainee. Trainees and recent graduates could engage in self-blame and feel apprehension during emotionally charged situations. Gradual habituation to the requirements of the job role could lead to a decline in these aversive states, explaining the findings of the present research project.

Between the emotionally fragile cluster 1 and the psychologically stable cluster 3 nested cluster number 2. This group appeared to represent the transition from the state of emotional unrest towards emotional harmony. Cluster 2 was comprised of the highest number of participants. Overall, this cluster represented individuals who made little use of adaptive strategies of ER. Neither, however, did they engage in maladaptive patterns of ER. The group was characterised by slight anxiousness and proneness to the experience of

'personal distress'. However, this was to a markedly lesser degree when compared to cluster 1. Similarly, the characteristics of empathic relating of cluster 2 were reminiscent of those characterising cluster 1, but of a much smaller magnitude. Additionally this group was slightly older than cluster 1.

Taken together, the findings of cluster analysis indicated that older participants were able to regulate negative emotions effectively and relate to other people empathically. This highlights the need for direct support and communication between generations of people of helping professions. Mature professionals possess valuable coping strategies and methods of relating that they have assimilated in the course of professional development. These traits have become ingrained characteristics, which could be currently taken for granted. It is essential that trainees reflect that such qualities are not inborn characteristics but traits that can be learnt and utilised. The emotional well-being and professional adequacy of younger clinicians could be greatly enhanced if they embraced the knowledge of their older peers and used it to their advantage. Trainees and newly qualified professionals must overcome their reservations and approach their knowledgeable peers to discuss presenting concerns. Reviewing my training experience has allowed me to understand that I did not utilise the resources presented by my training institution to their full capacity. Too often I deprived myself of valuable aspects of learning because I feared that the content of my concerns was too amateur. My preoccupation with not being seen as competent prevented me from taking advantage of this learning at a time when it was perfectly fine to be inexperienced.

4.3 Limitations

The current study was susceptible to the limitations characteristic of quantitative methodology. Lack of personal contact with individual participants eliminated the opportunity for clarification of any ambivalent information. The original instruction of the MOPS questionnaire required subjects to recall parental styles during the first 16 years of their lives. It was brought to my attention (by one of the subjects) that some people might not have been raised

by mother and father. Subsequently, I reformulated the instruction (changing it to “mother figure” and “father figure”) in order to accommodate for various types of family systems. The danger with a research design conducted by a computer-generated program is that it deprives participants from an opportunity to ask questions. The shortcomings of the MOPS questionnaire were corrected in a timely manner, thereby preventing the bias from occurring. However, many other queries, arising in the course of data collection, could have been left unresolved. Lack of human contact deprives the subjects of an opportunity to clarify ambiguous information, thereby biasing the data. Participants could have struggled to grasp certain items of the questionnaire or perhaps found them confusing or vague. Concepts conveyed by questionnaire instructions can leave subjects confused in relation to their exact meaning. For example, the MOPS survey inquired about participants’ recollections of parental behaviour with the use of 15 categorical statements. Opinions on what constituted parental over-protection, rejection, or unpredictability might differ substantially from one participant to another. Similarly, items of Davis’s (1983) IRI scale might evoke feelings of confusion on reading out each one of the affirmatory statements. Typically questionnaire statements are formulated in rather broad terms, which might hinder participants’ understanding of what is being conveyed. For example, upon reading the statement “I really get involved with feelings of the characters in a novel” (‘fantasy scale’ Davis (1983) IRI item 5), subjects might feel confused about what “involved” actually means. These criticisms are not specific to any questionnaire in isolation, but merely serve the purpose of addressing the overall format and limitations of any survey design. Subjects are then forced to make their own conclusions with regard to semantics and provide responses consistent with their own understanding of each individual statement. As a result, the researcher can end up with a number of responses, which were comprehended in various ways by each individual respondent. This in turn poses a risk to reliability. Subjective interpretations of various terms within the survey resulted in questionable validity of the gathered data.

Furthermore, the definitive nature of questionnaire statements disallowed flexibility of responses, forcing participants to respond in absolute terms. Real-

life scenarios are equivocal and therefore much meaning slips out when one makes a choice to conduct a survey design. Electronic data collection prohibits contextualisation of participants' responses. A face-to-face interaction provides the researcher with a chance to broaden participants' responses. The survey method, however, bypasses all opportunity for clarification and expansion, and reducing complex psychological phenomenon to numbers could have resulted in a loss of important insight and information.

A survey is a self-administered tool, and was designed in a way that allowed the respondents complete portions of the questionnaire at a time. Although this awarded flexibility, it could have led to a loss of concentration. Additionally, internet surveys have the potential to bias the sample of respondents, with only tech-smart people volunteering to participate. Certain cultures and age groups could be more amenable to internet research than others, which could lead to a restricted sample, further biasing the results. For example, Couper, Traugott, and Lamias (2001) reported that white students were more likely to participate in an e-survey than members of ethnic groups.

It is essential to be mindful of the fact that correlation and regression do not imply direct causation. Methods of statistical analysis implying association do not guarantee that the observed interaction is rooted in the variables of interest. Obtained interrelations could have manifested as a result of variables not accounted for by the design of the investigation. However, interactions established in the course of the analysis were routed in previous research literature, which adds to the credibility of the current thesis. Nevertheless, one must remain cautious when drawing conclusions relating to causality.

Participants were invited to respond retrospectively about specific events or personal tendencies. It must be noted that memory is susceptible to bias. Kolodner (1983) stated that memory is prone to continuous reorganisation. Therefore, participants' recollections might only reflect altered representations of actual occurrences. An instruction to think back to specific events or behavioural manifestations lies outside the naturally occurring conduct, which might provoke modification of factual reality. Furthermore, an invitation to foresee one's personal reaction in a hypothetical situation can manifest in an

unreliable prognosis of the prospective action. The aforementioned limitations pose a real threat to the reliability and validity of the current project. Additionally, the study lacked a control group matched on certain parameters to the sample of helping professions. This restricted the possibility of drawing further conclusions. A control group could allow for evaluation of certain suppositions, made in the course of the analysis. For instance, the lack of expected associations between parental styles, certain ER strategies, and dogmatism could be examined in the context of two distinct groups of participants. Divergence of variable correlations between the two samples could then be interpreted in light of training specifications or personal characteristics of people of helping professions.

Lastly, the considerably moderate sample of 216 participants recruited for the current project calls the credibility of the study into question.

4.4 Future Directions

Future projects exploring the interaction between emotion regulation, parental styles, personality characteristics, and empathy (in people of helping professions) could benefit from a longitudinal study design. During the course of the investigation I have frequently referred to participants' training as a reason behind the direction of variable interactions. For instance, I attributed a lack of association between dogmatism and empathy to the facilitating effects of reflexivity, promoted during counselling psychology training. This assumption could be tested by a longitudinal, repeated measures design whereby trainees would be invited to fill out a survey prior to the commencement of the course and then again following its completion.

Recruitment of a control group in subsequent research would further our understanding of variable interactions between samples of participants. In the course of the current project, I proposed that the unexpected, positive association between 'rumination' and 'empathic concern' arose as a result of unique characteristics specific to the sample of counselling psychologists and

other helping professions. Recruitment of a control group of non-helping professions would allow for verification of the aforementioned hypothesis.

Additionally, future research in the area of empathy could take the direction of experimental study design. A repeated measures design could investigate how empathic tendencies of counselling psychologists manifest before and after a two-week emotion-regulation training. Empathic reasoning of participants could be induced through the viewing of a film, depicting a person in distress.

During the course of the study I concluded that parental caregiving styles facilitate empathic capabilities in the offspring via at least three routes: 1) direct influence of warm parental practices on the child's ability for empathic relating; 2) stimulation of appropriate emotion regulation via a supportive caregiving environment (Bowlby, 1973), which in turn allows for better empathic relating (Eisenberg, et al., 1994); 3) modelling of parental empathic tendencies (Feshbach, 1990). The field of counselling psychology would benefit from close examination of the routes by which empathy is acquired. Future research could explore how and to what extent the three dimensions interact with various aspects of empathy. The first two routes have been explored in the course of the current study, however, the third dimension was outside the scope of this project and could be examined in subsequent research.

Additionally, future projects could document empathic trends in counselling psychology trainees, graduated psychologists, and practising professionals in order to understand the progression of empathic tendencies. The current study indicated that age was inversely related to 'personal distress' and 'fantasy'. Younger participants tended to become overwhelmed in the face of difficult situations, while older subjects tended to remain calm and focus on the emotional states of other people. Lennon and Eisenberg (1990) stated that the topic of age in relation to empathy was largely under-examined, with existing studies concentrating on a narrow age span. I believe this lack of existing evidence is even more pronounced in the field of helping professions. It would be of value to examine patterns by which empathic tendencies evolve over time. Additionally, such research could benefit from a control group sample of non-helping professionals in order to assess whether empathic tendencies develop

equivalently across population groups, or whether psychologists possess unique attributes which determine the evolution of their empathic capabilities.

Results of cluster analysis indicated that with increasing age (and presumably greater confidence in one's professional capabilities) people of helping professions tended to take on a degree of self-grandiosity. Although in the context of the current study narcissism did not present any cause for concern, it should remain a feature for continuous monitoring and contemplation. In the earlier section on cluster analysis (3.1.3) I have proposed that increased self-reflection typical of people of helping professions has allowed older (and possibly more skilled therapists) to pick up on the subtle traits of narcissism within themselves that the younger participants have overlooked. It would be advantageous to test this hypothesis systematically. This would produce formal data indicating whether increased narcissism was a matter of amplified sensitivity or actual heightened grandiosity in people of helping professions. One way in which this could be tested is by means of a reaction-time experiment. This computer-generated study measures how much time it takes an individual to process certain information. In an independent measures study design people of helping professions and a control group of non-helping professions (matched in age and gender) could be presented with a random array of words. Some of these words would signify narcissistic traits. Subjects would be instructed to press a key on the computer desktop when narcissism-consistent words were exhibited. The time which it takes an individual to process such words could be measured by how fast they press the key when the narcissism-consistent word is presented. The delay in processing time would allow the researcher to establish whether people of helping professions are in fact more receptive to this character trait.

Alternatively, or perhaps to compliment the reaction time experiment, people of helping professions could be interviewed in order to get an understanding of whether there is a set of character traits, including narcissism, that subjects tend to contemplate and intuitively keep in check.

A review of previous empirical evidence led me to conclude that parental styles promote empathy in the offspring via at least three routes. The first route is via

the direct influence of warm parental styles on the child's ability for empathic relating. Empathic parents develop trusting relationships with their children (Strayer & Roberts, 2004). Feshbach (1987) argued that empathic parents are better at reading their baby's emotional cues, more responsive and affectionate, which in turn promotes empathy in their offspring.

The second route by which parental styles promote empathic relating in children is via stimulation of appropriate emotion regulation (ER). The ability to regulate negative affective states stems from the supportive environment provided by the primary attachment figure (Bowlby, 1973). In turn, regulation of negative emotions is linked to a greater likelihood of empathic relating (Eisenberg et al., 1994).

Lastly, empathic skills in children are internalised by means of modelling of parental empathic behaviour (Feshbach, 1990). Future research could examine how well the aforementioned routes of empathy acquisition predict its subsequent development in later life.

4.5 Recommendations

The current study provided insight into the prerequisites of successful empathic relating. Overall, anxiety, narcissism, and regulation of negative emotions appear to interact in various ways, depending on the type of empathy in question.

In line with the findings of the current project I believe that counselling psychology training programs could be enhanced through implementation of self-care inducing elements. Training institutions need to further emphasise the need for sufficient regulation of negative affective states. Personal therapy encourages the process of self-reflection and stress management. However, it would be of further benefit to explicitly draw trainees' attention to the injurious consequence of personal anxieties on their capacity for empathic relating. It might be of use to teach trainees specific strategies for regulation of negative affect and further highlight the fact that affect management benefits not only the trainees', but their capabilities as counselling psychologists. I believe the

importance of self-regulation must be taken seriously at any point of one's career in mental health-related fields. However, as indicated by the findings of the current study, younger participants are at an increased risk of negative affective states and tend to blame themselves for unfavourable outcomes. Furthermore, younger subjects tended to engage in aspects of empathic relating associated with emotional fragility, namely 'fantasy' and 'personal distress'. Training institutions should facilitate understanding of various dimensions of empathy in trainees. During the course of my training the concept of empathy received a lot of attention and was a focal point of professional development. However, my personal experience has taught me that training institutions recognise empathy as a one-dimensional concept. Training programs could be enhanced if the all-encompassing notion of empathy was to be appreciated for its unique components. It is of vital importance that trainees have an understanding of how the four components interact with one another, as well as how they relate to cognitive strategies of affect regulation. Recognition of empathy as a concept manifesting in a variety of dimensions allows one to examine personal empathic propensities and gain awareness of their impact. Without separating divergent components of empathic relating we might overlook the fact that a complete adoption of someone else's psychic reality (as seen by those with heightened propensity to fantasise) is linked to the experience of 'personal distress' and maladaptive modes of functioning, whereas a mere understanding of an alternative perspective (i.e. 'perspective taking') is associated with feelings of 'empathic concern' and adaptive functionality. Appreciating the difference between levels of empathic relating, and the means by which they can be regulated, can help one make adjustments, fitting with their empathy-directed goals.

Evidence collected in the course of the current project could offer helpful insight into the characteristics vital for individuals pursuing a career in help-related fields. These traits could be assessed during the process of career development and in cases where further training is required, appropriate strategies could be implemented.

One way by which divergent components of empathic relating can be revealed in trainees is by means of a survey. In my opinion it is the most straightforward method of assessing empathic reasoning. However, it could be argued that information obtained through questionnaires is broad and therefore redundant. A more comprehensive account of students' relational traits could be reached by inviting trainees to consider their relational qualities in a reflective piece. Students could first be psycho-educated on various types of empathic reasoning and ways in which these can relate to emotional fragility. They could then be encouraged to consider which aspects correspond with their personal mode of relating. The reflective piece could, for example, inquire about the frequency with which students transpose themselves onto the affective states of fictitious characters ('fantasy scale' of the IRI) or their emotional functioning in the event of a stressful situation ('personal distress' of the IRI). Most importantly, students identifying with particular traits of empathic reasoning should be introduced to constructive management of emotionality in order to empower trainees and help them gain control of their anxieties.

Results of the investigation indicated that the propensity to fantasise proved to be associated with emotional fragility and the application of maladaptive strategies of ER as a way of managing negative emotions. Individuals identifying with this aspect of empathic relating could reflect on ways in which they react to difficult and stressful events and attempt to balance their negative reactions by means of adaptive emotion regulation. Reliance on maladaptive strategies of ER could account for the emotional vulnerability of fantasisers. Such individuals could revise the methods by which they negotiate aversive feelings and attempt to engage in more helpful strategies of ER such as 'positive refocus', 'reappraisal', 'refocus on planning' or 'putting into perspective', thereby allowing for more advantageous methods of regulating negative feelings.

Clinical leads and supervisors could facilitate personal growth and professional development in employees through encouragement of appropriate emotion regulation and promotion of fundamental characteristics and skills. For example, perspective taking and re-examination of existing self-image could be beneficial for employees with features of narcissistic personality, whereas

individuals of an anxious disposition could benefit from training, which facilitates cognitive management of negative affective states.

A comprehensive support system (e.g. personal therapy, supervision, professional development groups) is put in place by the training institutions in order to buffer the negative effects of a demanding professional environment. Despite these facilitative conditions, the youngest participants reported as characteristically nervous and emotionally fragile.

Christopher, Dunnagan, and Schure (2006) stated that due to the requirements of training, "self-care is typically presented to the students as individual responsibility" (p. 496). In my experience the field of counselling psychology has moved away from this perspective, instead setting objectives to integrate self-care into our professional activities. Personal therapy, continuous professional development (CPD), and reflective diaries were compulsory aspects of the program and engaged trainees on an affective level. However, even aspects of training designed to support the students can place further distinctive challenges. Personal therapy in itself is an emotionally taxing endeavour. It provokes thought and arouses latent inner conflicts. Recalling past history and reflecting on attachment styles and present narrative can add stress to trainee therapists (Edwards, 2013). Financial cost of psychotherapy might ignite further feelings of anxiety and rumination (Beaumont and Martin, 2016). Such challenges can cause a threat response to flare up (Gilbert, 2009), removing the possibility of a secure space (Bowlby, 1969).

It appears that our relationships with the primary caregivers determine our experiences of personal therapy (Rizq & Target, 2010). Additionally, they influence our ability to establish a secure environment and work through therapeutic relationship raptures with our own clients (Obeji & Berand, 2008; Farber & Metzger, 2008). Therefore, it would be of value to explore whether parental rearing styles of trainees' caregivers have any longstanding influence over their work within the therapeutic setting. Parental dynamics are explored in the context of personal therapy, however, the extent to which this is achieved depends largely on the therapeutic modality adopted by the practising psychotherapist. Some approaches take past dynamics as the focal point of

current work, while other modalities tend to focus on an active resolution of present-day concerns. Traineeselect the approach that is most beneficial to them, however, this might mean that the exploration of past parental dynamics is left largely unexplored.

Trainees arrive for personal therapy under rather unusual circumstances. They seek a therapist as part of a fulfilment of a professional requirement. Therefore, students are under an obligation to not only work towards a conflict resolution, which is of an immediate relevance to them, but also towards a benefit to the work they will be conducting with their own clients. Drawing on this sentiment and the findings of past researchers inspires a recommendation that training institutions need to facilitate explicit discussions about the impact of past parental dynamics on students' current therapeutic work. This sensitive topic needs to be approached, however, in a considerate and valuable manner in order to protect the trainees who identify with controlling or abusive parental dynamics from feelings of helpless and insufficiency. Instead the delivery of the message needs to bear a constructive undertone, where trainees are explicitly prompted to explore past parental dynamics in personal reflections, CPD groups, and one-to-one therapy. It is vital that students are made aware that the impact of past parental practices is fluid and can be successfully worked through and turned to one's advantage (as indicated by the transition of the three clusters). Such an approach will empower the trainees and motivate successful resolution of conflict. Trainees' awareness of past interactions with their parental figures could be facilitated by implementing reflective writing, directed specifically towards recollections of interactions with the primary caregivers. Additionally, students could be invited to reflect on how previous dynamics interact with current therapeutic work.

Supervision is another aspect of training aimed at facilitating professional development and support. However, from my personal experience, and that of fellow peers, this process has frequently left us feeling helpless, embarrassed, and anxious. Liddle (1986) asserted that supervision, although directed towards support, can flare up feelings of anxiety. In turn 'threat system' is triggered leading to shame, embarrassment, and fear of the supervisor's negative evaluations. This then manifests in negative thinking styles and

avoidance of thought disclosure in an attempt to obscure self-perceived defects from the supervisor (Liddle, 1986).

Similarly, CPD groups, although aimed at creating an atmosphere of support and to enable development, can leave trainees feeling very vulnerable. I have witnessed how group dynamics can ignite conflict and leave members of the same cohort feeling isolated. Edwards (2013) stated that group experiences are not necessarily positive for all. Beaumont and Martin (2016) further reasoned that such experiences might lead students to make unfavourable comparisons between themselves and other trainees, resulting in feelings of loneliness and deficiency.

When personal therapy, reflective diaries and CPD groups are implemented as compulsory requirements of a training program they come to bare elements of an assessment. Therefore, trainees anticipate that their competency will be evaluated on these professional components. This might give rise to the pursuit of these elements in a structured and academic manner, with students hungrily seeking self-insight as a therapeutic 'tool'. Trainees may regarded therapy as something to commit to wholeheartedly, "otherwise an opportunity for personal growth will be missed" (Edwards, 2013, p. 224). The timeframe of training might enforce further brackets within which the self-awareness is ought to take place. This might result in self-reflection that is artificial and forced. I believe there is a need for trainees to remain mindful of the fact that self-insight is a process that takes place over the life span. It is continuous and there is no deadline by which it must occur. I believe this notion needs to be reinforced in training institutions as well as placements collectively. Beaumont and Martin (2016) state that competency of a therapist is a lifelong work, which can happen through personal therapy or by engaging in activities that facilitate self-compassion and care.

Experience of conflicting emotions is a fundamental part of counselling psychology training. Jacobsson, Lindgren, and Hau (2012) stated that anxiety is a part of trainee therapists' journey towards psychotherapeutic identity. However, as research indicates, this makes them vulnerable to stress and burnout (Boellinghaus, Jones, & Hutton, 2012). In retrospect I wish I had

allowed myself the space to progress through personal development naturally. I have now come to understand that awareness cannot be forced and needs to be fostered in a timely manner. Looking back at the evolution of my training I am able to reflect that I was trying to invoke the journey of professional development vigorously, viewing it as a 'tool' that could be used prescriptively. Frequently my attempts at 'self-care' were cosmetic as I was preventing myself from deriving their true value. This spilled out onto the psychotherapeutic work with my clients where I was moving at an exhilarated speed thereby preventing things from unfolding naturally. By voiding appropriate expressions of compassion and empathy towards myself, I was simultaneously depriving my clients of these valuable constructs.

Beaumont and Martin (2016) propagated that it is necessary for students to learn how to demonstrate compassion towards themselves. I believe that it is vital for trainees to allow themselves to be wrong and to gain acceptance of missteps and failures. Neff (2009) stated that self-compassionate individuals accept their shortcomings with confidence, revise maladaptive behaviour, and set new objectives. Beaumont and Martin (2016) take this as an indication that a self-acceptant and compassionate mind would allow students to reap the rewards of training, supervision, and clinical placements. They advocate the inclusion of compassionate mind coaching into the curriculum of clinical training as a means of preparing students for the demands of the course and future work. I believe that implementation of Compassionate Mind Training (CMT) and Compassion Focused Therapy (CFT) is one way by which trainees' anxieties can be modulated. Neff, Hsieh, and Dejitterat (2005) stated that individuals engaging in high levels of self-compassion embrace challenges and are less self-critical following a failed task. Furthermore, researchers report greater levels of empathic concern (Neff & Pommier, 2013) and lower levels of anxiety (Neff, Kirkpatrick & Rude, 2007) in those engaging in increased self-compassions. Beaumont, Irons, Rayner, and Dagnall (2016) reported that CFT was beneficial to counsellors, psychotherapists, nurses, and midwifes. Beaumont and Martin (2016) propose that practical and creative techniques such as compassionate art, letter writing, and imagery can help trainees cope with the demands of training. I believe that at times institutions and placements

are under pressure to deliver theoretical doctrine to students. Trainees' theoretical knowledge could be complemented with practical application of emotion regulation strategies or compassion-inducing exercises. In order to facilitate trainee engagement, the rationale behind a self-compassionate approach could be provided. I believe students' enthusiasm for CMT and CFT would be enhanced in the face of an explicit understanding of how self-care facilitates therapeutic progress with their own clients. During CPD hours students could be encouraged to engage in self-compassion-inducing roleplay. Professional components could incorporate reflective pieces (written on weekly basis) where trainees are required to reason in self-compassionate terms. As a trainee I felt encouraged to consider my shortcomings in an open and conscious manner. This was an imperative and meaningful aspect of learning. I felt that engaging in much reflective criticism has allowed me to innovate my work. However, there were times when conscious acknowledgment of my flaws left me feeling incompetent and discouraged. I believe that this was due to the fact that the reflection of my perceived flaws did not come in conjunction with self-appreciation and acceptance. This aspect of self-care could be facilitated by exercises designed to induce self-compassion.

Furthermore, trainee anxiety and personal distress could be regulated by appropriate means of affect management. Practical application of ER could allow the trainees to bridge the gap between acquisition of theoretical knowledge and application of this information in an experiential setting. The Association for Counsellor Education and Supervision (ACES, 2011) advise that counsellor training should incorporate experiential learning, thereby encouraging the application of abstract concepts in specific scenarios and allowing students to generalise the learnt material onto other circumstances (as cited in Bohecker & Horn, 2016). This could be utilised as part of CPD, where trainees reflect on productive means of managing negative emotions. Various strategies of ER could be discussed and evaluated in relation to specific concerns. Bohecker and Horn (2016) stated that in an ideal case scenario counselling trainees would be able to increase empathic relating and manoeuvre away the stress of professional development. Implementation of

strategies inducing self-compassion and adaptive methods of ER in a group setting could help trainees to implement learnt techniques in real-life scenarios.

The implementation of mindfulness as a compulsory component of students' personal development could be another way by which trainees' levels of stress could be regulated. Research shows that mindfulness is effective in treating anxiety, depression (Hofmann, Sawyer, Witt, & Oh, 2010), reducing stress and increasing empathy (Brown, Marquis, & Guiffrida, 2013; Campbell & Christopher, 2012; Stauffer & Pehrsson, 2012).

Bohecker and Horn (2016) advocate Mindfulness Experiential Small Groups (MESG) as a curriculum for the development of professional skills as well as personal growth of counsellors in training. Research indicated that MESG resulted in increased self-compassion and reduction in stress levels (Bohecker, Wathen, Wells, Salazar, & Vereen, 2014). Furthermore, Bohecker and Horn (2016) established that mindfulness training increased empathy in students enrolled on a counselling course. The researchers explained that MESG training incorporated acts of noticing, becoming aware, and describing, which helped trainees to remain open to the experience of other people. Bohecker and Horn (2016) postulated that mindfulness could facilitate an understanding of what it is like to be in another person's shoes, therefore providing a mechanism for empathic relating. Practising mindfulness in a group setting would allow trainees to hear about the experiences of their peers (Yalom & Leszcz, 2005) and to bridge the aforementioned gap between theoretical doctrine and its workable application.

In order to further promote the facilitation of empathic relating in students of counselling psychology, and helping professions in general, training institutions could implement modelling workshops. Perry (1975) established that therapeutic behaviours can be impacted by observation of a model. Payne, Weiss, Kapp, and Didactic (1972) proposed that when paired with commentary, modelling was more effective in promoting empathy in participants. Modelling workshops could take place in conjunction with direct instructions. Such workshops could incorporate elements of observation of empathic relating exhibited by a qualified professional. Subsequently, trainees would practice

empathic expression in a roleplay scenario. Commentary and facilitating instructions from peers and the lecturer could facilitate the development of empathic expression in trainees.

Results of cluster analysis in the current study revealed that younger participants tended to be the most emotionally vulnerable, with that trend declining as we move towards an older age group and diminishing entirely in the oldest participants. The pressures of training and the working environment could be mediated by the provision of appropriate assistance from the senior professionals. Training institutions facilitate a supporting environment for the trainees, the necessity of which has been further validated by current findings. It is imperative for tutors and supervisors within the institutions, as well as within placement programmes, to remain vigilant of trainee emotionality in order to provide appropriate and timely assistance. Furthermore, although we saw a decline in the experience of anxiety and personal distress as we shifted towards the older age group, we must remain mindful that these emotions remained inflated. Although older in age and possibly more advanced in terms of professional development, these clinicians nevertheless exhibited a need for support and continuous self-care. Rather promisingly, emotional fragility was not a stagnant attribute of one's personality; instead it showed a gradual shift with the progression towards older age. It was apparent that the oldest participants dealt with negative emotions with the greatest efficiency, which further highlights the importance of collaboration between professionals of various ages and stages of development. Senior therapists need to remain observant of potential distress in younger employees, while younger psychologists need to utilise the experience of their more experienced colleagues and use it to their advantage. From my personal experience, trainees and newly qualified professionals feel an overriding pressure to conceal their anxiety in order to project professionalism and skill. This can hinder trainees' progress and development. Learning cannot take place unless one acknowledges fear and welcomes vulnerability. Feeling secure in this place has allowed me to reap the benefits of support and guidance that more experienced peers were willing to offer.

The oldest group of participants (of current study) appeared to have a distinctly grandiose sense of self. This might call for a careful contemplation of narcissistic qualities within older professionals who could benefit from increased self-reflection. Gained awareness of one's personal traits might bring into light excessive self-love and admiration. Although narcissism did not appear to inhibit empathic relating in this group of individuals, it might have a negative impact on other areas of professional conduct. For instance, narcissistic character traits might make it difficult for a professional to engage in a collaborative approach with patients as well as other clinicians. Such features of a person's character could have the potential of making them less receptive to the opinions of other people, instead awarding value only to their own perspective.

Findings of current study indicated that the predominant part of participants (cluster 2) had minimal engagement in cognitive emotion regulation. Although less emotionally fragile than the youngest group of participants members of cluster 2 were nevertheless prone to experience negative emotions and reported difficulties in taking the perspective of other people. The age of this group might indicate that they were likely to have completed their training and possibly progressed towards formal employment. On the grounds of this supposition one might suggest that employees could increase the productivity and well-being of people of helping professions by helping them to regulate their negative affective states. This could be implemented with the use of weekly workshops, where members of an organisation are introduced to various methods of cognitive ER strategies and given space to reflect on how these strategies can be implemented to manage one's negative emotions. Findings indicating that older participants (although progressing towards emotional resilience) are still invariably susceptible to negative emotionality emphasise the need for these professionals to have a dedicated approach to self-care. Just like the younger group of subjects they could benefit from a mindful and compassionate approach to their self-regard. Similarly, findings indicating the susceptibility of female subjects to the experience of 'personal distress' should inspire enhanced self-care amongst women of helping professions.

As human beings we are all at various stages of our personal and professional development. Completion of a training program, a degree, or a course of personal therapy should not be taken as an indicator that one has overcome all psychical conflict. I believe that a humanistic approach towards oneself allows a professional to understand that progress is continuous, that much can be defended against, and that development does not have a deadline. We are not stagnant beings and it is of the essence that as professionals we respect this variability within ourselves as well as between us, and assist one another on this everlasting journey. Divergent aspects of personal development must be appreciated and understood as valuable links that facilitate advancement, not as static abstractions to one's aspirations. Self-care needs to become as much a part of professional conduct as patient care. The results of the current analysis indicated that vulnerability of any sort is not an attribute of a specific age or gender group. One can be susceptible to inner conflict at any stage of development. There is a need to remain mindful not only of our patients, but our own internal processes. Attending to one's own needs should not be left behind in the days of institutional training, but carried forward and continuously nurtured by means of reflection and peer support.

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Appendices

Appendix 1

CERQ

Garnefski, Kraaij & Spinhoven, 2001

How do you cope with events?

Everyone gets confronted with negative or unpleasant events now and then and everyone responds to them in his or her own way. By the following questions you are asked to indicate what you generally think, when you experience negative or unpleasant events.

The responses range between 1- almost never 10 - almost always. Please select a number for each statement which corresponds most closely to your desired answer.

Answer Scale:

0 1 2 3 4 5 6 7 8 9 10

Almost Never Regularly Almost Always

1. feel that I am the one to blame for it
2. I think that I have to accept that this has happened
3. I often think about how I feel about what I have experienced
4. I think of nicer things than what I have experienced
5. I think of what I can do best
6. I think I can learn something from the situation
7. I think that it all could have been much worse
8. I often think that what I have experienced is much worse than what others have experienced

9. I feel that others are to blame for it
10. I feel that I am the one who is responsible for what has happened
11. I think that I have to accept the situation
12. I am preoccupied with what I think and feel about what I have experienced
13. I think of pleasant things that have nothing to do with it
14. I think about how I can best cope with the situation
15. I think that I can become a stronger person as a result of what has happened
16. I think that other people go through much worse experiences
17. I keep thinking about how terrible it is what I have experienced
18. I feel that others are responsible for what has happened
19. I think about the mistakes I have made in this matter
20. I think that I cannot change anything about it
21. I want to understand why I feel the way I do about what I have experienced
22. I think of something nice instead of what has happened
23. I think about how to change the situation
24. I think that the situation also has its positive sides
25. I think that it hasn't been too bad compared to other things
26. I often think that what I have experienced is the worst that can happen to a person
27. I think about the mistakes others have made in this matter
28. I think that basically the cause must lie within myself
29. I think that I must learn to live with it
30. I dwell upon the feelings the situation has evoked in me
31. I think about pleasant experiences
32. I think about a plan of what I can do best
33. I look for the positive sides to the matter
34. I tell myself that there are worse things in life
35. I continually think how horrible the situation has been
36. I feel that basically the cause lies with others

Appendix 2

INTERPERSONAL REACTIVITY INDEX

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D, or E. When you have decided on your answer, fill in the letter on the answer sheet next to the item number. READ EACH ITEM CAREFULLY BEFORE RESPONDING. Answer as honestly as you can. Thank you.

ANSWER SCALE:

1	2	3	4	5	6	7	8	9	10
DOES NOT DESCRIBES ME WELL								DESCRIBES ME VERY WELL	

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

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

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

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

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

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

1. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it. (FS) (-)

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

9. When I see someone being taken advantage of, I feel kind of protective towards them. (EC)

10. I sometimes feel helpless when I am in the middle of a very emotional situation. (PD)

11. I sometimes try to understand my friends better by imagining how things look from their perspective. (PT)

12. Becoming extremely involved in a good book or movie is somewhat rare for me. (FS) (-)

13. When I see someone get hurt, I tend to remain calm. (PD) (-)

14. Other people's misfortunes do not usually disturb me a great deal. (EC) (-)

15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments. (PT) (-)

16. After seeing a play or movie, I have felt as though I were one of the characters. (FS)

17. Being in a tense emotional situation scares me. (PD)

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

19. I am usually pretty effective in dealing with emergencies. (PD) (-)

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

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

22. I would describe myself as a pretty soft-hearted person. (EC)

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

24. I tend to lose control during emergencies. (PD)

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

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. (FS)

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

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

NOTE: (-) denotes item to be scored in reverse fashion

Appendix 3

Altemeyer's (2002) DOG scale

Attitude Task: This section will present you with statements about various attitudes. You will probably find that you agree with some of the statements, and disagree with others to varying extents. Please indicate your reaction to each statement by choosing a number between –4 and +4 according to the following scale:

Choose:
-4 if you very strongly disagree with the statement
-3 if you strongly disagree with the statement
-2 if you moderately disagree with the statement
-1 if you slightly disagree with the statement
Choose:
+1 if you slightly agree with the statement
+2 if you moderately agree with the statement
+3 if you strongly agree with the statement
+4 if you very strongly agree with the statement

*If you feel exactly and precisely neutral about the statement, choose 0.
You may find that you sometimes have different reactions to different parts of a statement. For example, you might very strongly disagree ("-4") with one idea in a statement, but slightly agree ("+1") with another idea in the same item. When this happens, please combine your reactions, and write down how you feel on balance (a "-3" in this case). When you are done, please click the "Next" button to continue on to the next section of the survey.

Answer Scale:

-4 -3 -2 -1 0 1 2 3 4

Very Strongly disagree	Strongly disagree	Moderately disagree	Slightly disagree	Neutral	Slightly agree	Moderately agree	Very Strongly agree

1. Anyone who is honestly and truly seeking the truth will end up believing what I believe.

2. There are so many things we have not discovered yet, nobody should be absolutely certain his beliefs are right.

3. The things I believe in are so completely true, I could never doubt them.

4. I have never discovered a system of beliefs that explains everything to my satisfaction.

5. It is best to be open to all possibilities and ready to reevaluate all your beliefs.

6. My opinions are right and will stand the test of time.

7. Flexibility is a real virtue in thinking, since you may well be wrong.

8. My opinions and beliefs fit together perfectly to make a crystal-clear "picture" of things.

9. There are no discoveries or facts that could possibly make me change my mind about the things that matter most in life.

10. I am a long way from reaching final conclusions about the central issues in life.

11. The person who is absolutely certain she has the truth will probably never find it.

12. I am absolutely certain that my ideas about the fundamental issues in life are correct.

13. The people who disagree with me may well turn out to be right.

14. I am so sure I am right about the important things in life, there is no evidence that could convince me otherwise.

15. If you are "open-minded" about the most important things in life, you will probably reach the wrong conclusions.

16. Twenty years from now, some of my opinions about the important things in life will probably have changed.

17. "Flexibility in thinking" is another name for being "wishy-washy".

18. No one knows all the essential truths about the central issues in life.

19. Someday I will probably realize my present ideas about the BIG issues are wrong.

18. People who disagree with me are just plain wrong and often evil as well

Appendix 4

MEASURE OF PARENTAL STYLE (MOPS)

During your first 16 years how 'true' are the following statements about your MOTHER's/Mother figure's- FATHER/Father Figure's (if you had one) behaviour towards you.

The responses range between 1- not true at all and 10 - extremely true. Please select a number for each statement which corresponds most closely to your desired answer.

Answer Scale:

1	2	3	4	5	6	7	8	9	10
Not true at all									Extremely true

1. Overprotective of me
2. Verbally abusive of me
3. Over controlling of me
4. Sought to make me feel guilty
5. Ignored me
6. Critical of me
7. Unpredictable towards me
8. Uncaring of me
9. Physically violent or abusive of me
10. Rejecting of me
11. Left me on my own a lot
12. Would forget about me
13. Was uninterested in me
14. Made me feel in danger

15. Made me feel unsafe

Appendix 5

STAI

DIRECTIONS

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you **generally** feel. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe how you generally feel.
The responses range between 1- almost never and 10 - almost always. Please select a number for each statement which corresponds most closely to your desired answer.

Answer Scale:

1 2 3 4 5 6 7 8 9 10
Almost Never Almost Always

1. I feel pleasant
2. I feel nervous and restless
3. I feel satisfied with myself
4. I wish I could be as happy as others seem to be
5. I feel like a failure
6. I feel restless
8. I feel that difficulties are piling up so that I cannot overcome them
10. I am happy
11. I have disturbing thoughts
12. I lack self-confidence
13. I feel secure
14. I make decisions easily
15. I feel inadequate
16. I am content
17. Some unimportant thought runs through my mind and bothers me

18. I take disappointments so keenly that I can't put them out of my mind
19. I am a steady person
20. I get in a state of tension or turmoil as I think over my recent concerns and interests

Appendix 6

NPI-16

Read each pair of statements below and place an "X" by the one that comes closest to
describing your feelings and beliefs about yourself.

You may feel that neither statement describes you well, but pick the one that comes closest. Please complete all pairs.

1. ___ **I really like to be the center of attention**
___ It makes me uncomfortable to be the center of attention

2. ___ I am no better or nor worse than most people
___ I think I am a special person

3. ___ **Everybody likes to hear my stories**
___ Sometimes I tell good stories

4. ___ I usually get the respect that I deserve
___ I insist upon getting the respect that is due me

5. ___ I don't mind following orders
___ I like having authority over people

6. ___ **I am going to be a great person**
___ I hope I am going to be successful

7. ___ People sometimes believe what I tell them
___ I can make anybody believe anything I want them to

8. **___ I expect a great deal from other people**

___ I like to do things for other people

9. **___ I like to be the center of attention**

___ I prefer to blend in with the crowd

10. ___ I am much like everybody else

___ I am an extraordinary person

11. **___ I always know what I am doing**

___ Sometimes I am not sure of what I am doing

12. ___ I don't like it when I find myself manipulating people

___ I find it easy to manipulate people

13. ___ Being an authority doesn't mean that much to me

___ People always seem to recognize my authority

14. **___ I know that I am good because everybody keeps telling me so**

___ When people compliment me I sometimes get embarrassed

15. ___ I try not to be a show off

___ I am apt to show off if I get the chance

16. **___ I am more capable than other people**

___ There is a lot that I can learn from other people

NPI-16 Key: Responses consistent with narcissism are shown in bold.

Appendix 7

Recruitment Advert

CITY UNIVERSITY LONDON

Department of Psychology
City University London

PARTICIPANTS NEEDED FOR RESEARCH IN EMOTION REGULATION

We are looking for volunteers to take part in a study on empathy.

You would be asked to fill out an anonymous on-line questionnaire.

Your participation will take approximately 30 minutes and will contribute greatly to the field of counselling psychology.

For more information about this study, or to take part, please contact:

Researcher: Karolina Arutyunyan

Email: [redacted]

Supervisor: Professor Marina Gulina

Email: [redacted]

This study has been reviewed by, and received ethics clearance through the Research Ethics Committee, City University London PSYETH (P/L) 15/16 16.

If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on [redacted] or via email: [redacted]

Appendix 8

Initial Invitation Letter

Dear Colleague,

I am a student of Counselling Psychology in my final year of DPsych at City University. I am currently recruiting a sample of participants in order to conduct Doctoral research on the topic of empathy. I would like to invite you to take part in this project. In the course of the study you would be required to fill out an online questionnaire, which will take approximately 30 minutes to complete.

If you are willing/able to take part in the study please respond to this email and I shall contact you shortly with the link to the questionnaire.

I understand that your busy schedule, might make it difficult to commit to this study. However, your participation would make an important contribution to the field of Counselling Psychology additionally, you would be assisting a fellow colleague.

Should you have any further questions please do not hesitate to get in touch. Your time and help are greatly appreciated and I really hope to hear back from you in the near future.

Yours Sincerely,
Karolina Arutyunyan

Appendix 9

Participant Information Sheet

Title of study Better Understanding of the Nature of Empathy.

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The above-mentioned study is undertaken as part of a Doctorate Research Program. During the course of the study you will be required to complete a survey. The survey will take approximately 30 minutes of your time.

The study is aimed at examining the relationship between empathy and five other variables. The primary aim of this project is to explore what characteristics make it more likely for people of helping professions to express empathy towards their clients. Empathy is a key feature of any human relationship and even more so when it comes to therapeutic relationships. Empathy plays an important part in mental health therefore, I believe it is important to explore the potential conditions for elicitation of empathy in people of helping professions.

Why have I been invited?

Overall 300 participants will be invited to take part in the project. Participants should be between aged 18 and over male or female and be of a helping profession (counselors, medical doctors, social workers, nurses etc.). You have been chosen to take part because you fit the above criteria.

Do I have to take part?

Participation in the project is voluntary, and you can choose not to participate in the project. You can withdraw at any stage of the project without being penalized or disadvantaged in any way. It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time (before you "submit" your online questionnaire) and without giving a reason.

Due to the anonymous nature of the questionnaire, it will not be possible to track and withdraw your data after it has been submitted therefore, careful consideration must be made prior to clicking the "submit" button.

What will happen if I take part?

- *You participation will take approximately 30 minutes.*
- *The research study will last for the duration of two years*
- *As a participant you will not be required to meet with the researcher, as you are only required to fill in an online survey.*
- *During the course of the study you will be required to fill in an on line survey for which you will be given a link. The survey is completely anonymous and you will not be required to provide any personal details for the duration of the study*
- *Current study employs quantitative research method.*
- *The research can take place in the comfort of your own home, as this is an on-line survey you can complete it virtually any place that has WiFi.*

What do I have to do?

All you need to do is follow the link that will be provided should you agree to participate. You will be required to sign a consent form stating that your participation in the study is voluntary. You will then fill out the survey. Upon completion of the survey you will be debriefed, where further information on the study will be provided.

What are the possible disadvantages and risks of taking part?

The questionnaire will ask you to think of a negative event in your life, this may cause you some light-moderate discomfort. Aside from this present study carries no other foreseeable risk or harm.

What are the possible benefits of taking part?

The findings of this study will contribute to our understanding of empathy and what makes it more or less likely for it's successful expressions. Since empathy is an important factor of successful therapeutic relationships the findings could have crucial effects on the field of counseling psychology.

The findings of the study will be readily available to you upon completion of the research.

What will happen when the research study stops?

All data will be stored electronically on a computer, access to which will only be permitted with a password known only to the researcher. Upon completion of the study all data will be erased from the drive of the computer.

Will my taking part in the study be kept confidential?

- *No one apart from the researcher and the supervisor will see the raw data*
- *There will be no use of personal information.*
- *Data will be stored on the computer and will not be shared with anyone apart from the supervisor.*
- *Participant records will be stored on computer hard drive and will be deleted as soon as the study has been completed.*

What will happen to the results of the research study?

No personal details will be collected from the participants during the course of the study (apart from gender and age range). Personal details therefore will not be mentioned in the thesis. In the case that the study was published anonymity will be maintained.

If you wish to obtain a copy of the research once it has been completed please contact the researcher on [redacted]

What will happen if I don't want to carry on with the study?
You are free to withdraw your data at any point during the study up to the moment you click the "submit" button in your on-line survey. Due to the anonymous nature of the survey it will not be possible to track your particular questionnaire after it has been submitted and therefore it will not be possible to extract your data.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through the University complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee.

You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: [redacted]

City University London holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study you may be eligible to claim compensation. This does not affect your legal rights to seek compensation. If you are harmed due to someone's negligence, then you may have grounds for legal action.

Who has reviewed the study?

This study has been approved by City University London Research Ethics Committee.

Thank you for taking the time to read this information sheet

Appendix 10

Ethical Approval

Psychology Research Ethics Committee
School of Arts and Social Sciences
City University London
London EC1R 0JD

14th October 2015

Dear Karolina Arutyunyan
Reference: PSYETH (P/L) 15/16 16
Project title: Better understanding of nature of empathy.

I am writing to confirm that the research proposal detailed above has been granted approval by the City University London Psychology Department Research Ethics Committee.

Period of approval

Approval is valid for a period of three years from the date of this letter. If data collection runs beyond this period you will need to apply for an extension using the Amendments Form.

Project amendments

You will also need to submit an Amendments Form if you want to make any of the following changes to your research:

(a) Recruit a new category of participants
(b) Change, or add to, the research method employed
(c) Collect additional types of data
(d) Change the researchers involved in the project

Adverse events

You will need to submit an Adverse Events Form, copied to the Secretary of the Senate Research Committee [redacted] in the event of any of the following:

(a) Adverse events
(b) Breaches of confidentiality
(c) Safeguarding issues relating to children and vulnerable adults
(d) Incidents that affect the personal safety of a participant or researcher

Issues (a) and (b) should be reported as soon as possible and no later than 5 days after the event. Issues (c) and (d) should be reported immediately. Where appropriate the researcher should also report adverse events to other relevant institutions such as the police or social services.

Should you have any further queries then please do not hesitate to get in touch.

Kind regards

Hayley Glasford
Departmental Administrator
Email: [redacted]

Katy Tapper
Chair
Email: [redacted]

Appendix 11

Second Letter

Dear ….

Thank you very much for agreeing to participate in my study. I appreciate that it is very hard to find time for such projects and just wanted to say that your contribution is highly valuable to myself as well as the field of counselling psychology at large.

Below is the link to the survey. Just click on it or copy and paste the link into your browser. If there are any problems please let me know and I will do my very best to sort them out right away.

https://cityunilondon.eu.qualtrics.com/SE/?SID=SV_6GqpHRLYxRd3OCh

Should you know any other people of helping professions: psychologists, psychiatrists, counsellors, PWPs, nurses, support workers, social workers etc. or trainees of the above professions, please pass the link and 'participant information sheet' on to them.

Yours Sincerely,
Karolina

Appendix 12

Questionnaire Introduction

STUDY ON THE NATURE OF EMPATHY

Dear colleagues,

Before we begin let me introduce myself. I am a third year trainee of DPsych Counselling Psychology at City University.

Myself and my research supervisor Professor Marina Gulina would like to invite you to take part in a study aimed at expanding our understanding of the nature of empathy.

I consider empathy to be the driving force of helping professions and therefore, I am passionate about learning more about this aspect of human relating.

I would like to thank you for your valuable contribution and hope you enjoy filling out the questionnaire.

Sincerely Yours,
Karolina Arutyunyan.

Appendix 13

Informed Consent

We would like to invite you to take part in a study. Prior to committing to the project, it is important that you understand the reason why it is being conducted and what it would involve. Please take time to read the following information carefully and discuss it with others if you wish. Please get in touch with us if there is anything that is not clear or if you would like to request additional information.

The above-mentioned study is undertaken as part of a Doctorate Research Program. During the course of the study you will be required to complete a questionnaire, which will take approximately 30 minutes of your time.

The aim of the study is to increase our understanding of empathy in people of helping professions. Empathy is a key feature of any human relationship and is a vital element of interaction between people of helping professions and their clients.

A total of 300 participants will be invited to take part in the project. Participants will be above 18 years of age and of a helping profession (doctors, psychotherapists, social workers, support workers, nurses etc.). You have been chosen to take part because you fit the above criteria.

Participation in the project is voluntary, and you can choose to not participate. You can withdraw at any stage of the project without being penalized or disadvantaged in any way. It is up to you to decide whether or not to take part. If you decide to take part you are still free to withdraw at any time (before you "submit" your online questionnaire) and without giving a reason.

Due to the anonymous nature of the survey it will not be possible to track your particular questionnaire after it has been submitted and therefore it will not be possible to extract your data once you have chosen to submit it.

The questionnaire is completely anonymous and you will not be required to provide any identifiable details at any point during the study.

As this is an on-line survey you can complete it in virtually any place that has WiFi.

All data will be coded and stored electronically on a computer, access to which will be permitted with a password known only to the researcher and the supervisor. No one apart from the researcher and the supervisor will see the raw data.

There will be no use of personal information.Data will be stored on the computer and will not be shared with anyone apart from the supervisor

I have been informed of and understand the purpose of this study and its procedures and wish to participa

YES

NO

Appendix 14

De- Brief

Better understanding of the nature of empathy: interaction of empathy, anxiety, narcissism, attachment styles, and emotion regulation in people of helping professions.

DEBRIEF INFORMATION

Thank you for taking part in this study! Now that it's finished we'd like to explain the rationale behind the work.
You have just taken part in a study that is aimed at learning more about the effects of parental child-rearing practices, levels of narcissism, anxiety, dogmatism, and emotion regulation strategies on our ability to think empathically.

We learn about empathy in childhood by observing it and experiencing it from our caregivers (Weissbourd & Jones, n.d.). The quality of a child's relationship with his/her main caregiver will determine the manner in which the child responds to emotional states of other people in later life (Kestenbaum, Farber, & Sroufe, 1989; Zhou et al., 2002; Kochanska and Aksan, 1995).

Furthermore personal characteristics appear to contribute to our capacity for empathic reasoning:

Past research has taught us that narcissism has an inverse relationship with empathy therefore, those scoring highly on narcissism were likely to be less empathic, presumably due to reduced capacity for perspective taking (Watson, Grisham, Trotter, & Biderman 1984; Hepper, Harp, & Meek 2014).

Similarly, research evidence demonstrated that anxiety reduces our ability to think empathically (DEardorff, Kendall, Finch, & Sitarz 1977). Psychological stress inhibits empathic responsiveness (Buruck, Wendsche, Melzer, Strobe, Dorfel, 2014). Since, adaptive and maladaptive emotion regulation strategies determine our capacity for management of negative emotions (Martin & Dahlen, 2005) we would expect a correlation between emotion regulation styles and propensity for empathic relating.

Empathy is a vital element of a successful therapeutic relationship (Mearns & Thorne, 2013). Being on the receiving end of empathic expression helps people manage pain (State, 2014). Therefore, empathy is an imperative part of any human interaction and is of particular importance when it comes to relationships between clients and professionals who help them.

Current study was designed to examine the link between the aforementioned variables with the help of 300 participants. The questionnaire you have completed was comprised of six sub-scales: Cognitive Emotion Regulation Questionnaire (CERQ), Measure of parenting style (MOPS), Interpersonal Reactivity Index (IRI), State Trait Anxiety Inventory (STAI-the trait part only), Dogmatism scale (DOG), and Narcissism Personality Inventory (NPI).

In the analysis part of the study the relationships between the aforementioned variables will be closely examined. In the event that a link between the variables is detected, findings of the study could be utilised in order to develop appropriate training programmes, designed to facilitate the expansion of clinicians' empathic capacity. We believe that empathy can be fostered in the right conditions and hoping that current study will facilitate deliberation on how this can take place.

We hope you found the study interesting. Should you have any further queries or if participation in current study caused you any distress do not hesitate to contact the researcher on the email address provided below:

Researcher: Karolina Arutyunyan

Email: [redacted]

Supervisor: Professor Marina Gulina

Email: [redacted]

Appendix 15

Request for Dissemination of the Questionnaire

Dear …..,

I am a student of Counselling Psychology (DPsych). Currently I am recruiting participants for my Doctoral research on the topic of Empathy. I am writing to you with a request to disseminate the link to my survey around your service.

I am looking to recruit people of helping professions, who are willing to fill out an anonymous online questionnaire. The questionnaire takes approximately 30 minutes to complete. My target sample consists of people of helping professions: psychologists, counsellors, psychotherapists, nurses, psychiatrists, doctors, social workers etc. as well as trainees of helping professions.

The study is aimed at increasing our understanding of the nature of empathy. 'Information sheet', attached in this email, outlines the study in further detail. By taking part in this project participants would be making a very important contribution to the field of Counselling Psychology. The survey works from all devices (iphones, ipads etc.).

Below is the link to the survey, which can be accessed by clicking on it or copying and pasting the link into the browser.

https://cityunilondon.eu.qualtrics.com/SE/?SID=SV_6GqpHRLYxRd3OCh

I will happily provide the results of the study to all my participants upon completion of the project.

Hope to hear from you in the near future.

Kind regards,

Karolina