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● FORUM

**Social Desirability Attitudes, Sex, and Affective and Cognitive Empathy as Predictors of Self-Reported Multicultural Counseling Competence**

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*This study explored the relative contributions of social desirability attitudes, sex, and affective and cognitive empathy to self-reported multicultural counseling competence. Using the Knowledge and Awareness subscales of the Multicultural Counseling Knowledge and Awareness Scale as criterion variables, two 3-step forced entry multiple regression analyses revealed that both sex and affective and cognitive empathy were significant predictors of self-reported multicultural counseling competence. Implications of the findings are discussed.*

Multicultural counseling competence denotes counselors' attitudes and/or beliefs, knowledge, and skills in working with individuals from diverse cultural (e.g., racial, ethnic, gender, social class, and sexual orientation) groups (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992; Sue et al., 1982, 1998). Several self-report instruments have been developed to assess counselors' multicultural counseling competence, including the (a) Multicultural Counseling Inventory (MCI) (Sodowsky, Taffe, Gutkin, & Wise, 1994), (b) Multicultural Awareness/ Knowledge/Skills Survey (MAKSS) (D'Andrea, Daniels, & Heck, 1991), and (c) Multicultural Counseling Knowledge and Awareness Scale (MCKAS) (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2000), previously known as the Multicultural Counseling Awareness Scale—Form B (MCAS-B) (Ponterotto et al., 1996). An additional scale, the Cross-Cultural Counseling Inventory—Revised (CCCI-R) (LaFromboise, Coleman, & Hernandez, 1991), has been devised for supervisors' use in evaluating trainees' multicultural counseling competence. The measurement of multicultural counseling competence has been a primary focus of much of the empirical multicultural counseling literature, and researchers have examined such competence in relation to several educational and demographic variables.

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For example, using the MCAS-B, Pope-Davis, Reynolds, Dings, and Ottavi (1994) reported that educational and training variables (e.g., taking academic coursework, attending workshops, receiving multicultural supervision) accounted for a significant amount of the variance in predoctoral interns' multicultural counseling competence scores. Moreover, using the MCI, Pope-Davis, Reynolds, Dings, and Nielson (1995) found that (a) ethnicity was a significant predictor of self-reported multicultural counseling competence and (b) counseling psychology graduate students tended to rate themselves as more multiculturally competent in several areas than did clinical psychology students.

In an attempt to investigate self-reported multicultural counseling competence beyond training and demographic variables, Ottavi, Pope-Davis, and Dings (1994) found that counseling graduate students' White racial identity attitudes were significantly predictive of their self-reported multicultural counseling competence as assessed by the MCI. Sodowsky, Kuo-Jackson, Richardson, and Corey (1998) also examined the relationship of various counselor attitudes and multicultural training variables to self-reported multicultural counseling competence using the MCI. After accounting for multicultural social desirability attitudes and race or ethnicity, they found that the following variables were significantly predictive of self-reported multicultural counseling competence: locus of control racial ideology (i.e., the extent to which an individual believes that racial situations in the United States stem from personal or external forces), feelings of social inadequacy, and several multicultural training variables (i.e., multicultural counseling coursework, research with racial and ethnic minority populations, and clinical work with racial and ethnic minority groups).

The aforementioned investigations notwithstanding, there is a need for research that examines other potentially vital correlates of self-reported multicultural counseling competence. For example, exploring the associations between self-reported multicultural counseling competence and various other therapeutic phenomena may illuminate information that could affect counselors' development of multicultural competence. In particular, examining a construct such as empathy in relation to counselors' perceived ability to work with culturally diverse clients might provide useful information about the nature of these variables relative to each other. *Empathy* has been defined as the ability to communicate a sense of caring and understanding regarding another person's experiences (Egan, 1994; Nystul, 1999), and the term *empathic* has often been used to describe the attitudes or behaviors of effective counseling professionals.

In the counseling and psychology literature, empathy is often conceptualized into two broad categories: affective and cognitive (Davis, 1983). *Affective empathy* refers to one's ability to respond to another person's emotions

with the same emotion, whereas *cognitive empathy* refers to one's ability to intellectually assume the perspective of another individual (Day & Chambers, 1991). In an attempt to operationalize various dimensions of empathy, Davis (1980) developed the Interpersonal Reactivity Index (IRI). The fundamental rationale of the IRI is that empathy consists of a set of four interrelated but distinct constructs. One of the IRI's subscales, Empathic Concern, measures respondents' feelings of concern, warmth, and sympathy toward others. The Fantasy subscale of the IRI assesses respondents' tendency to transpose themselves into the feelings and behaviors of fictional characters in movies, books, and plays. Another subscale, Personal Distress, assesses "self-oriented" feelings of personal anxiety and discomfort in tense interpersonal situations. Last, the Perspective-Taking subscale measures empathy in the form of individuals' tendency to spontaneously adopt another person's point of view. The Perspective-Taking subscale is viewed as a measure of cognitive aspects of empathy, whereas the remaining IRI subscales appear to assess more affective dimensions of empathy (Davis, 1983). Although these classifications of empathic reactions do not represent an exhaustive list of empathy dimensions, they provide some basic differentiations in the overall construct.

There is considerable debate in the psychological literature, however, regarding whether empathy is primarily an affective or a cognitive phenomenon (e.g., Allport, 1961; Barrett-Lennard, 1962; Kohut, 1971; Langer, 1967; Rogers, 1986). Duan and Hill (1996) asserted that the terms *cognitive empathy* and *affective empathy* were overlapping constructs in that cognitive and affective processes invariably influence each other. Moreover, empathy has been discussed in the psychological literature as a personality trait or stable ability (e.g., Book, 1988; Buie, 1981; Hoffman, 1982). A primary assumption underlying this perspective is that some individuals are more empathic than others, either as a result of nature or personal development (Duan & Hill, 1996). For example, a widely held belief among the general population is that women tend to be more empathic than men, particularly in the affective sense of this term (Davis, 1996). However, research studies (e.g., Davis, 1980; Davis & Franzoi, 1991; Eisenberg & Lennon, 1983; Hoffman, 1977) have revealed mixed findings regarding sex differences in empathy, depending on the researchers' conceptualization of empathy and the measures employed to assess this construct. Research findings from studies specifically involving counselors are similarly conflicting, although there is some evidence that having a female sex-role orientation is more strongly related to empathic feelings than having a male sex-role orientation (e.g., Carlozzi & Hurlburt, 1982; Fong & Borders, 1985).

Empathy has also been conceptualized as a situation-specific phenomenon (e.g., Barrett-Lennard, 1962; Hoffman, 1984; Rogers, 1949). In this view, empathy is characterized as varying across situations, depending on the

context. For example, with regard to clients of color, counselors' ability to accurately understand the impact of these clients' racial and ethnic group memberships may be critical to the alleviation of their presenting concerns (Fischer, Jome, & Atkinson, 1998). Thus, the extent to which counselors demonstrate "cultural empathy" in the context of cross-cultural counseling relationships may represent some manifestation of their level of multicultural counseling competence. Ridley and Lingle (1996) defined *cultural empathy* as counselors' learned ability to understand the experiences of clients from other cultures—"an understanding informed by counselors' interpretation of cultural data" (p. 32). Sodowsky et al. (1998) discussed the notion of "ethnotherapeutic empathy," or the ability to integrate "cultural knowledge with a dynamic perspective of [clients'] subjective culture" (p. 262). In both of these views, cultural empathy appears to be conceptualized as a developmental, dynamic, and interpersonal process by which counselors are actively involved in collecting relevant cultural affective and cognitive data from clients for the purposes of better understanding these clients' worldviews and experiences. Ridley and Lingle (1996) further asserted that in order for counselors to develop cultural empathy, they must "first acquire generic empathy skills . . . [and then] learn more refined process skills that enable them to decode the nuances of cultural meaning" (p. 32). Hence, the importance of accurately understanding aspects of other individuals' cultural experiences seems to be a critical component of effective multicultural counseling.

In light of the aforementioned issues, there is a need for empirically based information regarding the role of various aspects of empathy in relation to counselors' perceived ability to work effectively with culturally diverse clients. Thus, this study in part examined the contributions of affective and cognitive empathy together in predicting perceived multicultural counseling competence. This investigation is important for several reasons. First, the information gleaned from this study may ultimately allow researchers and practitioners to better understand how empathy, a universal and essential therapeutic construct, may facilitate the development of effective counseling relationships with diverse client populations (Fischer et al., 1998). Second, because self-report multicultural counseling competence instruments are a primary means of assessing counselors' perceived ability to work with culturally diverse individuals, it is important to determine the extent to which these scales may correspond to vital interpersonal aspects of counseling behavior, namely, empathic understanding (i.e., cognitive empathy) and empathic responding (i.e., affective empathy). Third, investigating potential correlates of perceived multicultural counseling competence may provide

important construct validity information regarding existing self-report multicultural scales. Fourth, examining the role of affective and cognitive dimensions of empathy in relation to perceived multicultural counseling competence will add significantly to the literature base in the area of multicultural psychology.

Although there are various indices for assessing perceived multicultural counseling competence, the MCKAS (Ponterotto et al., 2000) was used to measure self-reported multicultural attitudes in this study. The MCKAS is a 32-item scale designed to assess counselors' perceived multicultural counseling knowledge and awareness. It is reported to have excellent psychometric properties (Ponterotto et al., 2000), and in a previous investigation examining the relationship between social desirability attitudes and self-report multicultural counseling competence measures (i.e., Constantine & Ladany, 2000), it was the only instrument of its kind with subscales that were not significantly positively related to social desirability. This finding notwithstanding, the Marlowe-Crowne Social Desirability Scale (SDS) was included in this investigation to control for the possible contributions of such attitudes to perceived multicultural counseling knowledge and awareness in this sample. Although no significant sex differences have been reported previously with regard to self-reported multicultural counseling competence (e.g., Ottavi et al., 1994; Pope-Davis et al., 1994, 1995), this study also wished to examine the role of sex in predicting such competence, especially given the use of empathy indices in this investigation. To assess emotional and cognitive dimensions of empathy, the Empathic Concern and Perspective-Taking subscales of the IRI were used, respectively. These two components of empathy were examined together in this study because they may represent interrelated processes that could presumably affect counselors' perceived ratings of their multicultural counseling competence.

It was hypothesized that after controlling for social desirability scores, both sex and affective and cognitive empathy together would account for a significant amount of the variance in counselors' self-reported multicultural knowledge and awareness, as measured by the MCKAS. No specific hypothesis was offered regarding potential sex differences in perceived multicultural counseling competence. However, because the presence of empathy in counselors is generally viewed by counseling professionals as a favorable construct in the context of therapeutic relationships, the affective and cognitive dimensions of empathy together were expected to be significantly positively predictive of counselors' perceived multicultural counseling knowledge and awareness.

## METHOD

### Participants and Procedure

Potential respondents were 225 individuals who were asked to participate in an anonymous study examining counselors' general attitudes toward culturally diverse clients. They were (a) randomly selected from a national mailing list of members from the American Counseling Association (ACA) ( $n = 150$ ) and (b) identified through personal contacts (e.g., training directors, program faculty, students) in counselor education and counseling psychology programs located in the northeast and Midwest regions of the United States ( $n = 75$ ). No incentives were used to solicit participation in the study, and respondents were told that they would be provided with the study's results at their request. No follow-up or reminder letters were sent to potential participants. Of the 225 survey packets distributed, 124 (71 from ACA members and 53 from personal contacts) were returned and usable (55% response rate).

Because of missing data, some demographic percentages do not equal 100. With regard to educational level, the final sample of respondents consisted of 79 (64%) counselors and psychologists with doctoral degrees, 22 (18%) master's-degreed counselors, and 20 (16%) bachelor's-degreed counselors (i.e., students currently matriculating in either a master's or doctoral program). The 70 (56%) women and 53 (43%) men who participated in the study ranged in age from 22 to 73 years ( $M = 42.7$ ,  $SD = 12.1$ ), and their racial and ethnic breakdown was as follows: 83% ( $n = 103$ ) White, 8% ( $n = 10$ ) Latino, 3% ( $n = 4$ ) African American, 2% ( $n = 3$ ) Asian American, and 1% ( $n = 1$ ) biracial. The respondents reported a mean of 180 months ( $SD = 129.8$ ; median = 180) of counseling experience, and 76% of the respondents reported that they had taken at least one formal course related to multicultural or cross-cultural issues.

Participants were asked to complete a survey packet consisting of (a) the Perspective-Taking and Empathic Concern subscales of the Interpersonal Reactivity Index (Davis, 1980), (b) the MCKAS (Ponterotto et al., 2000), (c) the SDS (Crowne & Marlowe, 1960), and (d) a brief demographic questionnaire. The scales were administered in counterbalanced order to minimize ordering effects.

### Instrumentation

*MCKAS.* The MCKAS (Ponterotto et al., 2000) is a 32-item, 7-point Likert-type (1 = *not at all true*, 7 = *totally true*) measure of perceived multicultural counseling competence. The MCKAS is a revised version of the pre-

viously published MCAS-B (Ponterotto et al., 1996), which contained 45 items. One of major changes to the MCAS-B was the removal of a 3-item social desirability "cluster" because it had not received adequate psychometric testing; 10 other items were also deleted from the MCAS-B to improve its psychometric properties (Ponterotto et al., 2000). Respondents in this study were given the MCKAS to complete.

The MCKAS consists of two factors: knowledge (20 items, possible range of scores = 20 to 140) and awareness (12 items, possible range of scores = 12 to 84). The range of scores for the entire scale is 32 to 224. The Knowledge subscale of the MCKAS measures general knowledge related to multicultural counseling, and the Awareness subscale assesses subtle Eurocentric worldview bias (Ponterotto et al., 2000). Initial studies examining the psychometric properties of the MCKAS indicated (a) coefficient alphas of .85 for each of the subscales and (b) that it possesses good content, construct, and criterion-related validity (Ponterotto et al., 2000). In this investigation, the Cronbach's alphas were .91 for the full scale, .90 for the Knowledge subscale, and .89 for the Awareness subscale.

*IRI.* The IRI (Davis, 1980) is a 28-item, 5-point Likert-type (0 = *does not describe me well*, 4 = *describes me very well*) self-report measure of empathy. It consists of four subscales that assess several aspects of empathy. The Perspective-Taking subscale measures individuals' dispositional tendency to consider others' points of view; the Empathic Concern subscale assesses respondents' feelings of concern, warmth, and sympathy toward others; the Fantasy subscale assesses respondents' propensity to transpose themselves into the feelings and behaviors of fictional characters in movies, books, and plays; and the Personal Distress subscale measures feelings of personal discomfort and unease when exposed to others' distress (Davis, 1980; Davis, Luce, & Kraus, 1994). Each subscale consists of 7 items, and subscale scores range from 0 to 28. Sex differences are reported to exist for each subscale, with women tending to score higher than men on each subscale (Davis, 1980).

Several investigations have provided evidence of construct validity for the IRI's subscales (e.g., Bernstein & Davis, 1982; Carey, Fox, & Spraggins, 1988; Davis, 1983). These subscales have been reported to have satisfactory internal consistency reliabilities (range = .71 to .77) and test-retest reliabilities (range = .62 to .80) (Davis, 1980). Only the Empathic Concern and Perspective-Taking subscales were administered to respondents in the current investigation to assess affective and cognitive dimensions of empathy, respectively, and to decrease the length of the overall survey. For this sample, Cronbach's alphas of .70 for the Perspective-Taking subscale and .77 for the Empathic Concern subscale were computed.

*SDS.* The SDS (Crowne & Marlowe, 1960) is a 33-item self-report scale that assesses type of social desirability (i.e., need for approval). SDS scores range from 0 to 33 ( $M = 15.5$ ,  $SD = 4.4$ ), with higher scores indicating greater need for approval (Paulhus, 1991). In early validation studies, a mean of 15.5 ( $SD = 4.4$ ) was reported in a sample of 300 college students (Crowne & Marlowe, 1964). Moreover, Paulhus (1984) reported means of 13.3 ( $SD = 4.3$ ) and 15.5 ( $SD = 4.6$ ) for anonymous and public respondents, respectively. The SDS has been reported to have adequate construct validity, and in previous investigations, internal consistency coefficients for the SDS have ranged from .73 to .88 (Paulhus, 1991). For this sample, the Cronbach's alpha was .86.

*Demographic questionnaire.* Participants were asked to indicate their sex, race or ethnicity, age, highest degree earned, total number of months of counseling experience, and number of formal courses they had taken previously related to multicultural or cross-cultural issues.

## RESULTS

The means, standard deviations, and intercorrelations of the variables studied are presented in Table 1. Because of the small numbers of people of color in the overall sample, the data were not analyzed by race or ethnicity.

Using the Knowledge and Awareness subscales of the MCKAS as criterion variables, two 3-step forced entry multiple regression analyses were conducted. The predictor variables were entered in the same order for both equations. In the first step, the SDS scores were entered. Sex was entered in the second step, with men serving as the constant. The Empathic Concern and Perspective-Taking subscales of the IRI were entered together in the third step.

Table 2 provides a summary of the two forced-entry regression analyses for variables predicting the MCKAS Knowledge and Awareness subscales. In the first analysis, with the MCKAS Knowledge subscale serving as the criterion variable, social desirability attitudes were not found to contribute significant variance to the Knowledge subscale,  $F(1, 121) = 0.02$ ,  $p > .05$ ;  $R^2 = .00$  (adjusted  $R^2 = -.008$ ). After taking into account the variability in the Knowledge subscale due social desirability attitudes, sex made a significant contribution,  $R^2$  change = .05,  $F(2, 120)$  change = 5.73,  $p < .05$ ,  $R^2 = .05$  (adjusted  $R^2 = .03$ ). In particular, women reported significantly higher MCKAS Knowledge scores than did men. After accounting for the variability in the MCKAS Knowledge subscale due to social desirability attitudes and sex, affective and cognitive empathy together explained additional significant variance,  $R^2$  change = .12,  $F(4, 118)$  change = 8.63,  $p < .001$ ,  $R^2 = .17$

**TABLE 1: Means, Standard Deviations, and Intercorrelations of the Study's Scales**

Variables	M	SD	1	2	3	4	5	6
1. MCKAS-Full								
Scale score	177.87	21.22						
Women	182.68	18.50						
Men	171.52	23.03						
2. MCKAS Knowledge								
Subscale	106.20	15.63	.90**					
Women	109.09	14.32						
Men	102.39	16.58						
3. MCKAS Awareness								
Subscale	71.67	9.99	.72**	.34**				
Women	73.59	9.70						
Men	69.13	9.89						
4. IRI-EC	21.03	4.00	.42**	.38**	.29**			
Women	22.07	3.33						
Men	19.66	4.40						
5. IRI-PT	20.26	3.47	.25**	.22*	.18*	.36**		
Women	20.54	3.31						
Men	19.91	3.66						
6. SDS	11.54	6.23	-.04	.01	-.11	.10	.05	
Women	12.25	6.60						
Men	10.60	5.62						

NOTE: The means and standard deviations for the total sample by variable are presented first. Higher scores for each of the study's scales indicate a greater amount of the given variable. MCKAS = Multicultural Counseling Knowledge and Awareness Scale (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2000); IRI-EC = Empathic Concern subscale of the Interpersonal Reactivity Index (Davis, 1980); IRI-PT = Perspective-Taking subscale of the Interpersonal Reactivity Index (Davis, 1980); SDS = Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960).

\* $p < .05$ . \*\* $p < .01$ .

(adjusted  $R^2 = .14$ ), with Empathic Concern (i.e., affective empathy) scores alone making a significant contribution. Thus, the full regression model, consisting of social desirability attitudes, sex, and affective and cognitive empathy, accounted for 17% of the variance in MCKAS Knowledge scores.

The MCKAS Awareness subscale served as the criterion variable in the second forced-entry equation. In the first step, social desirability attitudes did not significantly predict perceived multicultural awareness,  $F(1, 121) = 1.68$ ,  $p > .05$ ;  $R^2 = .01$  (adjusted  $R^2 = .006$ ). After accounting for social desirability attitudes, however, sex accounted for a significant proportion of the variance in the MCKAS Awareness subscale,  $R^2$  change = .06,  $F(2, 110)$  change = 7.40,  $p < .01$ ;  $R^2 = .07$  (adjusted  $R^2 = .06$ ). Specifically, women reported significantly higher MCKAS awareness scores than did men. After controlling for the previous variables, affective and cognitive empathy together explained

**TABLE 2: Summary of the Forced-Entry Multiple Regression Analyses for Variables Predicting the MCKAS Knowledge and Awareness Subscales**

Variables	Knowledge				Awareness			
	B	SE B	$\beta$	t	B	SE B	$\beta$	t
Step 1								
SDS	0.03	0.23	0.01	0.15	-0.19	0.15	-0.12	-1.30
Step 2								
Sex	6.77	2.83	0.22	2.39*	4.85	1.78	0.24	2.72**
Step 3								
IRI subscales								
IRI-EC	1.23	0.37	0.31	3.31**	0.48	0.24	0.19	1.99*
IRI-PT	0.45	0.41	0.10	1.10	0.40	0.27	0.14	1.51

NOTE: MCKAS = Multicultural Counseling Knowledge and Awareness Scale (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2000); SDS = Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960); IRI = Interpersonal Reactivity Index; IRI-EC = Empathic Concern subscale of the Interpersonal Reactivity Index (Davis, 1980); IRI-PT = Perspective-Taking subscale of the Interpersonal Reactivity Index (Davis, 1980).

\* $p < .05$ . \*\* $p < .01$ .

additional significant variance in the MCKAS Awareness subscale,  $R^2$  change = .07,  $F(4, 118)$  change = 4.92,  $p < .01$ ,  $R^2 = .14$  (adjusted  $R^2 = .11$ ), with Empathic Concern scores alone making a significant contribution. The full regression model, consisting of social desirability attitudes, sex, and affective and cognitive empathy, accounted for 14% of the variance in MCKAS Awareness scores.

## DISCUSSION

Few previous investigations have explored the role of select personal attributes in predicting self-reported multicultural counseling competence. Specifically, the examination of affective and cognitive empathy dimensions in relation to perceived multicultural counseling competence represents a unique and potentially significant contribution to the empirical literature in counseling psychology. This study found that both sex and affective and cognitive empathy together (and affective empathy individually) were significantly predictive of self-reported multicultural counseling knowledge and awareness.

As hypothesized, social desirability scores did not contribute significantly to the variance in self-reported multicultural counseling knowledge or awareness using the MCKAS. This finding is consistent with previous studies that reported nonsignificant positive relationships between the MCKAS and a gen-

eral measure of social desirability (e.g., Constantine & Ladany, 2000). Although social desirability attitudes were not significantly correlated with self-reported multicultural counseling competence in this investigation, it may still be important to consider the potential role of social desirability attitudes in future studies using different multicultural competence instruments because the purposes of some self-report multicultural measures are often transparent to respondents (Sodowsky et al., 1998).

In this study, after accounting for possible social desirability attitudes, sex explained significant variance in both the MCKAS Knowledge and Awareness subscales, with women tending to report higher levels of multicultural counseling competence than did men. In previous studies, Pope-Davis and his colleagues (e.g., Ottavi et al., 1994; Pope-Davis et al., 1994, 1995) did not find sex to be significantly predictive of self-reported multicultural counseling competence. Because this study's findings are inconsistent with the results of previous investigations, additional research is needed to clarify the role of sex in predicting self-reported multicultural competence. Nonetheless, one plausible reason that female participants in this study achieved higher self-report multicultural counseling competence scores may be related to their awareness of gender issues in their own lives. That is, women may more strongly identify the importance of attending to multicultural issues than do men because of their awareness of issues such as gender discrimination (Constantine & Gloria, 1999). It is possible that this heightened awareness may translate into women's feelings of self-efficacy about working effectively with culturally diverse clients.

After controlling for potential social desirability attitudes and sex, this investigation revealed that affective and cognitive empathy in consort contributed significant positive variance to both MCKAS Knowledge and Awareness scores, with affective empathy alone making a significant contribution. These findings suggest that counselors' self-reported levels of affective empathy may reflect some dimensions of their perceived multicultural counseling competence. In particular, it appears that counselors who feel more equipped to respond emotionally to culturally diverse clients may perceive themselves to possess salient knowledge about cultural issues in therapeutic relationships. These feelings of self-efficacy may ultimately translate into counselors' ability to institute culturally relevant and effective interventions with diverse client populations.

A primary implication of the study's findings for counselor training programs is that they may wish to consider ways that multicultural counseling competence may be developed in trainees via strategies that focus on augmenting their levels of affective empathy with clients. That is, because affective empathy individually was found to be a significant predictor of self-reported multicultural counseling competence, it is possible that interventions designed

to increase trainees' levels of empathic responding with clients may indirectly contribute to higher levels of perceived competence in working with culturally diverse clients. For example, experiential exercises that encourage students to identify and process their own experiences of discrimination, oppression, and prejudice may aid them in better understanding such issues in the lives of people of color and women (i.e., cultural empathy). Moreover, "immersion" activities in which students participate in events that reflect the values, beliefs, and practices of cultural groups of interest (e.g., attending an African American Kwanzaa celebration, participating in certain Native American tribal activities, and so forth) may also increase their understanding of salient issues in the lives of culturally diverse clients. These types of interventions may represent important means of preparing future counselors to work effectively with diverse cultural populations.

Although some therapists are more emotionally responsive than others in the context of counseling relationships, it is possible that counselors who successfully communicate a sense of caring and understanding regarding the experiences of their culturally diverse clients may be perceived by these clients as multiculturally competent. However, the extent to which general empathy may precede or facilitate the development of cultural empathy in counselors is unclear. Although the relationship between general empathy and cultural empathy has not been empirically examined to date, it is likely that these constructs are at least positively associated to some degree. Future research will need to determine the potential association between these variables. In the meantime, the construct of empathy, which has been identified as a vital therapeutic phenomenon in the general counseling literature, may need to be explored more fully to understand its potential importance in the context of multicultural counseling relationships.

The results of the current investigation, in addition to their presumed implications, must be considered in light of limitations associated with the research design. First, caution should be used in generalizing the study's findings because the possibility of response bias exists in that not all of the participants were randomly selected, and respondents who returned completed questionnaire packets may have had a particular interest in the study's topic and may differ from those individuals who did not return completed packets. Second, because the measures used in the study were self-report in nature, participants may have reported anticipated rather than actual attitudes or behaviors or may have interpreted items differently than what was intended by the instruments' authors (Schwarz, 1999). Third, because only two of the four IRI subscales were included in the questionnaire packet, it is possible that the use of only these subscales may have adversely influenced the validity and reliability of the subscales. A fourth potential limitation of the study is that some respondents may have been cued to the research intent.

For example, if participants were aware that they were completing a self-report multicultural counseling competence measure along with a social desirability scale, they may have responded differently to either or both instruments based on their knowledge about what was being assessed by these scales. Fifth, the research participants were asked to complete the study's measures without the presence of other culturally related stimuli (e.g., counseling vignettes that refer to cultural variables; actual counseling sessions with culturally diverse clients). It is possible that the inclusion of such stimuli in this investigation may have elicited different responses to the self-report measures.

Future researchers may wish to continue exploring the associations among the variables addressed in this investigation. Moreover, future research is needed to identify additional attitudinal variables that may be predictive of both self-reported and demonstrated multicultural counseling competence. For example, research that identifies specific personal attributes that have been associated with counselors' ability to function competently in their roles (e.g., insight, warmth, perceived attractiveness, expertness, and so forth) may provide investigators and educators with information about variables that may facilitate or impede the development of multicultural counseling competence. Furthermore, investigators may wish to identify ways to examine the relationship between scores obtained on self-reported multicultural competence scales and participants' demonstrated multicultural counseling competence across different service delivery modalities (e.g., individual, couples, family, and group counseling). In addition, it would behoove researchers and educators to examine the impact of various multicultural training activities on the development of actual multicultural counseling competence. Finally, research focusing on interpersonal process issues in the context of actual multicultural counseling situations may be beneficial in identifying vital correlates to effective counseling processes and outcomes.

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