

## **Review and assessment of past empathy scales to measure salesperson's empathy**

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### **ABSTRACT**

The impact of the salesperson's empathetic ability has been researched over the years by many different researchers. Although many researchers have found that empathy has a positive effect on salesperson's performance and success, some researchers have found that empathy has no effect on sales outcomes. Many of these inconsistent findings have been attributed to methodological concerns such as poor conceptualization and measurement of the empathy construct.

Although many past studies had conceptualized empathy as a uni-dimensional construct, present studies conceptualize empathy as a multi-dimensional construct consists of cognitive and affective dimensions. This study examined and evaluated 10 past empathy scales that were utilized to measure salesperson's empathy in the sales domain. The findings of the study show the importance of developing and validating an empathy scale in the sales domain which could measure both dimensions of empathy independently. Although many research have examined the importance of salesperson's empathy during a salesperson-customer interaction, future research should focus on examines the impact of cognitive and affective empathy on sales outcomes independently.

Keywords: Salesperson's Empathy, Cognitive Empathy, Affective Empathy, Empathy Scales, Review of Empathy Scales

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## INTRODUCTION

In order to build and maintain long term profitable customer relationships it is important that salespeople are empathetic towards their customers. Empathetic salespeople are better able to understand customer's situations by putting themselves in their customer's positions. In doing so, salespeople are better able to understand and recognize customer concerns cognitively and emotionally (Sharma, 2001; Spaulding & Plank, 2007). As a result, salespeople are more able to customize their product solutions to satisfy customer needs and wants (Franke & Park, 2006).

When customers feel that salespeople are empathetic towards them, customers are likely to feel that salespeople care about their points of view and are not just trying to sell their products or services (Ahearne, Jelinek, & Jones, 2007). Therefore, salespeople who have higher levels of empathy have fewer barriers to overcome in developing relationships with customers (Conway & Swift, 2000; Wang, 2007). When customers feel that salespeople are empathetic towards them, they feel more confident that the salespeople have a better understanding of their concerns and problems (Greenberg & Greenberg, 1983), they are more likely to believe that the salespeople are trustworthy (Aggarwal, Castleberry, Shepherd, & Ridnour, 2005), they are more likely to be satisfied with the services they provide (Aggarwal et al., 2005), and they feel more committed to them (Lee & Dubinsky, 2003). Therefore, in sales, more than the salesperson being empathetic toward the customer, the customer's perception of the salesperson's empathy is important for a salesperson to be successful (Kwon & Suh, 2004).

Although the importance of empathy in the customer-salesperson interaction is evident, research has provided mixed findings about the influence of empathy in customer-salesperson encounters (Comer & Dubinsky, 1985). Many studies have shown a positive relationship between a salesperson's empathy and that salesperson's success (Aggarwal et al., 2005; Greenberg & Mayer, 1964; McBane 1995; Plank, Minton, & Reid, 1996; Spaulding & Plank, 2007) while others have not (Dawson, Soper, & Pettijohn, 1992; Lamont & Lundstrom, 1977).

Many of the inconsistent findings are attributed to methodological concerns, specifically validity concerns when measuring empathy (Chlopan, McCain, Carbonell, & Hagen, 1985), making the findings inconclusive and contradictory (Weitz, Sujan, & Sujan, 1986). Another concern with empathy scales has been the different conceptualizations of empathy. During its early development, empathy was conceptualized as a unidimensional construct, having either a cognitive dimension, which involves understanding the other person's position on an objective level, or an affective dimension, which means a vicarious emotional response to the perceived emotional experience of others.

The progression in the development of marketing as a science will depend on the measures marketers develops to estimate the variables of interest to them (Hunt 1976, Churchill 1979). According to Heeler and Ray (1972) marketing measures must efficiently answer two questions, 1) how well a particular strategy works and 2) why. In order to answer the first question, marketing researchers often develop new measures. It is important to know that In order to understand the measure and the strategy well, it is important answer the second question more thoroughly. It is very critical that researcher need to know the meaning of measures, and they rely on scientific criteria of reliability and validity. Jacoby (1978) stated that most of marketing measures are only measures because someone says that they are, not because they have been shown to satisfy standard measurement criteria (validity, reliability and sensitivity).

When researchers employ instruments which, from the respondent's perspective, are ambiguous, intimidating, confusing, and incomprehensible, the findings of the studies which

those scales were utilized become inconclusive and invalid. Developing a self-administered questionnaire is one of the most difficult steps in the entire research process (Jacoby 1978). Even if a poor measure is the only measure available, the cost of using it may be greater than any benefits attained. Using a measure that does not assess what one presumes it assess can lead to wrong decisions (Churchill 1978, DeVillis 2003).

## **Purpose**

The objective of this paper is to provide an integrative review of the scales that was developed to measure empathy in order to contribute to the development of the empathy research. Although the focus is on reviewing past empathy scales, first a general overview of the concept of empathy is presented which focus on its dimensionality: Cognitive empathy and Affective empathy followed by a brief description of the current status of empathy research in the sales research domain. The analysis focuses on the conceptualization of the scales, psychometric properties, strength and weaknesses of each scale. Finally recommendations on conceptualizing and measuring empathy in the sales domain are presented and make out gaps in knowledge that could be addressed by future research.

## **EMPATHY**

Empathy has been given different definitions by different researchers at various times and in different research fields. During the early years, researchers defined empathy as taking the role of the other (Mead, 1934); listening with the third ear (Reik, 1948); vicarious introspection (Kohut, 1959); and emotional knowing (Greenson, 1960). Many of the conceptualizations of empathy encompass caring, helping, communication, and interaction between participants in an exchange (Davis, 1983; Greenson, 1960; Stotland, 1969; Rogers, Clow, & Kash, 1994). Bohart & Greenberg's (1997) definitions of empathy include the idea of "trying to sense, perceive, share, or conceptualize how another person is experiencing the world". Dymond (1949) conceptualized empathy as "the imaginative transposing of oneself into the thinking, feeling, and acting of another and so structuring the world as he does", and Kohut (1984) saw empathy as the capacity to think and feel oneself into the inner life of another person.

Empathy has been conceptualized as a multidimensional construct. Most commonly it is defined as having two dimensions: Affective and Cognitive (Eisenberg, Fabes, Schaller, & Miller, 1989; Feshbach, 1982; Hoffman, 1984). However, some neuropsychologists have suggested that empathy consists of a third dimension, motor empathy or in other words motor mimicry (Fontenelle, Soares, Miele, Borges, Prazeres, Range, & Moll, 2009).

Cognitive empathy is defined as the intellectual understanding of another person's situation (Rogers, 1986) and affective empathy is as a vicarious emotional response to the perceived emotional experience of others (Mehrabian & Epstein, 1972). Empathy differs from sympathy in that the latter, although stemming from empathy, consists of feeling sorrow, concern, or pity for the other (Eisenberg et al., 1989). Feshbach (1982) offered a conceptual model for empathy that includes three dimensions. Two of these dimensions are cognitive based: a cognitive ability to discriminate among the affective states of others and a more advanced cognitive ability to assume the perspective and role of another person. Emotional capacity and responsiveness constitutes the third dimension which is affective based.

According to Duan & Hill (1996) empathy could be conceptualized as a personality trait, situational specific cognitive-affective state, or a process. When conceptualizing empathy as a

personality trait or ability it is defined as to know another person's inner experience (Buie, 1981) or to feel the feelings of other people (Sawyer, 1975). Researchers who have defined empathy as a trait have used terms such as "empathic disposition" (Hogan, 1969), "interpersonal orientation" (Rogers, 1957), "responsiveness to the feeling of another person" (Iannotti, 1975), and "dispositional empathy" (Davis 1983). When conceptualizing empathy as a trait, the underlining assumption is that it cannot be taught but it could be identified, reinforced and refined (Kunyk & Olson, 2001).

Empathy has been conceptualized as a situational specific cognitive-affective state (Barrett-Lennard, 1962; Greenson, 1960; Hoffman, 1984; Rogers, 1957, 1959, 1986). When conceptualizing empathy as a state, researchers have defined empathy as a vicarious response to a stimulus or a stimulus person (Batson & Coke, 1981) or as sensing another's private world as if it were one's own (Rogers, 1959). When researchers conceptualize empathy to be a state, they believe that empathy is a learned phenomenon (Kunyk & Olson, 2001). Researchers who conceptualize empathy as a process believe that empathy is experienced moment-to-moment (Duan & Hill, 1996). Viewing empathy as a multistage interpersonal process implies that empathy involves a sequence of experiences (Hoffman, 1984).

### **Cognitive Empathy**

The cognitive dimension sometimes called "perspective taking" or "cognitive role taking", consists of an intellectual understanding of another person's situation (Barrett-Leonard, 1962; 1981; Kalliopuska, 1986; Rogers, 1986). Cognitive empathy involves understanding the other person's position on an objective level.

A number of cognitive processes of varying sophistication can be viewed as empathy. Hofmann (1982, 1984) stated that at the most basic level, the ability to differentiate between one's self and another person and between one's own and another's affective responding is necessary for empathizing. Hoffman (1982), in his early development modes of empathetic response, talked about the direct link between cues of another's emotional state and the potential empathizer's memories of past experiences of a similar emotion. For example, a girl who sees a boy cut himself will then herself cry. The sight of blood or some other cue in the situation reminds the girl of her own past experience of pain and evokes an empathic response.

Another mode of cognitive empathy, which has been discussed by Hoffman (1982), is based on symbolic association. According to Hoffman, the association between cues symbolically indicates another's feelings and the observer's own past distress. For example, hearing a description of another in distress may evoke empathy by means of association. Therefore, according to this mode, empathy requires the ability to interpret symbols, which is a cognitive skill.

Role-taking is also considered an important aspect of cognitive empathy (Feshbach, 1978; Hoffman, 1982). Researchers have found that imagination skills are a critical part of role taking as they increase the ability to flexibly consider fresh points of view (Hoffman, 1982). Also, when a person is able to take the role of the other, he/she is able to retrieve information and cues from his/her memory concerning the other person's situation (Karniol, 1982). According to Karnoil (1982), people often empathize not because they have put themselves in other people's places, but because they have retrieved relevant information from their memories that has enabled them to understand another's situation (Karniol, 1982).

## **Affective Empathy**

Mehrabian & Epstein (1972) defined affective empathy as “a vicarious emotional response to the perceived emotional experience of others”. Affective empathy is an inherent personality trait developed because of our environmental and cultural upbringing and may be difficult to modify and learn. Gladstein (1983) described affective empathy as “responding with the same emotion to another person’s emotion”; in other words, the main idea behind affective empathy is that the person internalizes the emotional reaction of another person. Comer & Drollinger (1999) defined affective empathy as “empathetic concern” for another person, in which the person produces an internal emotional reaction to what another person is feeling. Duan & Hill (1996) suggested that researchers should refer to affective empathy as “empathetic emotion” since affective empathy focuses only on emotions. This proposition reinforces the idea that affective empathy is concerned with experiencing and feeling another human’s emotions. Affective empathy is often thought of as a reactive and emotional outcome of witnessing someone else’s situation, rather than a skill or strategy used (Davis, 1996).

## **Use of Empathy in the Sales Domain**

Many past sales studies have conceptualized empathy as a unidimensional construct having either a cognitive perspective (Dawson, Soper, & Pettijohn, 1992; Giacobbe, Jackson, Crosby, & Bridge, 2006; Homburg, Wieseke, & Bornemann, 2009; Lamont & Lundstrom, 1977; Pettijohn, Pettijohn, & Taylor, 1995; Wong & Sohal, 2003) or an affective perspective (Deeter-Schmelz & Sojka, 2003; Greenberg & Mayer 1964; Ricks & Veneziano, 1998; Tobolski & Kerr 1952). At present, studies in selling and sales management research have conceptualized empathy as a dimensional construct that comprises both cognitive and affective empathy (Aggarwal et al. 2005; Homburg & Stock, 2005; McBane 1995; Spaulding & Plank 2007; Stock & Hoyer, 2005; Widmier 2002). Considering the studies that have conceptualized empathy as a multidimensional construct, only Widmier (2002) and McBane (1995) examined cognitive empathy and affective empathy separately. All other studies examined empathy as a single factor measurement scale, hindering the opportunity to examine how each dimension of empathy affects different selling outcomes.

McBane (1995) who conceptualized empathy as a multi-dimensional construct stated that it consisted of empathetic understanding (cognitive empathy), perspective-taking (cognitive empathy), and emotional contagion (affective empathy). McBane (1995) findings could not confirm that salesperson’s empathy had an effect on salesperson’s performance. However, his study highlighted the importance of conceptualizing and measuring empathy as a multi-dimensional construct rather than a uni-dimensional construct. Findings of Widmier (2002) showed that both perspective-taking (cognitive empathy) and empathetic concern (affective empathy) had a significant impact on a salesperson’s customer orientation.

## **METHODOLOGY**

An extensive integrative literature review was conducted to identify scales that were developed to measure empathy in three main research domains: counseling, psychology, marketing and sales. After reviewing literature 10 scales were identified that were developed to measure empathy. Once the scales were identified, a thorough analysis was conducted examining

the validity and the reliability of each scale. Table 1 provides a brief description and the evaluation of each of the 10 empathy scales.

### **Review of Past Empathy Scales**

The first empathy scale which will be analyzed is the Dymond Empathy Test (1949, 1950), which used a rating scale to measure empathy. The scale was developed by observing a group of participants interact with each other. Each participant evaluated how each of the other participants in the group rated him/her. This was intended to measure how accurately one can predict another's view of oneself. However, it has been revealed that it is possible to achieve high levels of accuracy on this test without it reflecting empathy (Davis, 1994). Dymond (1949, 1950) stated that the lengthy administration time, inadequate standardized scoring as well as questionable validity plagues the Dymond's scale. Researchers have also questioned the validity of this scale (Chlopan, McCain, Carbonell, and Hagen 1985).

Kerr and Speroff (1954) created the Empathy Test, in which the subject responded to items according to the way he or she believed certain population groups would respond. The scale consisted of three sections requiring subjects to rank a) the popularity of 15 types of music for a defined type of worker, b) the national circulation of 15 magazines, and c) the prevalence of ten types of annoyances for a defined individual. Researchers who replicated the scale to measure empathy have found validity concerns with the scale (Thorndike 1989).

Feshbach and Roe (1968) developed a scale to measure both affective and cognitive empathy in children. The test required children to look at pictures of a child in various circumstances and then asked them how they felt. Researchers who have adopted this scale to measure empathy have criticized it for its poor psychometric properties and for the lack of clarity in scoring (Eisenberg-Berg & Lennon 1980, Hoffman 1982; Eisenberg et al. 2003). However, this scale is appropriate if the researcher is using visual cues to stimulate empathy.

Barrett-Lennard (1964, 1981) developed the Relationship Inventory (RI), which is one of the widely used empathy scales in selling and sales management. The scale consisted of four sub scales: 1) Level of Regard, 2) Empathetic Understanding, 3) Unconditional of Regard, and 4) Congruent Scale. RI scale consists of very strong psychometric properties and out of the four sub-scales, empathetic understanding is directly linked to measuring cognitive empathy. However, the only drawback with regard to the RI scale is that originally it was not developed to measure empathy, although the scale consists of a cognitive empathy sub-scale.

Hogan's (1969) Empathy Measure (EM) conceptualized empathy as a uni-dimensional construct which consisted of 64 items. Cross and Sharpley (1982) found that the EM scale consisted of poor psychometric properties and Davis (1994) stated that EM is not a scale which measures empathy, but is used more as a measure of social skill. Johnson, Cheek, & Smither (1983) found that EM's 64 items had four relatively uncorrelated factors: social self-confidence, even-temperedness, sensitivity, and nonconformity (Johnson, Cheek, & Smither, 1983).

Mehrabian and Epstein (1972) developed the Questionnaire Measure of Emotional Empathy (QMEE) to measure emotional empathy. The scale included seven subscales: 1) Susceptibility to Emotional Contagion, 2) Appreciation of the Feelings of Unfamiliar and Distant Others, 3) Extreme Emotional Responsiveness, 4) Tendency to be Moved By Others' Positive Emotional Experiences, 5) Tendency to be Moved By Others' Negative Emotional Experiences, 6) Sympathetic Tendency, and 7) Willingness to be in Contact with Others Who Have Problems. Researchers have found that the QMEE scale consists of strong psychometric properties, however, Dillard and Hunter (1989) in their study could not support the aforementioned multi-

dimensional components. Although some parts of the scale might be measuring affective empathy, the scale as a whole has been determined to be confounded (Baron-Cohen & Wheelwright 2004). Mehrabin (1996) updated the QMEE scale and developed the Balanced Emotional Empathy Scale (BEES) which focuses on the affective dimension of empathy. The BEES scale consisted of 30 items (15 positively worded and 15 negatively worded) items. The scale yields a single score.

Davis (1980) developed the Interpersonal Reactive Index (IRI) which consisted of four dimensions: (1) Perspective Taking (PT), (2) Fantasy (FS), (3) Empathetic Concern (EC), and (4) Personal Distress (PD). Perspective Taking is focused on cognitive empathy and the remaining three scales are focused towards measuring affective empathy. Out of the four sub-scales, Perspective Taking and Empathetic Concern are the most frequently used scales to measure empathy in the sales domain. Both the PT and EC subscales consist of high reliability and validity. Although there is strong and convincing evidence supporting the psychometric aspects of IRI, there isn't any satisfactory evidence confirming the stability of the four dimensions (Yarnold, Bryant, Nightingale, and Martin 1996). Yarnold et al. (1996) found an additional component in their study called "involvement" which was not identified earlier by Davis.

Plank, Minton, and Reid (1996) developed the first and the only scale to measure empathy in the sales context. The scale conceptualized empathy as a perceived construct consisting of both cognitive and affective empathies. The scale included eight items; four were cognitive empathy items and four were affective empathy items. Although the scale was conceptualized as a two-dimensional scale consisting of cognitive and affective empathy, the scale was analyzed as a one-dimensional scale. When Plank et al. (1996) tried to get a two-factor solution, the results they got was not easily interpreted in terms of cognitive and affective empathy factors. Additional, for the second factor had an eigenvalue less than one, therefore, they abandoned the two factor solution, and focused on a single factor measure (Plan, Minton, and Reid, 1996). The biggest advantage in using the Plank et al. (1996) empathy scale in the sales setting is due to the fact that the scale was developed in the sales setting. However, the weakness of the scale is that a researcher cannot measure cognitive empathy and affective empathy separately.

The Jefferson Scale of Physician Empathy was developed by Hohat, Mangione, Nasca, Cohen, Gonnella, Erdmann, Veloski, and Magee (2001) to measure physicians' empathy toward their patients. The scale is directed toward measuring the cognitive dimension of empathy. The scale consists of 20 items and four factors: 1) physician's view from patient's perspective, 2) understanding patient's experiences, feelings and clues, 3) ignoring emotions in patient care, and 4) thinking like the patient. Velicer and Fava (1998) stated that it is required to have at least three items per factor to make a factor stable; because factors 3 and 4 in this scale consist of fewer than three items and are therefore less stable compared to factors 1 and 2. This is considered to be a major drawback in using this scale to measure empathy.

The latest empathy scale was developed by Baron-Cohen and Wheelwright (2004) called the Empathy Quotient (EQ). Researchers conceptualized empathy as having both cognitive and affective dimensions. The scale consisted of 60 items (40 empathy items and 20 filler items). The EQ only assesses the individual's beliefs about their own empathy, or how they might like to be seen or think about themselves, and that this may be different to how empathic they are in reality.

## **DISCUSSION**

Majority of the scales which were developed in the early years of empathy development do not provide a dualistic conceptualization of empathy in the scale development. In the few occasions when empathy was conceptualized as a dualistic construct in empathy scales, the scales have been affected by reliability and validity concerns (McBane 1995), or the dimensionality of the scale did not emerge, therefore the responses to all items were summed into a single empathy scale (Plank, Minton, & Reid, 1996). As a result, it is difficult for researchers to explore how each dimension of empathy affects certain selling outcomes (Anderson & Gerbing, 1988; Davis 1996). When researchers use scales that are not sound in their psychometric properties, the results are inconclusive (McBane, 1995).

Considering the measure of empathy in the selling and sales management domain, only one scale has been developed to measure a customer's perception of a salesperson's empathy (Plank, Minton, & Reid, 1996). In general, sales researchers have adopted scales from different research fields to measure empathy (Plank, Minton, & Reid, 1996). The most commonly used scales to measure empathy in the sales research are Barrett-Lennard's Relationship Inventory (1964; 1981) and Davis's (1980) Interpersonal Reactivity Index. As a result of adopting different scales from different research fields, scales are used haphazardly, disregarding the conceptualization of empathy. This is a major reason that knowledge of the effect of empathy in a sales setting is inconclusive and findings have been mixed (Comer & Drollinger, 1999). Although Plank, Minton, & Reid (1996) developed a scale to measure empathy in the sales domain, it does not measure both cognitive and affective empathy separately, but rather sums all items together in an aggregate scale.

## **FUTURE RESEARCH**

Empathy has frequently been identified by many researchers as a prerequisite for salespeople's success (Spaulding and Plank 2007; Aggarwal et al. 2005; Ricks and Veneziano 1998), while some researchers found no correlation between salesperson's empathetic behavior and salesperson's performance (McBane 1995; Pettijohn, Pettijohn, and Taylor 1995; Dawson, Soper, and Pettijohn 1992; Amyx & Bhuian 2009). If one looks from a more psychological perspective, it is obvious that when salespeople possess a higher level of empathy, it better enables them to understand each customer's different perspective, situation, and viewpoint, which then allows them to serve their customers more effectively, leading them to have more successful sales careers.

Many inconsistent findings of the effect of empathy in selling have been attributed to measurement issues (Comer and Drollinger 1999; Chlopan, McCain, Carbonell, and Hagen 1985). Looking back at previous research, only one empathy scale has been developed in the selling context to measure salesperson's empathy (Plank, Minton, and Reid 1996). As a result of adopting different scales from different research fields, researchers have conceptualized empathy differently and used scales that do not measure the same conceptualization of empathy, which have resulted in methodological concerns. This is a major reason that the effect of empathy in a sales setting is inconclusive and findings have been mixed (Comer and Drollinger 1999).

The above information clearly provides evidence that it is of immense importance to develop and validate an empathy scale which measures both cognitive and affective dimensions

of empathy in the selling and sales management domain so that researchers will be able to understand how each of the empathy constructs influence and affect different selling outcomes.

Although research have found that empathy to have a positive effect on sales outcomes, not much emphasize have been invested to examine how each dimension of empathy effect sales out comes independently. Past research has shown that cognitive and affective empathy is correlated (Bagozzi, Gopinathan, & Nyer, 1999; McBane, 1995). Therefore, it would be important and interesting to examine how the interaction of cognitive and affective empathy would affect sales outcomes.

Most of the sales research has conceptualized empathy as having only cognitive and affective empathy. Research has shown that empathy consist of a motor dimension (Fontenelle, Soares, Miele, Borges, Prazeres, Range, & Moll, 2009). Sales researchers thus far have not conceptualized empathy including the motor dimension. It would be of great relevance and interest to examine the multi-dimensionality of empathy, by examining other relevant dimensions of empathy in the sales domain.

## LIMITATIONS

In identifying empathy scales for examination the study narrowed its search to counseling, psychology, marketing, and sales. Only journal articles which focused on scale development and validation was used for the assessment. There could be other empathy scales that were developed in these domains where the article did not fall under scale development and validation and merely the scale development and validation was a part of the methodology of the paper hence were missed for this scale review.

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## APPENDIX

Table 1: Past Empathy Scale Description and Review

Empathy Scale	Publication	Definition of Empathy	Dimensions / sub scales	Psychometric properties	Strength	Weakness
Dymond (1949) – Dymond Rating Test of Insight and Empathy	<i>Journal of Consulting Psychology</i>	The imaginative transposing of oneself into the thinking, feeling, and acting of another.	Scale measures six dimensions: Superior – inferior; friendly-unfriendly; leader-follower; self-confidence; selfish- unselfish; and sense of humor	Alpha = 0.82	The scale require a subject rate empathy 4 times, a)Rate himself; b) rate another person (subject 2); c) rate the other subject as he believes subject 2 will rate himself; d) rate himself as he believes Subject 2 will rate him.	The methodology adopted in building this scale has been questioned by many researchers and the method used to obtain empathy scores is cumbersome (Hastorf & Bender1982).
Kerr and Speroif (1954) – Empathy Test	<i>The Journal of General Psychology</i>	The ability to put oneself in the other person's position, establish rapport, and anticipate the others reactions, feelings, and behaviors	Scale consist of three sections each measuring the subject's ability to "anticipate" certain typical reactions of defined normative person	Alpha = 0.61 – 0.80		In replicating the scale researchers have found validity concerns with this scale (Hall, 1968; Thorndike, 1989).
Feshbach and Roe (1968)	<i>Child Development</i>	Empathy as a vicarious affective and cognitive response to stimuli.	Affective and Cognitive Empathy		This scale is appropriate if the researcher is using visual cues as a measure of stimulating empathy.	Researchers have criticized this scale of its weak psychometric support and lack of clarity in scoring (Eisenberg-Berg & Lennon, 1980, 1983; Hoffman, 1982; Zhou et al. 2003).
Barrett-Lennard (1964, 1981) – Relationship Inventory	<i>Psychological Monographs</i>		The scale consists of four sub scales. 1) Level of regard, 2) Empathetic understanding, 3) unconditionality of regard scale, and 4) Congruent scale	Alpha = 0.75 – 0.95	Has very strong psychometric properties, it has 4 subscales, in which empathetic understanding is directly linked to measuring cognitive empathy.	The main objective of Barrett-Lennard relationship Inventory was not to build an empathy scale.
					The subscale of empathetic understanding is one of the widely used empathy measured in the sales domain.	

Table 1: Past Empathy Scale Description and Review (continued)

Empathy Scale	Publication	Definition of Empathy	Dimensions / sub scales	Psychometric properties	Strength	Weakness
Hogan (1969)	<i>Journal of Consulting and Clinical Psychology</i>	The intellectual or imaginative apprehension of another's situation	As a uni dimensional construct	Alpha = .68 - .86		When Cross and Sharpley (1982) used EM scale, they found poor reliability. They found the alpha reliability score to be .605 which was unsatisfactory. Furthermore, not only were 30 of the scale items not correlated with the total score, but 13 items actually had a negative correlation with the total test score.
Mehrabian and Epstein (1972) - Questionnaire Measure of Emotional Empathy (QMEEM)	<i>Journal of Personality and Social Psychology</i>	Empathy is defined as a vicarious emotional response to the perceived emotional experiences of others	Measured emotional empathy.	Alpha = 0.84	The scale consists of strong psychometric properties.	Dillard and Hunter (1989) in their study could not support the aforementioned multidimension components.
Davis (1983) – Interpersonal Reactive Scale	<i>Journal of Personality and Social Psychology</i>	Empathy is defined as reactions of one individual to the observed experiences of another	Scale consists of four dimensions: perspective taking, fantasy, empathetic concern, and personal distress.	Empathetic Concern Sub-scale, Alpha = 0.67	Davis (1980) IRI and BLRI are the two most widely empathy scales in the sales domain.	There convincing evidence exist supporting the psychometric aspects of IRI, although no satisfactory evidence has been presented to confirm the stability of the four dimensions (Arnold, Bryant, Nighthingale, and Martin, 1996). Yarnold et al (1996) in their study found an additional component called "involvement" which was not identified earlier by Davis.
					Both the sub scales consist of high reliabilities.	

Table 1: Past Empathy Scale Description and Review (continued)

Empathy Scale	Publication	Definition of Empathy	Dimensions / sub scales	Psychometric properties	Strength	Weakness
Plan, Minton, and Reid (1996)	<i>Psychology Reports</i>	Empathy was defined as whether the respondent felt and thought that the other person was empathetic with them, that the person felt and understood their problems and needs.	Scale measured both cognitive and affective empathy as a sum score	Alpha – 0,95	The scale was developed in a sales setting to measure customer's perception of salesperson's empathy. This is the only empathy scale that has been developed in a sales setting.	The original scale was conceptualized a multi-dimensional scale consisted of both cognitive and affective empathy. After the analysis the researchers conceptualized it the scale as a uni dimensional scale.
Mehrabian (1996) – Balanced Emotional Empathy Scale (BEES)	<i>Unpublished Scale</i>	Empathy is defined as an individual's vicarious emotional response to perceived emotional experiences of others	Measured emotional empathy	Alpha = 0,87		
Baron-Cohen & Wheelwright (2004) - Empathy Quotient	<i>Journal of Autism and Developmental Disorders</i>	Empathy is the drive or ability to attribute mental states to another person /animal, and entails an appropriate affective response in the observer to the other person's mental state	Scale consists of both, cognitive and affective dimensions but measures as a sum score	Alpha = 0,92		