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## Empathy as a professional quality of a counselling psychologist

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**Abstract.** The purpose of the study was to identify the role of empathy in a person's professional activity and in his/her life in general, as well as to study the impact of empathy on the mental state of an individual. This study was formed on the basis of a systematic review of materials that identified correlates of the impact of the empathic level on the psycho-emotional state of a person, as well as explained the role of empathy for a person from the opposite aspects of its study. The results of the study were based on the levels of comparative indicators demonstrated by samples of people in communicative fields of activity, on the basis of which the relevant conclusions were drawn regarding the role of empathy in the professions of counselling and contact with people. The results showed that the role of empathy in people's lives and activities is an important criterion, but in some cases, it determines the negative aspect of action. The technology of expressing empathy was based on several criteria depending on its type. Cognitive empathy, affective (emotional) empathy, and empathic care represented different aspects of expression, adjusting different moments in the course of a communicative action. In particular, the factors that negatively affected the manifestation and development of the respondents' empathic abilities were mainly the lack of proper experience, education, understanding, constraint or excessive focus on their own position. At the same time, it was clear that the level of empathy depends on the way an individual thinks and is an incentive for prosocial behaviour, which, in turn, is an innate, evolutionary human characteristic. According to the obtained indicators, a high level of empathy positively regulates communication relations in society, while a higher level of empathy contributes to the development of depression, psychosomatic disorders, increases anxiety and stimulates obsessive-compulsive behaviour. However, it is worth noting that the importance of the role of empathy for a psychologist is controversial and requires more attention to define its essence in detail

**Keywords:** communication; reconstruction; metaconsciousness; awareness of the meaning of actions; prosocial behaviour

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## INTRODUCTION

Given the current living conditions, where the prevalence of stressful aspects is increasing, the question of finding a qualified psychologist is becoming more and more important for people. However, the issue of choosing a specialist psychologist is determined by his or her competence in counselling, taking into account different life circumstances and the needs of the patient. A qualified counselling psychologist must possess a set of characteristic qualities

that help in understanding the emotional state of another person and identifying their emotional characteristics, which facilitates the diagnosis and treatment of many psychological disorders. However, there have been numerous disagreements among the choice of qualities that form a psychologist's competence, and no consensus has been reached. One of the main qualities of a counselling psychologist is considered to be a pronounced level of



empathy for patients, which reveals the specialist's ability to build successful personal and working relationships. On the other hand, increased empathy for the negative emotions of another person can provoke negative consequences for an individual who shows compassion and pity for the opponent. As negative emotions increase, the likelihood of mental illness and certain nervous disorders increases. Thus, the study of the impact of empathy on human life is one of the most pressing issues in the psychological and communication fields.

Given the current literature, it has been found that empathy is mostly considered as the foundation of a psychologist's professional activity. Determining the empathic level of both a specialist and an individual is a crucial link in building quality interpersonal relationships. A person's tendency to empathy determines their ability to self-realization in society (Van Tienen *et al.*, 2024). However, given the different types of empathy and various aspects of life that contribute to its increase (the ability to express one's own feelings, the ability to listen to the interlocutor), or vice versa, lead to a decrease (culture, innateness, etc.), it is determined that systems that allow measuring a person's empathic properties are not accurate. Given the results similar to previous studies, it also turned out that people can belong to different behavioural types according to their empathic disposition.

Thus, personal behaviour can be divided into two categories: prosocial and antisocial (Brill & Nahmani, 2017; Schramme, 2024). The fact that empathy affects human behaviour raises the issue of studying the impact of the empathic level on mental health, since the behavioural component is an expression of the individual's neurophysiological and mental characteristics. In addition, other studies have shown that the effectiveness of psychotherapeutic treatment is not based solely on the empathic level. The high level of professionalism of a psychologist is actually determined by his or her education, experience, ability to think divergently, etc. Thus, empathy can only act as an intermediary and be one of the main qualities of a specialist, but cannot be a decisive criterion for assessing his or her professionalism.

Taking into account the review of scientific works that determined the importance of empathy in the field of social professions, the problem of this study was to identify numerous opinions about the use of empathy and its impact on human psycho-emotional health, which, in turn, focused on different aspects of its study. Focusing on the amount of information about the study of empathy and the research on its role in the modern world, a sufficient number of statements about the importance of empathy in the psychotherapeutic field were found (Ramadhanti *et al.*, 2023). In general, these statements related to the criteria for assessing the empathic level of professionals, which determined the positive side of empathy in a person's life. Taking into account the aspects of assessing the empathic level, it is determined that they represent a self-assessment and an independent assessment of the level of empathy

expressed or not expressed during the communication process. The main gap in these studies was the inclusion of self-assessment of empathy in determining its level, since an individual's assessment of his or her own empathy does not reveal the presence of a high degree of empathy. In contrast, according to current research, there are conflicting views on the definition of empathy as a key characteristic for a counselling psychologist (Pang *et al.*, 2022; Ren, 2024). Given the review of the results of these studies, it was determined that empathy plays an important role in shaping the mental health of an individual, but mostly negative. Thus, there is a distinction between affective (low-level) empathy, cognitive empathy, and empathic care, which helps an individual to use methods of communication that encourage action (Nakao, 2021). In this regard, the question arises of considering empathy as a manipulative aspect expressed by one person to another, taking into account their own goals and beliefs. Thus, the negative aspects of empathy should be considered as a counterbalance to its necessity for a person's professional activity and life in general.

The objectives of this study were to investigate empathy in terms of two opposing opinions of its meaning (positive and negative), to identify the criteria for the impact of a high empathic level on the psycho-emotional state of a person, to compare the effective criteria from the materials used for this study in order to determine the general opinion about the importance of empathy as a quality of a counselling psychologist's professionalism. Thus, the purpose of this study was to identify the importance of empathy in the psychological field of activity and to determine its impact on the psycho-emotional state of a person.

## LITERATURE REVIEW

Given numerous interpretations of empathy, in a general and at the same time simplified definition, empathy is seen as the ability and desire to gain perspectives, share views, beliefs, and experiences of other people, and therefore as a confirmation and expression of understanding to a person in the field of communication (Ramadhanti *et al.*, 2023). According to the interpretations of information sources and studies related to the definition of empathy as a professional quality for specialists in the psychological system of education and practice, it is a psycho-emotional disposition to identify hidden messages from the patient. At the same time, empathy was defined as the main quality of a psychologist, which reveals his/her professionalism and competence. Modern studies have mostly tended to argue that empathic manifestation is the creation of a certain state that allows a person to understand and feel loyalty to him or her, trust in others, which, in turn, is a component of a sense of security and confidence in the modern world (Pang *et al.*, 2022).

Taking empathy as the main field of practice in psychotherapy, the concept of empathy becomes quite centralised. From a mental state perspective, those with high levels of empathy are more likely to coexist well with others (Nakao, 2021). Having empathy allows a person to create successful intrapersonal relationships of any kind, whether

within the family circle, work or non-work environments. Therefore, the lack of empathy, or its absence, is considered a separate characteristic for such conditions as social discomfort and narcissistic personality disorder. In addition, for mental health professionals, including psychotherapists, psychologists, and psychiatrists, empathy for patients is an important component of their work (Schramme, 2024).

A number of other scientific studies have thoroughly examined the part of empathy devoted to the therapeutic process of observing and listening (Li, 2019). At the same time, S. Van Tienen *et al.* (2024), in their study, identified a number of obstacles in psychotherapeutic listening that can be considered as direct dangers to empathic behaviour: laziness, constraint, own beliefs, doubt, and lack of focus. Research in this area also demonstrates how pronounced the activity of a certain area of the human brain is when detecting a false emotional state, i.e., imitating emotions in patients or simply observing the emotions of others. In addition to this, scientists draw characteristic conclusions about how ordinary observers of emotional states are able to feel the same, but to a lesser extent (Biletska, 2021). Furthermore, internal representations of facial expressions of other people during communication, and common neural circuits have also been recorded in relation to the tone of voices, sensations, touch, disgust, and expression of suffering.

Given the research on empathy over the past 5 years, there is no consensus on whether the criteria of empathy, such as compassion, accepting other people's points of view, and sharing their emotions, i.e., sharing experiences, can be considered elements of empathy. Nevertheless, there was evidence that these elements can be prioritised (Serrat, 2017; Onwuka, 2024). Scholars have suggested that these elements may be interconnected among most social individuals, despite the fact that they do not actually have any associative interpretations. At the same time, the lack of clarity about the extent to which the elements of empathy are related has contributed to the general confusion about the definition of empathy, and has led to a rather small percentage of research in this area. According to experts, few studies have actually analysed the development of empathy in normal everyday activities in order to gain insight into the concomitant frequency of emotional communication, attitudinal perception, and compassion (Warren *et al.*, 2021). Moreover, research shows that most of the disclosure of empathy has been focused on painful perceptions, i.e., feelings of pain and pity. It is precisely these kinds of characteristics that can provide false beliefs about what empathy, its perception and expression can actually be. However, as a meta-analysis of empathy neuroscience research has shown, the anterior cingulate cortex and the dual frontal insula are part of the core network of empathy (Eklund & Meranius, 2021). At the same time, subsequent studies have shown how consistent this activation is, possibly due to the overrepresentation of research showing empathy for pain. In the absence of information about how empathy is experienced in human life, it is not possible at this point to be sure that the findings of empathy research

that have been drawn from the current literature are free of any flaws (Ren, 2024).

Empathic sensitivity can also contribute to personal subjective well-being, but the evidence is contradictory. While some scholars argue that empathy increases well-being (social health), other researchers point out that empathy can lead to emotional burnout and self-isolation (Fong & Bakar, 2023; Ramadhanti *et al.*, 2023). Other authors provide evidence that empathy is neither positive nor negative, but only leads to either compassion or personal distress, which are characterised by different psychology and consequences. It is difficult to know to what extent real-life social relationships will manifest their complexity and adhere to the boundaries of these taxonomies. Based on research in laboratories, it has been found that feeling empathy most often leads people to engage in prosocial behaviour (Vázquez-Campo *et al.*, 2019), but there have also been claims that empathy can also lead to antisocial behaviour, for example, in the form of increased competition (Brill & Nahmani, 2017; Gilels *et al.*, 2022) and violations of ethical dignity. Instead, prosocial behaviour is determined by a high level of empathy, which encourages a person to take selfless actions towards a person in distress.

## MATERIALS AND METHODS

The present study is purely theoretical in nature. The materials for this study were obtained by reviewing scientific publications on empathy on the global platforms Sage and the Swiss platform of scientific publications – Frontiers. To summarise the results of this study, research papers from the Patient Education and Counselling and Healthcare scientific base were used. The search criteria were: the concept of “empathy”, healthcare, psycho-emotional state and level of empathy, prosocial behaviour, and key qualities of a psychologist's professionalism. In general, all the materials were intended to answer the question of the importance of empathy in human activities related to communications. The overall quality of the materials included in this study only partially met each of the selection criteria. The aspects that met the criteria were selected from the total volume of methods and their indicators that correlated in the studies used. The main reason for the difference between the results of the two materials used was the contradictions concerning the importance of empathy for a person. In the present study, the comparison of these two contradictions formed a unified opinion about empathy as a quality of professionalism of a psychology specialist.

The first material on which this study was based was the work of M. Fuller *et al.* (2023), which examined the theory of empathy in two aspects, namely, as an indicator of self-assessment of the level of empathy and an indicator of independent assessment of its manifestation. The sample in the study was made up of students from the Faculty of Behavioural Sciences (Communications), University of Twente in the Netherlands. The study was based on the idea of how empathy affects communication processes. To compare two contradictions regarding empathy as a factor for

professional activity, the study of mental health symptoms in the presence of a high level of empathy was taken as the basis for the indicators (Huang *et al.*, 2020). The sample for the researchers' study was teachers from 544 random pre-schools in Beijing, China. In both materials used for this study, the indicators were evaluated to create a system of comparisons of two contradictions concerning empathy as a key aspect of professional activity.

It was the indicators of these two materials that revealed the most specific contradictory effect that became the basis for this study. The first material used for this study defined in detail the role of empathic communication skills in the process of professional counselling of others. This served as an effective basis for identifying correlates that help in the expression of empathy at both low and high levels. The second study used for this research addressed the issue of psychosomatic consequences of empathy at a high level of expression, using the Symptom Checklist 90, multivariate analysis of variance (MANOVA) and Analysis of Variance (ANOVA). Correlates of experience in communication activities were used to study in detail the impact of empathy depending on the amount of time (years or months) spent in communication with other people.

The following theoretical materials, which this study relied on in the process of forming effective conclusions,

mainly concerned the study of cognitive indicators of empathy and empathic care (Pang *et al.*, 2022), the affective (low-level) theory of empathy. The formation of the main indicators that showed the difference in the need for empathy for effective counselling of patients in psychotherapeutic treatments was based on the most likely cases of decrease and increase in empathic processes, which were formed on the basis of additional thematic literature based on research on the reconstruction of human behavioural processes (Eklund & Meranius, 2021; Bru-Luna *et al.*, 2021). Also, this literature has become the basis for the study of empathy factors that affect the mental state of a person.

## RESULTS

The first material used made it possible to establish how empathy is manifested in society by studying its two aspects, i.e., self-assessment and independent assessment of the empathic level. In turn, establishing the relationship between these correlates established its importance in the communication process with other individuals. In the end, the results in the material used confirmed that the self-assessment of empathy did not reveal any value that would show the professionalism of the specialist. On the contrary, the indicators of independent assessments showed either high or low levels of counselling effectiveness (Table 1).

**Table 1.** Indicators of the respondents' empathic level according to clients' and their own assessments

Group number	Age	Gender	Assessment of customer empathy	Assessment of observer empathy	Duration of counselling
1	22	Female	1.78	4	60
1	25	Female	1.78	3	60
2	22	Female	1.65	4	50
1	22	Female	1.21	2.5	48
2	22	Female	1.14	2	28
2	20	Female	1.06	4	54
2	31	Female	1.06	3.5	50
2	24	Female	1.06	4	36
1	25	Male	-0.07	1.5	32
2	22	Male	-1	2.5	64
2	22	Male	-1	2	37
2	22	Female	-1.11	2	45
1	20	Female	-1.22	1.5	44
1	22	Female	-1.22	2	35
2	25	Male	-2.19	1	31
2	20	Male	-2.7	1.5	24

**Note:** client empathy score: average of scores based on two assessments (two clients); observer empathy score: scores on a 4-point scale (1 – low level of empathy, 4 – high level of empathy)

**Source:** M. Fuller *et al.* (2023)

It should be noted here that the indicators in the first article were obtained with regard to cognitive and affective empathy. Cognitive empathy is defined as a person's ability to understand and be aware of the feelings of others. Affective empathy, on the other hand, is defined as an internal reaction to the emotional state of another person. In other words, affective empathy is the ability to understand other people's emotions, and affective empathy is the ability to

feel the emotions of another, subconsciously putting oneself in the other's shoes. Further, taking into account these indicators, the connection between human behaviour in the process of communication and the level of their empathy was determined. The article uses the indicators of independent assessment, as they are the only ones that are essential for determining the effectiveness of counselling. According to the indicators, a high level of empathy was

indicated by open behaviour along with the level of confidence of the person who counselled the client. Aspects of empathic behaviour are usually determined by certain criteria, namely: eye contact, gestures, posture, body movements, postures, intentions, and forms of questions asked of a person. In order to find an explanation for these correlates of empathic behaviour, this study examined empathy from a neurophysiological perspective.

In terms of neurophysiology, in humans, empathy is ensured by a chain of interacting neural areas that are distributed among themselves and often have recursive communication, including the brainstem, amygdala, hypothalamus, and islets, neuroendocrine processes involved in social behaviour and emotional states, as well as parasympathetic and sympathetic branches, which represent antagonistic and coordinated regulation of internal states, which together form the central nervous system. On this basis, empathic experiences, as well as the stimuli that generate the desire to care for others, arise through the interaction of many brain regions with the autonomic nervous system as well as the neuroendocrine system (Li, 2019). There is a certain activation of neural connections, or the so-called pain matrix, that is involved in shaping the experience of pain. According to the activation of the pain matrix, the auxiliary motor area, the grey area of the periaqueductal space and the amygdala, which are covered by this matrix, are activated. This network of neural connections is activated when a person observes other people's emotional signals, i.e., facial expressions, body movements (including injuries to body parts), or when a person imagines the pain and suffering of another person. In general, the pain matrix is activated by any action or signal that indicates that someone will receive a painful stimulus. Activation of the pain network may also be insignificant for sensory pain perception, but may instead be related to more general survival circuits, such as aversion and fear (flight when exposed to certain dangers and risks). Anxiety about other people's distress involves several brain areas that are distinct from the pain matrix. These areas are the ventromedial prefrontal cortex, the hypothalamus, the amygdala, and the area associated with the affective systems in the brainstem, which in turn dates back to the evolutionary period. Otherwise, this area is defined as the reticular formation, or "human unconscious" (Bru-Luna *et al.*, 2021).

Thus, it can be concluded that humans have been caring for others since evolution. The prefrontal cortex, or default system, is responsible for relationships with other people, both social and non-social. The prefrontal cortex integrates important affective information that will be used to shape behaviour to care for others. Therefore, people with a high proportion of dispositional empathic concern are involved in precious selflessness, and this connection was supported by neural activity in the central tegmental area, caudate nucleus, and prefrontal cortex. Instead, people with negative or absent sensitivity to the distress of others rebel as a result of abnormal neural responses. Such abnormalities can be

identified in a person's childhood. Alienating or ignoring people who are in a state of distress is actually a very strong criterion for antisocial behaviour. In such people, the corresponding neurons in the brain are not activated in a certain (excited) way, so their reactions to the emotional state of other people may be absent.

In order to be motivated to care for others, or to be concerned about their feelings, one must be empathically and affectionally "aroused" and expect the personal distress that has arisen from the shared distress to end. Overall, clinical and sociological research in neuroscience strongly supports the view that emotional reactivity in general, and especially sharing another person's suffering, is crucial for maintaining prosocial behaviour (Eklund & Meranius, 2021). The affective experience of discomfort that comes from witnessing others in pain, suffering, or sadness increases the desire to help. However, certain types of prosocial behaviour (such as helping and comforting) can also arise from empathy. In general, prosocial behaviour is defined as any action performed to alleviate the needs of life or improve the well-being of one organism by another. At the same time, prosocial behaviour contributes to the recipient's empowerment and has some consequences for the benefactor. It is possible to call a particular human behaviour "prosocial" – for example, if it includes empathy-motivated everyday actions – only when they are "unselfish". This, however, misses the ultimate goal of defining such behaviour, as prosocial behaviour is extremely vulnerable to public space and the relationships that emerge between people. Empathy and prosocial behaviour are definitely influenced by a person's genetics, as well as the oxytocin receptor. Ultimately, the link between prosocial behaviour and the oxytocin receptor is mediated through empathic caring and world-view adoption, as these components are very important for human empathy. At the same time, empathy does indeed trigger prosocial behaviour.

In this regard, it is determined that hand movements, body position, eye contact between people, etc. are caused by the activation of certain brain systems responsible for the level of empathy. Based on the material used for this study, the indicators of posture and gestures of the respondents during the interview (counselling) of clients were different (Table 2). Participants with low empathy scores often touched their own faces and picked up objects in their hands, which indicated the respondent's uncertainty and stiffness during the session. Instead, participants with high empathy scores behaved more relaxed. This was expressed in the fact that they nodded their heads more often to indicate understanding of the client, repeated movements after them to inspire trust and attitude. In fact, such correlations helped to establish a link between the assessment of people's empathy levels. For example, if a person has a high level of empathy, his, or her behaviour will be calmer and more confident in the process of communication. At the same time, people with a low level of empathy feel more constrained and insecure, which hinders effective communication.

**Table 2.** Respondents' behaviour in the process of communicating with customers, according to the expression of high and low empathic level indicators

Respondents' behaviour	Indicators that showed a high level of empathy	Indicators that showed a low level of empathy
Body position (posture)	Moderation of movements, calmness, relaxation	Frequent changes in body position, nervousness, anxiety
Movements (hand gestures)	Open palms, synchronization of actions with customers, in the course of each dialogue	Using objects (picking them up)
Intention to ask a question	Identify and analyse the topic in more detail (deepening the topic)	Search for additional data, please explain
Paraphrasing the context to get the point across	Inserting the meaning or relationship of what has been said	Summing up without providing arguments and meaning
Focus on solving the customer's problem	The client's decisions, ideas, statements, and opinions serve as a guide	Offering own judgements, decisions, opinions without taking into account the needs of the client

Source: M. Fuller *et al.* (2023)

In general, in the first material used, the role of empathy was manifested as a very significant indicator that gave a high assessment of the communication level. Given its results, it is worth noting that empathy is defined here as the basis of people's communicative behaviour. Instead, a person's level of empathy is determined by their behaviour. Based on the review of the indicators of the material, it is noted that confident and open behaviour has a positive effect on the independent assessment of a person's empathy. This leads to the conclusion that a high level of empathy facilitates the exchange of feelings or experiences between individuals, increases the level of understanding and compassion, determines the principle of social interaction and creates positive conditions for the development of communication skills, which enhances the positive effect of communication, since humans are social animals. Empathy helps to harmonise the process of communication by making it emotionally coloured. Accordingly, people feel more trust in each other in the

process of communication, which is explained by the release of large amounts of oxytocin.

To test the assumption that empathy has an impact on mental health, this study used a 9-item ANOVA on a sample of first, second, and high (exemplary) level teachers in preschools in Beijing. The correlational data from the material used appropriately described the mental health status of the respondents according to their empathy and with regard to their work experience (Table 3). The results revealed that there was a significant relationship between all 9 groups of psycho-emotional state patterns and 4 groups of respondents' teaching experience. According to the results obtained, it was concluded that there were quite significant differences between each group of work experience for 9 characteristics of the psycho-emotional state, namely: due to the increase in work experience, the severity of psycho-emotional health increases for all nine characteristics. Thus, the relationship between work experience and the level of empathy has proven to exist.

**Table 3.** Indicators of models of psycho-emotional state and empathy by groups depending on work experience

	Group 1 (n = 1,246)		Group 2 (n = 1,146)		Group 3 (n = 645)		Group 4 (n = 1,303)		ANOVA among the four groups during working hours	General indicators for all groups (n = 4,343)		
	Ind.	Av.	Ind.	Av.	Ind.	Av.	Ind.	Av.		Ind.	Av.	
<b>MPS</b>												
PS	1.6	0.64	1.8	0.7	2	0.8	2.15	0.82	F(3.43) = 119.01, (p < 0.01)	1.90	0.8	
O-C	1.87	0.7	2	0.7	2.1	0.77	2.25	0.8	F(3.43) = 60.07, (p < 0.01)	2.07	0.76	
IS	1.64	0.63	1.76	0.66	1.85	0.74	1.97	0.74	F(3.43) = 51.33, (p < 0.01)	1.80	0.7	
DP	1.58	0.64	1.75	0.7	1.86	0.78	2	0.78	F(3.43) = 76.14, (p < 0.01)	1.80	0.74	
Anx.	1.56	0.6	1.7	0.67	1.8	0.74	1.91	0.74	F(3.43) = 60.46, (p < 0.01)	1.74	0.7	
PT	1.5	0.6	1.62	0.62	1.7	0.67	1.83	0.7	F(3.43) = 55.44, (p < 0.01)	1.66	0.66	
H	1.52	0.61	1.7	0.68	1.8	0.73	1.95	0.79	F(3.43) = 83, (p < 0.01)	1.75	0.7	
PA	1.41	0.57	1.51	0.61	1.58	0.65	1.64	0.7	F(3.43) = 30.34, (p < 0.01)	1.53	0.64	
PT	1.51	0.56	1.61	0.58	1.7	0.63	1.8	0.68	F(3.43) = 52.3, (p < 0.01)	1.65	0.63	
<b>EMP</b>												
FN	3	0.58	3.04	0.6	3.05	0.6	3	0.6	F(3.43) = 2.81, (p < 0.05)	3.02	0.6	
EC	3.7	0.5	3.66	0.52	3.7	0.54	3.62	0.51	F(3.43) = 5.3, (p < 0.01)	3.66	0.52	

Table 3. Continued

	Group 1 (n = 1,246)		Group 2 (n = 1,146)		Group 3 (n = 645)		Group 4 (n = 1,303)		ANOVA among the four groups during working hours	General indicators for all groups (n = 4,343)	
	Ind.	Av.	Ind.	Av.	Ind.	Av.	Ind.	Av.		Ind.	Av.
PsT	3.61	0.6	3.53	0.6	3.56	0.62	3.5	0.57	F(3.43) = 7.5, (p < 0.01)	3.55	0.6
ID	2.73	0.54	2.84	0.53	2.85	0.57	2.9	0.55	F(3.43) = 20.1, (p < 0.01)	2.83	0.55

**Note:** Ind. – indicator; Av. – average value; MPS – modules of psychoemotional state; PS – psychosomatics; O-C – obsessive-compulsive disorder; DP – depression; Anx. – anxiety; PT – paranoid thinking; H – hostility; PA – phobic anxiety; PT – psychoticism; EMP – empathy; FN – fantasies; EC – empathic care; PsT – perspective thinking; IS – interpersonal sensitivity; ID – individual distress

**Source:** H. Huang *et al.* (2020)

The results showed which of the nine symptoms had the most serious grounds for concern. According to the verified indicators, it turned out that obsessive-compulsive behaviour, psychosomatic symptoms, and symptoms of depression were the most significant threats to a person’s mental health. However, it was found that the biggest problem among the three main symptoms was the manifestation of obsessive-compulsive behaviour. The second most difficult symptom was psychosomatic disorder, which was observed mostly in the group with work experience of 2 to 5 and 5 to 10 years. The third most important criterion was depression among the participants, which was mostly observed in the group with 10 years of work experience (Table 4).

This conclusion indicates that with the experience of counselling and teaching (i.e., social contact), the symptoms of a worsened psycho-emotional state increased. Finally, having determined the level of interaction (influence) of such a state of psychological health on a person’s empathy, a characteristic conclusion was made that the probability of a decrease in the empathic level of a person in the course of his or her work experience is quite significant. The results made it possible to clearly understand the emotional state of the respondents over the years of their work experience in interaction with other people, thereby showing that the level of empathy was significantly reduced with the growth of people’s depressive state.

**Table 4.** Indicators of the impact of empathy on the psycho-emotional state of a person according to the respondents of the sample of primary school teachers in Beijing

LTS	0.17	0.16	0.19	0.18	0.19	0.13	0.17	0.17	-0.05	-0.05	-0.06	0.08
MPS												
PS	0.84	0.79	0.85	0.87	0.79	0.75	0.76	0.82	0.2	0.07	-0.09	-0.48
O-C		0.87	0.90	0.88	0.81	0.78	0.81	0.85	0.38	0.11	-0.09	0.57
IS			0.91	0.89	0.83	0.83	0.89	0.9	0.37	0.06	-0.17	0.57
DP				0.92	0.85	0.82	0.87	0.9	0.35	0.05	-0.16	0.55
Anx.					0.84	0.85	0.85	0.9	0.36	0.05	-0.14	0.55
PT						0.77	0.85	0.84	0.32	0.01	-0.22	0.54
H							0.79	0.83	0.29	-0.01	-0.17	0.49
PA								0.88	0.32	-0.02	-0.21	0.49
PT									0.34	0.02	-0.17	0.53
EMP												
FN										0.43	0.2	0.53
EC											0.6	0.27
PsT												-0.06
ID												

**Note:** LTS – length of service (p < 0.01)

**Source:** H. Huang *et al.* (2020)

Thus, the teachers who agreed to voluntarily participate in the study expressed symptoms related to their mental state mainly at the levels of “slightly” and “moderately”. At the same time, according to all 9 models of mental health, they had the highest scores. Thus, the most serious symptoms of the mental health condition provoked by empathy were depression, obsessive behavioural disorder and psychosomatic disorders, which only increased with the years of work. According to the second material used for

this study, empathy was considered as a criterion that provokes the emergence of negative mental health conditions. In other words, the role of empathy was defined as a major factor that provokes the onset or aggravation of depression, obsessive-compulsive disorders, anxiety and psychosomatic illnesses. Contrary to the results of the first article, the role of empathy was refuted in this study, in accordance with the opposite aspect of its high level in humans. That is, in contrast to the fact that a high level of empathy helps

to build healthy human relationships, it, on the contrary, hinders the construction and normalization of an adequate level of mental health.

Comparing the two materials used in this study, it was determined that in both cases, empathy was a response to negative emotional colours. Compassion, concern, and shared experiences are correlates of a person's negative emotional state. This implies that one person's empathy is a kind of reaction to the pain of another person – his or her interlocutor. Instead, the difference between the materials used was the study of empathy from its different origins, namely, the question of its origin and manifestation, and the question of the consequences it provokes. Instead, in both studies used, the indicators were aimed at determining the role of empathy in human life. In the first case, empathy laid the foundation for effective communication with people, while in the other, it was a criterion for a number of negative consequences that acted against a person, namely, against his or her mental well-being. Based on this, and returning to the purpose of this study, it is determined that empathy, although it is the main criterion that determines the professionalism of a person, and in this case, a counselling psychologist, is not decisive.

Based on the data from the materials used, this study outlined the types of empathy and general methods of its expression in counselling psychology. Depending on the type, empathy was divided into three categories of perception: cognitive, affective and empathic care. In the course of this study, cognitive empathy was studied as the ability to communicate, which focused on the thoughts (of other people and empathic care, which is the assistance to other individuals in applying methods that provoke action. It is according to the latest results of the study of the impact of empathy on the mental state that empathic care has been shown as a collective work with setting appropriate goals (i.e., teaching), as an example for a counselling psychologist. As for affective empathy, it is the ability to accept other people's emotions as they are, which is useful for building (establishing) emotional relationships with other people.

As for the general methods of expressing empathy, the indicators of the first study in this paper (based on respondents from the communication sphere of activity) were shown as an example. Facial expressions, hand movements, and body posture of the respondents were methods of expressing empathy for their clients, which in turn had a positive impact on the assessment of the communication session. Other methods aimed at expressing and developing empathy were also identified for psychologists. These included: self-reflection as a method of developing empathic tendencies that helps a person to remain open to the positive impact of communication and in-depth expression of emotions, which is a method of observing and therapeutic listening to clients that helps a counselling psychologist to pick up on hidden messages, hidden emotional states, etc. Clients, like all people, are prone to suppressing their own emotions and feelings, even during a session with a specialist. This proves that empathy is an

important component in the psychological field. Among the recommendations for the use of empathy in the psychological field, the following were highlighted. Based on the results of the study of empathy assessment in two aspects, participants with low levels of empathy focused on adherence to the hierarchical position of consultant-client, which was a mistake. Counselling is based on equality between the client, or the patient, and the person providing services or conducting the therapy session. The next mistake was the formulation of questions. Questions should not express one's own opinion or prejudice, but should focus on the client's position (point of view). The questions asked should express the correctness and clarify the patient's positioning. Instead, among the respondents with high empathy scores, the correct positions were used. Therefore, during the session, a counselling psychologist should use body language, be ready for corrections from the patient, and demonstrate understanding through the use of declarative statements.

Thus, based on the analysed theoretical aspects, it is worth noting that this study examined the pros and cons of empathy both in the process of communication in counselling and in the work process of building relationships with people in order to inspire trust through mutual understanding. There are certain criteria that increase the level of empathy or, on the contrary, provoke its decrease. Mostly, this happens in the absence of a certain level of education and understanding of the empathy aspect, which helps to maintain the proper level of the communication process. Considering empathy as an emotional component of social interaction, it was found that empathy can have a negative impact on the psycho-emotional state of a person, while it was determined that empathy was key in the process of independent evaluation of counselling. Thus, according to a systematic review of all the materials used for this study, it was identified that empathy is an important mediator for communication in the communication, educational and psychological spheres of activity in general. Empathy allows a counsellor to be more understanding and, at the same time, loyal to the feelings of another person (patient), which ultimately inspires trust. Empathy also serves as a foundation for effective socialization and identification of the individual in society. This is because a high empathic level allows a person to conduct a meta-analysis of their behaviour, thereby "correcting" it positively. However, in contrast to the communicative aspects of human activity, empathy has a rather negative impact on the state of psychological health. This can be explained by a number of key aspects of empathy, namely: compassion, concern, worry, and the ability to share other people's emotions, which are mostly negative (pain, anxiety, etc.). At the same time, empathy may be one of the main criteria of professionalism, but it is by no means decisive and obligatory. Therefore, at the stage of forming the key aspects for the effectiveness of a psychologist's work, it is worth focusing on other elements of psychological competence.

## DISCUSSION

The study of empathy as a necessary quality for the profession of a counselling psychologist and for a person in general has been considered a necessary issue that has been researched and discussed by many specialists today. Among them are H. Riess (2017), E. Warren *et al.* (2021), and M.I. Onwuka (2024), who studied the impact of social interaction on the level of empathy in a general context. However, this issue was not closed, fully formed and studied in detail. In general, the study of the concept of “empathy” and its necessity in human life has been and remains quite difficult to understand. If we take empathy as a key quality of a counselling psychologist, or psychotherapy in general, the opinions on this matter are rather ambiguous.

Given a study conducted by A. Abramson (2021) on the basis of the American Psychological Association, it was found that the concept of empathy, defined as “a sense of awareness of the patient’s feelings and troubles, as well as a view of them from the patient’s point of view”, is only one of several factors that play a key role in a strong psychotherapeutic dialogue. In fact, this confirms the theory of this study about the contradictory role of empathy in psychotherapy. In turn, A. Furnham & A. Rosen (2016), in their study, showed that empathy has negative aspects of its expression. Surprisingly, empathic abilities can be used as a manipulative influence on a person, which also confirms the judgement that empathy is not always acceptable. At the same time, W.K. Fong & A.Y. Bakar (2023) proved in their experiment that a high level of empathy contributes to the development of psycho-emotional illnesses more often than its low manifestation, which also confirms the theoretical findings of this study. In addition, H. Riess (2017) identified in his study the interaction of neural connections that showed an empathic component as one that activates a person’s prosocial behaviour. At the same time, he explained that the level of empathy is based on the genetic aspect of a person, so it can be quite difficult to learn empathy. At the same time, the study by D.M. Folmar & N.S. Jordan (2024) explained the need to close the deficit of people’s empathic skills in order to understand and accept the different values and views of others. The study found correlates that established human empathy as a fundamental psychotherapeutic skill, which, in turn, is almost the highest factor that has an impact on the client’s outcome.

The next set of confirmations of how empathy is felt in human life was the work of O. Matlasevych & I. Kolyazhna (2022), who, in turn, explained that empathy is the ability to understand the inner world of another person and show compassion for them. At the same time, the researchers focused on the fact that empathy is indeed one of the key factors of professional competence for practical psychologists and a factor in the effectiveness of their professional work. In contrast, the researchers outlined that excessive empathic care is a source of risk for the development of psychological (psycho-emotional) burnout. In order to counteract this, it was found that psychologists can usually use 5 forms of empathic response in their work:

understanding, eliciting, exploring, assuming and interpreting the patient’s emotions. Also, according to the results of a study conducted by S. Ren (2024), it was found that the feeling of empathy of one person for another is defined mainly by empathy for negative emotions. It follows that a person who “takes over” the negative emotional feeling of another person is at risk of having their psychological and emotional state deteriorate and become a reactor for the development of psychological dysfunctions. It was also assumed that it is the cognitive costs that directly determine the possibility of choosing empathy. If people are asked to make a choice about sharing the feelings of others, they usually act as if it is not worth the effort.

The results of an experimental study by O. Biletska (2021) show that the empathic abilities of a person in the process of communicating with others play a very important role in identifying a person in society. The scientist considered the problems of trust and empathy, noting that the level of a person’s trust increases with the level of empathy shown to them. In turn, K. Pettit *et al.* (2022), in their work, on improving patients’ perception of doctor’s empathy, define the factors of human empathy. One of these factors is a person’s ability to meta-analyse their own behaviour. The type of thinking of a person, in determining the level of empathy, is also an important correlate, as it is inherent in a person at the genetic level.

In general, the concept of “empathy” has been considered by many psychologists, and from different perspectives (positive and negative). However, to somewhat refute both the meaning of empathy and the ways of measuring it, the following should be noted. In its general quality, empathy cannot be measured using various methods. A person can only know about his or her own consciousness and learn to understand it, while the consciousness of other people is only a hypothesis, assumption, or fantasy. Accordingly, there is no way for a person to be convinced that another person (or persons) has a certain level of empathy, or lack thereof. Having made a systematic review of any contemporary research, such as, for example, the scientific works of A. Furnham & A. Rosen (2016), L. Bru-Luna *et al.* (2021), and M. Fuller *et al.* (2023), it is possible only to assume that there is a high or low, or average (moderate) level of empathy. In general, empathy is not possible without a deep reconstruction of a person. If a counselling psychologist fully understands what is important to another individual, i.e., understands his/her psychotype, what motives were prioritised by this individual, what basic instincts he/she correlates with, then the specialist is really able to understand the patient, which in turn is an element of empathy. The introduction of empathy as acceptance, in turn, allows the development of the skill of empathy. In other words, accepting a person, or people in general, as they are, with their emotions and ways of expressing them, will also be empathy to some extent. On this basis, empathy should be regarded as a relational component of individuals’ communication skills, rather than an individual criterion that determines the level of professionalism of

a future psychologist. Ultimately, empathy cannot be reasonably changed with the help of methods and techniques that guarantee its increase, as noted by the researchers. This confirms the ambiguity of the need for empathy as a key quality of a counselling psychologist, which was introduced by the results of this study.

## CONCLUSIONS

This study provides a theoretical justification of the importance of empathy in human professional activity in terms of its perception, origin, levels of its manifestation and the consequences it provokes. Based on a systematic review of the indicators used for this study, the author has formed specific conclusions regarding the definition of empathy as a criterion of professionalism. According to the literature review, there are many contradictions on the importance of empathy both in the field of psychological counselling and in everyday life. A high level of empathy, in general, in the communicative sphere of activity, including psychology, has a positive aspect, as it contributes to the formation and harmonisation of relationships between people of different psychological types, by increasing the level of compassion and understanding, which stimulates the development of communication skills. In contrast, the length of social interaction provokes an increase in the likelihood of a person's psycho-emotional state deteriorating. Moreover, the presence of a high level of empathy increases the likelihood of developing depression and anxiety in people who have frequent social contact with others. On the contrary, the level of empathy tends to decrease with the growth of depression.

In addition to this, the criteria of verbal and non-verbal behaviour of people in the process of communicative social interaction, which can be perceived as obstacles to the perception of empathy, as well as those that were determined by the enhancing effect on empathic influence, were formed. These criteria were considered to include the most dangerous in terms of reducing empathy, namely depression, psychosomatics, obsessive-compulsive behavioural disorders, and excessive anxiety or fantasy. Elements that contributed to the enhancement, i.e., development of a person's empathic abilities included facial expressions,

gestures, body posture, and specific questioning aimed at the general opinion of the patient, rather than focusing on one's own judgements and beliefs.

From the point of view of neurophysiology, several neural connections in the brain are responsible for empathy, which are signals of innate human characteristics. The level of empathy depends on a person's psychotype, i.e., the way they think. Accordingly, a high level of empathy provokes prosocial behaviour, which is expressed in selfless positive actions aimed at a person in distress. At the same time, a low level of empathy generates antisocial behaviour, which is characterised by an indifferent attitude to the experiences of another person. Instead, a high level of empathy allows a person to reconstruct their behaviour by refuting it or encouraging them to improve their communication skills. Focusing on the importance of empathy in the communicative process of psychology, conclusions have been drawn about the bias towards other criteria of psychological competence that form the level of a psychologist's qualification and ensure his/her professionalism. Empathy can be identified as one of the criteria for effective counselling, but it cannot be a decisive component of the psychologist's professionalism and competence as a specialist.

Too many contradictions on this topic did not give a complete definition of the importance of empathy as a criterion for professional growth and competence of a counselling psychologist, which became a limitation for this study. Therefore, in order to counteract the contradictions related to the definition of empathy as a factor in the professionalism of psychologists, further research should use other aspects that form the professional competence of a psychologist, psychotherapist, etc. In general, the results of this study can be manifested as an increase in the empathic behaviour of psychologists, taking into account certain criteria for assessing empathy and the points of view of scientists.

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## CONFLICT OF INTEREST

None.

## REFERENCES

- [1] Abramson, A. (2021). [Cultivating empathy. Psychologists' research offers insight into why it's so important to practice the "right" kind of empathy, and how to grow these skills.](#) *Monitor of Psychology*, 52(8), 44.
- [2] Biletska, O. (2021). The problem of trust and empathy in the context of interpersonal relationships in early adolescence. *Journal Psychology: Reality and Perspectives*, 17, 31-38. [doi: 10.35619/praprv.v1i17.247.](#)
- [3] Brill, M., & Nahmani, N. (2017). The presence of compassion in therapy. *Clinical Social Work Journal*, 45, 10-21. [doi: 10.1007/s10615-016-0582-5.](#)
- [4] Bru-Luna, L.M., Martí-Vilar, M., Merino-Soto, C., & Cervera-Santiago, J.L. (2021). Emotional intelligence measures: A systematic review. *Healthcare*, 9(12), article number 1696. [doi: 10.3390/healthcare9121696.](#)
- [5] Eklund, J.H., & Meranius, M.S. (2021). Toward a consensus on the nature of empathy: A review of reviews. *Patient Education and Counseling*, 104(2), 300-307. [doi: 10.1016/j.pec.2020.08.022.](#)
- [6] Folmar, J.M., & Jordan, N.S. (2024). Cross-cultural empathy: The impact of an undergraduate play therapy course. *Advances in Applied Sociology*, 14(7), 362-371. [doi: 10.4236/aasoci.2024.147025.](#)
- [7] Fong, W.K., & Bakar, A.Y. (2023). Developing creative and critical thinking skills via counseling approaches. *Creative Education*, 14(5), 1014-1021. [doi: 10.4236/ce.2023.145064.](#)

- [8] Fuller, M., Jong, M., Kamans, E., Wolfensberger, M., & Vuuren, M. (2023). Empathy competencies and behaviors in professional communication interactions: Self versus client assessments. *Business and Professional Communication Quarterly*, 86(2), 167-186. doi: [10.1177/23294906221137569](https://doi.org/10.1177/23294906221137569).
- [9] Furnham, A., & Rosen, A. (2016). The dark side of emotional intelligence. *Psychology*, 7(3), 326-334. doi: [10.4236/psych.2016.73035](https://doi.org/10.4236/psych.2016.73035).
- [10] Gilels, S., Thepmankorn, P., Sangalang, A.M., Ha, C., Shah, S.P., & Grech, D. (2022). The empathic patient centered approach in the anesthetic preoperative interview. *Open Journal of Anesthesiology*, 12(6), 210-217. doi: [10.4236/ojanes.2022.126018](https://doi.org/10.4236/ojanes.2022.126018).
- [11] Huang, H., Liu, Y., & Su, Y. (2020). What is the relationship between empathy and mental health in preschool teachers: The role of teaching experience. *Frontiers in Psychology*, 11, article number 1366. doi: [10.3389/fpsyg.2020.01366](https://doi.org/10.3389/fpsyg.2020.01366).
- [12] Li, J. (2019). Feasibility study of group counseling in mental health education and teaching in colleges – a case study of the intervention of Restrictive Group Sandplay Therapy on interpersonal adjustment of college freshmen. *Open Journal of Social Sciences*, 7, 318-321. doi: [10.4236/jss.2019.712023](https://doi.org/10.4236/jss.2019.712023).
- [13] Matlasevych, O.V., & Kolodiazhna, I.O. (2022). The role of self-care in the development of empathy of future psychologists. *Scientific Notes of the National University of Ostroh Academy*, 15, 45-51. doi: [10.25264/2415-7384-2022-15-45-51](https://doi.org/10.25264/2415-7384-2022-15-45-51).
- [14] Nakao, G. (2021). Cultivating the sense-of-the-other/sense of community: An autoethnographic case study of psychotherapy with high-risk, urban adolescents. *Current Urban Studies*, 9(2), 196-205. doi: [10.4236/cus.2021.92012](https://doi.org/10.4236/cus.2021.92012).
- [15] Onwuka, M.I. (2024). Effect of social interaction intervention on empathy among public school students and the national question in Nigeria. *Open Access Library Journal*, 11, article number e12040. doi: [10.4236/oalib.1112040](https://doi.org/10.4236/oalib.1112040).
- [16] Pang, Y., Song, C., & Ma, C. (2022). Effect of different types of empathy on prosocial behavior: Gratitude as mediator. *Frontiers in Psychology*, 13, article number 768827. doi: [10.3389/fpsyg.2022.768827](https://doi.org/10.3389/fpsyg.2022.768827).
- [17] Pettit, K., Messman, A., Scott, M., Puskarich, M., Wang, H., Alanis, N., Dehon, E., Konrath, S., Welch, R.D., & Kline, J. (2022). Multi-Institutional intervention to improve patient perception of physician empathy in emergency care. *Emergency Medicine Journal*, 39(6), 420-426. doi: [10.1136/emermed-2020-210757](https://doi.org/10.1136/emermed-2020-210757).
- [18] Ramadhanti, A., Putra, R.P., & Rizky, D.A. (2023). Does parenting style affect adolescent empathy? A study on high school students. *Jurnal Ilmiah Ilmu Terapan Universitas Jambi*, 7(1), 38-47. doi: [10.22437/jiituj.v7i1.26627](https://doi.org/10.22437/jiituj.v7i1.26627).
- [19] Ren, S. (2024). Cognitive and affective empathy with negative emotions: Mechanisms of action in emotion regulation. *International Journal of Social Sciences and Public Administration*, 3(2), 232-238. doi: [10.62051/ijsspa.v3n2.28](https://doi.org/10.62051/ijsspa.v3n2.28).
- [20] Riess, H. (2017). The science of empathy. *Journal of Patient Experience*, 4(2), 74-77. doi: [10.1177/2374373517699267](https://doi.org/10.1177/2374373517699267).
- [21] Schramme, T. (2024). Empathy as a means to understand people. *An International Journal for the Philosophy of Mind and Action*, 27(2), 157-170. doi: [10.1080/13869795.2024.2344975](https://doi.org/10.1080/13869795.2024.2344975).
- [22] Serrat, O. (2017). Understanding and developing emotional intelligence. In O. Serrat (Ed.), *Knowledge solutions* (pp. 329-339). Singapore: Springer. doi: [10.1007/978-981-10-0983-9\\_37](https://doi.org/10.1007/978-981-10-0983-9_37).
- [23] Van Tienen, C., Mathijssen-Struijs, N., Torrado, M., Bodde, N., Bandeira de Lima, C., & van den Broek, A. (2024). Changing challenges into chances, an international collaboration in facing the future challenges of the mental health care psychologist. *Psychology*, 15, 924-932. doi: [10.4236/psych.2024.156055](https://doi.org/10.4236/psych.2024.156055).
- [24] Vázquez-Campo, M., Vidal, L., Torres, A.J., Mateos, R., Olivares, J.M., García-Lado, I., & García-Caballero, A.A. (2019). Facial emotional perception training for medical students. *Creative Education*, 10(8), 1792-1801. doi: [10.4236/ce.2019.108128](https://doi.org/10.4236/ce.2019.108128).
- [25] Warren, E.M., de Almeida Fernandes Wyszomirska, R.M., Filho, E.M., de Melo Carvalho Filho, A., Teixeira, G.M., & dos Santos, A.A. (2021). Construction and validation of educational video addressing empathy. *Creative Education*, 12(12), 2811-2821. doi: [10.4236/ce.2021.1212208](https://doi.org/10.4236/ce.2021.1212208).

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**Емпатія як професійна якість психолога-консультанта**

**Анотація.** Метою дослідження було виявлення ролі емпатії у професійній діяльності людини та у її житті в цілому, а також, дослідження впливу емпатії на психічний стан індивіда. Це дослідження формувалося на основі систематичного огляду матеріалів, що виявляли кореляції впливу емпатичного рівня на психоемоційний стан людини, а також пояснювали роль емпатії для людини, з протилежних аспектів її вивчення. Результати дослідження базувалися на рівнях порівняльних показників, що демонстрували вибірки людей у комунікативних сферах діяльності, на основі яких були зроблені відповідні висновки, щодо ролі емпатії у професіях консультування та контактування з людьми. Відповідні результати показали, що роль емпатії у житті та діяльності людей, є важливим критерієм, проте у деяких випадках вона визначає негативний аспект дії. Технологія вираження емпатії базувалася на декількох критеріях в залежності від її виду. Когнітивна емпатія, афективна (емоційна) емпатія та емпатична опіка являли відмінні між собою аспекти вираження, коригуючи різні моменти в ході комунікативної дії. Зокрема, фактори, що в негативному сенсі впливали на проявлення та розвиток емпатичних здібностей респондентів, являли собою переважно відсутність належного досвіду, освіти, розуміння, скутість або надмірне зосередження на власній позиції. Поруч з тим було зрозуміло, що рівень емпатії залежить від способу мислення індивіда та є стимулом до просоціальної поведінки, які натомість, є вродженими, еволюційними характеристиками людини. Згідно отриманих показників, високий показник емпатії позитивно регулює комунікативні відносини у соціумі, разом із тим, вищий показник емпатичного рівня сприяє розвитку депресій, психосоматичних розладів, підвищує тривожність та стимулює obsesивно-компульсивну поведінку. Проте, варто зазначити, що питання значення ролі емпатії для психолога є суперечним та вимагає більшої уваги для детального окреслення її сутності

**Ключові слова:** комунікація; реконструкція; метасвідомість; усвідомлення сенсу дій; просоціальна поведінка