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The Effects of Empathy on Speech Ratings

Jill McNamara
Eastern Illinois University

This research is a product of the graduate program in Speech Communication at Eastern Illinois University. Find out more about the program.

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The Effects of Empathy on Speech Ratings

(TITLE)

BY

JILL MARLOWE

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

Master of Arts

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

2000

YEAR

I HEREBY RECOMMEND THAT THIS THESIS BE ACCEPTED AS FULFILLING THIS PART OF THE GRADUATE DEGREE CITED ABOVE

12/18/00

DATE

12/18/00

DATE
The Effects of Empathy on Speech Ratings

Jill McNamara

Eastern Illinois University
Dedication

This research is dedicated to the field of Speech Communication with hope of furthering the progression of future studies.
I am indebted to the members of my committee—Doug Bock, Shane Miller and Mark Borzi—for their helpful criticism and friendly support during this project. I would like to thank Melanie Mills for encouraging me to pursue my interest in the effects of empathy.

Many thanks go out to those who helped me conduct my research—my fellow graduate students, the two speakers, and all the good-spirited 1310 students.

J.A.M.

Eastern Illinois University
December 20, 2000
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Abstract

This research project tests whether empathy has an affect upon ratings of speeches. First the rater's individual level of empathy is surveyed. Next, the many different definitions of empathy are broken down into cognitive and affective perspectives and altruistic motivations. The likelihood of empathy being a dispositional or situational trait is discussed. Various methods used to train individuals to enhance their empathic skills through behavior observation and schools and how effective these methods have proven to be is identified. Empathy was then examined as to gender affects an individual's ability to experience that emotion. Using two different speeches, one that had high empathy and the other low empathy, the research compared the individual's empathy level to the speech rating score. Empathy had a significant impact on the speech scores such that the speech high in empathy, was rated higher on the overall score, material, and delivery category. Males rating low in empathy rated the language trait higher than men who scored low in empathy. Individuals scoring low in empathy rated the language scores higher than individuals who scored high in empathy.
The Effects of Empathy on Speech Ratings

This research is to uncover the different aspects of empathy to get to the different roles it plays within relationships. The base of empathy includes several different definitions, how empathy is measured, whether empathy can be taught, gender orientation towards empathy, and the factors that may predict empathy.

Measuring and Defining Empathy

Within the studies of empathy, there are great disputes about its definition and its correct measurement. Holm (1997) describes empathy as "an understanding of the other's world as seen from the inside—a sensing of the other person's private world as if it were one's own, but without losing the as if quality" (p. 682). King's (1997) definition: "I feel your pain" (p. 60). Hoffman, (1990), describes empathy as a "base for moral development and feeling into another's world" (p. 160).

There are similarities with each definition. Nonetheless, the versatility of empathy allows for personal interpretation. For the purpose of this research, the definition of empathy is "to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the 'as if' condition" (Tobin, 1999, p. 114). To feel the emotion another is experiencing or has experienced in the past and is allowing you to also share their emotions ("rather than merely a reflection of the other person's emotional state" Eisenberg, Fabes, Murphy, Karbon, Maszk, Smith, O'Boyle & Suh, 1994, p. 776).

There have been two types of empathy identified and they are affective and cognitive (Hoffman, 1984; Underwood & Moore, 1982).
Cognitive empathy occurs when a person is cognitively "putting oneself into another person's psychological perspective" (Karniol, Gayay, Ochion, & Harari, 1998, p.150). The cognitive perspective is the ability to recognize and understand the thoughts of others (Oswald, 1996). Tobin (1999, p.115) explains the cognitive perspective from the "as if" position by stating that if the "as if" condition is lost then one enters the state of identification with the speaker.

When researching an individual's cognitive perspective, participants are usually given pictures or stories to read. After they have done that, they are asked to retell the story from the character's perspective.

Another type of empathy is called affective. Eisenberg and Miller (1987) suggest that an affective response, consisting of distress or some emotional reaction, is given to another person's life experience. Affective empathy is the ability to identify and to understand another person's feelings (Enright & Lapsely, 1980; Rothenberg, 1970). It is measured through another person's feelings of distress produced by witnessing another suffer. This type of empathy is researched by using a stimulus, (a film, audiotape, cartoons, etc.) and asking the participants to identify the emotions portrayed within the stimuli.

Davis (1983a) went even further and tried to distinguish between affective and cognitive definitions. In doing this, Davis developed an instrument to measure those two definitions and personal distress. The instrument is known as the IRI. It is a self-reported test that divides the answers into four categories: Fantasy, empathic concern, affective experience of other-oriented, and affective experience of personal distress.
It is important to recognize that empathy is typically felt for individuals rather than groups (Batson, Polycarpou, Harmon-Jones, Imhoff, Mitchener, Bednar, Klein, & Hightberger, 1997). Not only is empathy normally felt for individuals versus groups but research has also found that it is easier for individuals to feel empathy for someone who is not responsible for their need (Batson et al., 1997). This places the listeners and the victims on equal levels of having to be in each other’s situations. When the victim is seen as responsible for their needs, feelings of empathy can become derogatory towards the victim but when the victim is not viewed as responsible for their need then positive empathy is felt and oftentimes leads to altruistic helping (Batson, 1991).

Altruistic motivation does not preclude benefits to oneself. Altruism is defined as “a voluntary action, intended to benefit another, that is not performed with the expectation of receiving external rewards or avoiding external aversive reactions or punishments” (Oswald, 1996, p. 614). A precondition of altruistic helping is that of adopting another’s perspective (Oswald, 1996). Batson (1991) stated, “Helping another could increase your own welfare and still be altruistic if the helping was motivated by an ultimate desire to increase the other’s welfare” (p. 10). Therefore, experiencing empathic feelings may act as a motive to offer aid possibly while servicing the self (Oswald, 1996).

There is a positive relationship between empathic concern and altruism (Davis 1983b). For example, Davis (1983b) reported that individuals high in dispositional empathic concern report higher levels of charitable giving to a muscular dystrophy telethon and are more inclined to watch the telethon in the first place. This form of dispositional empathy has also been found to influence one’s situational responses when actually faced with such a victim (Davis, Mitchell, Hall, Lothert, Snapp, & Meyer, 1999).
“However, it is not clear whether empathic disposition and motivation are necessary conditions of empathy…” (Duan & Hill, 1996, p. 269).

There are several studies suggesting that there is not a significant relationship between empathy and altruistic motivation, however, these studies do not concern speaker evaluation. (Knudson & Kagan, 1982; Wispe, Kiecolt & Long, 1997). On the other hand, researchers, through their studies, indicated that there is a relationship between empathy and altruistic motivation. Studies have shown that reactions to empathy vary through the intensity of the empathic feelings. Over-arousal, due to situational induced empathy, always results in a focus on the self or on what is known as personal distress (Eisenberg, et al., 1994). A balanced, normal level of empathy, has been found to increase the value of the welfare for whom it is felt, possibly leading to altruistic motivation, even after the emphatic feelings are gone (Batson, et al., 1997). On any level, an empathic encounter results in more than just a deeper understanding of the other person, it forms a unique whole that represents a integration of each individual’s construction of the other (Broome, 1991).

Can Empathy Be Taught?

How do we develop the ability to be empathetic? It is believed that the majority of empathic skills are learned through self-training and observing surrounding behaviors. This is known as primitive empathic distress not to be confused with empathic understanding because there is no cognition of the experience (Hart, 1999).

Hoffman (1990) believes that the skill of empathizing relies on more than situational factors to account for the differences in empathic intensity. Empathy could be an inborn, primate-like trait, which is traced to a nonverbal level of communication
between the infant and the mother: Hoffman (1990) suggests that an "infant at times reacts as if what happened to the other happened to themselves" (p. 155). Hoffman considers this as "primitive empathic distress but not empathic understanding" because the infant is reacting to a situation they are incapable of understanding (p. 155).

As children develop, their ego and their view of the self develop causing the child to become more aware of others around them. Through this, the child may begin to recognize their feelings of distress for others in pain or danger (Hart, 1999). As the child continues to develop, the influence of others of how to empathize and often their ability to emphasize becomes more important (O'Malley, 1999). O'Malley (1999) also suggests that levels of empathy do not necessarily decline as individuals age, which gives credence to view that man's ability to participate in another's emotional experience is independent of experience and is an innate trait. On the other hand, Hornblow, (1980) believes that "Empathic behavior may be determined by specific skills, interacting with situational factors, rather than by a general ability" (p. 25).

Teaching empathy has been a topic that Shlossman, (1996), an educator at a private school in Gainesville, FL, has taken large steps within the school in which she works to promote. In doing this, the school devotes a considerable amount of time to service projects, academic cooperation amongst the students, and has developed exercises and polices in the school, which focus on building emphatic skills. For example, one policy is called the "two-fer", which addresses immediately a student who puts down another student. When this occurs, the student who put-down the other has to give the student two compliments for that one put-down.
Another example by which this private school is teaching and enforcing skills of empathy is through their academic cooperation. This school has a non-competitive grading system. "A" papers are not put up on the bulletin boards, instead, when a student recognizes another student doing something kind, they write it down and put up that on the bulletin boards. This non-competitive atmosphere encourages students to show their appreciation for one another.

Shlossman (1996) has noticed that the students, after practicing their skills of empathy during the school day, have come to internalize the value. This motivation has moved from an outward motivation to an inward motivation. The parents of the children who attend this school are “delighted” (p.22). Schlossman has proven through her studies that individuals may not be naturally empathic and those who are not, can possible learn to be.

**Perspectives**

Imagine other and imagine self are the two potentially different ways of perceiving the other's situation (Batson, Early & Salvarani, 1997). Imagine other is to put yourself in another’s situation and imagine how they feel. Imagine self is to put yourself in other’s situation and imagine how you would feel as a result (Stotland, 1969). Stotland also discovered that these two imagine perspectives provoked higher “physiological arousal and self-reported emotion than the objective perspective” but that these two imagine perspectives are not the same.

In Stotland's (1969) process of distinguishing between the two imagine perspectives, empathy and personal distress are examined. The main difference found between the two is that empathy evokes a more altruistic motivation in attempts to relieve the distress for
which the empathy is felt (e.g. giving money to charity). On the other hand, personal
distress evokes a more egotistic motivation to relieve the distress (Batson, 1991). This
distinction between empathy and personal distress seems very clear.

Batson, Batson, Slingby, Herrall, Peekna & Todd (1991) report that context is
relevant to whether or not empathy or personal distress is experienced. For example,
when one unexpectedly encounters another in severe physical pain, most people respond
with direct personal distress. Empathy is more likely to be felt when one encounters a
person experiencing psychological discomfort such as sadness or loneliness (Batson et
al., 1989).

Gender and Empathy

There are two ways in which gender identification could be linked to empathy.
This first one being; gender stereotypes within society, which infer that women are more
emotional than men are, suggests that by the time people are adults they are completely
aware of the stereotypes. Therefore, the IRI test (Davis, 1983a) was given to young adults
where the stereotypes would be less engraved. This proposes the question if gender-
orientation (more masculine or feminine traits) is related to empathy, it might be safe to
say to expect that there would be differences in empathy between adolescence and adults
due to their gender orientation (Karniol, R., Gabay, R., Ochion, Y. and Harari, Y., 1998).

Bem (1974, 1984) takes another route in attempting to solve the issue of whether
empathy can be predicted by gender identification. Bem, through her studies of
psychological androgyny, proclaims that the adoption of feminine and masculine
characteristics is part of socialization, but is also independent of an individual's gender.
Bem’s research has indicated individuals (regardless of sex) who have higher levels of femininity than masculinity are more apt to being empathetic.

Grief, Alvarez, and Ullman (1981) hypothesize that predicting empathy through gender identification can be a factor of men and women being socialized differently within society. By looking at the evolutionary perspective of the mother staying home, caring and bonding with the children, this difference in male/female socialization becomes relevant. These two divergent paths of emotional socialization do not accurately predict the empathy level within the genders but could be a factor.

In effort to resolve the issue of predicting empathy, Bem (1984, 1987) attempted to distinguish between gender and gender-role orientation. Through her studies of psychological androgyny, Bem proclaims that the adoption of feminine and masculine characteristics is part of socialization but is also independent of an individual's sex. Eisenberg and Lennon (1983) discovered through research that women, in general, tend to have higher levels of dispositional empathy in comparison to men regardless of their level of femininity.

Rating Scale

The Bock rating scale was used in this study (see Appendix 1). Through much research, this scale was developed and proven to be reliable and valid to account for six independent categories used in rating speeches: organization, language, material, delivery, analysis and voice (1972). Several personality variables have been shown to affect rating scores. Those variables include: need for order (Bock and Munro, 1979), sex of rater and speaker (Bock and Bock, 1977), communication apprehension, and receiver apprehension (Wheeless, 1975). Based on the previous research and the sensitivity of this
scale to the powerful effects of empathy and to these variables, two hypotheses were generated.

H1: Speeches containing high levels of empathy will be rated higher than speeches containing low levels of empathy.

H2: Individuals scoring high measurements of empathy, will rate an empathic speech higher than a speech without empathy. Individuals who score low on measurements of empathy will rate the empathic and non-empathic speeches equally.

METHOD

Participants

Subjects were students from twelve sections of the core communication course at Eastern Illinois University (N=209). The average age of the students was between 18-22 years and were largely first year students.

Procedure

Data were gathered in two sessions. First a survey was distributed at the beginning of the class period. The survey was the Feelings of Understanding/Misunderstanding (FUM) test, which analyses an individual's level of empathy within non-specific relationships (Appendix 2) (Rubin, Palmgreen, & Sypher, 1994, p. 167). The test consists of 24 adjectives that are used to describe your success with conversations within the participant’s relationships. Eight items measure feelings of understanding (FU), eight other items measure misunderstanding (FM) and there are eight distracter items. The summed FM scores are then subtracted from the FU scores to create the overall FUM score.
Participants were asked to indicate the degree (1=Very little, 5=Very great) that a particular adjective was experienced when talking with an individual whom they were in a relationship with. To illustrate, adjectives such as annoyance, satisfaction, sadness, acceptance, and hostility were part of the test. The scoring of FUM consisted of the tallying of certain questions together therefore resulting in the overall FUM. The higher the overall FUM insinuated higher levels of empathy within their relationships. The possible score was from -32 to +32. Test-retest reliability was reported at .90 (Rubin, et al, 1994).

At a later date, all of the subjects who took the FUM test, participated in this study. The subjects rated a videotaped speech on Organ Donation and were to rate them accordingly using the Bock speech rating scale. Organization, language, material, delivery, analysis and voice) had a possible ten points. Some of the students rated the empathic speech (N=100) and the students rated the non-empathic speech (N=109). The empathic speech was intended to provoke empathic feelings within the raters. For this speech, in a speech to actuate for organ donation, the female speaker spoke about her own experience as a recipient of a kidney transplant. The other speech had a similar format but used a third person as the recipient for the organ donation. The lack of personal involvement was to evoke less empathy than the first speech.

Results

The speech ratings on organization, language, material, delivery, analysis, and voice and total score were the dependent variables. The independent variables were empathy levels of the rater (hi and low), and empathy level of the speech (hi + lo). There
were no significant differences on organization, language, analysis, and voice. There was a significant difference on the total score, which supports the hypothesis (see appendix 3).

Other significant findings were the following. For the high empathic speech, the mean of the material category was 9.61 in comparison to the low empathic speech in which the mean of the material category was 8.88 (see appendix 4). The high empathic speech also resulted in higher delivery scores than the low high empathic speech. The empathic high speech averaged an 8.77 while the low empathic speech averaged an 8.26 (see appendix 5).

To answer the second hypothesis, the upper and lower quartile scores on the FUM were used to identify high and low levels of rater empathy. Using a T-Test, those who scored higher on the FUM test (above 20) rated only the voice category on both speeches, higher than those who scored below a 10 on the FUM test. The overall scores of the speeches and the five other traits (organization, language, material, delivery and analysis) were insignificant.

Discussion

H1: Speeches containing high levels of empathy will be rated higher than speeches containing low levels of empathy. This hypothesis was tested with a t-test to determine significant differences. The t-test was significant at .004. As predicted, the high empathy speech was rated higher overall than was the low empathy speech. Further analysis revealed that the major contributors to the overall difference were the traits of material and delivery.

These findings report that empathic speeches which evoke stronger feelings of empathy within their raters receive higher ratings overall and in the material and delivery
categories. Since both formats of the speeches were identical with exception of the empathic speech disclosing more personal information, one reason for the higher scores in the material category could be that the empathic speeches triggered altruistic motivation and the raters felt compelled by the speaker's story to give the speaker a higher score.

Another option is that first-hand experience is often considered more persuasive and reliable than third-party information because of expertise to a subject. (Larson, 1998). Personal credibility can be established through the visual aspect of the delivery. Through the delivery of the empathic speech, personal credibility was established therefore audience connection was stronger to the speaker and provoked empathic emotions.

Higher scores in the delivery category from the empathic speech can be attributed to the subjects being able to see the receiver of the organ donation, therefore being able to see the victim's emotional and non-verbal involvement. The raters being able to decode the cues of empathy is a possibility of why the delivery category of the scale was rated significantly higher than other categories (Bock & Bock, 1984).

Subjects who score higher on the empathy test rated the language category lower on the empathic speech than subjects who scored lower on the empathy test. The higher empathic subjects were empathizing with the speaker and this distorted their affective ability to rate language. Bock and Bock (1984) state, "the rater's ability to utilize cognitive, affective and psychomotor cues in the speech evaluation setting will cause rating errors to occur" (p. 337). Therefore, the more cues that can be processed results in more negative rating errors.
However, the contradiction of this theory appears within the language trait in the high/lo level of empathy category and in the male lo/high empathy category. This suggests that Bock and Bock's theory (1984) concerning negative rating errors may not be applicable to the emotion of empathy.

Future Research

Regarding future directions, a different scale for rating speeches is a suggestion. A different scale could reduce the number of cues used to describe each trait on the rating scale because the number of current traits could be distracting. Due to the fact that only four traits were significant within the study (material, delivery, language and voice), the other two traits, analysis and organization could distract from the rater decoding the cues from the speaker.

Another direction would be to use other empathic topics and using an alternative scale to measure individual empathy levels. We have uncovered differences that empathy generates within speeches; a different scale would counter-reference these results.

Limitations

One limitation would be that only female speakers were used in the two speeches. There is a possibility that using a male and a female speaker would have conjured different results. Another limitation is the small number of subjects studied. Using a larger number of participants would increase the study's reliability.
## Appendix 1

### SPEECH RATING SCALE

<table>
<thead>
<tr>
<th>Speaker</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Subject</th>
<th>Assignment</th>
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</table>

<table>
<thead>
<tr>
<th>Traits</th>
<th>Comments</th>
<th>Score</th>
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<tbody>
<tr>
<td><strong>Organization:</strong> Clear arrangement of ideas?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction, body, conclusion? Was there an identifiable pattern?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Language:</strong> Clear, accurate, varied, vivid?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate standard of usage? In conversational mode? Were unfamiliar terms defined?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Material:</strong> Specific, valid relevant, sufficient, interesting? Properly distributed? Adapted to audience? Personal credibility? Use of evidence?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Delivery:</strong> Natural, communicative, direct?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye contact? Aware of audience reaction to speech? Do gestures match voice and language?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Analysis:</strong> Was the speech adapted to the audience? Was the purpose clear? Did the main points support the purpose?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Voice:</strong> Varied or monotonous in pitch, intensity, volume, rate, quality? Expressive of logical and emotional meanings?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Scale:

- Superior [10]
- Average [9]
- Inadequate [8]
- Poor [7]
Appendix 2

Instructions: Recall how you generally feel when talking with or listening to your friends. The following terms refer to feelings that may be relevant when people attempt to make themselves understood by others. Please indicate the extent to which each term describes how you generally feel when and immediately after trying to make yourself understood by others. Respond to each term according to the following scale:

1. Annoyance
2. Satisfaction
3. Self-reliance
4. Discomfort
5. Relaxation
6. Shyness
7. Dissatisfaction
8. Pleasure
9. Enviousness
10. Insecurity
11. Good
12. Attentiveness

13. Sadness
14. Acceptance
15. Humbleness
16. Failure
17. Comfortableness
18. Hostility
19. Incompleteness
20. Happiness
21. Compassion
22. Uninterestingness
23. Importance
24. Assertiveness
Appendix 3

<table>
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<tr>
<th>Variable</th>
<th>Count</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>T-Value</th>
<th>Probability Level</th>
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<tr>
<td>Hi Empathy Speech</td>
<td>100</td>
<td>55.03</td>
<td>3.204</td>
<td>2.85</td>
<td>.004</td>
</tr>
<tr>
<td>Lo Empathy Speech</td>
<td>109</td>
<td>53.44</td>
<td>4.621</td>
<td>2.85</td>
<td>.004</td>
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## Appendix 4

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<th>Mean Square</th>
<th>T-Value</th>
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<tr>
<td>Hi Empathy Speech</td>
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<td>9.615</td>
<td>28.80</td>
<td>27.16</td>
<td>0.00</td>
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<tr>
<td>Lo Empathy Speech</td>
<td>109</td>
<td>8.88</td>
<td>28.80</td>
<td>27.16</td>
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<tr>
<td>Delivery</td>
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<td>Mean Square</td>
<td>T-Value</td>
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<td>-------</td>
<td>------------</td>
<td>-------------</td>
<td>---------</td>
<td>------------------</td>
</tr>
<tr>
<td>Hi Empathy</td>
<td>100</td>
<td>8.77</td>
<td>10.99</td>
<td>6.88</td>
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<td></td>
</tr>
<tr>
<td>Lo Empathy</td>
<td>109</td>
<td>8.26</td>
<td>10.99</td>
<td>6.88</td>
<td>0.009</td>
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<td>Speech</td>
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## Appendix 6

### ANOVA

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<th>MS</th>
<th>F</th>
<th>Prob.</th>
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<td>Type of Speech</td>
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<td>.57</td>
<td>.45</td>
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<tr>
<td>Empathy – Receiver</td>
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<td>1.40</td>
<td>1.56</td>
<td>.21</td>
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<tr>
<td>Gender X Speech</td>
<td>1</td>
<td>4.67</td>
<td>5.18</td>
<td>.02</td>
</tr>
<tr>
<td>Gender x Empathy</td>
<td>1</td>
<td>5.13</td>
<td>5.69</td>
<td>.02</td>
</tr>
<tr>
<td>Speech x Empathy</td>
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<td>4.94</td>
<td>5.46</td>
<td>.02</td>
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<tr>
<td>Gender x Speech x Empathy</td>
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### Significant Means in Language Category

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<tr>
<td>High Empathy</td>
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References


