Measuring Counselors' Attitudes toward Crying in Session: A Pilot Study

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Abstract

The purpose of this pilot study was to determine the validity and reliability of the *Tears-Inventory* (TI) to measure the attitudes of counselors and counselors-in-training (CIT) toward crying. This pilot study was based on the paucity of research concerning counselors crying in session and to determine whether a research approach is feasible to be used in a larger study. The data were obtained from a convenient sample of 97 graduate level counselors and counseling students attending an accredited program by the Council for Accreditation of Counseling & Related Educational Programs (CACREP). A principal component analysis (PCA) was conducted with a Varimax orthogonal and Promax oblique rotation to validate the TI and determine the dimensionality for the purpose of constructing summated scales. The data supported four factors: *Therapeutic Effectiveness of Counselors' Crying in a Session, Subjective Perception of Crying*, *Ethics of Crying* and the *Social Acceptance of Crying*. The data from the current study could be used to further research in the area of crying as an effective form of self-disclosure for counselors, as well as aid counselors, supervisors and counselors in training to become more aware of their emotional expression and potential for reaction during intense emotional experiences with clients.

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Tears have been described as a language that transcends words (Kottler, 1996). Only in Homosapiens, tears have evolved as a part of an intricate system of language in which complex feelings could be expressed in capsulated form. Individuals working in helping professions, such as nurses, psychologists, and counselors, may be vulnerable to a wide variety of emotionally charged situations. Blankenship's (1984) research on nurses' perceptions of crying indicated that emotional tears were a form of nonverbal communication that conveyed messages to the caregiver. These situations might be at times uncomfortable and unpleasant to the counselor and, as a result, influence his or her behavior during sessions.

The rationale for this study was based on the dearth of research on a counselor's crying as an appropriate form of self-disclosure when offered genuinely and authentically in response to a client's situation and a lack of assessments to measure counselors' attitudes toward crying. Crying not only has certain health benefits (Davis, 1990; Frey, Hoffman-Ahern, Johnson, Lykken, & Tuason, 1983; Matise, 2015), but could also serve to enhance empathy for a client, thus facilitating the therapeutic alliance (Horvath, 2001) of the counselor-client relationship. Most of the extant studies on the subject have been qualitative in nature and used survey

methods, data gathered from diaries, or retrospective recall with few participants; however, this pilot study is a step toward providing descriptive data to facilitate the construction of a theory of crying and to provide inferential data for larger research studies on the important topic of counselors crying in session with clients.

Because the present study is a pilot study and exploratory in nature, it is intended to generate initial data for future research. A pilot study is often not guided by prior data because there are none, however, Leon, Davis, and Kraemer (2010) suggested that good clinical practices for a pilot study include developing consistent practices to enhance data collection tools, informed consent procedures, reporting procedures, and the protection of human subjects. The purpose of the present pilot study has sought to fulfill these practices.

Literature Review

Crying is a natural coping mechanism that helps buffer against the pathogenic effects of stress that alters the chemical balance of the human body (Davis, 1990; Frey et al., 1983). When the stimulation of the lachrymal gland in the brain increases due to emotional intensity, it results in the production of tears (Botelho, 1964). In this study, crying is defined as the state of lachrymose secretions filling the eye cavity in response to emotional stimulation. Although the social expression of crying implies differences in degree, for this study tearing- up and crying are used synonymously.

A recent study on therapists crying in therapy found that 72% have cried with a client and almost 50% of those therapists thought it was beneficial (Blume-Marcovici, Stolberg, & Khademi, 2013). Another study conducted by Curtis, Matise, and Glass (2003) found that among masters counseling students in a CACREP accredited program, 61% believed that crying could benefit the relationship, but 83.6% felt it would not be beneficial if the client was not also crying.

Authenticity and Emotional Expression

The limited research on counselors crying in session has yielded consistent conclusions regarding a positive effect on the therapeutic relationship and progress in counseling (Matise, 2015; Ramsahoye, 2014). Ramsahoye (2014) found that the counselor's experience, gender of the client and counselor, social conditioning, unresolved personal issues of the counselor, ethical standards, and professional judgment determined whether or not crying in session is an appropriate form of authentic self-disclosure. A common perspective among counselors, posited by Rogers (1995) and more recently Yalom (2010) is that the relationship is ultimately, what promotes most healing. Rogers (1995) and Yalom (2010) also have emphasized authenticity, genuineness, and congruence in working with clients. The counselor's authentic expression often leads to or is a part of an expression of self-disclosure. Authenticity means the counselor is congruent with his or her expressions and refers to the counselor's "ability to attune to self and other with the willingness to express internal states through nonverbal and verbal expression" (Dion & Gray, 2014, p. 58). When a counselor is attuned with a client then authenticity is natural and not forced and accurately mirrors the client's nonverbal communication (Siegel, 2007). Schore (2011) posited that the foundation of healing requires being attuned with a client's changing internal states. A counselor connecting at a deeper level with a client is not possible without the authentic expression of emotional states to model for the client appropriate emotional regulation and congruent internal states.

Ethics of Crying in the Counseling Situation

Individuals in helping roles are vulnerable to a wide variety of emotionally charged situations, where the counselor or client is emotionally vulnerable and has the potential for reactionary overt behaviors. These behaviors can lead to overt expressionism, such as crying, screaming, angry outbursts, and seemingly irrational demonstrations of emotion. Emotionally charged situations can be uncomfortable and unpleasant, and can induce a state of anxiety, especially in professional situations, such as counseling. When a counselor has an emotional response to the client, feelings can intensify, resulting in a spontaneous reaction, even to the point of crying. A study conducted by Curtis, Matise, and Glass (2003) supported that crying with clients could be a genuine expression of emotions and facilitate the therapeutic relationship. Some counselors might avoid crying as a way to avoid an inappropriate reaction that crying might trigger in the counselor's experience of anxiety and discomfort. Others may choose to detach from their inner experience and empathy toward the client in order to quell their discomfort and maintain an objective stance. A withdrawing behavior could be used to protect the therapist's own needs, thus placing them above those of the clients. By detaching, the counselor may unintentionally abandon emotionally the client at a time when the client needs support the most.

Hendriks, Croon, and Vingerhoets (2008) reported that participants from their study attributed negative aspects to a person crying, as well as negative emotions. This may suggest the possibility of some clients' concern for a counselor who cries in session. This imbalance of attunement may rupture the therapeutic alliance and deem crying as an ineffective form of self-disclosure.

Therapeutic Effectiveness of Crying

There is evident paucity of studies that have examined the effectiveness of counselor's crying in session. Waldman (1994) and Counselman (1997) suggested that a counselor's emotional tears could be therapeutic to the client. This conclusion was further verified by Curtis, et al. (2003) and Matise (2015). Matise (2015) recognized that the appropriateness of crying in a counseling session, is largely in part due to the counselor investigating whether his or her tears were expressed from unresolved issues or a genuine empathetic response. Other factors to consider as to the appropriateness of crying with a client may include gender, timing of the cry response, and cultural milieu. It was evident from the aforementioned study, the counselor's experience in the moment and professional judgment of the counselor are primary factors in whether or not a counselor should allow him or herself to cry with a client in session.

Ramsahoye (2014) indicated that the belief that crying is always cathartic, alleviating emotional distress may be misleading and pushing the client to cry should not be a goal of counseling. Crying is far more complex with multiple variants as to its effectiveness and value (Rottenberg, Bylsma, & Vingerhoets, 2008). What is clear is the connection between emotional stress and biological process suggested that crying is a function of the body intended to maintain homeostasis, thus helping to relieve emotional stress.

The few studies that have focused on therapists crying with clients in session have focused on differing contexts, such as a client who was dying (Counselman, 1997), a client who

was severely disabled (Owens, 2005), and a qualitative study on psychologists, not counselors, who cried in session with clients. In a study on why adults cry, emotional tears seemed to be associated with tension reduction (Waldman, 1994). Waldman found that nine of the ten psychologists she interviewed believed their emotional tears were helpful in facilitating the therapeutic process, while the remaining one reported that emotional tears were the result of his own personal unresolved issues and was not helpful to the client. It is possible that crying during the session can be a result of the counselor's counter-transference. Objectivity could be lost and the therapeutic relationship hindered. Waldman (1994) concluded that crying with clients, if not from the therapist's unresolved issues, may actually enhance and facilitate the client's work in session.

Counselors crying in session, when not from his or her own counter-transference, may enhance and even deepen the therapeutic relationship. Counselman (1997) reported on her therapeutic work with a couple in which the wife was dying of cancer. The therapist described tearing-up when the couple disclosed that the wife's breast cancer had recurred and the husband admitted to infidelity. Counselman (1997) admitted that her biggest fear was that she would not be able to stop crying, risking her credibility, loss of professionalism, and perhaps losing the therapeutic connection with the couple. She decided that her first priority was to be fully present with the couple and reported that her willingness to share her emotions with this couple actually deepened the therapeutic relationship. Corey (2001) concurred with this view, suggesting, "If you use your own feelings as a way of understanding yourself, your client, and the relationship between the two of you, these feelings can be a positive and healing force" (p. 108).

Social Acceptance of Crying

Because of specialized training, counselors may be regarded as more competent in human relation skills, such as emotional expression, and thus bear a greater responsibility to model positive and appropriate expressions of intense emotions to clients. It is hypothesized that most counselors that feel the need to cry or tear-up during the sessions are apt to discourage it in some way, perhaps because of an underlying cultural meta-message that crying is unacceptable in public and considered a form of weakness.

The social message of crying as an unacceptable public behavior seems to be primarily focused toward men. Males in our society have consistently been taught not to cry and to downplay emotions. Counselors who find themselves on the verge of emotional tears may interpret the experience as more beneficial if they have access to images that portray this behavior as acceptable and natural, rather than a shameful and a weak demonstration of emotions, especially for male therapists (Hoover-Dempsey, Plas, & Wallston, 1986).

Method

Pilot studies are an important part of research, to determine whether a research approach is feasible to be used in a larger study. The current study proposed a novel intervention of which there were no previous measures or assessments on which to base data. For this reason, a pilot study was used to evaluate assessment procedures and implementation of the novel intervention (Leon, Davis, & Kraemer, 2010).

The participants were selected from a convenience sample of counselors and counselors-in-training (CIT), who were administered the *Tears Inventory* (TI), which served as a data collection instrument. The following illustrates the method by which the questionnaire was constructed. After an extensive literature review of articles related to therapists crying in session with clients, it was found that there were no instruments to measure counselor attitudes toward the phenomenon of crying in session with clients. The researcher developed a questionnaire, the *Tears Inventory* (TI), seeking to emphasize simplicity, clarity, and brevity. The questions included were created based on the theoretical perspectives observed in the literature (e.g., gender, social factors, and stress relief), as well as previous data from an article on counselors' tears (Curtis et al., 2003).

The developed questionnaire was subsequently given to a panel of experts consisting of counselor educators and statistical experts (all with Ph.D.s), who analyzed the TI for content validity. According to Likert (1932), a person's attitudes are an extension of that person's beliefs about the world around him or her. He continued that a person's attitude is not an inflexible and rigid element in personality, but rather a range within which responses move. Moreover, attitudes are dispositions toward overt action and can be clustered or linked together to have some predictive value in relation to conduct in the future. The decision to use a Likert scale in developing the TI was based on the need to capture value judgments of the participants by allowing them to choose from a range of alternatives by using the following scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Undecided, 4 = Agree, and 5 = Strongly Agree. For the present study, the goal was to create a concise instrument to measure the range of attitudes of counselors and CIT toward tears.

Participants

A sample of 157 counselor education program students were invited to participate in the study, of whom 97 completed surveys were utilized, resulting in a 62% response rate. A complete case analysis was used to conduct the analysis on the surveys. Cases that were missing variables in the proposed model were dropped from the analysis, leaving 97 completed surveys (Pigott, 2001).

The participants in this study were master's level counselors (20.1%) and counselors-in-training (79.9%) in a counselor education program in the Midwest region of the United States. The counselor education program is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and is attended by the master's degree students specializing in school, community, marriage, and family counseling, as well as doctoral students in a counselor education and supervision program.

The sample for this study included 23.7% males (n = 23) and 73.2% females (n = 71), aged 23 to 61 years (M = 35.8, SD = 9.68). Of the 97 participants, 79.8% (n = 75) were master's students and 20.2% (n = 19) were doctoral students. In addition, 36% (n = 34) of the CITs were enrolled in the marriage and family therapy track, 33% (n = 31) were enrolled in the community counseling track, and 10% (n = 10) were enrolled in the school counseling track. In terms of their demographic background, 78% (n = 76) of the participants were of European descent, 2.1% (n = 2) were of Asian descent, 3.1% (n = 3) were of Latino descent, 4.1% (n = 4) were of Native American descent, 3.1% (n = 3) were of Middle Eastern descent, and 8.2% (n = 6) chose not to

specify their ethnicity. Table 1 displays the demographic information of the included participants.

Table 1
Demographic Information of Participants

Demographics	*N*	Min	Max	*M*	*SD*
Age	97	23	61	35.76	9.68
Gender:					
Male	25 (23.7%)	1	2	1.76	.43
Female	72 (73.2%)	1	2	1.76	.43
Ethnicity:					
African-American	0	0	0	0.00	.00
European	77 (78.0%)	1	2	1.19	.39
Asian	2 (2.1%)	1	2	1.98	.15
Latino	3 (3.1%)	1	2	1.97	.18
Native American	5 (4.1%)	1	2	1.96	.20
Middle Eastern	3 (3.1%)	1	2	1.97	.18
Other	7 (8.2%)	1	2	1.91	.28
Counseling Track:					
Community	32 (33.0%)	1	2	1.67	.47
School	10 (10.0%)	1	2	1.89	.31
Marriage & Family	35 (36.0%)	1	2	1.64	.48
Masters	77 (79.8%)	1	2	1.20	.40
Doctoral	20 (21.2%)	1	2	1.73	.41
Experience:					
None	5 (5.2%)	1	2	1.95	.23
Less than 1 year	38 (37.1%)	1	2	1.60	.49
1-2 years	14 (13.4%)	1	2	1.86	.35
2-4 years	13 (12.4%)	1	2	1.87	.34
More than 4 years	27 (24.7%)	1	2	1.74	.44
Theoretical Orientation:					
Cognitive Behavioral	26 (26.8%)	1	2	1.71	.45
Family Systems	25 (25.8%)	1	2	1.73	.44
Psychoanalytic	5 (5.2%)	1	2	1.95	.23
Existential	14 (14.4%)	1	2	1.85	.36
Reality Therapy	7 (7.2%)	1	2	1.92	.27
Person-Centered	26 (26.8%)	1	2	1.71	.45
Adlerian	23 (23.7%)	1	2	1.75	.43
Feminist	7 (7.2%)	1	2	1.92	.26
Gestalt	2 (2.1%)	1	2	1.98	.15

Although having a greater number of participants is ideal, guidelines for the required sample size to conduct a factor analysis have been indeterminate by some (Floyd & Widaman, 1995; Gorsuch, 1983; Nunnally, 1978). DeVellis (1991) suggested that scales have been

successfully developed with smaller samples. Floyd and Widaman, as well as Nunnally (1978), suggested that fewer subjects are required to obtain a satisfactory reliability for instruments with multi-point item scales.

Procedures

Permission to conduct the study was obtained through the Institutional Review Board (IRB) of the university, as well as from the department head of the School of Applied Psychology and Counselor Education. Finally, permission was obtained from each of the instructors whose classes were sampled for the study. To ensure confidentiality, all students who completed the questionnaire were asked not to write their names on the surveys and to put their answers in a large envelope, which was provided, after they completed the TI. The average administration time for completing the TI was 10 minutes.

Data Analysis

The data analysis was completed in two steps. First, preliminary analysis of frequencies, distribution, and histograms was conducted to check for item structure and coding errors. Next, transformation recoding was run for items 3, 5, 7, 8, 9, 10, 11, 12, 13, 19, 21, and 22. A principal component analysis (PCA) was conducted to validate the TI and determine the dimensionality for the purpose of constructing summated scales. A PCA is a common statistical technique based on a correlation method. It is used to identify the variables in the set or items in a questionnaire that form coherent and relatively independent subsets. Variables or items that are correlated with one another, but largely independent of other subsets of variables or items, are combined into a factor (Tabachnick & Fidell, 1996, 2007). A PCA is a way of identifying patterns in data, and expressing the data in such a way as to highlight their similarities and differences. Because patterns in data can be hard to find, PCA is a powerful tool for analyzing data. Another advantage of PCA is that it allows the researcher to compress the patterns discovered in the data, by reducing the number of dimensions, without much loss of information (Smith, 2002).

Criteria for determining the factors or components were based on the examination of Cattell's scree plot, percent common variance of $\geq$ 50%, salient loadings of $\geq$ .3.0, Eigenvalue > 1, and interpretability of items. Solutions based on Varimax orthogonal and Promax oblique rotation were examined for closest approximation to simple structure. The rotation was used to maximize high correlations and minimize low ones (Tabachnick & Fidell, 1996). A Varimax orthogonal rotation was run to make high-factor loadings higher and low-factor loadings lower (Tabachnick & Fidell, 1996). Varimax analysis was developed by Kaiser (1958) and is a popular rotation method. For varimax a simple solution means that each factor has a small number of large loadings and a large number of zero (or small) loadings. This simplifies the interpretation because, after a varimax rotation, each original variable tends to be associated with one (or a small number) of factors, and each factor represents only a small number of variables (Abdi, 2003, p. 3).

Next, item analysis aimed at determining the reliability of each of the factors was run using Cronbach's alpha as a standard. A descriptive analysis was run on the four-factor solution. The criteria used for omitting items were (a) a need to obtain a minimum reliability of $\geq$ .80, (b) the increase of reliability due to omitting an item, (c) item content, and (d) total item correlation (items with correlation $\leq$ .3 were removed) to check for weak items. Descriptive analyses,

including means, standard deviation, and histograms, were run to check for skewness (with a cutoff $\pm$ 1) and kurtosis (with a cutoff –1 to +2) distribution.

Results

Principal component analysis (PCA) is often used when developing new questionnaires. Due to having a smaller sample size than expected, as well as this being a pilot study, an objective of this study was to highlight the main patterns of the data by reducing the number of observed variables to a smaller number of principal components that account for most of the variance of the observed variables (Cattell, 1978; Kline, 2002).

While an a priori power analysis is usually done when designing a study to determine what sample size is needed, this is not possible with a pilot study because there are no similar studies due to its exploratory nature; and thus the need for an initial pilot study (Leon, Davis & Kraemer, 2010). It is reasonable that a pilot study is proposed with no other preliminary data supporting the proposal and that its sample size is based on pragmatics of recruitment, budgetary constraints, and what necessitates feasibility for examination (Leon, et al., 2010). This does not, however, exclude the need for a theoretical rationale for the methodology implemented for the pilot study.

The TI is a self-report questionnaire consisting of statements assessing counselors' attitudes toward crying in session. The respondents were required to indicate their agreement with each statement on a 5-point Likert scale, ranging from Strongly Disagree to Strongly Agree. The initial version of the TI was given to a panel of experts from the School of Applied Psychology and Counselor Education and the Statistics and Research Methods Department at a Midwestern university for review. The experts were selected based on their educational background, field of expertise, licensure, and experience.

Three main procedures were conducted to obtain the results. First, descriptive statistics of means, standard deviations, and variations were obtained on each of the TI items to generate a general picture of the data. No coding errors were found and the sample met the assumptions of normality, equality of variance, homogeneity, and independence. The initial version of the TI could be grouped into four sections, the first of which was *Subjective Perceptions of Crying in Session.* This section included statements about acceptance of crying, such as "I believe that crying is a healthy form of emotional expression." Other statements were related to perceiving crying as a negative reaction, e.g., "To tear-up or cry in a session with a client is considered a weakness." This section included six items.

The second section was *Social Acceptability of Crying*, which focused on the extent to which counselors perceived crying as socially acceptable, e.g., "Crying in public is socially unacceptable," and "There were times when I wanted to cry in session with a client and held back because it was socially unacceptable." This section included five items.

The third section was the *Therapeutic Effectiveness of Crying.* It included statements exploring possible consequences of counselors' crying in session, e.g., "Crying with a client

indicates a more supportive relationship," or "When I tear-up or cry in a session, the client feels more understood." This section consisted of six items.

The last section measured the *Professional Ethics of Crying.* This section included statements that examined whether counselors perceived crying in session as a professional response, such, as "I perceive crying as an effective form of self-disclosure," or a negative response, such as "Crying in session is irresponsible." This section consisted of five items.

In addition to the 47 statements in this measure, the TI included a number of demographic questions, such as: age, gender, ethnicity, counseling track, duration of counseling experience, and theoretical counseling approach. Table 2 presents the factors that clustered after running a factor analysis on the initial TI version comprising 47 questions.

The first factor loading included six items expressing the *Therapeutic Effectiveness of Counselors' Crying in a Session*, e.g., "When I tear-up or cry in a session, the client feels more understood," or "Tearing-up enhances empathy for the client." This factor ranged from .42 to .91.

The second factor included six items representing the *Subjective Perception of Crying,* e.g., "Crying is an effective way of coping with stress," or "I do not have a fear of crying in session and not being able to control my emotion" (after recoding the response). This factor was found to be negatively skewed with a value of –1.48 and a kurtosis of 5.19.

The third factor theme focused on the *Ethics of Crying.* This factor contained five items, four of which expressed the negative effect of counselors' crying in a session, e.g., "To tear-up or cry in a session with a client is considered a weakness." The other item expressed social negativity toward crying in session, e.g., "Crying in a session with a client is socially unacceptable." This factor ranged from .51 to .82.

The fourth factor contained three items. The theme for this factor was the *Social Acceptability of Crying.* The overall mean for this factor was 3.04, interpreted as participants being undecided on whether crying was perceived as socially unacceptable. Most of the participants (62%) seemed to struggle with this factor and could not decide if they agreed or disagreed with a negative social perception of crying. Of the four factors on the TI, this factor had the lowest Cronbach's alpha, indicating that it contributed least to the internal consistency of the TI. The eigenvalues for Factor 1 ranged from .42 to .91, with an average of .80. The eigenvalues for Factor 2 ranged from .49 to .77, with the average of .66. The eigenvalues for Factor 3 ranged from .51 to .82, with an average of .62. The eigenvalues for Factor 4 ranged from .52 to .80, with an average of .70. The total item correlation was used to check for weak items, omitting those with a correlation less than or equal to .30.

After recoding certain items, the second statistical procedure involved running the PCA to validate the TI. The results showed that six components had eigenvalues > 1. Item 14 ("to allow myself to cry means I am more in touch with my feelings") loaded on three different factors. The fact that 47% of the participants could not decide whether they agreed with this statement, as well as the problematic interpretability of this item, convinced the researcher to

omit it. Based on a review of Cattell's scree plot, interpretability of items, the percentage of common variance, and the fact that some items were not highly correlated, a four-factor model using PCA with promax rotation was used as seen in Table 2.

Table 2
Factors Pattern Matrix PCA Using Promax Rotation Method

Factors	Therapeutic Effectiveness of Crying	Subjective Perceptions of Crying	Professional Ethics of Crying	Social Acceptability of Crying
Item 34	0.911			
Item 33	0.910			
Item 32	0.892			
Item 36	0.869			
Item 35	0.845			
Item 38	0.423			
Item 39		0.772		
Item 41		0.765		
Item 37		0.727		
Item 19		0.715		(0.325)
Item 15		0.534		
Item 18	(-0.383)	0.498		
Item 12			0.822	
Item 27			0.641	
Item 7			0.593	
Item 17		(0.308)	0.569	
Item 13			0.518	(0.324)
Item 20				0.806
Item 21				0.793
Item 22				0.527

To reduce the number of variables and to detect structure in the relationships between variables in order to classify the variables to form coherent clusters with common themes, factor analysis was conducted as a data reduction method on the original 47 items of the TI. The extraction of factors was terminated when variability among the factors was minimal. The primary guideline followed was the Kaiser criterion, according to which, factors with eigenvalues greater than one should be retained (Kaiser, 1960). The second guideline followed was the observation of the scree test. Cattell (1966) suggested finding the place where the smooth decrease of eigenvalues appears to level off. Lastly, only loadings $\geq$ .30 were included in the factors. Adhering to these guidelines, the TI survey was condensed to the present format of 23 questions (see Appendix A). One qualitative question ("What does crying mean to you?") was added to increase the reliability and create a more valid instrument. Thus, the TI's revised format consisted of 24 questions.

To determine if the TI was a reliable instrument, a Cronbach's alpha was used and reliability for each of the four factors was determined. Factor 1, the *Therapeutic Effectiveness of*

Counselors Crying in a Session, was found to be reliable with a high Cronbach's α = .91. Similarly, Factor 2, *Subjective Perceptions of Crying,* was found to be reliable with a Cronbach's α = .79. No items could be deleted to obtain a higher alpha. Factor 3 and Factor 4 had somewhat lower reliabilities with Cronbach's α = .65 and Cronbach's α = .62, respectively.

Discussion and Limitations

A pilot study provides advantages and makes good clinical practice in research to further a concept and prepare the way for future research in an area. The researcher felt this was important in contributing to the profession of counseling on the relevant topic of counselors crying in session with clients. A limitation of this pilot study was the small sample size and thus the effect size and power, increasing the chance of a Type II error and yielding caution in generalizing the results. According to Comrey and Lee (1992), the findings yielded by a study with too few participants are less powerful and as a smaller effect size (Cohen, 1988) may increase the risk of a Type II error in which the researcher may find significance of a variable incorrectly. For these reasons, as well as the use of a convenient sample, the data should be interpreted with caution due to the low generalizability of the findings.

This author felt that the benefits of a pilot study outweighed the disadvantages of a small sample size. Benefits include permitting preliminary testing of the hypotheses that leads to testing more precise hypotheses in subsequent studies. Based on the results of the pilot study being able to change, drop or develop new hypothesis as needed. New ideas, approaches, and evidence unforeseen before conducting the pilot study were generated which will help get clearer findings in another study. Finally, by conducting a pilot study, it can provide enough data for the researcher to decide whether to go ahead with a subsequent study.

According to the standards prepared by the American Psychological Association (APA), American Educational Research Association (AERA), and the National Council on Measurement in Education (NCME), evidence of validity is classified into content-related, criterion-related, and construct-related categories. Because content-related evidence is not usually expressed in numerical form, it was based on the researcher's judgment and a critical examination to determine that the content measured by the test was representative of the content domain. Criterion-related evidence was based on the relevance of the TI as an instrument, and its ability to accurately measure counselors' attitudes toward crying in session with a client. In terms of construct-related evidence, a logical approach was taken to inspect the items and determine their appropriateness for assessing the construct of crying.

The TI was determined to be reliable, according to the standard error of measurement and Cronbach's alpha for each factor (F1 = .91, F2 = .79, F3 = .65, F4 = .62). Some of the items could be changed or discarded, while other items contributed to the greater TI reliability.

A pilot study is a requisite initial step in exploring a novel intervention such as a new instrument to measure attitudes of counselors crying in session. A pilot study is not a hypothesis testing study and therefore does not provide a meaningful effect size estimate for planning subsequent studies due to the imprecision inherent in data from small samples. Due to the nature

of this study, results do not generalize beyond the inclusion and exclusion criteria of the pilot design (Leon et al., 2010).

Other limitations of this study included no test-retest reliability to correlate the paired scores. Threats to internal validity may have included instrumentation and the inconsistent testing conditions, which may have affected treatment integrity of the study. Threats to external validity that may have limited generalizability may have included the Hawthorne effect in which participants answered the questions differently simply because they knew that they were being tested. Other validity threats were artifacts or non-anticipated confounding factors that may have affected the results. These included the "good" subject who tries to help the researcher, as well as the "faithful" subject who is loyal to the profession and may try to be overly objective in answering the questions. Artifacts associated with the researcher included researcher expectations, which may have unintentionally influenced the participants' responses.

Implications and Future Research

Crying is a complex phenomenon, often described as being something that is beyond words. A better understanding of its meaning seems warranted, as it applies to the counseling relationship, authentic emotional expression and self-disclosure. It is the hope of this researcher to continue to open the dialogue to further explore the phenomenon of crying among counselors. As counselors, we encourage emotional expression and the meaning behind it when working with clients to better their situations. Counselor educators may find it helpful to address this often-taboo experience in their curriculum. Counselors encourage and hold a space for clients to cry in session, and therefore, why not the counselor, when appropriate and ethical?

Further research would benefit exploring the TI and how it can be used as a measurement among counselors in training to reduce the stigma of counselors crying in session and perhaps assist counselors in training to become more comfortable with their own feelings and emotions and how they can express them in relationships, especially in the counseling milieu. By becoming more comfortable with ourselves and integrated in mind, body, and emotion, we become more authentic and thus modeling appropriate expression to clients.

Future research is warranted in counselor self-care due to the high probability of experiencing an emotionally intense and often overwhelming situation by client's experiences (Ramsahoye, 2014). Another area of exploration would be the correlations of counselors who cry in session and their emotional intelligence (Matise, 2015). There needs to be more exploration on how a counselor who cries in session affects his or her therapeutic effectiveness in working with a client. Some other areas of exploration should investigate areas such as the factors most likely to precipitate the onset of crying by a counselor; personality traits and gender issues affect a counselors' susceptibility to cry in session; and an expansion on the ethical debate as it relates to counselor's crying in session.

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