

## Article 5

### **Investigating the Effects of Dogmatism on Openness and Empathy in Counselors-in-Training**

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#### **Abstract**

This study explored the relationships between measured levels of dogmatism, openness, and empathy in master's-level counselors-in-training enrolled in CACREP-accredited programs. Results suggested that dogmatism is negatively related to openness, and openness and empathy scores are positively correlated. Implications for gatekeeping and counselor education are offered.

*Keywords:* counselor education, dogmatism, openness, empathy, gatekeeping

Research needs to continue to identify the characteristics of the students trained to be counselors to promote the best services possible and to protect the persons receiving counseling services. A large part of counselor training focuses on enhancing the therapeutic relationship with empathy, genuineness, openness, resilience, optimism, acceptance, wholeness, creativity, hope, and meaning (Cochran & Cochran, 2015; Dollarhide & Oliver, 2014; Koehn & Cutcliffe, 2012; Rogers, 1975). Research results consistently show that a nonjudgmental, therapeutic bond with clients results in positive treatment outcomes (Horvath, Del Re, Flückiger, & Symonds, 2011; Norcross & Wampold, 2011). As Dollarhide and Oliver (2014) noted, "Rather than seeing counseling as a set of techniques or tools, humanistic counselors see themselves as instruments of healing for the client" (p. 205).

Researchers have studied the impact of dogmatism, openness, and empathy in counselor education (Allen, 1967; Bohart, Elliot, Greenberg, & Watson, 2002; Carlozzi,

Bull, Eells, & Hurlburt, 1995; Carlozzi, Campbell, & Ward, 1982; Feller & Cottone, 2003; Ohrt, Foster, Hutchinson, & Ieva, 2009; Rogers, 2007). Openness and empathy have been studied to assess counselor training and effectiveness (Carlozzi, Gaa, & Liberman, 1983; Carlozzi & Hurlburt, 1982; Clark, 2010; Greason & Cashwell, 2009; Munley, Lidderdale, Thiagarajan, & Null, 2004; Thompson, Brossart, Carlozzi, & Miville, 2002; Wendler, & Nilsson, 2009). Research results have suggested there may be an inverse relationship between dogmatism and effective counseling (Carlozzi, Edwards, & Ward, 1978; Carlozzi et al., 1982; Kemp, 1962; Mezzano, 1969; Milliken & Paterson, 1967).

There are many ways to evaluate the selection and preparation of counseling students at all levels (Leverett-Main, 2004; Perusse, Goodnough, & Noel, 2001; Walfish & Moreira, 2005; Ziomek-Daigle & Christensen, 2010). Brown (2013) found that “problematic behavior among counselor trainees” (p. 179) includes many definitions for screening and training. Homrich, DeLorenzi, Bloom, and Godbee (2014) identified standards of conduct held by counselor educators including professional, interpersonal, and intrapersonal behaviors expected of counseling graduate students. They identified behaviors such as openness; respect for differences; self-awareness; wellness; ownership; refrainment from imposing beliefs; and respect of confidentiality, privacy, and interests of clients. Foster, Leppma, and Hutchinson’s (2014) research found counselors-in-training to believe gatekeeping was important, with students prioritizing qualities such as having empathy and genuineness and *not* having a judgmental attitude, self-absorption, advice-giving, and emotional disconnect. Additional research investigating effective admissions screening and gatekeeping for characteristics related to counselor effectiveness is needed (Brear & Dorrian, 2010; Swank & Smith-Adcock, 2014).

### **Gatekeeping**

Gatekeeping is defined in numerous ways (Bodner, 2012; Brear & Dorrian, 2010; Foster et al., 2014; Foster & McAdams, 2009; Frame & Stevens-Smith, 1995; Gaubatz & Vera, 2002; Hutchens, Block, & Young, 2013; Kerl, Garcia, McCullough, & Maxwell, 2002; McAdams, Foster, & Ward, 2007). Ultimately, gatekeeping is intended to ensure that any counselor is suitably competent and prepared to effectively and ethically interact with clients, colleagues, and the community in a professionally appropriate manner (Miller & Koerin, 2001). As the counseling profession’s gatekeepers, counselor educators must be aware of behaviors, characteristics, or dispositions that may negatively impact their work or cause risks for any client (American Counseling Association [ACA], 2014; Hermann & Herlihy, 2006). However, legal and ethical ramifications always need to be considered “when developing screening procedures for applicants” (Swank & Smith-Adcock, 2014, p. 59).

Counseling professional organizations expect counseling programs to screen and monitor competencies of student counselors (ACA, 2014; American School Counselor Association [ASCA], 2010; Association for Counselor Education and Supervision [ACES], 2011; National Board for Certified Counselors [NBCC], 2005). In counselor education, gatekeeping is considered the process of intervening with students to assure they are competent to enter the counseling field (Foster et al., 2014). Gatekeeping includes the responsibility that a student has the capability and willingness to uphold the

counseling profession's ethical standards (Bodner, 2012; Foster & McAdams, 2009; Gaubatz & Vera, 2002).

In summary, researching characteristics in students may contribute valuable knowledge and insight to the counselor education profession and strengthen the gatekeeping process. This pilot study measured the level of dogmatism, empathy, and openness in counselors-in-training and investigated the relationships between these three measures. There were three primary research questions:

- (1) What relationship exists between counselors-in-training's levels of dogmatism and levels of openness?
- (2) What relationship exists between counselors-in-training's levels of dogmatism and levels of empathy?
- (3) What relationship exists between counselors-in-training's levels of openness and levels of empathy?

## **Method**

### **Participants**

Following institutional review board approval, master's-level students who were enrolled in Council for Accreditation of Counseling and Related Educational Program (CACREP; 2015)-accredited programs were surveyed. The students were in various stages of their counseling training program in the United States. This study used a descriptive cross-sectional research design, specifically utilizing online surveys to sample participants. The results included a total of 208 adult male and female master's-level counseling graduate students who were at least 21 years of age (see Table 1). There was a diversity in age, race, and cultural identity, and five counseling program regions were identified across the United States.

### **Instruments**

**Demographics questionnaire.** Participants were asked to identify their age, gender, and race/ethnicity, using the U.S. Census as an all-inclusive template, and to indicate the region of their counseling program. No personally identifying information was requested in this study's demographics questionnaire.

**Dogmatism.** For this study, dogmatism was defined as the relative openness or closed-ness of a person's cognitive framework for receiving, understanding, evaluating, and acting on stimulus information (Shearman & Levine, 2006). The construct of dogmatism comprised four central characteristics: (a) the degree of open-mindedness versus closed-mindedness, (b) the extent that an individual believes in a single correct view, (c) the extent to which one rejects ideas or viewpoints that are in disagreement with one's own opinion, and (d) blind respect or excessive reliance on authority (Shearman & Levine, 2006).

**Updated Dogmatism Scale (UDS).** To measure dogmatism, this study used the UDS (Shearman & Levine, 2006), which contains 23 items reported on a 1–5 Likert scale, from 1 (strongly disagree) to 5 (strongly agree). The instrument intends to measure dogmatism as a cognitive processing trait (Sherman & Levine, 2006). The UDS is adopted from Rokeach's (1960) Dogmatism Scale-Form E and is an updated version of

Rokeach’s (1954, 1960) construct of dogmatism. Sherman and Levine (2006) agreed with Rokeach’s definition of dogmatism as a measure of individual differences in open versus closed belief systems, but have corrected many issues to include psychometric problems and outdated item wordings in Rokeach’s Dogmatism Scale-Form E.

The UDS items are based on a simplified conceptualization of dogmatism. Two validation studies (N = 165 for study 1; N = 175 for study 2) using factor and item analyses, show the unidimensionality of the scale. These two validation studies provide the evidence for construct validity and suggest the potential for the predictive validity of

Table 1

*Demographics Information for Participants*

	N	Percentage
Gender		
Male	44	21.2
Female	161	77.4
Transgendered	0	0.0
No Response	3	1.4
Age Group		
21–22	20	
23–25	66	
26–30	57	
31–35	22	
36–40	15	
41–45	11	
46–50	4	
51 or older	13	
Race/Ethnicity		
American Indian	2	1.0
Black or African American	11	5.0
Caucasian	167	80.0
Chinese	1	1.0
Filipino	1	1.0
Multiple	15	6.0
Other Asian	1	1.0
Other Race/Ethnicity	9	4.0
Vietnamese	1	1.0
Program Region		
North Atlantic	78	38.0
North Central	41	20.0
Southern	55	26.0
Rocky Mountain	28	13.0
Western	4	2.0
No Response	2	1.0

the UDS to measure dogmatism (Sherman & Levine, 2006). Questions such as “I am the type of person who questions authority” and “Few things in life are truly black and white” are examples of what is asked in the UDS.

**Openness.** For this study, openness was defined as “an attitude of awareness and acceptance of both similarities and differences that exist among people” (Miville et al., 1999, p. 291).

***Miville-Guzeman Universality-Diversity Scale (MGUDS).*** To measure openness, this study used the MGUDS (Fuertes, Miville, Mohr, Sedlacek, & Gretchen, 2011), which contains 15 items rated on a 6-point Likert scale, from 1 (strongly disagree) to 6 (strongly agree). The MGUDS-S measures awareness and acceptance of both the similarities and differences among people and is comprised of three subscales: relativistic appreciation, diversity of contact, and comfort with differences.

The MGUDS is sufficiently reliable with internal consistency reliabilities ranging from .89 to .94, and re-verified through test/retest analyses, which yielded a reliability coefficient of .94 (Fuertes & Gelso, 2000; Miville et al., 1999). Constantine et al. (2001) reported adequate internal consistency coefficients for the MGUDS-S ranging from .70 to .80.

**Empathy.** Empathy is defined in multiple ways (Bodenhorn & Starkey, 2005; Greenberg, Watson, Elliot, & Bohart, 2001). Rogers (1980) defined empathy as a counselor’s ability and willingness to understand a client’s thoughts, feelings, and struggles from a client’s perspective. For this study, empathy was defined as a cognitive ability to understand another’s situation and an affective ability to feel another’s emotions (Cliffordson, 2002; Greason & Cashwell, 2009; Rankin, Kramer, & Miller, 2005; Reniers, Corcoran, Drake, Shryane, & Völlm, 2011; Shamay-Tsoory, 2011).

***Questionnaire of Cognitive and Affective Empathy (QCAE).*** To measure empathy, this study used the QCAE (Reniers et al., 2011) which contains 31 items rated on a 4-point Likert scale, from 1 (strongly disagree) to 4 (strongly agree). This scale was originally created by Reniers et al. (2011) to assess individual degrees of cognitive and affective empathy. The QCAE’s two cognitive subscales are perspective taking and online simulation; the three affective empathy subscales are emotion contagion, proximal responsivity, and peripheral responsivity. By assessing cognitive as well as affective empathy, the QCAE distinguishes itself from the majority of other commonly used empathy measures (Reniers et al., 2011).

In terms of convergent validity, the cognitive and affective empathy scores on the QCAE showed strong positive correlations:  $r = .62, p < .001$  for cognitive empathy;  $r = .76, p < .001$  for affective empathy (Reniers et al., 2011).

## **Procedures**

An invitation e-mail was sent to the CACREP liaison of 260 CACREP-accredited counseling training programs. The liaison was asked to forward per e-mail the survey invitation to their students in training, who were the participants in this study. The invitation e-mails included the cover letter, described the study and what participation entailed, and also contained a link to the informed consent and the instruments.

If a student chose to participate, before the demographics form and questionnaires could be completed, they were required to read and electronically sign and date this study’s informed consent. After finishing the demographics questionnaire, the

participants were asked to complete the UDS (Shearman & Levine, 2006); the MGUDS-S (Fuertes et al., 2011); and the QCAE (Reniers et al., 2011). The demographics form and the questionnaires were administered using Survey Monkey, an online survey data collection tool.

**Data Analysis**

Participant responses were transferred into the Statistical Package for the Social Sciences Version 21.0 (IBM, 2012) for analysis. A correlational analysis was used to examine the relationships between dogmatism, openness, and empathy in the participants.

**Results**

The means and standard deviations for dogmatism, openness, and empathy were for Dogmatism 2.57 (Mean) and 0.27 (Standard Deviation); for Openness 4.74 (Mean) and 0.51 (Standard Deviation); and for Empathy 3.14 (Mean) and 0.29 (Standard Deviation). Research question 1 was to assess the relationship between counselors-in-training’s levels of dogmatism and levels of openness. This study examined this relationship by averaging the dogmatism and openness scales’ items and running a correlational analysis. There was a significant negative relationship between cumulative levels of dogmatism and openness in the participants,  $r(206) = -0.242, p = 0.000$  (see Table 2).

Table 2

*Dogmatism, Openness, and Empathy Correlations*

Variable	Average Dogmatism Score	Average Openness Score	Average Empathy Score
Average Dogmatism Score	1.000	-0.242***	-0.049
Average Openness Score	-0.242***	1.000	.300***
Average Empathy Score	-0.049	.300***	1.000

*Note:* \*\*\* =  $p < .001$  (2-tailed)

To provide more in-depth analysis of research question 1, correlations were performed between dogmatism and the three subscales of the MGUDS-S (Fuertes et al., 2011). There was a significant negative relationship both between levels of dogmatism and both diversity of contact,  $r(206) = -0.184, p = 0.008$ , and comfort with differences,  $r(206) = -0.291, p = 0.000$ . There was not a significant relationship between levels of dogmatism and relativistic appreciation  $r(206) = -0.073, p = 0.298$  (see Table 3).

Research question 2 was to assess the relationship between counselors-in-training’s levels of dogmatism and levels of empathy. There was not a significant relationship between levels of dogmatism and empathy,  $r(206) = -0.049, p = 0.491$  (see Table 2). In addition, there were no significant correlations found between dogmatism and any of the five QCAE five subscales.

Research question 3 was to measure if a relationship existed between levels of openness and empathy. The results of this study found a significant positive relationship between levels of openness and empathy,  $r(206) = 0.300, p = 0.000$  (see Table 2).

Table 3

*Dogmatism and Openness Subscale Correlations*

Variable	Average Diversity of Contact Score	Average Comfort with Differences Score	Average Relativistic Appreciation Score
Average Dogmatism Score	-0.184**	-0.291***	-0.073

Note: \*\*\* =  $p < .001$ ; \*\* =  $p < .01$  (2-tailed)

### Discussion and Implications

The participants in this study were all master’s-level students in various stages of their counseling training in CACREP-accredited programs. This study found dogmatism scores in the participants to be inversely correlated to two measures of openness; however, dogmatism was not found to be significantly related to empathy. Openness and empathy were positively correlated.

Previous research has found that high dogmatism scores may negatively affect core counseling competencies (Carlozzi et al., 1982). The results of this study, finding above average dogmatism correlating with below average openness scores, could mean dogmatism levels are measures to consider during any aspect of the selection and training process. The relationship that dogmatism may have with character dispositions such as the ability to be open to human differences, could be part of the counseling profession’s gatekeeping process (Bodner, 2012; Foster et al., 2014; Foster & McAdams, 2009; Gaubatz & Vera, 2002; Homrich et al., 2014; Kerl et al., 2002; McAdams et al., 2007; Swank & Smith-Adcock, 2014).

The ethics of the counseling profession expect that counselors set aside personally held beliefs and be open to diverse ways of thought to effectively help their clients (ACA, 2014; Hermann & Herlihy, 2006). The ACA *Code of Ethics* (2014) states in the *Respecting Clients Rights* section (B.1.) that clients have the right to have their own beliefs, cultural meanings, values, and worldview. Counselors are to refrain from referring current or potential clients “based solely on the counselor’s personally held values, attitudes, beliefs, and behaviors . . . and seek training in areas in which they are at risk of imposing their values . . . especially when the values are inconsistent with the client’s goals” (ACA, 2014, A.11.b., p. 6). An important part of a counselor’s job is to respect “differing views toward disclosure of information” (ACA, 2014, p. 6). Perhaps above average dogmatism scores may hinder this type of respect and openness.

All counselors need to be aware of their own attitudes, beliefs, values, and behaviors, while respecting clients’ diversity. Consequently, they are expected to seek training in any area in which they might be at risk of imposing their values onto clients, especially if a “counselor’s values are inconsistent with a client or discriminatory in nature” (ACA, 2014, A.4.b., p. 5). It could be that higher dogmatism and lower openness

scores could make it more difficult for a counselor to remain value free and unable or unwilling to pursue training to address areas of differing values and beliefs. Lower openness scores could mean more closed-ness, resulting in a limited view of incoming information, inflexibility, an authoritarian perspective, a notable defensiveness regarding their own point of view, and an attitude of intolerance towards those who ascribe to different views, values, or beliefs (Carlozzi et al., 1995; Rokeach, 1960).

Although dogmatism may be a disposition to consider when admitting counselor education program applicants, legal and ethical considerations must always be made (Swank & Smith-Adcock, 2014). Counselor educators themselves must avoid becoming judgmental and closed-minded when screening students for training programs. Identifying belief systems that are incongruent with the profession's standards before admission could be a training warning and concern for the counseling profession. Proactive awareness of values and beliefs held by students could ultimately enhance training in these conflicting areas, thus decreasing remedial action and/or program termination for the students (Brear & Dorrian, 2010; Kerl et al., 2002).

Openness and empathy are often considered part of a successful counselor-client interaction (Allen, 1967; Bohart et al., 2002; Carlozzi et al., 1995; Clark, 2010; Feller & Cottone, 2003; Rogers, 2007). The emotional and behavioral domains of openness were measured as indicated by high scores on the diversity of contact and comfort with differences subscales. The findings from this study reflected both Thompson et al. (2002) and Wendler and Nilsson (2009), who found higher openness scores to be positively related to multicultural competencies and diversity—qualities often associated with openness.

This study found a positive correlation between openness and empathy. Rogers (2007) believed that for empathy to occur, the counselor must be open and strive to understand the client. Greason and Cashwell (2009) suggested that the two most essential skills for successful counseling were being present and showing empathy. Empathy is shown to be a skill necessary to have for effective counseling (Carlozzi et al., 1995). Perhaps openness influences empathy, or vice versa. Identifying that openness and empathy are considered related to counselor effectiveness, and may be connected to each other, can add depth to counselor educators' knowledge about these two counseling skills. In addition, recognizing that dogmatism scores could be related to lower openness scores, but not to empathy scores is an important finding for counseling programs to consider. It is important to consider that any applicant or counselor may be very empathetic yet similarly very dogmatic and closed.

### **Limitations and Recommendations for Further Research**

Because response bias is a concern for any self-report study, one limitation of this study is that participants could have responded to questions in a biased manner, particularly in studies involving a controversial or sensitive topic. This study included participants only from CACREP-accredited counselor education programs; therefore, the results may not be generalizable to programs that do not have a CACREP accreditation. Although this was a national study, the response rates from participants in the five regions were not equal. A delimitation of this study was that participants were only

measured once, so this study did not examine the specific changes to individual counselors-in-training's levels of openness, empathy, and dogmatism.

This study was meant to be exploratory in nature and intended to contribute to the knowledge base of measures of dogmatism, openness, and empathy. All three of these constructs hold relevance in the training of counselors and are important in research. Learning how the construct of dogmatism evolves and may interact with other factors can help counselor educators better recognize and evaluate the impact of dogmatic belief systems in any counselor at any stage.

Future research could include a longitudinal study examining how counselors' levels of openness, empathy, and dogmatism develop and change. This may assist counselor educators in gatekeeping and student training endeavors. Further research is needed to investigate the impact of formally assessing dogmatic belief systems and if this might be an area to consider during the admissions phase of gatekeeping.

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