EXPLORING SELF-COMPASSION, EMPATHY, AND INTRINSIC SPIRITUALITY AS PREDICTORS OF CULTURAL HUMILITY

by

Tiffany Rikard

A dissertation submitted to the faculty of
The University of North Carolina at Charlotte
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in
Counselor Education and Supervision

Charlotte

2022

Approved by:

_____
Dr. Phyllis Post

_____
Dr. Claudia Flowers

_____
Dr. Clare Merlin-Knoblich

_____
Dr. Hank Harris

ABSTRACT

TIFFANY RIKARD. Exploring Self-Compassion, Empathy, and Intrinsic Spirituality as Predictors of Cultural Humility
(Under the direction of DR. PHYLLIS POST)

Each year in the United States (U.S), one in five adults experience mental illness and one in six youth ages 6-17 experience a mental disorder (NAMI, 2020). While mental illness can affect individuals at similar rates, minority populations suffer from existent disparities in mental healthcare that have been exacerbated by the impact of COVID-19. Help-seeking behaviors of racial and ethnic minorities in the US have historically been influenced by the lack of trust in the medical system. When experiences of prejudice and discrimination are present in the counseling experience, they lead to damaging outcomes for minorities including misdiagnosis, receipt of less preferred forms of treatment, increased rate of premature termination, and overall dissatisfaction with service delivery in minority clients (Ridley et al., 2010; Rutgers University, 2019). Counselors who do not address biases, assumptions, and their own epistemological views risk operating within the oppressive framework of the dominant culture (Katz, 2014; Owen, 2017; Owen et al., 2018; Sue et al., 1992). Despite the growing support of cultural humility as complementary or even an alternative to cultural competence in counselor multicultural pedagogy, little has been examined about the ways in which this perspective can be enhanced in counselor education programs. Therefore, a standard multiple regression was utilized to examine the impact of intrinsic spirituality, common humanity, and affective empathy on cultural humility in counseling students (N=111). The participants in this study were mostly White (61%), female (79%), and from the southeast region (75%) of the United States. With regard to clinical sequence, most participants (41%) had not yet

taken practicum or internship, while only a small percentage (2%) had completed all clinical training sequences. Results indicated that after controlling for all other variables, common humanity resulted in an increase in cultural humility. Common humanity contributed significantly to the prediction of cultural humility accounting for 16% of the variance, whereas affective empathy and spirituality did not. Implications, limitations, and recommendations for future research are discussed.

DEDICATION

This dissertation is dedicated to my spiritual team: Great Spirit, my angels, ancestors, and spirit guides. Without your constant guidance, I would never have made it from high school dropout to PhD. To my mother, Barbara, thank you for cultivating in me the joy of learning and writing. Thank you for modeling independence and hard work. I miss you dearly. Next, to Carlos Rikard, my best friend, husband, and the great love of my life, thank you for being everything to me and for our family during this arduous process. To my wonderful children: Justin, Jared, Autumn, and Madison, thank you for your patience with me, loving me, and always routing for me to win. To my beautiful grandchildren, Kru and Cyn, thank you for being the special little humans that you are. Your presence brings me joy. And finally, and to my host of extended family and close friends. You all have been a constant source of love and unwavering support. Thank you.

To my classmates Lauren and Jabari, thank you for walking with me along this dissertation journey. Jabari, thank you for your support, your presence when my social battery was running low, and for all of the accountability writing sessions. Lauren, thank you for your support and guidance at a time when I felt left behind and isolated from my academic family.

ACKNOWLEDGMENTS

I would like to acknowledge and express my profound appreciation to the following for the support of this research study:

- Dr. Phyllis Post. Thank you for being a guiding light during this process. Your honesty, and straightforward approach was exactly what I needed to get to the finish line. Thank you for your warmth, your humor, and for your modeling of self-compassion during this process.
- Dr. Claudia Flowers, thank you for your patience, support, and time. Thank you for your commitment to seeing me complete this project. I appreciate you.
- Dr. Clare Merlin-Knoblich, thank you for believing in me. I appreciate your support and every kind word you ever expressed to me.
- Dr. Hank Harris, thank you for your thoughtful feedback and encouragement throughout this journey.
- Dr. Lisa Russell-Pinson, thank you for teaching me how to write and how to manage distractions. Your kindness and gentle approach to teaching are unmatched.

TABLE OF CONTENTS

List of Tables

CHAPTER 1: INTRODUCTION

Mental illness can impact individuals regardless of race, ethnicity, and socioeconomic class. Each year in the United States (U.S), one in five adults experience mental illness and one in six youth ages 6-17 experience a mental disorder (NAMI, 2020). While mental illness can affect individuals at similar rates, ethnic minorities have less access to mental health treatment, are less likely to seek care; and, when they do seek care, they are less likely to receive quality care (St. John, 2016; Santiago et al., 2013). These disparities contribute to the widening gap of unmet mental health needs for minorities that have been exacerbated by the impact of COVID-19. According to the National Institute of Health (NIH), the prevalence of depression symptoms in the United States has tripled since COVID-19 (Ettman et al., 2020). According to national survey data for 2020, LGBTQ+ youth were ranked highest for suicide ideation among youth ages 11-17. Moreover, the number of Asian or Pacific Islanders searching for mental health resources increased from 9% in 2019 to 16% in 2020. And while African Americans had the highest average percent over time for anxiety and depression, Native Americans had the highest percent of change over time for suicide ideation (NAMI, 2020).

The help-seeking behavior of racial and ethnic minorities in the United States has been influenced by the lack of trust in the medical system. For example, the history of violence and oppression against black people has evolved into current day racism on structural, systemic, and individual levels (MHA, 2020). Experiences of objective prejudice and discrimination contribute to internal stressors like low self-esteem, shame, guilt, and internalized stigma have been among racial and sexual minorities (Noonan et

al., 2016; Schuler et al., 2018). Unfortunately, these experiences may also be present in the counseling experience. Even when racism is not readily observable in the counseling relationship, it can lead to damaging outcomes for minorities including misdiagnosis, receipt of less preferred forms of treatment, increased rate of premature termination, and overall dissatisfaction with service delivery in minority clients (Ridley et al., 2010; Rutgers University, 2019).

Historically, counseling theory, research, and practice have represented and advocated for white, middle-class individuals. Sue et.al (1992) describe white culture as being so dominant that it acts as a veil that prevents counselors from recognizing themselves as operating from a reference point of monoculturalism. Counselors who do not address biases, assumptions, and their own epistemological views risk operating within the oppressive framework of the dominant culture (Katz, 2014; Owen, 2017; Owen et al., 2018; Sue et al., 1992). In addition, holding narrow views of culture may lead to omissions in case conceptualization of intersectionality of demographic characteristics, lowering treatment effects, and possibly resulting in harm to the client (Ratts, 2016; Sue et al., 1992). As such, providing mental health counseling to clients of culturally diverse backgrounds carries an ethical obligation for the clinician to be competent in working with culturally diverse groups (Arredondo, 2004; Ratts, 2016).

Despite the growing support of cultural humility as complementary or even an alternative to cultural competence, little has been examined about the ways in which this perspective can be enhanced in counselor education programs. To promote multicultural competence, scholars have suggested cultivating an environment in which all viewpoints are welcomed and where students can participate in discussions that they might avoid

outside of the classroom (Arredondo & Arciniega, 2001; Jones, 2013) with the assumption that conflict is essential to change (Ramsey, 2000). However, discussions about privilege and oppression in counselor multicultural training can result in feelings of defensiveness and shame that can lead to decreased openness to self-reflection in the trainee and possible avoidance of awareness training by counselor educators due to fear of receiving negative course evaluations (Davis, 2014). As such, effort must be directed toward reducing defensiveness in the trainee and cultivating a learning environment that fosters experiential acceptance of self and others. Decreasing defensiveness would enhance the trainees' ability to critically self-reflect and engage in the difficult dialogues that foster growth and change. Self-compassion (Chancellor, 2013), empathy, and spirituality are constructs that have been associated with general humility and respectively work to lower emotional/ psychological defensiveness. However, to date, there have been no empirical exploration of these concepts as they relate to the enhancement of cultural humility. Consequently, the purpose of this study is to examine the impact of spirituality, self-compassion, and empathy on cultural humility in counseling students.

Overview of Major Variables

The following section will describe the major variables that are important to this study. This section will include descriptions of cultural humility and focus on the way cultural humility has been explored in counselor multicultural education. In addition, this study will explore empathy, intrinsic spiritual motivation, and self-compassion as they relate to the fostering of cultural humility in counselor trainees.

Cultural Humility

While multicultural competence involves the attainment of cultural awareness, knowledge, and skills for cross-cultural interactions (Arredondo, et al., 1996), cultural humility relates to an interpersonal stance that allows one to view the cultural background and experiences of others with respect and an other-oriented stance that allows the therapist to by-pass their natural inclination toward ethnocentricity and instead be open to the diversity of culture, experiences, and the worldview of the client. Cultural humility results in observable interpersonal behaviors like being attentive and open to exploring experiences that relate to the client's cultural background and worldview and asking questions to navigate ambiguity throughout the process.

Empirical studies have linked the construct of general humility to positive interpersonal and intrapersonal outcomes that include enhanced physical health (Krause, 2012), decreased depressive symptoms (Janowski et al., 2013), resilience to lifetime trauma (Krause & Hayward, 2012), enhanced social relationships (Peters et al., 2011), as well as increased spiritual maturity, spiritual stability, and feelings of closeness to God (Jankowski & Sandage, 2014). The construct of humility is far-reaching and extends into the domain of social justice advocacy. Jankowski and colleagues (2013) identified humility as a mediator in the association between increased forgiveness and increased social justice commitment.

While the amount of empirical data related to cultural humility is sparse, researchers have found cultural humility to be a desirable trait in therapists amongst psychotherapy clients and it significantly related to the development of a strong working alliance and client improvement (Hook et al., 2013). Owens and colleagues (2014)

examined cultural humility of the therapist toward religious beliefs and values. They found positive correlations between therapist cultural humility and client improvement, particularly for clients with high levels of religious commitment. This study seeks to add to the empirical knowledge base about cultural humility by examining the relationship between variables that are closely related to the construct.

Self-Compassion

Self-compassion is extending compassion to oneself in instances of perceived inadequacy, failure, or general suffering. Kristin Neff (2003) has defined self-compassion as being composed of three main components – self-kindness, common humanity, and mindfulness. Self-compassion entails fostering kindness to oneself in difficult moments and perceiving one's experiences as part of a larger human experience. Self-compassion enables one to place their experiences in the context of human suffering rather than seeing themselves as suffering in isolation. Lastly, self-compassion involves an aspect of mindfulness that assists one in holding their painful thoughts and feelings in a balanced awareness without over identifying with them (Neff, 2003).

Self-compassion and humility are dispositional factors that function in a complementary manner. While humility involves having a tranquil and self-accepting disposition that is not overly sensitive to ego-threats (Neff & Seppälä, 2017), self-compassion elicits a state in which there is little preoccupation with the self, reflects ego-stability and cushions individuals during negative life events. As such, self-compassion has been identified as one of the hallmarks of humility (Chancellor, 2013). Self-compassion fosters an "open-hearted awareness" that softens the partition between self

and other, thereby encouraging a view of all individuals as worthy of compassion (Neff & Seppälä, 2017).

Studies have shown that individuals who have a self-compassionate frame of mind or who rate high in trait self-compassion report more experiences of happiness, optimism, curiosity, creativity, and positive emotions than those who are self-critical (Hollis-Walker & Colosimo, 2011). Researchers have linked self-compassion to a host of personal well-being outcomes that include protection against compassion fatigue and burnout (Beaumont et al., 2016; Duarte et al.,2016; Durkin et al., 2016), a buffering effect against trauma and subsequent emotion dysregulation (Vettese et al., 2011), enhanced psychological adjustment after relationship dissolution (Sbarra et al., 2012), as well as increased motivation for self-improvement, willingness to learn and avoid repeating past mistakes (Breines & Chen, 2012). Self-compassion encourages an open and accepting stance toward self that has been positively correlated with an orientation of openness to the world (Sharma & Davidson, 2015).

The overall journey of becoming a counselor can be stress-provoking. In addition to managing life stressors (e.g., financial concerns and work-life balance), counselor trainees are expected to exhibit personal and professional development that largely results from critical self-reflection (Coaston & Lawrence, 2019). The way trainees respond to themselves during these times may greatly influence their emotional responses and subsequent behaviors, including their level of engagement in self-reflection and interpersonal exchanges with peers in multicultural training classes. Self-compassion affords one the emotional safety needed to perceive and correct maladaptive cognitions, feelings, and subsequent behaviors. In other words, self-compassion may act as a buffer

against the negative impact of the defensiveness experienced by trainees in counselor multicultural training classes (Exline, 2017; Neff, 2003).

Empathy

Empathy refers to the ability to take another person's perspective and experience the resulting thoughts and feelings (Birnie, 2010; Davis, 1996). Empathy is comprised of two elements; a cognitive component that permits one to imagine another's viewpoint and an affective component that allows one to elicit genuine concern for the distress that another person experiences (Birnie, 2010; Fulton & Cashwell, 2015). Even though empathy is vital to the formation of the therapeutic relationship (Rogers, 1957), it is more easily established between individuals who share similarities. Individuals are more apt to place themselves in the proverbial shoes of someone with whom they share a likeness or similitude. On the other hand, empathy can be difficult to practice with individuals who are profoundly different. This is because empathy for deeply different individuals requires a stretch of the imagination to include knowledge and/or experience that is beyond the lived experience of the observer. This makes cross-cultural communication difficult. Humility assists individuals in recognizing the limits and gaps in their own knowledge and experiences and fosters a curiosity and openness that promotes empathetic exchanges (Johnson, 2019).

Empirical studies have linked empathy to prosocial behaviors (Lockwood, 2014; Prot, 2014), suggesting that higher levels of empathy promote individuals to act in social ways that benefit others. Alternately, deficits in empathy have been linked to autism and psychopathy (Bird, 2014; Lockwood, 2014; Schwench, 2012). Lockwood (2014) found

that deficits in affective empathy were linked to psychopathy, whereas deficits in cognitive empathy were linked to autism.

Davis and colleagues (2011) denoted that humility entails qualities like empathy as well as the acceptance of self as subordinate to God or the transcendent. However, empirical confirmation for this notion has been sparse. While Davis and colleagues identified positive correlations between humility and empathy (2011), there has been no empirical exploration of the relationship that exists between cultural humility, empathy, self-compassion, and spirituality. Moreover, empirical studies related to predictors of cultural humility is nonexistent. This study seeks to fill the gap in literature related to cultural humility in counselor education.

Spirituality

Spirituality involves connection to the sacred or transcendent (Jones, 2005), is concerned with meaning making (Tisdell & Tolliver, 2003), and fosters a sense of interconnectedness with all things. Connection to the sacred often involves a migration towards intrapersonal and interpersonal authenticity that may be helpful in exploring aspects of one's subjective and objective identities during multicultural training experiences. As one connects to their deepest spirit, they may feel free to explore and redefine aspects of their cultural identity that are less reflective of external perspectives (Tisdell & Tolliver, 2003). The meaning making quality associated with spirituality has been linked to enhanced positive views of self and others, as well as perceived control in managing difficult life events (Tedeschi & Calhoun, 1995).

Hook and Davis (2014) explain that even though humility is a virtue espoused by most world religions, it becomes difficult for religious/spiritual individuals to embrace

when their most strongly held religious convictions are challenged, especially for more orthodox practitioners. In previous studies, researchers linked humility to spiritual transcendence (Powers, 2007; Rowatt et al., 2006) suggesting that states of spiritual transcendence may lead to increased humility. Alternately, Grubbs and Exline (2014) found that humility fostered enhanced spirituality by lowering instances in which individuals struggle with their divinity or relationship with the transcendent. This is paramount given that struggles with spirituality have been linked to lower dispositional humility, attachment formation, and subsequent health in interpersonal relationships (Jankowski & Sandage, 2014). Regardless of the directional influence of each construct, interventions to promote humility have been found effective regardless of spiritual/religious commitment (Lavelock, et al., 2014). The research connecting spirituality and humility is sparse and there is no empirical data that explores the connection between cultural humility and spirituality. This study seeks to examine this connection in counseling students.

Need for the Study

Little is known about how to cultivate cultural humility through counselor training. As such, this study will examine constructs (self-compassion, empathy, and spirituality) that have been associated with general humility to understand their relationship to cultural humility. The integration of constructs like self-compassion, empathy, and spirituality into counselor training to foster cultural humility could provide the 2nd order change needed to create a transformational learning experience. Thus, producing attitudes and behaviors conducive to providing multiculturally appropriate

care. The results of this study will contribute to a sparse empirical base that supports the need for a more holistic form of counselor multicultural pedagogy.

Purpose of the study

The purpose of this study is to examine how spirituality, self-compassion, and empathy relate to cultural humility in counseling students.

Research Question

The main research question is: How do self-compassion, empathy, and spirituality relate to the level of cultural humility among counseling students?

Research Design

This study used a correlational survey design. A standard multiple regression analysis will be utilized to examine the relationships between self-compassion, empathy, spirituality, and cultural humility among counseling students. The researcher will analyze the amount of variance accounted for in cultural humility by each of the predictor variables.

Assumptions

The following assumptions have been made in proposing this study:

- Participants will complete survey honestly and voluntarily.
- The intended respondent will be the person that completes the survey.
- The sample is representative of the population.

Delimitations

The following delimitations have been identified by the researcher:

- Participants will be current counseling students who are enrolled in CACREP accredited programs.

- Participants will be required to read and respond to English.
- Information will be obtained online via self-report surveys.

Limitations

The following limitations are true of this study:

- A purposive sample of counseling students enrolled in CACREP accredited programs limits the ability of the researcher to generalize results to students enrolled in counseling programs that are not CACREP accredited, as well as to all students enrolled in CACREP accredited programs.
- Social desirability bias is the tendency of participants to answer survey questions in a way they think might be favorably viewed by others (Maccoby & Maccoby, 1954).
- The research study is correlational; therefore, causal inferences cannot be made.

Threats to Validity

Threats to Internal Validity

Internal validity in quantitative research ensures that the observed changes in the study are credited to the independent variable (s) and not to extraneous variables (Mertens,2015). Threats to internal validity in this study included instrumentation and social desirability. To address the threat related to instrumentation, all instruments have been evaluated for reliability and validity in previous studies. To address threat related to social desirability, participants will respond anonymously and confidentially online.

Threats to External Validity

External validity in quantitative research indicates that the results of a study can be generalized to the population (Mertens, 2015). This study includes students enrolled in a CACREP accredited counseling program in the southeast region of the United States. The researcher expects the results to be generalizable only to other counselor trainees with similar demographics and experience.

Operational Definitions

Counseling Students

Counseling students are defined as individuals enrolled in a CACREP accredited counselor training program at any point in the training process.

Cultural Humility

Cultural humility is the ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to the client (Hook et al., 2013). For this study, cultural humility will be measured by the Multidimensional Cultural Humility Scale (MCHS; Gonzalez et al., 2020). The MCHS is a 15-item instrument measuring culturally humble attitudes on a 6-point Likert scale. Cultural humility attitudes will be measured by participants' total score on the MCHS scale.

Self-Compassion

Self-compassion involves having feelings of concern for one's own suffering and approaching one's shortcomings with kindness, nonjudgment, understanding, and awareness that shortcomings are part of the common human experience (Neff, 2003). For this study, self-compassion was measured with the Self-Compassion Scale (SCS; Neff, 2003). The SCS is a 26-item instrument that measures trait levels of self-compassion,

including thoughts, feelings, and behaviors that are associated with various aspects of self-compassion. My original plan was to use a total score of the SCS. However, due to a clerical error, only items that pertain to common humanity will be used in this study.

Empathy

Empathy is defined as "an individual's capacity to understand the behavior of others, to experience their feelings, and to express that understanding to them" (Lam et al., 2011). For this study empathy will be measured by the Questionnaire of Cognitive and Affective Empathy (QCAE; Reniers, 2011). The QCAE is a 31-item instrument that measures cognitive and affective empathetic personality traits. Cognitive empathy will be measured by summing the subscale scores for perspective taking and online simulation. Affective empathy will be measured by summing the subscale scores for emotion contagion, proximal responsivity, and peripheral responsivity. My original plan was to use a total score summing affective and cognitive empathy. However, due to a clerical error, only items that pertain to affective empathy will be used in this study. Total scores will be used.

Spirituality

Spirituality is defined as "an individual's subjective relationship with God, or a sacred or transcendent dimension of existence" (Hodge, 2015). For this study, spirituality will be measured using the Intrinsic Spirituality Scale (ISS; Hodge, 2003). The ISS is a 6-item intrinsic spirituality scale that assesses the degree to which spirituality functions as a master motive, for both theistic and non-theistic populations, both within and outside of religious frameworks. A total spirituality score will be measured by taking the sum of scores from the six items and dividing it by six. A score of zero represents individuals for

whom spirituality is not a motivating component in their life. A score of 10 represents individuals who are motivated by their spirituality to the highest degree possible.

Summary

The increase of diversity in the United States makes it imperative for counselors adopt an expansive worldview to address the needs of culturally diverse patronage. Even though cultural diversity has been defined as a core area of counseling curriculum, more is needed in counselor multicultural pedagogy to assist students in adopting the appropriate attitude and skillset for working with culturally diverse individuals. The adoption of a multicultural orientation or a culturally humble stance, rather than multicultural competency alone, may assist counselor trainees in displaying more of the behavioral changes long sought through multicultural competency building. This study seeks to identify constructs that are related to cultural humility.

Organization of the Study

This dissertation includes five chapters. The first chapter presents a rationale and overview of factors that may contribute to cultural humility by describing the purpose, significance of the research problem, research question, and variables of inquiry. Further details are given highlighting the author's assumptions, delimitations, and operational definitions. The second chapter is a review of the literature outlining current evidence-based and conceptual research on self-compassion, empathy, and spirituality and the impact that they may have on counselor trainees' level of cultural humility. The third chapter outlines the methodology used in the study including the participants, instrumentation, design, procedures, data collection process, and data analysis. The fourth chapter presents the results of the study including about a description of the demographic variables and the results of the regression analyses. Lastly, chapter five includes a

discussion of the results found, limitations of the study, implications of the findings, and recommendations for future research.

CHAPTER II: REVIEW OF THE LITERATURE

The purpose of this study is to examine how self-compassion, empathy and spirituality are related to cultural humility in counseling students. This chapter will be divided into six main sections. The first section contains a discussion of the theoretical framework, multicultural and social justice counseling competencies. The next section will provide an overview of the dependent variable, cultural humility, followed by a literature review focusing on how the independent variables, self-compassion, empathy, and spirituality are related to cultural humility. The final section will present a summary of the chapter and a conclusive statement denoting how this research will contribute to filling a gap in the existent empirical knowledge of cultural humility in counseling students.

Theoretical Framework

The theoretical framework of this study is grounded in multicultural counseling competence (MCC; Sue et al., 1992) and multicultural and social justice counseling competence (MSJCC; Ratts et al., 2016). The MCC has been foundational in producing significant changes in counselor training, practice, research, and supervision (Ratts et al., 2016). The primary areas of MCC include knowledge, skills, and awareness (Sue et al., 1996). The awareness component of the MCCs emphasizes counselors' recognition of their own cultural backgrounds, as well as a recognition of their clients' backgrounds. The knowledge component emphasizes a comprehension about the impact of oppression on groups. Lastly, the skills component emphasizes cross-cultural proficiencies that

counselors develop through counselor training to assist them delivering counseling services to culturally diverse clients.

The MCSJC (Ratts, 2016) address the complexities of intersecting social identities that are impacted by social justice problems like racism, sexism, and ageism. These frequently overlapping social problems result in multiple levels of social injustice for which individuals experience detrimental consequence (Crenshaw, 1991). When counselors fail to address the intersecting cultural identities of their clients, they fail to recognize the potentially layered experiences of marginalization and oppression experienced by clients. Additionally, they miss critical opportunities to engage in anti-oppressive practices that would allow them to act as social justice advocates on behalf of their clients. The MSJCC urges counselors to combine individual counseling with community-centered interventions to adequately address the problems that marginalized individuals bring to therapy (ACA, 2014). As such, scholars recommend counselors to advocate within the individual, group, and systems levels when addressing issues of marginalized groups (Lewis et al., 2011).

Advocacy on an individual level addresses client empowerment through assisting clients to negotiate within their various support systems and assisting them in finding ways to amplify their voice. At the group level, advocacy can be performed by working with local community leaders to increase the accessibility of resources to underserved populations. Finally, clinicians can advocate on a systemic level by helping to create equity for through policy reform. The MSJCC provides a framework to assist clinicians in becoming social change agents on behalf of their clients (Ratts et al., 2016).

Cultural humility fosters a type of self-awareness that assists individuals in recognizing their inadvertent participation systems of oppression (Allwright, 2019; Foronda, 2016; Richardson et al., 2017; Tervalon & Murray-Garcı´a, 1998). The emphasis of a culturally humble stance releases the clinician from the expectation of an end point in multicultural competency and instead, fosters a second-order change in the clinician by means of a commitment to a learning process that includes self-reflection, evaluation, and social justice advocacy.

To produce some of the attitudinal and behavioral outcomes desired through multicultural *competence* (Sammons & Speight, 2008; Sehgal et al., 2011), scholars have recommended a shift to a multicultural *orientation* or way of being (Hook et al., 2013; Owen et al., 2014). Cultural humility, cultural opportunities, and cultural comfort are components of the multicultural orientation framework. Cultural humility was first defined by Tervalon and Murry-Garcia (1998) in medical pedagogy as "lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individual and defined populations" (1998, p. 117). This study focuses on cultural humility.

While both cultural humility and cultural competence address inequality, cultural humility does so in a way that more adequately addresses the intersectionality of social identities. Davis (2014) defined intersectionality as "the interaction between gender, race, and other categories of difference in individual lives, social practices, institutional arrangements, and cultural ideologies and the outcomes of these interactions in terms of power" (p. 68). Kimberlé Crenshaw (1991) asserts that social justice problems like

racism, sexism, etc., frequently overlap and subsequently create multiple levels of social injustice for which individuals experience real consequence. Failure to recognize and address the intersectionality of social identities, may result in reinforcing oppressive systems. Cultural humility allows the therapist to by-pass their natural inclination toward ethnocentricity and instead be open to the diversity of culture, experiences, and the worldview of the client. Cultural humility results in observable interpersonal behaviors like being attentive and open to exploring experiences that relate to the client's cultural background and worldview and asking questions to navigate ambiguity throughout the process. Cultural Humility Among Mental Health Professionals

Cultural Humility

Earliest examinations of cultural humility in the mental health profession began with the use of retrospective assessments to explore the impact of cultural humility on the counseling relationship (Hook et al., 2013; Owen et al., 2014). Findings from these studies showed that clients who perceived their therapist to be culturally humble were more likely to develop a positive relationship with them, anticipated the therapy to be effective, and were more likely to continue therapy with the therapist (Hook et al., 2013).

While beginning studies utilized convenience samples of college students (Hook et al.,2013; Davis et al., 2016), similar outcomes were noted in studies the used samples that reflected greater cultural representation regarding age, race, and religion (Hook et al., 2013; Owens et al., 2014; Hook et al., 2016). For example, for the creation and validation of the Cultural Humility Scale (CHS), Hook et al. (2013) conducted a series of studies that examined client's perceptions of therapists' cultural humility. While the first two studies utilized samples of college students, the sample for the third study included

120 adults who self-identified as Black and were attending therapy at the time of study participation. Participants completed measures on improvement in psychotherapy, working alliance, and cultural humility. Assuming that cultural humility would be positively related to improvement in psychotherapy and mediated by working alliance, researchers examined cultural humility, improvement in therapy, and the working alliance via hierarchal regression. They found that 37.2% of the variance noted in client improvement, was explained by the mediated effect of cultural humility through working alliance. In other words, the working alliance was strengthened by the client's perception of their therapists' cultural humility, and the working alliance subsequently led to better outcomes in therapy.

Similarly, Owen and colleagues (2014) examined the relationship between perceptions of therapist cultural humility and the working alliance in a sample of 45 participants that self-identified as religious or spiritual. Utilizing a retrospective assessment of therapy, researchers assessed participants' estimate of improvement post therapy, their perception of their therapists' cultural humility, as well as their level of religious/spiritual commitment. They found a positive correlation between cultural humility and working alliance. Furthermore, the influence of cultural humility on client outcomes was strongest for clients who rated high in level of religious commitment. This suggests that cultural humility may be foremost for addressing salient aspects of clients' cultural background.

To examine the influence of caregiver cultural humility on racial identify and mental health concerns for multiracial individuals, Franco and colleagues (2019) utilized a sample of 399 adults that self-identified as multiracial. Participants used a retrospective

analysis to assess the cultural humility of their primary caregivers during childhood. They found that primary caregiver cultural humility was correlated with less depressive symptoms, more multiracial pride, and fewer challenges with racial identity. This implies that culturally humble caregivers may communicate respect for one's racial identity that may be interpreted by the child as supportive, affirmative, and legitimizing for their racial identity.

Most recently, researchers explored the validity of the cultural humility scale for its use with individuals with intersecting cultural identities. DeBlaere and colleagues (2019) conducted the only psychometric examination of the CHS with a sample of religious and spiritually diverse women of color. The sample included 288 women of color with a range of religious and spiritual identities. Participant CHS scores had strong positive associations with client perceptions of therapists' multicultural competencies and feminist orientation. Results from the study suggest that the construct of perceived therapist cultural humility may work similarly for women of color as it did for samples of predominately white women and men.

Building upon previous studies of cultural humility (Hook et al., 2013), researchers continued building empirical support in favor of cultural humility for strengthening the working alliance, as well as for the reparative quality of cultural humility in preserving the working alliance in instances of microaggressions and missed cultural opportunities (Owen et al., 2014; Davis et al., 2016; Hook et al., 2016). Using a sample of 128 graduate students, Davis, and colleagues (2016) examined the relationship between perceived racial microaggressions and client-rated working alliance. Participants were asked to provide a written reflection on a microaggression they experienced in

therapy. Participants then rated the severity of the offense, the degree to which they felt negative emotion toward their counselors, the working alliance, as well as their perceptions of improvement made in therapy. Davis et al., found microaggressions to be negatively associated with perceived therapist cultural humility. Additionally, they found that perceptions of therapist cultural humility mediated the relationship between negative emotion associated with rupture and perceived improvement in counseling. Similarly, Hook et al. (2016) examined the relationship between cultural humility and racial microaggressions.

Unlike Davis et al. (2016), Hook et al used a larger sample size, expanded the sample demographic to include adults versus a student only population, and controlled for both perceived general and multicultural competence of the counselor; known predictors of both racial microaggressions (Constantine, 2007)
and cultural humility (Hook et al., 2013). They found that perceptions of therapist cultural humility were related to lower occurrences of racial microaggression. Moreover, cultural humility was associated with a lower negative impact for instances in which participants did experience a microaggression.

Utilizing a sample of 50 therapists and 247 therapy clients from a university, Owens and colleagues (2016) examined the relationship between clients' perceptions of therapists' cultural humility and perception of therapists' missed opportunities to discuss cultural issues that pertained to clients' most salient cultural identities. Participants rated these items using a retrospective assessment of therapy. Owens et al. found that cultural humility moderated the relationship between cultural missed opportunities and client outcomes. Whereas cultural missed opportunities led to poor client outcomes, this was

not the case in instances where the client perceived the therapist to be culturally humble. While this study employed a sample of clients and therapists, researchers assessed only the client perceptions of therapist cultural humility.

While there has been an increase in empirical data showing positive outcomes for cultural humility in counseling, exploration of this topic in counselor education has been sparse and only one study examined perceptions of cultural humility in clinical supervisors. Cook et al (2020) used a sample of 101 post-master's counselors seeking licensure as full, independent professional counselors. Researchers examined whether supervisors' openness to cultural differences and receptivity to discussion about culture could attenuate supervisee intentional nondisclosure. Results from the study indicated that supervisees were less likely to engage in intentional nondisclosure when they perceived supervisors to possess traits like being respectful and interested in learning more.

While empirical evidence in support of cultural humility is increasing, existing studies have only examined this construct through the retrospective assessments of individuals that rate the cultural humility of others (i.e., counselors or caregivers). This is partly due to the previous lack of available tools to measure cultural humility. Most recently, Gonzalez and colleagues (2021) developed the multidimensional cultural humility scale that measures self-perceptions of cultural humility. While researchers utilized a sample of 861 helping professionals to develop the scale, the MCHS has not been used with counselor trainees. This study seeks to examine self-perceptions of cultural humility amongst counselor trainees.

Self-Compassion

Self-compassion fosters an "open-hearted awareness" that softens the partition between self and other, thereby encouraging a view of all individuals as worthy of compassion (Neff & Seppälä, 2017). The overall journey of becoming a counselor can be stress-provoking. In addition to managing life stressors (e.g., financial concerns and work-life balance), counselor trainees are expected to exhibit personal and professional development that largely results from critical self-reflection (Coaston & Lawrence, 2019). While little is understood about the relationship between SC and cultural humility, SC complements general humility as it fosters self-acceptance and acts as a buffer against ego-threats (Neff, 2003; Neff & Seppälä, 2017).

Intrapersonal Outcomes

Self-compassion has been linked to a host of positive intrapersonal outcomes, such as decreased depression and anxiety (Neff, 2003), a buffer against trauma and subsequent emotion dysregulation (Vettese et al., 2011), enhanced psychological adjustment after relationship dissolution (Sbarra et al., 2012), and enhanced well-being (Duarte et al., 2016; Durkin et al., 2016; Sbarra et al., 2012). Self-compassion has also been linked to intrapersonal outcomes that benefit helping professionals, such as a decrease in negative self-evaluation (Beaumont et al., 2017), protection against compassion fatigue and burnout (Beaumont et al., 2017; Duarte et al.,2016; Durkin et al., 2016). Furthermore, there is increasing empirical support for SC to produce outcomes that more readily influence the interpersonal qualities imbedded in cultural humility, such as increased motivation for self-improvement, willingness to learn and avoid repeating past mistakes (Breines & Chen, 2012), intentional engagement in self-growth, curiosity, and exploration (Hook et al., 2013; Owen et al., 2014; Sharma & Davidson, 2015).

A few studies have explored the intrapersonal benefits of SC in college students (Hollis-Walker, 2011; Neff, 2003; Sharma & Davidson, 2015). For example, Kristin Neff (2003) used samples of undergraduate students of educational psychology in two of three studies conducted to develop and validate the Self-Compassion scale (SCP). In study 1, Neff (2003) used a sample of 391 undergraduate students of educational- psychology to examine the relationship between self-compassion, life-satisfaction, neurotic perfectionism, anxiety, and depression. Results indicated that SC was correlated with positive mental health outcomes like less depression and anxiety, as well as greater life satisfaction. Additionally, self-compassion was negatively correlated with neurotic perfectionism. This suggests that self-compassion may assist individuals to quickly recover from psychologically distressing situations, in addition to experiencing less distress when they fail to meet personal standards.

Next, Neff (2003) used a sample of 232 undergraduate students to examine the relationship between self-compassion, self-esteem, and rumination and thought suppression, which are thought patterns that lead to maladaptive outcomes like anxiety and depression. The results from the study indicated a positive correlation between self-compassion and self-esteem, and a negative correlation between self-compassion and rumination and thought suppression. While the two self-esteem scales evidenced a significant correlation with narcissism, the SC scale did not. This suggests that for self-compassionate individuals, the experience of positive emotions is not dependent upon superiority over others, as may be the case with individuals with high self-esteem. Moreover, self-worth in self-compassionate individuals is not dependent upon meeting set standards, rather, it is derived from simply on being one’s authentic self.

Hollis-Walker and Colosimo (2011) used a sample of 123 undergraduate students to investigate self-compassion as a mediator and augmenter of the mindfulness–happiness association. Results indicated that self-compassion partially mediated the mindfulness–happiness relationship. This suggests that SC may act as a buffer against deleterious effects of negative feelings such as guilt and self-criticism, thus facilitating well-being.

The way trainees respond to themselves during times of great stress, self-doubt, and ambiguity may greatly influence their emotional responses and subsequent behaviors, including their level of engagement in self-reflection and interpersonal exchanges with peers in multicultural training classes. The lack of harsh self-criticism associated with SC may help individuals to acknowledge and address growth areas, potentially leading to enhancements in interpersonal relationships (Sharma & Davidson, 2015).

Interpersonal Outcomes

Several studies have examined the interpersonal benefits of SC (Beaumont et al., 2017; Neff and Beretvas, 2013; Neff & Pommier, 2013; Sharma & Davidson, 2015; and Yarnell & Neff, 2013). Utilizing a sample of 100 college students, Sharma and Davidson (2015) explored the relationship between self-compassion, personal growth initiative (PGI), curiosity, and exploration. PGI was defined as an intentional engagement in self-growth. Results from the study indicated that a positive correlation between self-compassion and PGI, as well between self-compassion and behaviors that exemplify curiosity, and exploration. This suggests that as individuals perceive their experiences to be part of the broader human experience, they may demonstrate a commitment to self-growth. and approach life with curiosity and exploration. Additionally, self-compassion

may foster the type of intrinsic motivation that lessens the fear of failure that arises when meeting difficult circumstances, thus permitting individuals to be curious about life.

Yarnell and Neff (2013) used a sample of 506 undergraduates to examine the link between self-compassion and the balance of the needs of self and other in conflict situations. They found that higher levels of self-compassion were related to the increased likelihood to compromise and decreased likelihood to self-subordinate needs. Self-compassion was also linked to greater authenticity, lower levels of emotional turmoil, and higher levels of relational well-being. This suggests that self-compassionate individuals tend to value the personal needs and desires of both themselves and their relationship partners, approach interpersonal conflict in a way that does not subjugate the needs and beliefs of individuals with whom they experience conflict, thus allowing them to resolve conflicts in relationships in a healthy and productive manner. Similarly, Neff and Beretvas (2013) used a sample of 104 couples to examine self-reported levels of self-compassion with partner reports of relationship behavior. Results indicated that individuals who rated high in SC displayed more positive relationship behavior than those who lacked self-compassion. Additionally, SC was a better predictor of positive relationship behavior than trait self-esteem (SE) or attachment style. Lastly, researchers found that partners were able to correctly identify each other's SC levels; suggesting that SC is a visible characteristic.

Neff and Pommier (2013) examined the link between self-compassion and other-focused concern variables like compassion for humanity, empathetic concern, perspective taking, personal distress, altruism, and forgiveness. The sample for this study included 384 college undergraduates, 400 community adults, and 172 practicing meditators. While

higher levels of self-compassion were significantly linked to greater compassion for humanity, empathetic concern for others, perspective taking, altruism, forgiveness, and less personal distress when considering the suffering of others among adults from the wider community and practicing meditators, this was not the case for undergraduate students. For the undergraduate students in this study, SC was linked to perspective taking, forgiveness, and less personal distress, but not significantly related to compassion for others, empathy, or altruism. Neff and Pommier assert that this discrepancy may be attributed to factors related to lifespan development. Young adults may be focused on differentiating from others and forming their own identities, leading to an overemphasis on self. They may also lack the life experiences needed to comprehend the interrelated nature of their own suffering and the suffering of others (Neff & Pommier, 2013). Lastly, Beaumont and colleagues (2017) examined self-compassion in a sample of clinicians enrolled in post-graduate training. To evaluate the effects of a self-compassion training program, researchers used a sample of 35 cognitive behavioral psychotherapists. Findings from the study showed that self-compassion training led to an increase in student reports of reduced self-critical judgement and increased awareness of the common experience of suffering amongst humans, as well as student reports of decreased feelings of isolation post training.

Gap/Need

Together, these studies provide evidence that SC affords one the emotional safety needed to perceive and correct maladaptive cognitions, feelings, and subsequent behaviors within interpersonal relationships. As such, self-compassion may act as a buffer against the negative impact of the defensiveness experienced by trainees in

counselor multicultural training classes (Exline, 2017; Neff, 2003). While many studies have examined SC in students, no study has examined SC as it relates to cultural humility in counselor trainees. This study seeks to examine the relationship between SC and cultural humility in counselor trainees.

Empathy

Empathy refers to the ability to take another person's perspective and experience the resulting thoughts and feelings (Birnie, 2010; Davis, 1996). Carl Rogers (1959) believed that empathy assists therapists in establishing an unconditional positive regard toward clients. This way of being then creates an environment in which individuals feel free to safely explore and correct the incongruences between their experienced self and their ideal or imagined self. Furthermore, the empathic nature of the therapeutic relationship initiates the process of constructive psychological development. As such, Rogers (1959) identified empathy as a key component in producing therapeutic change.

Empathy in General Populations

Empathy has been linked to a host of positive intrapersonal outcomes in non-counseling populations like decreased dysfunctional impulsivity (Reniers et al., 2011), decreased psychological distress, decreased negative self-talk, as well as increases in healthy attachment styles (Watson et al., 2014). In addition to an abundance of positive intrapersonal outcomes, empathy has been linked to favorable interpersonal outcomes like decreased relational conflict (Van Lissa et al., 2015), increased relationship satisfaction (Cramer & Jowett, 2010), decreased conflict escalation (Van Lissa et al., 2017), and increased helping and prosocial behaviors (Lockwood, 2014; Prot, 2014). While these studies did not include counselors or counseling students, the findings provide evidence to support empathy as beneficial in assisting in self-regulation and in

the enhancement of interpersonal effectiveness. For example, Cramer and Jowett (2010) examined the relationship between perceived empathy and relationship satisfaction in a sample of 149 heterosexual couples. They used dyadic analysis to determine the extent to which an individual's perception of being understood by their romantic partner is related to how accurately their partner perceives them. Researchers found that perceived empathy was positively associated with relationship satisfaction and negatively associated with depression and conflict. Collectively, these studies show remarkable outcomes in mental and relational well-being when individuals perceive receiving empathy in their counseling and interpersonal relationships.

The literature suggests that there is a developmental nature to the construct such that empathy increases after adolescence (Allemand et al., 2015; Lockwood, 2014; Van Lissa et al., 2015). For example, Allemand and colleagues (2015) conducted a 23-year study on 1,527 adults aged 35 to explore the predictive associations between empathy development in adolescence and self-reported social competencies and outcomes in adulthood. Researchers found that empathy tended to increase during the adolescent years. Changes in adolescent empathy predicted individual differences in social competencies in adulthood two decades later. These findings suggest that empathy levels may increase as individuals progress through adolescence and into adulthood, assisting them in building healthy interpersonal relationships. Similarly, Van Lissa and colleagues (2015) conducted a 6-year longitudinal study to explore the association between individual differences in empathy development and adolescent- and parent-reported conflict in a sample of 467 adolescents and their parents. Compared to the participants who rated average and high in empathy, participants who rated low in empathy displayed

higher instances of conflict throughout adolescence. Regarding agreement in conflict between adolescent and parent, low-mid empathy participants underreported conflict. Even in instances in which parents reported having conflict with the adolescent, low-mid empathy adolescents may not have perceived that a conflict had transpired. Overall, the findings from these studies suggest that empathy may assist individuals to lower instances of interpersonal conflict by means of an awareness that recognizes the potential for relational offense.

Cognitive and Affective Empathy

Empathy is a multi-dimensional construct that includes cognitive and affective components (Nagamine et al., 2018; Reniers, 2011). Cognitive empathy refers to one's ability to take another person's perspective and imagine what they might be feeling. Affective empathy relates to the ability to feel what another person might be feeling (Reniers et al., 2011). While both dimensions are crucial for the development of interpersonal relationships, excessively low or high levels of either dimension can be problematic.

Affective and cognitive empathy have respectively been examined in relation to autism spectrum disorder (ASD) (Song et al., 2019) and conduct disorder in adolescents (Milone et al., 2019; Schwenck, 2012). While low levels of cognitive empathy were related to autism spectrum disorder, low levels of affective empathy were associated with conduct disorder (CD) and callous-unemotional (CU) traits. Callous-unemotional traits refer to a personality disposition that is characterized by low empathy, interpersonal hard-heartedness, emotionless affect, and a lack of concern for performance. Callous-unemotional traits are the hallmark feature of psychopathy in children and are present in antisocial behavior (Allen et al., 2018). These results suggest that while individuals with

CD can imagine what an individual might be feeling, their inability to feel what an individual might be feeling may result in interpersonal conflict and antisocial behaviors. Alternately, individuals with ASD have difficulty interpreting non-verbal communication. Feeling what another person is feeling without cognitive interpretation might prove to be socially overwhelming, causing individuals with ASD to shut down. Collectively, the results from these studies support a need for a respective balance of affective and cognitive empathy levels. For while high levels of affective empathy are associated with burnout, low levels of affective empathy are associated with callousness and insensitivity in interpersonal relationships.

Therapist Empathy

While empathy has been examined in general populations, only one study has examined the relationship between client perceptions of therapist empathy and therapeutic outcome. Watson and colleagues (2014) explored clients' self-reported experiences of therapist empathy in relation to attachment styles and treatment of self in a sample of 15 therapists and 55 clients after 16 weeks of psychotherapy for depression. Researchers found a significant and direct relationship between clients' perception of therapist empathy and client outcome, as well as a significant indirect effect for therapist empathy and improvement in attachment insecurity and decreases in negative self-treatment. In other words, when clients perceived their therapists to be empathetic, they became less insecure in their attachment, decreased negative self-treatment, experienced less psychological distress and depression, and experienced less cognitive distortions that lead to problems in their interpersonal relationships. These findings provide empirical support for empathy as a critical mechanism of change in psychotherapy.

Empathy in Counselor Trainees and Undergraduates

A major component of counselor competency includes the demonstration of observable behaviors like accurate reflection of feeling and meaning. To accurately reflect feeling and meaning, individuals must possess empathy, which is the ability to take another person's perspective and experience the resulting thoughts and feelings (Birnie, 2010; Davis, 1996). Higher levels of empathy have been inked to increased accuracy in conceptualizing mental health issues in culturally diverse clients (Constantine, 2001).

To examine the extent to which school counselor trainees' theoretical orientation and empathy would predict their self- reported multicultural counseling compete, Constantine (2001) employed a convenience sample of 105 graduate students that were enrolled in a school counseling program. After accounting for prior multicultural counseling training and counselor theoretical orientation, empathy contributed significantly to school counselor trainees' self-perceived multicultural counseling competence. These findings suggest that an empathetic capacity may, in part, reflect the ability of school-counselor trainees to work with culturally diverse students.

Examinations of empathy in counselors in training have produced mixed results suggesting that counselor training may or may not support trainee empathy development. For example, using 87 counselor trainees enrolled in practicum, DePue and Lambie (2014) examined the impact of a counseling practicum experience on students' self-assessed and supervisor-evaluated counselor competencies and empathy levels. They found that empathy levels increased alongside counselor skill development throughout the practicum experience with clinical supervision. However, when researchers compared

empathy levels between counselors in training and non-counseling related populations, counselors in training displayed similar, if not lower levels of empathy. Alternately, Bloom and colleagues (2018) examined differences in empathy amongst counselors in training (CIT) and students from other academic disciplines. The researchers sought to determine whether CITs possessed greater levels of empathy than their non-counseling academic peers. The results of the study showed no significant differences in empathy scores between CITs and students from other academic disciplines.

Similarly, Neff (2013) who explored the relationship between self-compassion and empathetic concern for others in a sample of 384 college undergraduates, 400 community adults, and 172 practicing meditators. Meditators and community adults rated higher in empathetic concern and perspective taking than undergraduate students Results for empathetic concern for others among undergraduate students may be partly explained by several factors like life experiences, lifespan developmental level, and engagement in self-compassion and meditative practices. While Neff's study employed undergraduates and not counselors in training, the results from these studies support the idea that empathy development coincides with lifespan development and accompanying life experiences. Given that meditators rated higher in empathy than students and community members, perhaps intentional efforts to promote empathy development may be useful to bridge the empathy age gap in students.

Empathy and Cultural Competence

A review of the literature indicates that no studies have examined the relationship between empathy and cultural humility, and only a few have examined empathy and cultural competence (Peek & Park, 2013; Yang et al., 2013; Zarei et al., 2019). The few

studies that have examined the relationship between empathy and cultural competence have done so in populations of nursing professionals and nursing trainees. Peek and Park (2013) used a sample of 80 nursing students to examine the effects of a multicultural education program on nursing students' cultural competence, empathy, and self-efficacy. The participants were randomly assigned into a control group and an experimental group. Participants in the experimental group engaged in multicultural training while the control group did not. Cultural competence and empathy levels increased in the experimental group and decreased in control group, suggesting that multicultural training may impact empathy development.

Similarly, Yang and colleagues (2013) used a sample of nursing students to examine the relationship between empathy and cultural competence in a sample of 276 nursing students. Empathy was positively correlated with cultural competency. Zarei and colleagues (2019) used a sample of 380 nurses to evaluate the intermediating role of empathy in a cultural competence–forgiveness association model. Empathy intermediated the association between cultural competence and forgiveness. The results from these studies suggest that multicultural training, empathy, and cultural competence could be related. However, while there are overlapping similarities between cultural competence and cultural humility, the two constructs are distinct and may produce different outcomes. Studies devoted to the examination of empathy and cultural humility are needed to further understand the influences of these distinctions.

Gap/Need

There is a scarcity of research devoted to the examination factors that are related cultural humility in counselor trainees. To date, the relationship between empathy and

cultural humility has not been examined. This study will fill that gap by examining the relationship between empathy and cultural humility among counseling trainees.

Spirituality

Humility is regarded as a virtue in many spiritual and religious traditions and is often reflective of spiritual growth and maturity (Bell et al., 2017; Paine et al., 2015). The relationship between spirituality and humility appears to be quite bidirectional. For while religiousness-spirituality seemingly enhances humility (Aghababaei et al., 2014; Karuse, 2012; Rowatt et al., 2014), humility may act as a buffer against the negative effects of divine struggle (Grubbs and Exline, 2012). For example, Krause (2012) explored the relationships between religion, humility, and change in health among older adults in a sample of 718 older Caucasian and African Americans. Participants who reported having a closer relationship with God, rated themselves higher in humility as well as for having more favorable health over time. Rowatt and colleagues (2014) used a sample of 63 college students to investigate the correlates of self-rated and other-rated humility and religiousness-spirituality. Participants were asked to self-rate their humility, in addition to having others rate their humility. Positive correlations were found between self-reported humility and facets of religiousness-spirituality. Additionally, ratings of the participant as humble (by others) were positively correlated with several facets of religiousness-spirituality. These findings suggest that the adoption of religious-spiritual beliefs and practices may translate into observable behaviors that are consistent with humility.

This notion is further supported by Aghababaei and colleagues (2014) who conducted a comparison study to examine religiousness and personality characteristics in a sample of 165 student volunteers from a state university in Iran and 156 student

volunteers from a state university in the United States. After regressing gender, Honesty-Humility, Conscientiousness, and Openness remained significant in the US group, while religiousness related to Honesty-Humility, Extraversion, Agreeableness, and Openness in the Iranian sample. Honesty-Humility, described as the inclination toward fairness and genuineness in interpersonal dealings, as well as the tendency to cooperate with others even when there is an opportunity to exploit them without suffering reprisal (Ashton & Lee, 2007), was one of the strongest correlates of religiousness in both samples. These findings suggest that religiousness-spirituality may lead to humility-related character traits that enhance interpersonal relationships and intercultural communication.

Alternately, Grubbs and Exline (2014) examined trait humility as a potential predictor of lower levels of divine struggles focused on emotions or ideas about God in a sample of 312 undergraduate college students. Results indicated that humility was negatively related to divine struggle, including anger at God, both in general and in reaction to a specific event, as well as to religious fear and guilt. Lavelock (2014) on the other hand, used a sample of 59 undergraduate students to examine the efficacy of a humility workbook intervention. Participants were divided into a control group and a treatment group. While participants in the humility condition reported increases in humility across time, participants in the control group did not change in humility over time. The efficacy of the humility training was consistent for both religious and non-religious individuals. The findings from these studies suggest that while spirituality and humility operate bidirectionally, these constructs may not be interdependent in nature.

Spirituality and Mental Wellbeing

Spirituality has been linked to a host of positive mental health outcomes including mental wellbeing, reductions in depression and anxiety, and decreases in psychological distress (Brown et al., 2013; Rosmarin et al., 2013; Sanders et al., 2015; Trevino et al., 2012). Using a sample of 48 veterans receiving medical treatment at a Veterans Affairs medical center, Trevion and colleagues (2012) examined the relationship between positive and negative religious coping and psychological distress among military veteran cancer survivors. While positive religious coping was associated with greater growth and lower levels of psychological distress, negative religious coping was positively associated with psychological distress and growth.

Rosmarin and colleagues (2013) used a sample of 47 patients to assess positive and negative religious coping in a sample of patients with current and/or past psychotic symptoms presenting for partial (day)treatment at a mental hospital. While positive religious coping was associated with reductions in depression, anxiety, and increases in well-being over the course of treatment, negative religious coping appeared to be a risk factor for suicidality and affective symptoms among psychotic patients. Brown and colleagues (2013) examined the relationship between religious variables (religious coping styles and spiritual well-being) and psychological variables (anxiety and depression) in 121 undergraduate and graduate students. Findings from the study indicated a negative relationship between symptoms of anxiety and depression, and level of spiritual wellbeing. Individuals who more frequently used religious coping styles reported higher levels of spiritual well-being than participants who did employ a religious coping style.

These associations received further empirical support from Sanders and colleagues (2015) who conducted a series of studies that investigated the relationships

between religiousness- spirituality and various indicators of mental health and positive psychosocial functioning in a sample of 898 college student. Intrinsic religiousness, spiritual maturity, and self-transcendence predicted better mental health and positive functioning, including lower levels of depression, anxiety, and obsessive-compulsiveness, higher levels of global self-esteem, identity integration, moral self-approval, and meaning in life. The findings from these studies suggest that the use of religious-spiritual resources as a form of positive coping may lead to enhanced mental well-being.

Spirituality and Cultural Competence

Researchers have linked spirituality to intercultural competence (Bell et al., 2017; Sandage & Harden, 2011; Sandage & Jankowski, 2013). Sandage and Harden (2011) tested the relationships between spirituality, differentiation of self (DoS), virtue (gratitude and forgiveness), and intercultural development among 174 graduate trainees in the helping professions. Quest religiosity, differentiation of self, and gratitude were positively associated with intercultural development, while spiritual grandiosity was negatively associated with intercultural development. Further, intrinsic religiosity was uncorrelated with intercultural development. One reason for this may be that quest religiosity embraces the authentic experience of seeking meaning, questioning religious beliefs, and tolerating ambiguity.

Alternately, intrinsic religiosity refers to a faith orientation that is internalized and views religion as the aim in itself and operates as a master motive. The researchers assert that while intrinsic religiosity appears to be related to well-being (Sanders et al., 2015), it is not necessarily associated with the valuing of diversity. Sandage and Jankowski (2013) examined measures of spirituality (spiritual well-being, spiritual instability) in relation to

intercultural competence in a sample of 139 graduate students. Spiritual well-being was positively associated with intercultural competence through differentiation of self (DoS). DoS refers to the ability of individuals to self-regulate in the interpersonal dealings. Sandage and Jankowski assert that DoS contains the capacity to self-regulate in interpersonal relationships. This is accomplished through a self-awareness that assists individuals in managing anxiety that is related to difference, without an immoderate necessity to cutoff or fuse in relationships.

Faith maturity is an additional spiritual factor that has been positively related to intercultural competence. Bell et al. (2017) stated "mature faith involves a secure, loving relationship with God and active concern for the well-being of others, including those experiencing social oppression." The emphasis of a concern for fairness for others may work to foster a commitment to social justice and fairness. Bell and colleagues (2017) examined the relationship between faith maturity, intercultural competence, and social justice commitment in a sample of 228 graduate students in helping professions. Faith maturity was positively related to SJC and ICC.

Gap/need

While there is no empirical examination of the relationship between cultural humility and spirituality, the findings from these studies support the positive relationship existent between general humility, spirituality, and intercultural competence. This study will examine the relationship between cultural humility and spirituality in counselor trainees.

Summary

This chapter presented a literature review including a rationale for exploring cultural humility, the theoretical basis for the outcome variable, along with empirical

research. This chapter also introduced the predictor variables of cultural humility, including the theoretical and conceptual basis and empirical studies for each variable. This review of the literature showed that there are a limited number of empirical studies that explored factors impacting cultural humility. As no other researchers have explored the relationship among these variables, this study adds to the literature regarding factors related to cultural humility that may impact multicultural training efforts in counselor education.

CHAPTER III: METHODOLOGY

Introduction

The purpose of this study was to examine how self-compassion, empathy, and spirituality relate to cultural humility in counseling students who are enrolled in CACREP accredited counselor training programs. In this chapter, the methodology for the study will be described and is divided into six sections. The first section will describe the proposed participants and setting, the second section will explain data collection procedures, the third section will provide instrumentation detail, the fourth section will describe the research design and research question, the fifth section will provide an overview of data analysis procedures, and the final section will summarize the chapter.

Participants

Participants in this proposed study included a purposive population sample of counseling students enrolled in a CACREP accredited counselor training program. Participants were at any point in the training process. Inclusion criteria was students who were enrolled in CACREP accredited counseling programs. The researcher stated the inclusion criteria at the beginning of the recruitment email, and participants verified they were qualified to participate in this study. Conducting a G*Power analysis predicting that approximately 119 participants were needed (f^2=0.15, alpha=0.05, power=0.95, number of predictors=3).

Procedures

The researcher obtained Institutional Review Board (IRB) approval at the University of North Carolina at Charlotte to conduct survey research with human subjects before collecting the data. The researcher invited counseling students to participate through emails distributed to students directly from program directors, social media

posts, and the CESNET listserv. In addition, a snowball sampling method was used by asking participants to share the survey with other counseling students. The study invitation included the purpose of the study and inclusion criteria. Next, respondents proceeded to the consent form indicating their willingness to participate in this study. The consent form included the purpose of the study, eligibility, participation, benefits and risks, confidentiality, and contact information. After agreeing to participate, respondents proceeded to the survey. The survey included the following instruments: Demographic questionnaire, Multidimensional Cultural Humility Scale (MCHS), Self-Compassion scale (SCS), Questionnaire of Cognitive and Affective Empathy (QCAE), and Intrinsic Spirituality Scale (ISS). All instruments were be merged into one survey using SurveyShare.

Due to an error in transferring survey scales to SurveyShare, several questions from the SCS and QCAE were omitted. This omission prevented the researcher from analyzing all subscales for these two instruments. Common humanity was the only subscale that included all the scale items on the SCS so only that scale was included in the analysis. The QCAE contains two subscales for cognitive empathy and three subscales for affective empathy. Only two subscales of affective empathy, Proximal Responsivity and Emotion Contagion, had all the scale items, so only those two subscales were included in the analysis.

The assessments had a total of 74 usable items. The estimated time to complete the survey was 10 to 15 minutes. In the first email, the participants were advised that the survey link would be available for three weeks, then the link would become inactive. The researcher sent participation requests three times over the course of three weeks.

In addition to convenience sampling, the researcher used a snowball strategy to increase response rates, by asking participants to forward the survey to people who may have met the inclusion criteria. The snowball strategy helped the researcher to access other participants (Mertens, 2015). The researcher also visited classrooms of courses taught in CACREP accredited programs to solicit student participation. Participants interested in the giveaway prize submitted their email on a separate form after completing the survey. The researcher randomly selected four participants who completed the survey to receive a $25 Amazon gift card.

Instrumentation

The authors of all instruments gave the authorization to use them for educational and non-commercial research purposes without seeking written permission. The following section will provide a description of all the instruments used in this study.

Demographic Questionnaire

The initial question on the demographic questionnaire was: “Are you currently enrolled in a master’s level, CACREP accredited counselor training program?” to determine if the participants met the study criteria. The self-report demographic questionnaire also included questions about participants’ age, gender, race, religion, region, clinical experience (practicum, internship), number of study abroad experiences throughout their college career, number of culturally different friends, as well as a question about broaching frequency in clinical supervision (Day-Vines et al., 2013). The question about broaching was “How often do you discuss topics related to your cultural identity in your weekly clinical supervision meetings for practicum/internship?” Possible answers on a 4-point scale were “often, sometimes, rarely, never.”

Multidimensional Cultural Humility Scale

The Multidimensional Cultural Humility Scale (MCHS; Gonzalez et al., 2020) measures counselors' self-perception of their cultural humility. The scale consists of 15 items on a 6-point Likert-type scale (1= strongly disagree; 6= strongly agree). The MCHS consists of five subscales: (a) Openness (3 items), (b) Self-awareness (3 items), (c) Ego-less (3 items), (d) Supportive Interactions (3 items), and (e) Self-reflection and Critique (3 items). A sample Openness item is "I seek to learn more about my clients' cultural background." A sample Self-awareness item is "I am known by colleagues to seek consultation when working with diverse clients." A sample Ego-less item is "I ask my clients about their cultural perspective on topics discussed in session." The Cronbach's alpha for the MCHS ranged from .59-.78 in studies that sampled practicing counselors. No evidence for test-retest reliability was found in the literature. Possible total scores range from 15 to 90. For this study, the researcher used mean scores on the MCHS to assess counseling trainees' cultural humility.

Self-Compassion Scale

The Self-Compassion Scale (SCS; Neff, 2003) measures thoughts, feelings, and behaviors that are associated with various aspects of self-compassion. As described in the procedures section above, this study employed one subscale from the SCS, common humanity. The common humanity subscale consists of 4 items on a 4-point scale from "strongly disagree" to "strongly agree." The Cronbach's alpha for the common humanity subscale was .74. This study used the mean score for the common humanity subscale of the SCS.

Questionnaire of Cognitive and Affective Empathy

The Questionnaire of Cognitive and Affective Empathy (QCAE; Reniers, 2011) measures ability to comprehend the emotions of another (cognitive empathy) as well as the ability to indirectly undergo the emotional experience of others (affective empathy). As described in the procedures section above, an error occurred in transferring survey scales to SurveyShare, so only two subscales of affective empathy (Proximal Responsivity and Emotion Contagion) were included in the analysis. A mean score for these two were used for this study to measure affective empathy.

Each subscale consists of 4 items on a 4-point scale from "strongly disagree" to "strongly agree." Proximal responsivity relates to the responsiveness aspect of empathetic behavior. This feature can be witnessed in the mood of individuals in a close social context. An example question is "I often get emotionally involved with my friends' problems." Emotion contagion relates to the automatic mirroring of the feelings of others (Reniers, 2011). An example question is "People I am with have a strong influence on my mood."

Intrinsic Spirituality Scale

The Intrinsic Spirituality Scale (ISS; Hodge, 2003) measures the degree to which spirituality functions as a master motive for both theistic and non-theistic populations, both within and outside of religious frameworks. The scale consists of six items that use a sentence completion format to measure various attributes associated with spirituality. Each incomplete sentence fragment is followed by two, bi-polar phrases that are linked to a scale ranging from 0 to 10. The phrases, which complete the sentence fragment, anchor each end of the scale. The zero corresponds to the absence of the attribute, the five represents the medium amount of the attribute, and 10 represents the maximum amount

of the attribute. A sample question is “When I am faced with an important decision, my spirituality plays absolutely no role (0) to is always the overriding consideration (10).” A mean spirituality score was measured by taking the sum of scores from the six items and dividing it by six. A score of zero represents individuals for whom spirituality is not a motivating component in their life. A score of 10 represents individuals who are motivated by their spirituality to the highest degree possible. In this study, mean scores for Intrinsic Spirituality were used. The Cronbach’s alpha for the ISS was .96 in the original study that used a sample of college students.

Research Design

This study used a correlational research design to investigate the relationship between a set of variables (Balkin & Kleist, 2017). A standard multiple regression analysis was used to determine the amount of variance accounted for the dependent variable of level of cultural humility by the independent variables of common humanity, affective empathy, and spirituality on the dependent variable, cultural humility. The original research question was: How are self-compassion, empathy, and spirituality related to the level of cultural humility among counseling students enrolled in CACREP accredited programs? Due to the issue with data collection, the question was: How are common humanity, affective empathy, and spirituality related to the level of cultural humility among counseling students enrolled in CACREP accredited programs?

Data Analysis

The researcher downloaded the survey results from SurveyShare into a Microsoft Excel spreadsheet and then upload the survey into Statistical Package for the Social Sciences (SPSS) software. Additionally, the researcher stored digital data in the digitally

selective Dropbox drive of the primary researcher, in compliance with university Level 2 data storage guidelines.

Descriptive Statistics

The researcher utilized descriptive statistics to describe the participants in the study with regard to participants' age, gender, race, religion, region, clinical experience (practicum, internship), number of study abroad experiences throughout their college career, and how often broaching occurred for the participant in clinical supervision.

Standard Multiple Regression

The researcher used a standard multiple regression analysis to determine the amount of variance accounted for in cultural humility by the predictor variables: common humanity affective empathy, and spirituality. The data was entered into SPSS and analyzed to determine the relationship between cultural humility, self-compassion, empathy, and spirituality.

Summary

This chapter has described the methodology, including participants, data collection procedures, and instrumentation. Additionally, the research design, research questions, and data analysis were described to explain the process by which the predictor variables are examined for their predictive relationship to the dependent variable, cultural humility among counseling students who are currently enrolled in CACREP accredited programs.

CHAPTER IV: RESULTS

Introduction

The purpose of this study was to examine how spirituality, self-compassion, and empathy relate to cultural humility among counseling students. This chapter presents a description of the participants, the reliability of the instruments, data screening, results of the Pearson correlations and multiple regression analysis, and a summary of the chapter.

Description of Participants

This study used convenience and snowballing sampling to recruit counselors in training, CESNET listserv, Instagram, and Facebook. Because of the sampling methods that were used, it is not possible to know how many individuals received the invitation to participate in this study. A total of 119 participants responded however, eight were excluded from the study because they did not meet the inclusion criteria. A total of 111 participants completed the surveys. All participants signed the consent form and were eligible to be included in this study. Demographic information, including gender, clinical sequence, race, and region are presented in Table 1 below.

Table 1.

Demographic Information, Totals, and Percentages (Categorical Variables)

Variable	Frequency	Percent
	N	%
Gender		
Agender	1	.9
Female	88	79.3
Male	17	15.5
Non-Binary	3	2.7
Self-ID	2	1.8
Clinical Sequence		
Have not taken practicum	49	41.2

Currently enrolled (Practicum)	30	25.2
Completed practicum	2	1.7
Currently enrolled (Internship)	28	23.5
Completed Internship	2	1.7
Race		
American Indian/Native American or Alaska Native	1	.8
Asian or Asian American	5	4.2
Black or African American	15	12.6
Hispanic or Latino/a/x	11	9.2
Multiracial	7	5.9
White/ European American; Not Hispanic	72	60.5
Region		
West	1	.8
Midwest	6	5.0
Southeast	89	74.8
Northeast	9	7.6
Southwest	6	5.0

In Table 2, additional demographic information is displayed, including age, percent of culturally different friends, number of international travel experiences, and number of semester long courses devoted to multiculturalism.

Table 2

Other Demographic Information (Continuous Data)

	M	SD	Range
Age	29.29	8.20	21 - 54
Percent of culturally different friends	42.57	28.01	0 - 100
Number of travels outside of country of origin	4.76	6.18	0 - 30
Number of semester long courses (multiculturalism)	1.39	2.05	0 - 18

The data from these two tables showed that most participants were under the age of 30, White (61%) and female (79%). Most participants reported having friends that were culturally different from them and traveled outside of their country of origin an average of 4.76 times. With regard to broaching, 23% of participants reported they never discuss topics related to their cultural identity in their weekly clinical supervision meetings,16% rarely talk about this, 24% sometimes, and 19% often. Since 51% of participants have progressed to the practicum or internship sequence of their training and reported having 1.39 semester long courses devoted to multiculturalism, it is surprising that 23% reported they never discuss topics that pertain to their cultural identity in weekly supervision.

Instruments

As mentioned in Chapter III, an error occurred in transferring survey scales to SurveyShare. As a result, several questions from the Self-Compassion Scale (SCS) and Questionnaire of Cognitive and Affective Empathy (QCAE) were omitted. This omission prevented the researcher from analyzing all subscales for self-compassion and empathy.

Therefore, the common humanity subscale of the SCS was included in the analysis. Also, two subscales of affective empathy (Proximal Responsivity and Emotion Contagion) on the QCAE were included in the analysis. For the remainder of the chapter, the variables common humanity and affective empathy will be used.

In Table 3, the alpha coefficients, number of items, means, standard deviations, and ranges for the Multidimensional Cultural Humility Scale (MCHS), common humanity, affective empathy, as well as the Intrinsic Spirituality Scale (ISS) are shown. Cronbach's alpha internal consistency measures were used to estimate the reliability of the scales.

Table 3

Cronbach's alpha, number of items, means, standard deviations, and range

Instrument	Cronbach's α	Items	M	SD	Range
MCHS	.76	15	4.89	.49	3.13-5.87
Common Humanity	.74	4	3.32	.79	1.00-5.00
Affective Empathy	.74	8	3.00	.48	1.75-4.00
ISS	.92	6	3.92	2.27	0.00-10.00

Note. MCHS = Multicultural Humility Scale; ISS = Intrinsic Spirituality Scale.

Cronbach's alpha for the for the instruments ranged from .74 to .92 indicating these assessments all had high levels of internal consistency. The MCHS scale consists of 15 items on a 6-point Likert scale. Higher scores indicate more culturally humble attitudes. The mean score of 4.89 indicates that most participants had a fairly high level of cultural humility. The common humanity subscale consists of 4 items on a 4-point Likert scale. Higher scores indicate increased ability to view problems in the context of common humanity. Participants in the study scored an average of 3.32, indicating that

they possessed an average propensity to view their problems in the context of common humanity. The affective empathy scale consists of 8 items on a 4-point Likert scale. Higher scores indicate higher levels of affective empathy. The mean score for affective empathy was 3.00, indicating the participants in the study possessed high levels of affective empathy. The ISS scale consists of 6 items on a scale containing 2, bi-polar phrases were linked to a scale ranging from 0 to 10. Zero corresponding to absence or zero amount of the attribute, while 10 corresponds to the maximum amount of the attribute. Higher scores indicate the degree to which spirituality acts as the foremost reason for doing something (Hodge, 2003). The mean score for spirituality was 3.92, indicating that for the participants in this study, spirituality was low and did not act as the primary reason for doing something.

Screening Data

Prior to running the standard multiple regression analysis, the data were screened for missing values, assessed for outliers, and checked for assumptions. There were no missing data. The variation inflation factors (VIFs) for the predictor variables were 1.053 for common humanity, 1.031 for affective empathy, and 1.022 for spirituality, which indicated that all were below the value of 10.0 suggesting multicollinearity was not problematic. In addition, the assumption of normality is met as the normal probability plot (P-P) of standardized residuals showed that points were in line.

Pearson Correlation

Pearson correlation coefficients were conducted to examine the relationships of the predictor variables (common humanity, affective empathy, and spirituality) and the outcome variable (cultural humility), and results are shown in Table 4.

Table 4: *Pearson correlation matrix between predictor and outcome variables*

Variable	Cultural Hum	Common Humanity	Affective Empathy	Intrinsic Spirituality
Cultural Hum		.369*	.088	-.012
Common Humanity			-.170	-.144
Affective Empathy				-.008
Intrinsic Spirituality				

Note. * Indicates significant correlation at $p < .05$ level (2-tailed).

As shown in Table 4, a statistically significant positive correlation existed between cultural humility and common humanity ($r = .369$, $p < .05$). No significant correlation existed between cultural humility and affective empathy or cultural humility and spirituality.

Multiple Regression Analysis

A standard multiple regression using SPSS was conducted to examine how common humanity, affective empathy, and spirituality predict cultural humility. The result revealed that the model was a significant predictor of cultural humility by common humanity affective empathy, and spirituality ($R^2 = .162$, $F(3, 107) = 6.90$, $p < 0.01$) with adjusted square R^2 of .139. The unstandardized regression coefficients (B), intercept, standardized regression coefficients (β), and semi-partial correlations (sr^2) are reported in Table 5.

Table 5

Standard multiple regression analyses measuring the relationship between predictor and outcome variables

Variable	B	SE	β	sr^2	R^2	P-value
					.162	
Common Humanity	.251	.057	.403	.393		.000*
Affective Empathy	.159	.091	.157	.154		.084
Spirituality	.010	.019	.048	.047		.595

Note: * Indicates significance at $p < .05$ level.

The variance accounted for (R^2) equaled .162 (adjusted R^2= .139), which was significantly different from zero (F (3,107) = 6.90, $p < 0.01$). The R^2 value of .162 indicates that 16.0% of the variance in cultural humility was accounted for by the predictor variables. Common humanity (B = .251) contributed significantly to the prediction of cultural humility and makes the highest unique contribution to the prediction of cultural humility. This suggests that after controlling for all other variables, a one unit increase in common humanity resulted in a .403 standard deviation increase in cultural humility. None of the other predictors were statistically significant.

Summary

The aim of this study was to investigate the relationship between self-compassion, empathy, and spirituality in relation to cultural humility. The data were collected from 111 participants. The majority of the participants were White (60.5%) females (74.8%). The standard multiple regression analysis revealed that 16% of the variability in cultural

humility was predicted by the predictor variables. Common humanity had a statistically significant relationship in predicting cultural humility.

CHAPTER V: DISCUSSION

The purpose of this study was to examine the impact of spirituality, self-compassion, and empathy on cultural humility in counseling students. This chapter will provide an overview of the study, discussion and conclusions, contributions of the study, limitations of the study, implications of the findings, recommendations for future research, and concluding remarks.

Overview of the Study

Each year in the United States (U.S), one in five adults experience mental illness and one in six youth ages 6-17 experience a mental disorder (NAMI, 2020). Furthermore, disparities in mental health treatment contribute to the widening gap of unmet mental health needs for ethnic minorities. These disparities have been exacerbated by the impact of COVID-19 (Ettman et al., 2020). According to national survey data for 2020, LGBTQ+ youth were ranked highest for suicide ideation among youth ages 11-17 (NAMI, 2020). Experiences of prejudice and discrimination contribute to existing internal stressors like low self-esteem, shame, and guilt in racial and sexual minorities (Noonan et al., 2016; Schuler et al., 2018). Unfortunately, these experiences may also be present in the counseling experience. Counselors who do not address biases, assumptions, and their own epistemological views risk operating within the oppressive framework of the dominant culture (Katz, 2014; Owen, 2017; Owen et al., 2018; Sue et al., 1992).

Scholars promote cultural humility as complementary or even an alternative to cultural competence training (Hook, 2013). Self-compassion (Chancellor, 2013), empathy, and spirituality are constructs that have been associated with general humility and respectively work to lower emotional/ psychological defensiveness that inhibit

multicultural training. However, to date, there have been no empirical exploration of these concepts as they relate to the enhancement of cultural humility. Consequently, this study aimed to add to the literature by examining the impact of spirituality, self-compassion, and empathy on cultural humility among counseling students. Study results are based on 111 counselors in training who completed surveys regarding cultural humility, common humanity, affective empathy, spirituality, and demographic information. As mentioned in Chapters III and IV, due to an error in transferring survey scales to SurveyShare, several questions from the Self-Compassion Scale (SCS) and Questionnaire of Cognitive and Affective Empathy (QCAE) were omitted. Subsequently, the variable, "common humanity" was used instead of all subscales for self-compassion. And, instead of using all subscales for cognitive and affective empathy on the QCAE, only two (of three) subscales were used for the variable labeled "affective empathy." This study provides insights for counselor educators to enhance multicultural training efforts. Finally, this research provides implications for counselor educators and state and federal policy to emphasize the integration of social justice.

Discussion and Conclusions

The discussion section of the study highlights demographic findings and conclusions regarding the findings. All results are discussed in relation to previous literature and research.

Demographic Data

The data analysis demonstrated that the participants in this study were mostly White (60%), female (79%), with a mean age of 29.29 (SD 8.20). This finding reflects a lack of diversity consistent with a previous study conducted by Hook (2013) examining clients' perceptions of therapists' cultural humility in which participants were mostly

White (59%), female (68%), with a mean age of 21. In terms of racial diversity, the findings from this study are quite different from a later study conducted by Davis and colleagues (2016) regarding the relationship between perceived racial microaggressions and client-rated working alliance that consisted of non-white (100%), mostly female (74%) undergraduate students with a mean age of 24.63 (SD= 5.85). While the sample of participants were more racially diverse, it is important to note that the researchers employed its sample from a university comprised of a 75% non-white student population, which explains the overrepresentation of racial/ethnic minorities. Moreover, these studies (Davis et al., 2016; Hook et al., 2013) only examined participants' perceptions of the level of cultural humility possessed by others. Until most recently, these were the only studies to utilize samples of college students to explore cultural humility. Kondili and colleagues (2022) expanded upon previous studies of cultural humility with an examination of predictors of cultural humility in a sample of 131 counseling students who were mostly White (60%) and female (85%) with a mean age of 25.34 (SD = 1.03). The study is unique in that it utilized a sample of counseling students to explore intellectual humility and the quiet ego as predictors for aspects of cultural humility. Similar to this study, the researchers employed a self-assessment of cultural humility. The fact that Kondili et al. (2022) utilized the same assessment measure in a sample of counseling students makes it more comparable to this study. As such, participants from this study were similar to the participants in the Kondili and colleagues (2022) study in terms of race and gender.

The researcher aimed to increase diversity of the participants by using various recruitment methods such as social media posts, solicitations through the CESNET

listserv, a snowball sampling method of asking participants to share the survey with other counseling students, as well as in-person visits to counseling class meetings. This method did not increase diversity among the participants in the study. This may be because the demographic makeup of the participants closely resembles the demographic of counselors in the United States. For example, the American School Counselor Association reported that most school counselors were White (77%) and female (87%) (ASCA, 2021). Similarly, the race and gender of all licensed professional counselors in the US are White (71%) and female (71%) (Zippia, 2022).

The MCHS scale consists of 15 items on a 6-point Likert scale. Participants' cultural humility scores ranged from 3.13-5.87 with a mean score of 4.89 (SD=.49). While norming scores are still being established on the relatively new MCHS (Gonzalez et al., 2020), cultural humility scores were slightly lower for participants in this study than in the study conducted by Kondili et al. (2022) who reported a cultural humility score of 5.10 (SD = .36) in a sample of 131 counseling students. The mean age of participants in the Kondili et al. (2022) study was slightly lower (25.34) than participants in this study (29.29). The findings from both studies indicate that counseling students possessed a high level of culturally humility.

The common humanity subscale consists of 4 items on a 4-point Likert scale Participants' common humanity scores ranged from 1.00-5.00, with a mean score of 3.32 (SD = .79). These findings are slightly higher compared to what was reported by the developer of this assessment (Neff, 2003), where the mean score for common humanity was 2.99 (SD = 0.79). A possible explanation for this higher score is that the mean age of participants in this study was 29.29 (SD = 8.20), whereas the mean age of participants in

the Neff (2003) study was 21.7 years old (SD = 2.32). These findings may indicate that one's capacity to view their problems in the context of common humanity many increase over time. Additionally, the fact that Neff employed a general undergraduate student sample versus one comprised of counselors in training, may mean that common humanity is a trait that is espoused more commonly and intentionally in helping professions like counseling.

The affective empathy scale consists of 8 items on a 4-point Likert scale. Participants' affective empathy scores ranged from 3.75-6.00 with a mean score of 4.99 (SD = 0.48), indicating they possess a high level of affective empathy. The developer of the instrument reported affective empathy scores of 3.06 (SE = .02) for females, and 2.68 (SE = .03) for males (Reniers, 2011). While it appears the participants of this study scored higher in affective empathy, it is not possible to determine since this study only utilized two of the three subscales for affective empathy and the developer of the instrument used all three. However, affective empathy scores from this study were higher than the mean affective empathy score of 2.40 reported by Liang and colleagues (2019) with a sample of 1224 Chinese adults (Liang et al., 2019). Ages of participants in that study ranged from 18-44 with a mean age of 22.16 (±2.93). Similarly, Queirós and colleagues (2018) reported a mean score of 2.73 for affective empathy (using only emotion contagion and proximal responsivity subscales) in a sample of 562 Portuguese adults between the ages of 18 and 60 years old with a mean age of 27.5 (*SD* = 10.32). Again, the mean age of participants in the current study was 29.29 (SD 8.20). The similarity in mean age of study participants in the three respective studies may support the proposition that empathy levels increase with age and maturity (Allemand et al.,

2015; Lockwood, 2014; Van Lissa et al., 2015). Alternately, this study employed a sample of counselors in training, while the Liang et al. (2019) and Queirós et al. (2018) studies did not. The fact that empathy levels were higher amongst the participants in the current study, compared to previous studies, may contrast the idea that empathy levels are similar to or lower than the empathy levels noted in the general population (Bloom et al., 2018; DePue & Lambie, 2014).

The ISS scale consists of 6 items on a scale containing 2, bi-polar phrases were linked to a scale ranging from 0 to 10. Participants' spirituality scores ranged from 0 - 10 with a mean score of 3.92 (SD = 2.27), indicating that for the participants in this study, spirituality was low and did not act as the primary motivation for behavior. These scores are much lower than scores reported in previous studies employed Intrinsic Spirituality Scale. For example, Gavriel-Fried and colleagues (2020), reported a mean score of 5.92 (SD = 3.08) for intrinsic spirituality in a sample comprised of 140 Israeli individuals recovering from gambling disorder. The age of participants ranged from 23-77 with a mean age of 49.15 (SD = 13.93). Similarly, Allen and colleagues (2021) reported a mean score of 9.45 (SD = 1.42) for intrinsic spirituality in a sample of 547 students (undergraduate and graduate) belonging to The Church of Jesus Christ of Latter-day Saints. The age of participants in the study ranged from 17-57 with a mean age of 20.8. Finally, Prosper and colleagues (2021) reported a mean spirituality score of 6.37 (SD = 1.71) in a sample of 148 self-identified African Americans. The age of participants ranged from 18-73 with a mean age of 26.8 (*SD* = 10.6).

The mean scores for participants in the current study were low, even compared to scores in previous studies in which participants did not self-identify as spiritual or

religious (Gavriel-Fried, 2020; Prosper et al., 2021). For example, only 7.14% of participants in the Gavriel-Fried et al. (2020) study defined themselves as highly religious. While this percentage is low, all participants of that study were Jewish with varying levels of adherence to Jewish traditions and religious directives. Though a large number of participants (n= 79) identified as "secular," it is unclear how the beliefs of a secular Jewish person living in Israel, compares to a religious secular counseling student living in America. As such, there may be existent and unidentified cultural differences between the two groups that are reflected in spirituality scores. Additionally, with a mean age of 49.15, study participants were older than the participants in this study. Researchers have suggested that spirituality increases with age (Bengtson et al., 2015; Mattoo et al., 2022), which may explain why participants in that study scored higher in spirituality than the participants in this study.

Alternately, with a mean score of 6.37 (SD = 1.71), the participants in the Prosper and colleagues (2021) study had higher scores on the ISS despite being of similar age to the participants in this study. However, all participants in that study were African American. Historically, African Americans have used spirituality to cope with racial discrimination and oppression (Prosper et al., 2021). And, while researchers have found a downward trend in religiosity among young African Americans, asserting that younger generations of African American are less religious than previous generations, they were still found to be more religious than the American public as a whole (Mohamed et al., 2022). This could possibly explain why the ISS scores for participants in the Prosper et al. study (2021) were higher than participant scores for this study, despite having a comparable mean age.

Pearson Correlation

The correlation of cultural humility, common humanity, affective empathy, and spirituality indicated that participants who scored higher on common humanity also scored higher on cultural humility. The results did not show significant correlations between cultural humility and affective empathy and spirituality. Since this study is the first to examine the relationship between cultural humility, common humanity, affective empathy, and spirituality, there are no prior studies from which to compare these findings. Since common humanity allows one to place their experiences in the context of human suffering rather than seeing themselves as suffering in isolation (Neff, K. & Seppälä, E.,2017), it seems probable that this ability would support the assumption of an other-oriented stance that is associated with cultural humility. Surprisingly, while affective empathy contains the ability to feel what another person might be feeling and is crucial for the development of interpersonal relationships (Birnie, 2010; Davis, 1996), it was not significantly correlated with cultural humility. Moreover, general humility has been associated with aspects of spirituality like increased spiritual maturity, spiritual stability, and feelings of closeness to God (Jankowski & Sandage, 2014). Interestingly, the characteristics of spirituality inherent in general humility did not translate to cultural humility, as spirituality was not significantly correlated with cultural humility in this study.

Multiple Regression

The regression findings indicated that the predictor variables (common humanity, affective empathy, and spirituality) contributed significantly to the predication of cultural humility. Specifically, 16.0% of the variance in cultural humility was predicted by the

predictor variables. Common humanity contributed significantly to the prediction of cultural humility and made the highest unique contribution to the prediction of cultural humility. The fact that common humanity was correlated to and predicted cultural humility was a powerful and robust outcome given that common humanity is only 1 of of 6 subscales for the self-compassion scale. These findings warrant further exploration into the nature of the relationship between the two constructs, in addition to an exploration of the possible relationship between the remaining subscales of self-compassion and cultural humility.

The results of this study add to the small, but growing body of knowledge regarding factors that relate to cultural humility in counseling students. By examining the relationship between constructs like common humanity and cultural humility, this study contributes to a sparse empirical knowledge base that may influence the initiation of a second order approach to counselor multicultural pedagogy. Participants in this study reported higher levels of cultural humility than in past studies. This finding may indicate that counseling students' cultural humility is increasing over time.

Contributions of the Study

The findings from this study make numerous contributions to the existing multicultural counseling literature. While researchers have started to examine cultural humility in counseling students (Kondili et al., 2022), no researchers have explored common humanity, affective empathy, and spirituality as predictors of cultural humility. In terms of multicultural training efforts in counselor education, this study provides support for common humanity as a potential area of focus for the development of cultural humility in counseling students.

Since discussions about privilege and oppression in counselor multicultural training can result in feelings of defensiveness, shame, and subsequent isolation, counselor educators could create teaching interventions that target awareness of these feelings and incorporate creative experiential activities that work to lessen them. For example, counselor educators could incorporate what Neff (2022) refers to as a "Self-Compassion Break." During a self-compassion break, students could take a moment and say something like "I'm not alone," or "Other people feel this way," after which they could place their hands over their heart to feel the warmth and gentleness of their own touch. Another option is for students to explore additional self-soothing gestures to incorporate during the break. An activity like this provides an opportunity for students to acknowledge their own suffering in the moment and self-soothe in community with other students who may be feeling the same way.

In examining a sample of counseling students, this research offers valuable information on the characteristics and attitudes of counseling students that have not been studied before. Through the examination of factors related to cultural humility, this study adds to the body of knowledge informing multicultural training efforts in counselor education. Additionally, this study adds to the sizable body of research regarding aspects of self-compassion, offering further evidence that the practice of viewing problems in the context of common humanity may be higher among counseling students than in general populations.

Implications of the findings

The research contributes to the counselor education literature by adding an empirical study on factors impacting cultural humility. The findings from this study have

several implications for counseling students, counselor education programs, and state and federal policy. The researcher explored three variables (common humanity, affective empathy, and spirituality) that the researcher hypothesized were related to cultural humility. From the correlation analysis, a relationship between common humanity and cultural humility emerged. Additionally, from the regression analysis, common humanity emerged as a significant predictor of cultural humility.

For counselor students, there are implications for future continuing education opportunities, in-program or elective course selection, as well as for personal enrichment. Results of the study suggest that counseling students should take courses that assist them in increasing their ability to view problems in the context of common humanity. Engagement in activities that promote this aspect of self-compassion may actually help to shift the internal environment of the student from shame, guilt, and isolation to an environment that contains increased self-acceptance, connection with humanity, and receptivity of new information that challenges their previous self-assessments and worldviews. In regard to personal enrichment, since self-compassionate individuals are able to balance the valuing of their own personal needs and desires with the personal needs and desires of others, the practice of common humanity may enhance the practice of self-care in students. Decreasing feelings of isolation and enhancing feelings of connection with others by virtue of self-compassionate practices may act as a buffer against experiences like imposter syndrome, burn-out, and compassion fatigue. Moreover, cultural humility implies a lifelong commitment to learning. As such, counseling students may assume more of a growth mindset when learning to address salient aspects of their clients' cultural identities. The focus of cultural humility as a

supplement to multicultural competency may provide a gentle approach to multicultural training.

Additionally, the findings of this study have implications for counselor education programs. Common humanity contributed significantly to cultural humility. The results imply a need for counselor educators to implement interventions that encourage the development of common humanity in counseling students. Counselor educators could intentionally target common humanity by incorporating self-compassion exercises in course planning.

Lastly, this study has remarkable implications for state and federal policy. Given the amount of cultural diversity present in the country, as well as gaps in mental health services for people of minoritized backgrounds, state and federal organizations need to prioritize multicultural training, social justice and advocacy in helping professionals. They can accomplish this by offering universities funding and grants to offer research, training, and workshops about cultural humility and common humanity. For example, a workshop could include information and activities related to self-compassion, in addition to a multicultural training agenda. Participants of the workshop could engage in multicultural training along with mindfulness pauses and self-compassion focused expressive arts activities that allow them to process their feelings and emotions in a gentle and empowering manner.

Limitations of the Study

Though researchers need to consider the implications of this study, several limitations should be acknowledged which include the omission of scale items for self-

compassion and empathy, social desirability, generalizability, lack of diversity among the sample, and a low response rate.

This study was intended to measure total empathy (cognitive and empathy), as well as self-compassion. However, due to the omission of several items on the subscales for the QCAE and the SCS, all subscales could not be used to produce scores for empathy and self-compassion. As such, the findings of this study could not be compared with the findings of other studies that used all scales on the QCAE and the SCS.

Culturally responsive attitudes and behaviors are valued by the counseling profession (Ratts et al., 2016). This value is articulated in the standards set forth by the national accrediting body for counselor education programs (CACREP, 2016). As such, counseling students may desire to appear to possess these skills to a degree higher than what is true for them. And, since the data is self-reported, participants may have provided answers that reflect them more favorably (Callagaro, 2008).

Generalizability is limited based on the purposive, convenience sample where only counseling students enrolled in CACREP accredited institutions were targeted. The study cannot be generalized to all counseling students, such as those students who are not enrolled in CACREP accredited institutions and those outside the southeast region of the US (n= Southeast 74.8%).

Though the researcher circulated the survey through several methods discussed previously, the participants' demographics were not diverse. As previously mentioned, the demographics not only show a lack of diversity among the sample, but it is also consistent with the national demographics of counselors in the US as well as similar to the study with counseling students (ASCA, 2021; Hook, 2013; Zippia, 2022). This

limitation demonstrates that the field of counseling is not diverse and further efforts must be extended to increase diversity among counseling students.

The final limitation of this study was the low response rate. Despite the amendment to the IRB to allow the researcher to visit counseling classrooms to solicit participation in the study, only 119 participants attempted to complete the study, and only 111 of the 119 met the inclusion criteria to participate in the study. While the sample size was sufficient for the analyses performed per power analysis, a larger sample would extend the possibility for more diversity of student demographics such as age, race, gender, and region.

Finally, this study was correlational, and the findings demonstrate a significant relationship between common humanity and cultural humility. Causation cannot be established without an experimental design.

Recommendations for Future Research

As mentioned in Chapter III, an error in transferring survey scales to SurveyShare resulted in the omission of several questions from the SCS and QCAE. This omission prevented the researcher from analyzing all subscales for these two instruments. Common humanity was the only subscale that included all the scale items on the SCS so only that scale was included in the analysis. As a result, the researcher was unable to determine the relationship between self-compassion and cultural humility, only common humanity. Additionally, only two subscales of affective empathy, Proximal Responsivity and Emotion Contagion had all the scale items, so only those two subscales were included in the analysis. As a result, the researcher was unable to determine the relationship between total empathy (affective and cognitive) is related to cultural humility. Moreover, since

only two of the three subscales for affective empathy were used, the researcher could not determine fully if a relationship exists between affective empathy and cultural humility, only that there is no relationship between the two subscales and cultural humility. Future research could replicate the study using all scale items for self-compassion and empathy to determine the extent to which these constructs predict cultural humility in counseling students.

Since cultural humility is a relatively new addition to multicultural training efforts in counselor education, researchers could conduct more studies to explore additional predictors of the construct. Given the importance of providing culturally responsive counseling services, researchers could conduct more studies that examine behavioral outcomes after multicultural training efforts that enhance cultural humility. Given the lack of diversity in the current study, researchers could employ methods to achieve a more diverse sample of counseling students such as advertising in racial and ethnic specific mental health groups or organizations, such as the Black Mental Health Symposium or the Latinx Mental Health Summit.

Finally, only 2% of the participants in this study had complete all clinical sequences. Practicum and internship experiences provide hands-on opportunities to assist students in implementing knowledge gained through more didactic methods. Future studies could explore how clinical experiences in students' program are related to cultural humility among counseling student populations.

Concluding Remarks

It is imperative that researchers understand factors that impact cultural humility among counseling students, because of the cultural diversity present in the country and in

counseling clientele, as well as gaps in mental health services for people of minoritized backgrounds. Until one very recent study (Kondili et al., 2022), research on cultural humility in counseling students was non-existent. This study addressed this important gap in the research by exploring common humanity, affective empathy, and spirituality as predictors of cultural humility. The findings indicate that common humanity statistically significantly predicted cultural humility in counseling students. These findings contribute to a sparse empirical knowledge base informing factors related to cultural humility and warrants further exploration.

The aim of this study was to expand the breadth of knowledge informing multicultural training efforts in regard to cultural humility. The researcher sought to identify constructs that would assist individuals in lowering defensiveness that may impede the assertation of culturally responsive skills, knowledge, and awareness.

The assumption of an other-oriented stance that is embedded in cultural humility allows the counselor to by-pass their natural inclination toward ethnocentricity. Instead, cultural humility opens the counselor to diversity of culture, while also fortifying a commitment to social justice advocacy. Multicultural and social justice advocacy training requires individuals to look honestly at themselves and to identify the ways in which they (and those they love) have benefited from the inconveniences and sufferings of others. Conversely, it may bring individuals face to face with deep emotional pain associated with their marginalized or subjugated cultural identities. Multicultural and social justice advocacy training requires a critical examination of the values we hold near and dear to our hearts. As we lean into feelings of vulnerability associated with this critical examination, these classes may feel more like brave spaces than emotionally safe spaces.

However, to remain open and brave in these spaces is an act of love toward the student and their future clientele. Leaning into the vulnerability and remaining open to new and profound insights increases an understanding of self and others and fosters a way of being with others that fosters successful therapeutic alliances and client outcomes. In the words of James Baldwin, “Love takes off the masks that we fear we cannot live without and know we cannot live within.”

References

Aghababaei, N., Wasserman, A., & Nannini, D. (2014). The religious person revisited: Cross-cultural evidence from the HEXACO model of personality structure. *Mental Health, Religion & Culture, 17,* 24 –29. http://dx.doi.org/10.1080/13674676.2012.737771

Allen, J. L., Bird, E., & Chhoa, C. Y. (2018). Bad boys and mean girls: Callous-unemotional traits, management of disruptive behavior in school, the teacher-student relationship and academic motivation. *Frontiers in Education*, *3*.https://doi.org/10.3389/feduc.2018.00108

Allen, G. E. K., Norton, A., Pulsipher, S., Johnson, D., & Bunker, B. (2021). I worry that I am almost perfect! Examining relationships among perfectionism, scrupulosity, intrinsic spirituality, and psychological well-being among Latter-Day Saints. Spirituality in Clinical Practice (Washington, D.C.). https://doi.org/10.1037/scp0000273

Allwright, G. (2019). Fostering positive spaces in public health using a cultural humility approach. *Public Health Nursing (Boston, Mass.), 36*(4), 551–556. https://doi.org/10.1111/phn.12613

Alvarez, C., & Lee, S. (2012). An international perspective on professional counselor identity. *Journal of Professional Counseling, Practice, Theory, & Research*, *39*, 42–54. https://doi.org/10.1080/15566382.2012.12033881

American Counseling Association. (2014). ACA code of ethics. Alexandria, VA: Author.

American School Counselor Association. (2021). ASCA research report: State of the profession 2020. https://www.schoolcounselor.org/getmedia/bb23299b678d-4bce-8863-cfcb55f7df87/2020-State-of-theProfession.pdf

Arredondo, P., & Arciniega, G. M. (2001). Strategies and techniques for counselor training based on the multicultural counseling competencies. *Journal of Multicultural Counseling and Development, 29* (4), 263-273. https://doi.org/10.1002/j.2161-1912.2001.tb00469

Arredondo, P., & Toporek, R. (2004). Multicultural counseling competencies = ethical practice. *Journal of Mental Health Counseling, 26*(1), 44–55. https://doi.org/10.17744/mehc.26.1.hw2enjqve2p2tj6q

Arredondo, P., Toporek, R., Brown, S.P., Jones, J., Locke, D.C., Sanchez, J. and Stadler, H (1996). Operationalization of the multicultural counseling competencies. *Journal of multicultural counseling and development 24(*1), 2–78. https://doi.org/10.1002/j.2161-1912.1996.tb00288

Arthur, N., & Achenbach, K. (2002). Developing multicultural counseling competencies through experiential learning. *Counselor Education and Supervision, 42*(1), 2–14. https://doi.org/10.1002/j.1556-6978.2002.tb01299.x

Ashton, M. C., & Lee, K. (2007). Empirical, theoretical, and practical advantages of the HEXACO model of personality structure. *Personality and Social Psychology Review, 11*(2), 150–166. https://doi.org/10.1177/1088868306294907

Barden, S. M., & Greene, J. H. (2015). An investigation of multicultural counseling competence and multicultural counseling self-efficacy for counselors-in-

training. *International Journal for the Advancement of Counselling, 37*(1), 41-53. https://doi.org/10.1007/s10447-014-9224-1

Barden, S.M., Sherrell, R.S. & Matthews, J.J. (2017), A national survey on multicultural competence for professional counselors: A replication study. *Journal of Counseling & Development, 95*: 203-212. https://doi.org/10.1002/jcad.12132

Beaumont, D. (2016). Compassion for others, self-compassion, quality of life and mental well-being measures and their association with compassion fatigue and burnout in student midwives: A quantitative survey. *Midwifery, 34*, 239–244. https://doi.org/10.1016/j.midw.2015.11.002

Beaumont, E., Rayner, G., Durkin, M., & Bowling, G. (2017). The effects of compassionate mind training on student psychotherapists. *The Journal of Mental Health Training, Education, and Practice, 12(5),* 300–312. https://doi.org/10.1108/JMHTEP-06-2016-0030

Bell, C. A., Sandage, S. J., Morgan, T. D., & Hauge, D. J. (2017). Relational spirituality, humility, and commitments to social justice and intercultural competence. *The Journal of Psychology and Christianity, 36*(3), 210–221.

Bengtson, V. L., Silverstein, M., Putney, N. M., & Harris, S. C. (2015). Does religiousness increase with age? age changes and generational differences over 35 years. *Journal for the Scientific Study of Religion*, *54*(2), 363–379. https://doi.org/10.1111/jssr.12183

Bidell, M. (2014). Are multicultural courses addressing disparities? Exploring multicultural and affirmative lesbian, gay, and bisexual competencies of

counseling and psychology students. *Journal of Multicultural Counseling and Development, 42(3)*, 132–146. https://doi.org/10.1002/j.2161-1912.2014.00050.

Bien, T. (2008). The four immeasurable minds. In S. F. Hick & T. Bien (Eds.), *Mindfulness and the therapeutic relationships* (pp. 37–54). Guilford Press.

Bird, V. (2014). The self to other model of empathy: Providing a new framework for understanding empathy impairments in psychopathy, autism, and alexithymia. *Neuroscience and Biobehavioral Reviews, 47*, 520–532. https://doi.org/10.1016/j.neubiorev.2014.09.021

Birnie, K., Speca, M., & Carlson, L. (2010). Exploring self-compassion and empathy in the context of mindfulness-based stress reduction (MBSR). *Stress and Health, 26*(5), 359–371. https://doi.org/10.1002/smi.1305

Bloom, Z., McNeil, V., Flasch, P., & Sanders, F. (2018). A comparison of empathy and sympathy between counselors-in-training and their non-counseling academic peers. *The Professional Counselor (Greensboro, N.C.), 8*(4), 341–354. https://doi.org/10.15241/zdb.8.4.341

Breines, C., & Chen S (2012). Self-compassion increases self-improvement motivation. *Personality & Social Psychology Bulletin, 38*(9), 1133–1143. https://doi.org/10.1177/0146167212445599

Brown, D. R., Carney, J. S., Parrish, M. S., & Klem, J. L. (2013). Assessing spirituality: The relationship between spirituality and mental health. *Journal of Spirituality in Mental Health, 15*(2), 107–122. https://doi.org/10.1080/19349637.2013.776442

Callagaro, M. (2008). Social desirability. In Paul J. Lavrakas (Eds.), Encyclopedia of Survey

Research Methods. SAGE Publications. https://doi.org/10.4135/97814129639

Chancellor, L. (2013). Humble beginnings: Current trends, state perspectives, and hallmarks of humility. *Social and Personality Psychology Compass, 7*(11), 819–833. https://doi.org/10.1111/spc3.12069

Celinska, D., & Swazo, R. (2016). Multicultural curriculum designs in counselor education programs: Enhancing counselors-in-training openness to diversity. *The Journal of Counselor Preparation and Supervision, 8*(3). https://doi.org/10.7729/83.1124

Chao, R. (2013). Race/ethnicity and multicultural competence among school counselors: Multicultural training, racial/ethnic identity, and color-blind racial attitudes. *Journal of Counseling and Development, 91*(2), 140–151. https://doi.org/10.1002/j.1556-6676.2013.00082.x

Coaston, S., & Lawrence, C. (2019). Integrating Self-Compassion Across the Counselor Education Curriculum. *Journal of Creativity in Mental Health, 14*(3), 292–305. https://doi.org/10.1080/15401383.2019.1610536

Constantine, M (2001). Theoretical orientation, empathy, and multicultural counseling competence in school counselor trainees. *Professional School Counseling, 4*(5), 342–348.

Constantine, M. (2001). Predictors of observer ratings of multicultural counseling competence in black, latino, and white american trainees. *Journal of Counseling Psychology, 48*(4), 456–462. https://doi.org/10.1037/0022-0167.48.4.456

Cook, R., Jones, C., & Welfare, L. (2020). Supervisor cultural humility predicts intentional nondisclosure by post-master's counselors. *Counselor Education and Supervision, 59*(2), 160–167. https://doi.org/10.1002/ceas.12173

Council for the Accreditation of Counseling and Related Educational Programs. (2015). 2016 *CACREP standards.*

Crenshaw, K. (1991). Mapping the margins: intersectionality, identity politics, and violence against women of colour. *Stanford Law Rev.* 43, 1241–1299. doi: 10.2307/1229039

Dameron, M. L., Camp, A., Friedmann, B., & Parikh-Foxx, S. (2020). Multicultural education and perceived multicultural competency of school counselors. *Journal of Multicultural Counseling and Development, 48*(3), 176-190. doi:10.1002/jmcd.12176

Davis, M. (1996). Empathy: A social psychological approach. Boulder, CO: Westview Press.

Davis, D. (2014). Complexity overlooked: Enhancing cultural competency in the white lesbian counseling trainee through education and supervision. *Journal of Lesbian Studies, 18*(2), 192–201. https://doi.org/10.1080/10894160.2014.849166

Davis, D. E., DeBlaere, C., Brubaker, K., Owen, J., Jordan II, T. A., Hook, J. N., & Van Tongeren, D. R. (2016). Microaggressions and perceptions of cultural humility in counseling. *Journal of Counseling and Development, 94*(4), 483–493. https://doi.org/10.1002/jcad.12107

Davis, H. (2011). Relational humility: Conceptualizing and measuring humility as a personality judgment. *Journal of Personality Assessment, 93*(3), 225–234. https://doi.org/10.1080/00223891.2011.558871

DeBlaere, C., Shodiya-Zeumalt, S., Hinger, C., Cobourne, L., Davis, D. E., Zelaya, D. G., Owen, J. (2019). Cultural humility with religious and spiritually diverse women of color clients: A psychometric analysis. *Journal of Psychology and Theology, 47*(2), 87-99. doi:http://dx.doi.org.librarylink.uncc.edu/10.1177/0091647119837016

DePue, M. K., & Lambie, G. W. (2014). Impact of a university-based practicum experience on counseling students' levels of empathy and assessed counseling competencies. *Counseling Outcome Research and Evaluation, 5*(2), 89–101. https://doi.org/10.1177/2150137814548509

Dinsmore, J.A. & Englend, J.T. (1996), A Study of multicultural counseling training at CACREP-accredited counselor education programs. *Counselor Education and Supervision, 36*: 58-76. https://doi.org/10.1002/j.1556-6978.1996.tb00236.x

Duarte, J., Pinto-Gouveia, J., & Cruz, B. (2016). Relationships between nurses' empathy, self-compassion and dimensions of professional quality of life: A cross-sectional study. *International Journal of Nursing Studies*, 60, 1–11. doi:10.1016/j.ijnurstu.2016.02.015.

Durkin, M., Beaumont, E., Hollins Martin, C.J., & Carson, J. (2016). A pilot study exploring the relationship between self-compassion, self-judgment, self-kindness, compassion, professional quality of life and wellbeing among UK community nurses. *Nurse Education Today*, 46, 109–114. doi:10.1016/j.nedt.2016.08.030.

Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. *Psychotherapy, 48*, https://doi.org/10.1037/a0022187

Ettman, A. (2020). Prevalence of depression symptoms in US adults before and during the COVID-19 pandemic. *JAMA Network Open*, *3*(9), e2019686–e2019686. https://doi.org/10.1001/jamanetworkopen.2020.19686

Exline, J., & Hill, P. (2012). Humility: A consistent and robust predictor of generosity. *The Journal of Positive Psychology, 7*(3), 208–218. https://doi.org/10.1080/17439760.2012.671348

Exline, W. (2017). Self-forgiveness and religious/spiritual struggles. In Handbook of the Psychology of Self-Forgiveness (pp. 131–145). *Springer International Publishing.* https://doi.org/10.1007/978-3-319-60573-9_10

Foronda, B. (2016). Cultural Humility: A Concept Analysis. *Journal of Transcultural Nursing, 27(3)*, 210–217. https://doi.org/10.1177/1043659615592677

Franco, M., & McElroy-Heltzel, S. (2019). Let me choose: Primary caregiver cultural humility, racial identity, and mental health for multiracial people. *Journal of Counseling Psychology, 66*(3), 269–279. https://doi.org/10.1037/cou0000317

Fulton, C.L. and Cashwell, C.S. (2015), Mindfulness-based awareness and compassion: Predictors of counselor empathy and anxiety. *Counselor Education and Supervision, 54*: 122-133. https://doi.org/10.1002/ceas.12009

Gavriel-Fried, B., Moretta, T., & Potenza, M. N. (2020). Modeling intrinsic spirituality in gambling disorder. Addiction Research & Theory, 28(3), 204–210. https://doi.org/10.1080/16066359.2019.1622002

Gonzalez, S., Sperandio, K.R., Mullen, P.R., & Victor E. Tuazon, V.E., (2021). Development and initial testing of the multidimensional cultural humility scale. *Measurement and Evaluation in Counseling and Development*, *54*(1), 56–70. https://doi.org/10.1080/07481756.2020.1745648

Grubbs, E., & Exline. J., (2014). Humbling yourself before god: Humility as a reliable predictor of lower divine struggle. *Journal of Psychology and Theology, 42*(1), 41–49. https://doi.org/10.1177/009164711404200105

Heppner, M. J., & O'Brien, K. M. (1994). Multicultural counselor training: Students' perceptions of helpful and hindering events. *Counselor Education and Supervision, 34*(1), 4–18. https://doi.org/10.1002/j.1556-6978.1994.tb00306.x

Hodge, D. (2003). The intrinsic spirituality scale: A new six-item instrument for assessing the salience of spirituality as a motivational construct. *Journal of Social Service Research, 30*(1), 41–61. https://doi.org/10.1300/J079v30n01_03

Hodge, Z. (2015). Validation of the intrinsic spirituality scale (ISS) with muslims. *Psychological Assessment, 27*(4), 1264–1272. https://doi.org/10.1037/pas0000130

Hollis-Walker, L., & Colosimo, K. (2011). Mindfulness, self-compassion, and happiness in non-meditators: A theoretical and empirical examination. *Personality and Individual Differences, 50*, 222–227. https://doi.org/10.1016/j.paid.2010.09.033

Hook J.N., Davis D.E., Owen J., Worthington E.L., & Utsey S.O. (2013) Cultural humility: Measuring openness to culturally diverse clients. *Journal of counseling psychology 60*(3): 353–366. https://doi.org/10.1037/a0032595

Jankowski, P. J., & Sandage, S. J. (2014). Attachment to god and dispositional humility: Indirect effect and conditional effects model. *Journal of Psychology and Theology*, *42*, 70–82.

Jankowski, P. J., Sandage, S. J., & Hill, P. C. (2013). Differentiation-based models of forgivingness, mental health, and social justice commitment: Mediator effects for differentiation of self and humility. *The Journal of Positive Psychology*, *8*, 412–424.

Johnson, J. (2019). Intellectual humility and empathy by analogy. Topoi, 38(1), 221–228. https://doi.org/10.1007/s11245-017-9453-0

Jones, S. (2013). Multicultural competency building: Practical solutions for training and evaluating student progress. *Training and education in professional psychology, 7*(1), 12–22. https://doi.org/10.1037/a0030880

Katz, H. (2014). The influence of multicultural counseling competence and anti-black prejudice on therapists' outcome expectancies. *Journal of Counseling Psychology, 61*(2), 299–305. https://doi.org/10.1037/a0036134

Kondili, E., Isawi, D., Interiano-Shiverdecker, C., & Maleckas, O. (2022). Predictors of cultural humility in counselors-in-training. Counselor Education and Supervision, 61(2), 129–140. https://doi.org/10.1002/ceas.12230

Krause, N. (2012). Religious involvement, humility, and change in self-rated health over time. *Journal of Psychology and Theology, 40*, 199–210. https://doi.org/10.1177/009164711204000303

Krause, N., & Hayward, R. D. (2012). Humility, lifetime trauma, and change in religious doubt among older adults. *Journal of Religion and Health*, *51*, 1002–1016. https://doi.org/10.1007/s10943-012-9576-y

LaBouff JP, Rowatt WC, Johnson MK, Tsang J-A, Willerton GM (2012) Humble persons are more helpful than less humble persons: evidence from three studies. *J Posit Psychol 7*(1):16–29. https://doi.org/10.1080/17439760.2011.626787

Lam, T. C. M., Kolomitro, K., & Alamparambil, F. C. (2011). Empathy training: Methods, evaluation practices, and validity. *Journal of Multidisciplinary Evaluation, 7*(16), 162-200.

Lavelock, W. (2014). The quiet virtue speaks: An intervention to promote humility. *Journal of Psychology and Theology, 42*(1), 99–110. https://doi.org/10.1177/009164711404200111

Lewis, J. (2011). Operationalizing social justice counseling: paradigm to practice. *Journal of Humanistic Counseling, 50*(2), 183–191. https://doi.org/10.1002/j.2161-1939.2011.tb00117.x

Liang, Y., Yang, H., Ma, Y., Lui, S. S., Cheung, E. F., Wang, Y., & Chan, R. C. (2019). Validation and extension of the questionnaire of cognitive and affective empathy in the Chinese setting. *PsyCh Journal*, *8*(4), 439–448. https://doi.org/10.1002/pchj.281

Lockwood, S. (2014). Emotion regulation moderates the association between empathy and prosocial behavior. PloS One, 9(5), e96555–e96555. https://doi.org/10.1371/journal.pone.0096555

Licensed professional counselor demographics and statistics [2022]: Number of licensed professional counselors in the US. Licensed Professional Counselor Demographics and Statistics [2022]: Number Of Licensed Professional Counselors In The US. (2022, April 18). Retrieved July 11, 2022, from https://www.zippia.com/licensed-professional-counselor-jobs/demographics/

Maccoby, E. E., & Maccoby, N. (1954). The interview: A tool of social science. In G. Lindzey (Ed.), *Handbook of social psychology: Vol. 1. Theory and method* (pp. 449-487). Addison-Wesley

Mattoo, S. K., Punia, V., Malik, L., & Khurana, H. (2022). Spirituality and aging. *Research Anthology on Supporting Healthy Aging in a Digital Society*, 1765–1795. https://doi.org/10.4018/978-1-6684-5295-0.ch101

Mental Health America (2020, November 11). *Black and African American communities and mental health.* https://www.mhanational.org/issues/black-and-african-american-communities-and-mental-health

Mertens, D.M. (2015). *Research and evaluation in education and psychology.* SAGE.

Mittal, D. (2012). Servant leadership across cultures. Journal of World Business: JWB, 47(4), 555–570. https://doi.org/10.1016/j.jwb.2012.01.009

Mohamed, B., Cox, K., Diamant, J., & Gecewicz, C. (2022, April 26). *Faith among Black Americans*. Pew Research Center's Religion & Public Life Project. Retrieved July 24, 2022, from https://www.pewresearch.org/religion/2021/02/16/faith-among-black-americans/

NAMI. (2020). Mental health by the numbers. Retrieved November 09, 2020, from https://nami.org/mhstats.

Nash, R. (2002). *Spirituality, ethics, religion, and teaching: a professor's journey*. P. Lang.

Neff, K. (2022). Embracing our common humanity with self-compassion. Retrieved July 25, 2022, from https://self-compassion.org/embracing-our-common-humanity-with-self-compassion/

Neff, K. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity*, *2*(3), 223–250. https://doi.org/10.1080/15298860309027

Neff, K., & Beretvas, S. (2013). The role of self-compassion in romantic relationships. *Self and Identity, 12*(1), 78–98. https://doi.org/10.1080/15298868.2011.639548

Neff, K., & Pommier, E. (2013). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. *Self and Identity, 12*(2), 160–176. https://doi.org/10.1080/15298868.2011.649546

Neff, K. D., & Seppälä, E. (2017). *Compassion, well-being, and the hypo-egoic self.* In K. W. Brown & M. R. Leary (Eds.), *Oxford library of psychology. The Oxford handbook of hypo-egoic phenomena* (p. 189–203). Oxford University Press.

Noah, B. (2018). Teaching Bioethics: The role of empathy & humility in the teaching and practice of law. *Health Matrix, 28*, 201.

Noonan, A. S., Velasco-Mondragon, H. E., & Wagner, F. A. (2016). Improving the health of African Americans in the USA: an overdue opportunity for social justice. *Public health reviews*, *37*, 12. https://doi.org/10.1186/s40985-016-0025-4

Owens, B. P., Johnson, M. D., & Mitchell, T. R. (2013). Expressed humility in organizations: Implications for performance, teams, and leadership. *Organization Science*, *24*, 1517–1538.

Owen, J., Drinane, J., Tao, K. W., DasGupta, D. R., Zhang, Y. S. D., & Adelson, J. (2018). An experimental test of microaggression detection in psychotherapy: Therapist multicultural orientation. *Professional Psychology: Research and Practice, 49*(1), 9–21. https://doi.org/10.1037/pro0000152

Owen, J., Jordan, T. A. II, Turner, D., Davis, D. E., Hook, J. N., & Leach, M. M. (2014). Therapists' multicultural orientation: Client perceptions of cultural humility, spiritual/ religious commitment, and therapy outcomes. *Journal of Psychology and Theology, 42*(1), 91–98. https://doi.org/10.1177/009164711404200110

Owen, J., Tao, K. W., Drinane, J. M., Hook, J., Davis, D. E., & Kune, N. F. (2016). Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. *Professional Psychology, Research and Practice, 47*(1), 30–37. https://doi.org/10.1037/pro0000046

Paine, D. R., Sandage, S. J., Rupert, D., Devor, N. G., & Bronstein, M. (2015). Humility as a psychotherapeutic virtue: Spiritual, philosophical, and psychological foundations. *Journal of Spirituality in Mental Health, 17*(1), 3–25. https://doi.org/10.1080/19349637.2015.957611

Peek, E.-H., & Park, C.-S. (2013). Effects of a multicultural education program on the cultural competence, empathy and self-efficacy of nursing students. *Journal of Korean Academy of Nursing*, *43*(5), 690. https://doi.org/10.4040/jkan.2013.43.5.690

Peters, A. S., Rowatt, W. C., & Johnson, M. K. (2011). Associations between dispositional humility and social relationship quality. *Psychology, 2*(3), 155–161. https://doi.org/10.4236/psych.2011.23025

Pieterse, A. L., Evans, S. A., Ristner-Butner, A., Collins, N. M., & Mason, L. B. (2009). Multicultural competence and social justice training in counseling psychology and counselor education: A review and analysis of a sample of multicultural course syllabi. *The Counseling Psychologist, 37*(1), 93-115.

Platt, J. (2012). A Mexico City-Based Immersion Education Program: Training Mental Health Clinicians for Practice with Latino Communities. *Journal of Marital and Family Therapy, 38*, 352–364. https://doi.org/10.1111/j.1752-0606.2010.00208.x

Prosper, T., Gushue, G. V., & Lee, T. R. (2021). Promoting African American Activism: Experiences of Racism-Related Stress and Spirituality. Journal of Black Psychology, 47(8), 657–668. https://doi.org/10.1177/00957984211034949

Prot, G. (2014). Long-term relations among prosocial-media use, empathy, and prosocial behavior. *Psychological Science, 25*(2), 358–368. https://doi.org/10.1177/0956797613503854

Queirós, A., Fernandes, E., Reniers, R., Sampaio, A., Coutinho, J., & Seara-Cardoso, A. (2018). Psychometric Properties of the questionnaire of cognitive and affective empathy in a Portuguese sample. *PLOS ONE*, *13*(6). https://doi.org/10.1371/journal.pone.0197755

Ramsey, M. (2000). Monocultural versus multicultural teaching: How to practice what we preach. *The Journal of Humanistic Counseling, Education and Development, 38*(3), 170–183. https://doi.org/10.1002/j.2164-490X.2000.tb00077

Ratts, M., Singh, A., Nassar-Mcmillan, S., Butler, S., & Mccullough, J. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development, 44*(1), 28–48. https://doi.org/10.1002/jmcd.12035

Reniers, C. (2011). The QCAE: A Questionnaire of cognitive and affective empathy. *Journal of Personality Assessment, 93(1)*, 84–95. https://doi.org/10.1080/00223891.2010.528484

Richardson, A., Yarwood, J., & Richardson, S. (2017). Expressions of cultural safety in public health nursing practice. *Nursing Inquiry*, 24, 551–10. https://doi.org/10.1111/nin.12171

Ridley, C., Chih, D., & Olivera, R. (2000). Training in cultural schemas: An antidote to unintentional racism in clinical practice. *American Journal of Orthopsychiatry, 70*(1), 65–72. https://doi.org/10.1037/h0087771

Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.), Psychology: A study of science: Formulations of the person and the social context (pp. 184–256). New York: McGraw-Hill.

Rosmarin, D. H., Bigda-Peyton, J. S., Öngur, D., Pargament, K. I., & Björgvinsson, T. (2013). Religious coping among psychotic patients: Relevance to suicidality and treatment outcomes. *Psychiatry Research*, *210*(1), 182–187. https://doi.org/10.1016/j.psychres.2013.03.023

Rowatt, P. (2006). Development and initial validation of an implicit measure of humility relative to arrogance. *The Journal of Positive Psychology, 1*(4), 198–211. https://doi.org/10.1080/17439760600885671

Rowatt, W. C., Kang, L. L., Haggard, M. C., & Labouff, J. P. (2014). A social-personality perspective on humility, religiousness, and spirituality. *Journal of Psychology and Theology*, *42*, 31–40.

Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of science: Formulations of the person and the social context* (pp. 184–256). New York:
McGraw-Hill.

Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95–
103. https://doi.org/10.1037/h0045357

Rutgers University. (2019, March 21). African Americans more likely to be misdiagnosed with schizophrenia, study finds. Retrieved November 17, 2020, from https://www.sciencedaily.com/releases/2019/03/190321130300.htm

Sbarra, D., Smith, H., & Mehl, M. (2012). When leaving your ex, love yourself: Observational ratings of self-compassion predict the course of emotional recovery following marital separation. *Psychological Science, 23*(3), 261-269. http://www.jstor.org/stable/41441783

Sammons, C., & Speight, S. (2008). A qualitative Investigation of Graduate-Student Changes Associated with Multicultural Counseling Courses. *The Counseling Psychologist, 36*(6), 814–838. " https://doi.org/10.1177/0011000008316036

Sandage, S. J., & Harden, M. G. (2011). Relational spirituality, differentiation of self, and virtue as predictors of intercultural development. *Mental Health, Religion & Culture*, *14*, 819–838. doi:10.1080/13674676.2010.527932

Sandage, S. J., & Jankowski, P. J. (2013). Spirituality, social justice, and intercultural competence: Mediator effects for differentiation of self. *International Journal of Intercultural Relations, 37*(3), 366–374. https://doi.org/10.1016/j.ijintrel.2012.11.003

Sanders, P. W., Allen, G. E. K., Fischer, L., Richards, P. S., Morgan, D. T., & Potts, R. W. (2015). Intrinsic religiousness and spirituality as predictors of mental health and positive psychological functioning in latter-day Saint adolescents and young Adults. *Journal of Religion and Health, 54*(3), 871–887. https://doi.org/10.1007/s10943-015-0043-4

Santiago, U. (2013). A systematic review of PTSD prevalence and trajectories in DSM-5 defined trauma exposed populations: intentional and non-intentional traumatic events. PloS One, 8(4), e59236–e59236. https://doi.org/10.1371/journal.pone.0059236

Sbarra, D. A., Smith, H. L., & Mehl, M. R. (2012). When leaving your Ex, love yourself: Observational ratings of self-compassion predict the course of emotional recovery following marital separation. *Psychological Science, 23*, 261–269.

Schwenck, M. (2012). Empathy in children with autism and conduct disorder: group-specific profiles and developmental aspects. *Journal of Child Psychology and Psychiatry, 53*(6), 651–659. https://doi.org/10.1111/j.1469-7610.2011.02499.x

Schuler, R. (2018). Disparities in substance use behaviors and disorders among adult sexual minorities by age, gender, and sexual identity. *Drug and Alcohol Dependence, 189*, 139–146. https://doi.org/10.1016/j.drugalcdep.2018.05.008

Sehgal, R., Saules, K., Young, A., Grey, M. J., Gillem, A. R., Nabors, N. A., Byrd, M. R., & Jefferson, S. (2011). Practicing what we know: Multicultural counseling competence among clinical psychology trainees and experienced multicultural psychologists. *Cultural Diversity and Ethnic Minority Psychology, 17*(1), 1–10. https://doi.org/10.1037/a0021667

Sharma, D. & Davidson, C. (2015). Self-compassion in relation to personal imitativeness, curiosity and exploration among young adults. *Indian Journal of Health and Wellbeing, 6(*2), 185–.

Smith, J. E., Mcauliffe, G., & Rippard, K. S. (2014). Counseling Students Transformative Learning Through a Study Abroad Curriculum. *Counselor Education and Supervision*, *53*(4), 306–319. doi: 10.1002/j.1556-6978.2014.00065.x

St. John, T. (2016, August 2). 8 reasons racial and ethnic minorities receive less mental health treatment. https://www.arundellodge.org/8-reasons-cultural-and-ethnic-minorities-receive-less-mental-health-treatment/

Sue, A. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Multicultural Counseling and Development, 20*(2), 64–88. https://doi.org/10.1002/j.2161-1912.1992.tb00563.x

Tedeschi, R.G., & Calhoun, L.G. (1995). Trauma and transformation: Growing in the aftermath of suffering. Sage

Tisdell, E. J., & Tolliver, D. E. (2003). Claiming a sacred face: The role of spirituality and cultural identity in transformative adult higher education. *Journal of Transformative Education, 1*(4), 368–392. https://doi.org/10.1177/1541344603257678

Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9(2)*, 117–125. https://doi.org/10.1353/hpu.2010.0233Trevino, K. M., Archambault, E., Schuster, J., Richardson, P., & Moye, J. (2012). Religious coping and psychological distress in military veteran cancer survivors. *Journal of Religion and Health, 51*(1), 87–98. https://doi.org/10.1007/s10943-011-9526-0

Trusty, J., Ng, K., & Watts, R. (2005). Model of effects of adult attachment on emotional empathy of counseling students. *Journal of Counseling and Development, 83*(1), 66–77. https://doi.org/10.1002/j.1556-6678.2005.tb00581.x

Verhofstadt, L., Devoldre, I., Buysse, A., Stevens, M., Hinnekens, C., Ickes, W., & Davis, M. (2016). The role of cognitive and affective empathy in spouses' support interactions: An observational study. *PloS One, 11*(2), e0149944–e0149944. https://doi.org/10.1371/journal.pone.0149944

Vettese, L.C., Dyer, C.E., Li, W.L. *et al.* Does self-compassion mitigate the association between childhood maltreatment and later emotion regulation difficulties? A

preliminary investigation. *Int J Ment Health Addiction* 9, 480 (2011). https://doi.org/10.1007/s11469-011-9340-7

Yang, S. Y., Lim, H. N., & Lee, J. H. (2013). The study on relationship between Cultural competency and empathy of nursing students. *The Journal of Korean Academic Society of Nursing Education*, *19*(2), 183–193. https://doi.org/10.5977/jkasne.2013.19.2.183

Yarnell, L., & Neff, K. (2013). Self-compassion, Interpersonal Conflict Resolutions, and Well-being. *Self and Identity, 12*(2), 146–159. https://doi.org/10.1080/15298868.2011.649545

Watson, J. C., Steckley, P. L., & McMullen, E. J. (2014). The role of empathy in promoting change. *Psychotherapy Research, 24*(3), 286–298. https://doi.org/10.1080/10503307.2013.802823

Worthington, J. (1998). An empathy-humility-commitment model of forgiveness applied within family dyads. *Journal of Family Therapy, 20*(1), 59–76. https://doi.org/10.1111/1467-6427.00068

Zarei, B., Salmabadi, M., Amirabadizadeh, A., & Vagharseyyedin, S. A. (2019). Empathy and cultural competence in clinical nurses: A structural equation modelling approach. *Nursing Ethics, 26*(7-8), 2113–2123. https://doi.org/10.1177/0969733018824794

APPENDIX A: INTRODUCTORY LETTER

Dear Counselor Trainee,

I would like to invite you to participate in a study that examines how self-compassion, empathy, and spirituality relate to cultural humility among counseling students enrolled in CACREP accredited counselor training programs.

To be included in the study, you must be enrolled in a master's level CACREP accredited counselor training program.

If you wish to participate, click the link below.

APPENDIX B: INFORMED CONSENT FORM

Department of Counseling
9201 University City Boulevard, Charlotte, NC 28223-0001

INFORMED CONSENT FORM

PURPOSE OF THE STUDY
The purpose of this study is to examine how self-compassion, empathy, and spirituality relate to cultural humility among counseling students enrolled in CACREP accredited counselor training programs.

ELIGIBILITY
You are eligible to participate in this study if you are enrolled in a master's level, CACREP accredited counselor training program.

PARTICIPATION
Your participation in this study is entirely voluntary. You may choose to quit the survey at any time without explanation. If you decide to participate, you will be asked to complete four scales and the demographic questionnaire. Your participation will take approximately 10 to 15 minutes.

BENEFITS & RISKS
Your participation will contribute to multicultural counseling training efforts in counselor education. Implications from this study will inform training, education, and research. Your participation will help researchers to understand more about cultural humility among counselor trainees.

CONFIDENTIALITY
Your survey responses and participation will be confidential. There will be no identifying information about you and all answers will be collected anonymously. All data will be download and entered into statistical software for analysis.

CONTACT
If you have further questions or concerns about your rights as a participant in this study, contact the Office of Research Compliance at (704) 687-1871 or uncc-irb@uncc.edu. If you have questions concerning the study, contact the principal investigator Tiffany Rikard, at (336) 501-5045 or by email at trikard@uncc.edu or my dissertation chair Dr. Phyllis Post at
704-687-8960 or by email at ppost@uncc.edu

Tiffany Rikard
Doctoral Candidate
Department of Counseling
University of North Carolina at Charlotte

Dr. Phyllis Post
Dissertation Chair
Department of Counseling
University of North Carolina at Charlotte

ELECTRONIC CONSENT:

Please select your choice below. You may print a copy of this consent form for your records. Clicking on the "Agree" button indicates that

- You have read the above information
- You voluntarily agree to participate

☐ Agree

☐ Disagree

APPENDIX C: MULTIDIMENSIONAL CULTURAL HUMILITY SCALE

Multidimensional Cultural Humility Scale

Instructions: Please take a moment and read each of the following statements. Then, rate the level of agreement for which each statement best reflects your work with clients from diverse cultural backgrounds.

Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5	6

Openness						
1. I am comfortable asking my clients questions about their cultural experience. (1)	1	2	3	4	5	6
2. I seek to learn more about my clients' cultural background. (2)	1	2	3	4	5	6
3. I believe that learning about my clients' cultural background will allow me to better help my clients. (4)	1	2	3	4	5	6
Self-Awareness						
4. I seek feedback from my supervisors when working with diverse clients. (11)	1	2	3	4	5	6
5. I incorporate feedback I receive from colleagues and supervisors when I am faced with problems regarding cultural interactions with clients. (13)	1	2	3	4	5	6
6. I am known by colleagues to seek consultation when working with diverse clients. (14)	1	2	3	4	5	6
Ego-less						
7. I ask my clients about their cultural perspective on topics discussed in session. (12)	1	2	3	4	5	6
8. I ask my clients to describe the problem based on their cultural background. (27)	1	2	3	4	5	6
9. I ask my clients how they cope with problems in their culture. (28)	1	2	3	4	5	6
Supportive Interactions						
10. I wait for others to ask about my biases for me to discuss them. (Reversed coded) (42)	1	2	3	4	5	6
11. I do not necessarily need to resolve cultural conflicts with my client in counseling. (Reverse coded) (43)	1	2	3	4	5	6
12. I believe the resolution of cultural conflict in counseling is the clients' responsibility. (Reverse coded) (44)	1	2	3	4	5	6
Self-Reflection and Critique						
13. I enjoy learning from my weaknesses.(49)	1	2	3	4	5	6
14. I value feedback that improves my clinical skills. (50)	1	2	3	4	5	6
15. I evaluate my biases. (52)	1	2	3	4	5	6

APPENDIX D: SELF-COMPASSION SCALE

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES
Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost Never				Almost always
1	2	3	4	5

_____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.
_____ 2. When I'm feeling down, I tend to obsess and fixate on everything that's wrong.
_____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
_____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
_____ 5. I try to be loving towards myself when I'm feeling emotional pain.
_____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.
_____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
_____ 8. When times are really difficult, I tend to be tough on myself.
_____ 9. When something upsets me I try to keep my emotions in balance.
_____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
_____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.
_____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
_____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

_____ 14. When something painful happens I try to take a balanced view of the situation.
_____ 15. I try to see my failings as part of the human condition.
_____ 16. When I see aspects of myself that I don't like, I get down on myself.
_____ 17. When I fail at something important to me I try to keep things in perspective.
_____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
_____ 19. I'm kind to myself when I'm experiencing suffering.
_____ 20. When something upsets me I get carried away with my feelings.
_____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
_____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
_____ 23. I'm tolerant of my own flaws and inadequacies.
_____ 24. When something painful happens I tend to blow the incident out of proportion.
_____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
_____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

APPENDIX E: QUESTIONNAIRE OF COGNITIVE AND AFFECTIVE EMPATHY

People differ in the way they feel in different situations. Below you are presented with a number of characteristics that may or may not apply to you. Read each characteristic and indicate how much you agree or disagree with the item by ticking the appropriate box. Answer quickly and honestly.		Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
1.	I sometimes find it difficult to see things from the 'other guy's' point of view.				
2.	I am usually objective when I watch a film or play, and I don't often get completely caught up in it.				
3.	I try to look at everybody's side of a disagreement before I make a decision.				
4.	I sometimes try to understand my friends better by imagining how things look from their perspective.				
5.	When I am upset at someone, I usually try to 'put myself in his shoes' for a while.				
6.	Before criticizing somebody, I try to imagine how I would feel if I was in their place.				
7.	I often get emotionally involved with my friends' problems.				
8.	I am inclined to get nervous when others around me seem to be nervous.				
9.	People I am with have a strong influence on my mood.				
10.	It affects me very much when one of my friends seems upset.				
11.	I often get deeply involved with the feelings of a character in a film, play or novel.				
12.	I get very upset when I see someone cry.				
13.	I am happy when I am with a cheerful group and sad when the others are glum.				
14.	It worries me when others are worrying and panicky.				
15.	I can easily tell if someone else wants to enter a conversation.				
16	I can pick up quickly if someone says one thing but means another.				
17.	It is hard for me to see why some things upset people so much.				
18.	I find it easy to put myself in somebody else's shoes.				
19.	I am good at predicting how someone will feel.				
20.	I am quick to spot when someone in a group is feeling awkward or uncomfortable.				
21.	Other people tell me I am good at understanding how they are feeling and what they are thinking.				
22.	I can easily tell if someone else is interested or bored with what I am saying.				

23.	Friends talk to me about their problems as they say that I am very understanding.				
24.	I can sense if I am intruding, even if the other person does not tell me.				
25.	I can easily work out what another person might want to talk about.				
26.	I can tell if someone is masking their true emotion.				
27.	I am good at predicting what someone will do.				
28.	I can usually appreciate the other person's viewpoint, even if I do not agree with it.				
29.	I usually stay emotionally detached when watching a film.				
30.	I always try to consider the other fellow's feelings before I do something.				
31.	Before I do something, I try to consider how my friends will react to it.				

APPENDIX F: INTRINSIC SPIRITUALITY SCALE

For the following six questions, *spirituality* is defined as one's relationship to God, or whatever you perceive to be Ultimate Transcendence.

The questions use a sentence completion format to measure various attributes associated with spirituality. An incomplete sentence fragment is provided, followed directly below by two phrases that are linked to a scale ranging from 0 to 10. The phrases, which complete the sentence fragment, anchor each end of the scale. The 0 to 10 range provides you with a continuum on which to reply, with 0 corresponding to absence or zero amount of the attribute, while 10 corresponds to the maximum amount of the attribute. In other words, the end points represent extreme values, while five corresponds to a medium, or moderate, amount of the attribute. Please circle the *number* along the continuum that best reflects your initial feeling.

1. In terms of the questions I have about life, my spirituality answers no questions	0	1	2	3	4	5	6	7	8	9	10	absolutely all my questions
2. Growing spiritually is more important than anything else in my life	10	9	8	7	6	5	4	3	2	1	0	of no importance to me
3. When I am faced with an important decision, my spirituality plays absolutely no role	0	1	2	3	4	5	6	7	8	9	10	is always the overriding consideration
4. Spirituality is the master motive of my life, directing every other aspect of my life	10	9	8	7	6	5	4	3	2	1	0	not part of my life
5. When I think of the things that help me to grow and mature as a person, my spirituality has no effect on my personal growth	0	1	2	3	4	5	6	7	8	9	10	is absolutely the most important factor in my personal growth
6. My spiritual beliefs affect absolutely every aspect of my life	10	9	8	7	6	5	4	3	2	1	0	no aspect of my life

APPENDIX G: DEMOGRAPHIC QUESTIONNAIRE

1. What is your age?
2. What is your identified gender?
   Agender
   Female
   Male
   Non-Binary
   Self-identity:
   Prefer not to answer
3. In your current counseling program, where are you in your clinical sequence (practicum/Internship)?
   I have not taken practicum
   I am currently enrolled in practicum
   I have completed practicum
   I am currently enrolled in Internship
   I have completed internship
4. How often do you discuss topics related to your cultural identity in your weekly clinical supervision meetings for practicum/internship? often, sometimes, rarely, never.
5. What is your race/ethnicity?
   American Indian/Native American or Alaska Native
   Asian or Asian American
   Black or African American
   Hispanic or Latino/a/x
   Multiracial
   Native Hawaiian/Pacific Islander
   White/European American; not Hispanic
   Self-identity:
   Prefer not to answer
6. What region of the country do you live in?
   ___ West ___Midwest___ Southeast___ Northeast___ Southwest
7. Percent of your close friends are culturally different from you (Ex race/ethnicity, gender, religious diversity, sexual preference, etc).
8. How many times have you traveled outside of your country of origin?
9. How many semester long courses devoted to multiculturalism (example Multicultural Counseling) have you completed?

APPENDIX H: ADJUSTED ITEMS

SCS
Items used from the Self-Compassion Scale include:
Common Humanity Items: 3, 7, 10, 15

QCAE
Items used from the Questionnaire for Cognitive and Affective Empathy include:
Affective empathy
Emotion contagion: 8, 9, 13, 14
Proximal responsivity: 7, 10, 12, 23