



The Mediating Role of Empathy in the Relationship between Forgiveness Level and Psychological Symptoms among Psychological Counselor Candidates

Psikolojik Danışman Adaylarının Affetme Düzeyleriyle Psikolojik Belirtileri Arasındaki İlişkide Empatinin Aracılık Rolü¹

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Öz

Çalışmanın amacı, psikolojik danışman adaylarının affetme düzeyleri ile psikolojik belirtileri arasındaki ilişkide empatinin aracılık rolünü araştırmaktır. Araştırmanın örneklemi 2017-2018 eğitim-öğretim yılında “Mehmet Akif Ersoy Üniversitesi”, “Dokuz Eylül Üniversitesi” ve “Necmettin Erbakan Üniversitesi” Eğitim Fakültelerinde öğrenim gören Rehberlik ve Psikolojik Danışma Anabilim Dalı lisans programı 1., 2. ve 3. Sınıflarına devam eden öğrencilerden oluşmaktadır. Veri toplama aracı olarak “Kişisel Bilgi Formu”, “Heartland Affetme Ölçeği”, “Kısa Semptom Envanteri ve Temel Empati Ölçeği” kullanılmıştır. Verilerin analizi SPSS 21.0 ve AMOS 22.0 programları ile yapılmış, ölçeklerin güvenilirlik ve geçerlik analizlerinde yapı geçerliliğini sınamak için doğrulayıcı faktör analizi ve madde analizi uygulanmıştır. Psikolojik danışman adaylarının psikolojik belirtilerinin affetme düzeyleri üzerindeki etkisinin negatif yönlü ve anlamlı olduğu; empati düzeyinin affetme üzerinde anlamlı bir etkisinin olmadığı; psikolojik belirti düzeylerinin empati düzeyleri üzerinde anlamlı etkisinin olmadığı; affetme düzeyleriyle psikolojik belirti düzeyleri arasındaki ilişkide empati düzeylerinin aracılık etkisinin olmadığı görülmüştür. Elde edilen bulgular literatür ile ilişkilendirilerek tartışılmaktadır.

Keywords: Affetme, psikolojik belirtiler, empati, psikolojik danışman adayları.

Paper Type: Araştırma

Abstract

The aim of this study is to investigate the intermediary role of empathy in the correlation between the level of forgiveness and psychological symptoms exhibited by candidates for psychological counseling. The study's sample population comprises of students from the Guidance and Psychological Counseling Department of Mehmet Akif Ersoy University, Dokuz Eylul University, and Necmettin Erbakan University who were enrolled in the first, second, and third years of the undergraduate program during the academic year of 2017-2018. The Personal Information Form, Heartland Forgiveness Scale, Short Symptom Inventory, and Basic Empathy Scale were employed as data collection instruments. The analysis of the data was conducted using SPSS 21.0 and AMOS 22.0, and confirmatory factor analysis and item analysis (item-total correlation and Cronbach Alpha) were applied to assess the construct validity of the scales. The results indicate that the impact of psychological symptoms on levels of forgiveness is negative and meaningful, yet empathy levels have no significant impact on forgiveness, and psychological symptom levels have no significant impact on empathy levels. Furthermore, empathy levels do not play a mediating role in the relationship between forgiveness levels and psychological symptom levels. The findings are discussed in light of existing literature.

¹This article has been derived from a master's thesis.

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Atf için (to cite): Gümüşçağlayan, G. And Savi Çakar, F. (2024). The Mediating Role of Empathy in the Relationship between Forgiveness Level and Psychological Symptoms among Psychological Counselor Candidates. *Afyon Kocatepe Üniversitesi Sosyal Bilimler Dergisi*, 26(4), 1893- 1908.

Keywords: Forgiveness, psychological symptoms, empathy, psychological counseling candidates, structural equivalence.

Paper Type: Research

Introduction

In social life, individuals may sometimes perceive themselves as being wronged and having suffered harm in interpersonal conflicts that arise. Despite the various reactions that may be observed in such individuals, two distinct behaviors tend to emerge. The first is characterized by the individual's reluctance to communicate with the person who has caused them harm and the consequent reduction of such communication to a minimum. The second behavior, on the other hand, involves the individual's act of forgiveness towards the person who has caused them harm, and the subsequent focus on other aspects of their life, leaving behind any negative effects of their experiences (Satici, 2016).

1. Literature Review

Forgiveness is often defined as a personal process that aims to alleviate negative feelings and foster positive ones, such as the desire for the well-being of the person who has caused harm and the hope for improvement in communication. It is considered crucial in terms of reducing the impact of harm on an individual's feelings, thoughts, behaviors, and ultimately, their life. When an individual forgives, they are able to replace negative feelings and thoughts with positive ones, thus allowing them to move on with their life more easily (Şamatacı, 2013).

The concept of forgiveness, deemed a crucial aspect in repairing interpersonal relationships (Hargrave, 1994), is defined as the relinquishment of complaints and cessation of anger in English (Droll, 1984). North (1987) defines forgiveness as the voluntary relinquishment of one's rights by the person who has been wronged, and the ability to approach the person who has caused harm with positive feelings. Upon examination of relevant literature, it can be seen that forgiveness has three dimensions:

1. Granting forgiveness to others, the concept of granting forgiveness to others is defined as the replacement of negative emotions, such as anger, resentment, and desire for revenge, towards the individual who inflicted harm with positive emotions, such as understanding, love, and tolerance. It also encompasses the voluntary relinquishment of the state of indifference towards the offender, and a conscious choice to let go of negative feelings (Enright and The Human Development Study Group, 1996).

2. Self-forgiveness, as defined by Enright and The Human Development Study Group (1996), self-forgiveness refers to the process of individuals accepting and embracing themselves as they are, following the acknowledgement of their mistakes, resulting in an increase of positive emotions and a decrease of negative emotions such as self-blame and self-condemnation.

3. Forgiving the situation, the object of forgiveness can be another person or oneself, but it can also encompass circumstances that are beyond an individual's control (Thompson, Snyder, Hoffman, Michael, Rasmussen & Billings, 2005). Natural disasters such as earthquakes, floods, fires, accidents, or illnesses can challenge an individual's assumptions of invincibility and meaning, causing harm.

One of the most common situations encountered in the psychotherapeutic process is the tendency of individuals to blame themselves or others for detrimental mistakes (Menahem & Love, 2013). The victim is faced with a situation that is not in accordance with their own perceptions and assumptions, which they perceive as unjust (Worthington, 2006). Those who have been affected by damaging experiences are emotionally and cognitively affected. Therefore, victims may seek psychological help in order to protect or rebuild their personal integrity (Gordon, Baucom & Snyder, 2000). During the psychotherapeutic process, when working with

the theme of forgiveness with individuals who have been harmed, the patients can increase their awareness levels about the event, how it affected them, and their own feelings and thoughts. In this way, they can choose to forgive or not and continue with their lives in a healthier way (Thompson et al., 2005).

It is emphasized that one of the necessary factors for the realization of forgiveness, empathy, is present (Worthington, 1998). The most general definition of empathy is that an individual feels like the person opposite them (Dökmen, 2002). Hogan (1969) has emphasized that empathy is not just an emotional response, and that it should also be considered as a cognitive skill. According to Elliott, Watson & Goldman (2004), empathy is an important part of emotional intelligence and has a multi-dimensional structure. A person's high level of empathy may not be sufficient for them to forgive someone who has harmed them. The injured party may be able to empathize with the person who has harmed them, but they may continue to hold negative thoughts about them (Worthington, 1998).

Empathy has two sub-dimensions, cognitive and emotional:

1. Cognitive empathy; expressing the ability to understand others' emotions, not by experiencing them, but by cognitively comprehending them by assuming their role (Goldstein & Michaels, 1985; Yılmaz & Şahinkaya, 2010). In the cognitive dimension of empathy, understanding the other person is important, but expressing that you understand them is not (deKemp, Overbeek, de Wied, Engels & Scholte, 2007).

2. Emotional empathy, The concept of emotional empathy refers to the ability of an individual to feel the emotions of others and respond appropriately to them (Wied, Branje & Meeus, 2007). In short, it is the ability of an individual to share the emotions of the person opposite them. With emotional empathy, the individual is able to understand the other person's emotion by feeling it and respond accordingly (Guttman and Laporte, 2000).

Research studies on the topics of forgiveness and empathy have found positive and significant relationships between the variables of forgiving others and empathic concern (Konstam, Chernoff & Deveney, 2011), forgiveness and emotional empathy (Macaskill, Maltby & Day, 2002; Toussaint & Webb, 2005; Turnage, Hong, Stevenson & Edwards, 2012), and levels of forgiveness and levels of empathy (Hodgson & Wertheim, 2007; Worthington, Kurusu, Collins & Berry, 2000).

Studies have revealed a meaningful correlation between forgiveness and individuals' psychological well-being. Psychological symptoms denote a malfunction in an individual's psychological functioning, resulting in the manifestation of symptoms indicative of a psychological disorder. These symptoms include:

1. Somatization (physical ailments); a disorder characterized by physical complaints that cannot be explained by physical health issues and a behavior of seeking excessive medical attention (Martin, Singleton & Hiller-Sturmhöfel, 2007; Rief, Hiller & Margraf, 1998).

2. Negative self-perception; a perception of oneself as inferior when compared to others (Derogatis & Cleary, 1997).

3. Depression, a syndrome characterized by sorrow and accompanying feelings of despair; feelings of worthlessness, weakness, pessimism and insignificance; and a slowing of cognitive, motor, speech and physiological functions (Öztürk, 2004).

4. Anxiety, a general term for the concern of an individual regarding a potential danger in the future (Butcher, Mineka & Hooley, 2013).

5. Hostility (anger-hostility), an attitude characterized by a dislike for others and an evaluation of those disliked in a negative manner. The concept of hostility encompasses anger

and is effective on aggressive behaviors aimed at causing direct harm to others (Balkaya & řahin, 2003).

Individuals with high levels of forgiveness possess high levels of psychological well-being (ardak, 2012; Thompson et al., 2005). Researchers have found that individuals with low levels of forgiveness have a higher likelihood of experiencing psychological disturbances such as depression (Friedberg et al., 2009; Lin et al., 2004; Tse and Cheng, 2006;; Shateri et al., 2016), anxiety (ardak, 2012; Friedberg et al., 2009; Lin et al., 2004; Tse & Cheng, 2006), paranoid personality disorder (Tse & Cheng, 2006) and anger (Lin et al., 2004). Some studies have found a positive and meaningful correlation between self-forgiveness and psychological well-being (Eraslan apan & Arıciođlu, 2014), psychological well-being (Thompson et al., 2005), mental and psychological health (Avery, 2008); and a negative and meaningful correlation between self-forgiveness and depressive symptoms (Hirsch et al., 2011; Ellis, 2014; Liao & Wei, 2015; Maltby et al., 2001; Thompson et al., 2005), anxiety (Maltby et al., 2001; Thompson et al., 2005) and anger (Thompson et al., 2005). Additionally, research has yielded results indicating a positive and meaningful correlation between an individual's level of forgiving others and their spiritual health (Akın et al., 2012), psychological well-being (Eraslan apan & Arıciođlu, 2014) and level of psychological well-being (Bono et al., 2008; Thompson et al., 2005); as well as a positive and meaningful correlation between an individual's level of forgiving situations and their spiritual health (Akın et al., 2012), psychological well-being (Eraslan apan & Arıciođlu, 2014) and level of psychological well-being (Thompson et al., 2005).

Individuals exposed to various harmful behaviors in their daily lives, who cannot refrain from blaming themselves or others for the adversity they experience, may find it challenging to adapt to social life. In the workplace, family life, and other diverse social environments, interpersonal relationships and communication are of great importance. One of the significant factors in maintaining interpersonal relationships is the presence of forgiveness. In the process of psychological counseling, working on forgiveness can be beneficial for clients who have been exposed to harmful behaviors. Within this context, clients can increase their awareness of their current situation, their emotions, and their thoughts; they can contemplate the experience of forgiveness and choose to either forgive or not forgive. In addition, it is expected that psychologists, in order to work more effectively on forgiveness in the psychological counseling process, have resolved their own issues related to their forgiveness experiences. Therefore, enhancing the knowledge of prospective psychological counselors on the concept of forgiveness and facilitating their awareness of their emotions and thoughts in this regard are deemed important.

When reviewing the relevant literature, it is observed that individuals' levels of forgiveness are associated with a wide range of variables in the field of psychology, such as their perspectives on life, depression, suicidal thoughts, anger, shame, resentment, rumination, subjective well-being, self-esteem, psychological resilience, self-awareness, self-respect, and empathy (Alpay, 2009; Lawler-Row & Piferi, 2006; Strelan, 2006; Ysseldyk et al., 2007). However, no study has been found that examines the mediating role of empathy in the relationship between individuals' levels of forgiveness and psychological symptoms. Therefore, it is believed that this study can serve as a model for future research in this area.

The main objective of this study is to examine the mediating role of empathy in the relationship between the levels of forgiveness and the levels of psychological symptoms among prospective psychological counselors. In line with these objective, the hypothesis of the research has been established as follows: "There is a mediating role of empathy in the relationship between psychological symptoms and forgiveness.

2. Method

2.1. Participants

The participants of the study consisted of undergraduate students in the Department of Guidance and Psychological Counseling at Mehmet Akif Ersoy University, Dokuz Eylül University, and Necmettin Erbakan University. The sample comprised of 424 (72.7%) female and 159 (27.3%) male participants. The distribution of the participants according to their class level was as follows: 213 (36.5%) first-year students, 158 (27.1%) second-year students, and 212 (36.4%) third-year students. Fourth-year students who were preparing for the Public Personnel Selection Exam (KPSS) were not included in the study as they did not participate voluntarily.

2.2. Data Collection Tools

In the research, a personal information form and the Heartland Forgiveness Scale (HAÖ) were employed as data collection tools to ascertain the forgiveness levels of psychological counseling candidates. The Short Symptom Inventory (KSE) was utilized to gauge the psychological symptoms of students. Lastly, the Basic Empathy Scale was employed to measure the students' capacity for empathy.

2.2.1. Personal Information Form.

A personal information form was crafted by the researcher in alignment with the aims of this study. The personal information form includes information such as the participants' genders, ages, and academic levels.

2.2.2. Heartland Forgiveness Scale.

The Heartland Forgiveness Scale, developed by Thompson et al. (2005) to measure individuals' proclivity towards forgiveness, comprises 18 items and is a seven-point Likert-type scale. The original form of the scale consists of three sub-dimensions: self-forgiveness, forgiveness of others, and forgiveness of situations. Each sub-dimension of the scale comprises six items. In their scale development study, Thompson et al. (2005) examined the reliability of the scale. The test-retest coefficients for the self-forgiveness sub-dimension, forgiveness of others sub-dimension, forgiveness of situations sub-dimension, and total score were calculated to be .83, .72, .73 and .77 respectively.

The adaptation of the scale to Turkish culture was undertaken by Bugay & Demir (2010). According to the data obtained in the study, the Cronbach's alpha coefficient for self-forgiveness sub-dimension, forgiveness of others sub-dimension, forgiveness of situations sub-dimension, and total forgiveness score was found to be .64, .79, .76, and .81 respectively. Bugay & Demir (2010) conducted an Exploratory and Confirmatory Factor Analysis with the aim of investigating the appropriateness of the original three-factor structure of the scale for the sample selected from Turkish culture, and the results of the study indicated that the fit indices were at an acceptable level (GFI = .92, AGFI = .90, RMSEA = .06).

In this research, the Cronbach's Alpha coefficient for the scale was found to be .77. The Cronbach's Alpha coefficient for the self-forgiveness subscale was .70, for the forgiveness of others subscale it was .75, and for the forgiveness of the situation subscale it was 0.69.

2.2.3. The Short Symptom Inventory.

The Short Symptom Inventory (SSI) was developed by Derogatis (1992) as the shortened form of the SCL-90. The scale comprises of a total of 53 items, each valued on a 0-4 range, with options of "not at all" and "very much." Each item is evaluated according to a five-point Likert

scale. The SSI is a multidimensional screening tool developed to uncover psychological symptoms that may be present in individuals (Şahin, Batıgün & Uğurtaş, 2002).

The Short Symptom Inventory (SSI) is a multidimensional screening tool developed by Derogatis (1992) to identify various psychological symptoms. The instrument comprises of a total of 53 items that are rated on a five-point Likert scale, using options such as "not at all" and "extremely." The adaptation of the SSI for the Turkish culture in adult form was carried out by Şahin & Durak (1994), while the adaptation for adolescents was performed by Şahin et al. (2002). Both of these adaptations have demonstrated high levels of validity and reliability. Additionally, Şahin & Durak (1994) found that the internal consistency coefficient for the sub-dimensions of the SSI adapted for adults in the Turkish culture ranged from .71 to .85, and Şahin et al. (2002) found that the internal consistency coefficient for the sub-dimensions of the SSI adapted for adolescents in the Turkish culture ranged from .70 to .88. Results from factor analysis indicate that the SSI has five sub-factors, namely somatization, depression, negative self-concept, anxiety, and hostility (anger and aggression). High scores on the SSI indicate a frequent occurrence of psychological symptoms (Şahin et al., 2002).

In this research, the Cronbach's Alpha coefficient for the scale was found to be .95. The Cronbach's Alpha coefficient for the anxiety subscale was 0.84, for the depression subscale it was .88, for the negative self-perception subscale it was .85, for the somatization subscale it was .83, and for the hostility subscale it was .69.

2.2.4. The Basic Empathy Scale.

The Basic Empathy Scale, developed by Jolliffe & Farrington (2006), was adapted for Turkish culture by Topcu, Erdur-Baker & Capa-Aydin (2010). The scale is utilized to determine individuals' level of empathy, consisting of a five-point Likert-type format and comprising a total of 20 items. The results of the study revealed that the Cronbach's alpha coefficients calculated for reliability were at an adequate level (ranging between .76-.80). The scale has two sub-scales, namely Emotional Empathy and Cognitive Empathy. The correlation coefficients between the sub-scales range between .21-.37 (Topcu et al., 2010). The study's results also indicated that the compatibility indexes revealed sufficient conformity (GFI = .88, AGFI = .84, and RMSEA = .07).

In this research, the Cronbach's Alpha coefficient for the scale was found to be .84. The Cronbach's Alpha coefficient for the cognitive empathy subscale was .83, and for the emotional empathy subscale, it was .74.

2.3. Data Collection

The data collection process for this study was conducted during the fall semester of the 2017-2018 academic year. Ethics committee permission and the necessary permissions from the relevant universities were obtained before the data was collected. Participants were informed of the purpose, voluntary nature, and confidentiality principles of the research prior to their participation. Only those who willingly consented to participate were included in the study. The scales were administered by the researcher in a group setting, with the support of the classroom instructor, and were completed by each group in approximately 30 minutes.

2.4. Analysis of Data

The data analysis process in this study utilized SPSS 21.0 and AMOS 22.0 software programs. The distribution of participants by gender was displayed through frequency and percentage in descriptive statistics tables, along with the mean, standard deviation, and skewness values for the scale and sub-dimensions. The skewness coefficient was used to test the normality of the scale, dimension, and item scores. It is interpreted that when the skewness coefficient, which is commonly used to assess the normal distribution property of scores obtained from a

continuous variable, falls within the ± 1 limits, it indicates that the scores do not display significant deviation from a normal distribution (Büyüköztürk, 2011, p. 40).

In the reliability and validity analysis of the scales, confirmatory factor analysis and item analysis (item-total correlation and Cronbach Alpha) were conducted in order to test the construct validity. In confirmatory factor analysis and structural equation models, the evaluation of model fit employed various fit indices such as the ratio of chi-square (X^2) to degrees of freedom (X^2/df), the statistical significance of the estimated individual parameter estimates (t-value), the residual-based (SRMR, GFI), the model-based (NFI, NNFI, CFI) and the approximate error of the mean square root (RMSEA) (Çokluk, Şekercioğlu & Büyüköztürk, 2010, p. 26; Bayram, 2010, p. 72).

The theoretical model of the research can also be defined as the indirect effect of the independent variable on the dependent variable through the mediating variable, as outlined in Hypothesis H3 (which will also be referred to as H4) in Figure 1 (Çokluk et al., 2010; Bayram, 2010). The inclusion of the mediating variable reveals not only the direct effect of the independent variable on the dependent variable, but also the indirect effect stemming from the mediating variable. Additionally, the variance change brought about by the indirect effect can be evaluated (Meydan & Şeşen, 2011). The statistical significance of the obtained indirect effect is obtained using the Sobel test statistic (<http://www.danielsoper.com/statcalc3/calc.aspx?id=31>).

3. Findings

An examination of the 583 psychological counselor candidates who participated in the study revealed that 28.8% were matriculated students at Dokuz Eylül University, 26.9% at Mehmet Akif Ersoy University, and 44.3% at Necmettin Erbakan University.

3.1. Dissemination of Psychological Counselor Candidates by Demographic Characteristics

As depicted in Table 1, the majority of counselor candidates, at 72.7%, are of the female persuasion, while 27.3% are male. With regards to age, 19.4% of the psychological counselor candidates are 18 years of age, 32.1% are 19 years of age, 30.2% are 20 years of age, and 18.4% are 21 years of age. Additionally, a breakdown of the candidates by academic standing reveals that 36.5% are first-year students, 27.1% are second-year students, and 36.4% are third-year students.

Table 1. Distribution of demographic characteristics of counseling candidate based on psychological symptoms.

Demographic Characteristics	Gruplar	n	%
Gender	Female	424	72.7
	Male	159	27.3
Age	18	113	19.4
	19	187	32.1
	20	176	30.2
	21	107	18.4
Class	First Class	213	36.5
	Second class	158	27.1
	Third Year	212	36.4

3.2. Characteristic Analysis of Variables

The characteristic analysis of the independent and dependent variables of the study are presented in Table 2.

Table 2. Descriptive Statistics of the Variables

Scale and Subscales	Item Count	N	Average	SD	Skewness
Cognitive Empathy	9	583	35.93	4.51	-1.03
Emotional Empathy	6	583	23.75	3.73	-.77
Total Empathy	15	583	59.68	7.00	-.88
Anxiety	9	583	17.58	6.73	.91
Depression	10	583	23.88	8.91	.47
Negative Self-Perception	9	583	17.61	7.09	.88
Somatization	8	583	13.85	5.81	1.28
Hostility	5	583	11.65	3.91	.40
Self-Forgiveness	3	583	12.24	4.06	.04
Forgiveness of Others	4	583	21.01	5.90	-.21
Forgiveness of Circumstances	4	583	16.95	4.59	.02
Total Forgiveness	11	583	50.20	10.61	.08

As depicted in Table 2, the results of the characteristic analysis of the variables are enumerated as follows:

1.The mean of the cognitive empathy sub-dimension scores as measured by the Basic Empathy Scale is 35.93, with a standard deviation of 4.51 and a skewness of -1.03. The mean of the emotional empathy sub-dimension scores as measured by the Basic Empathy Scale is 23.75, with a standard deviation of 3.73 and a skewness of -.77. The mean of the overall scores as measured by the Basic Empathy Scale was 59.68, with a standard deviation of 7.0 and a skewness of -0.88.

2.The mean of the anxiety sub-dimension scores as measured by the Brief Symptom Inventory is 17.58, with a standard deviation of 6.73 and a skewness of .91. The mean of the depression sub-dimension scores as measured by the Brief Symptom Inventory is 23.88, with a standard deviation of 8.91 and a skewness of .47. The mean of the negative self-perception sub-dimension scores as measured by the Brief Symptom Inventory is 17.61, with a standard deviation of 7.09 and a skewness of .88. The mean of the somatization sub-dimension scores as measured by the Brief Symptom Inventory is 13.85, with a standard deviation of 5.81 and a skewness of 1.28. The mean of the hostility sub-dimension scores as measured by the Brief Symptom Inventory is 11.65, with a standard deviation of 3.91 and a skewness of .40.

3.The mean of the self-forgiveness sub-dimension scores as measured by the Heartland Forgiveness Scale is 12.24, with a standard deviation of 4.06 and a skewness of .04. The mean of the forgiveness of others sub-dimension scores as measured by the Heartland Forgiveness Scale is 21.01, with a standard deviation of 5.9 and a skewness of -.21. The mean of the state forgiveness sub-dimension scores as measured by the Heartland Forgiveness Scale is 16.95, with a standard deviation of 4.59 and a skewness of .02. The mean of the total scores as measured by the Heartland Forgiveness Scale is 52.2, with a standard deviation of 10.61 and a skewness of .08.

3.3. The confirmatory factor analysis yielded the following results

The results of the confirmatory factor analysis conducted on the Basic Empathy Scale indicate that the model fit indices were not at an acceptable level when utilizing the original

structure of the scale, comprising 20 items and two dimensions. However, after removing items with a factor load of less than .40 and re-analyzing the scale, it was determined that the scale had 15 items and a two-factor structure. The model fit indices were found to be good to very good, with low error variances (ranging between .11 and .12). The factor loads were found to be in the range of .45 to .65, and the t-values were significant at the level of .01. Additionally, the Cronbach Alpha coefficient of the scale was found to be .84, with sub-dimension coefficients of .83 and .74. The item-total correlation for all items in the scale was found to be higher than .20, with a range between .28 and .46.

The results of the Brief Symptom Inventory DFA yielded less than satisfactory model fit indices upon examination of the item-factor relationship in accordance with the original structure of the scale, which consisted of 53 items and five dimensions. Upon further analysis, it was determined that certain items were not adequately contributing to the scale and were subsequently removed. Upon re-examination, it was found that a five-factor structure comprising of 41 items was suitable. The model fit indices were deemed acceptable and the error variances were determined to be low, ranging from .08 to .35. The factor loads were found to be between .41 and .84 and the t-values were found to be statistically significant at the .01 level. The item analysis also revealed that the Cronbach Alpha coefficient of the scale was .95, with sub-dimension coefficients ranging from .84 to .69. Additionally, the item-total correlation for all items on the scale was found to be higher than .30, with a range between .39 and .71. In conclusion, the Brief Symptom Inventory is a reliable and valid scale with 41 items and five sub-dimensions.

The Heartland Forgiveness Scale DFA Results revealed a less-than-satisfactory outcome from the confirmatory factor analysis conducted to establish the item-factor relationship in accordance with the scale's original structure (comprising 18 items and three dimensions). As a result of the low factor load of items (below .40), several of these items were gradually removed and the analysis was repeated, yielding the following conclusions:

The Heartland Forgiveness Scale confirmatory factor analysis results determined the appropriateness of a three-factor structure with 12 items. The model fit indices were deemed acceptable and good, with low error variances (ranging between .08 and .35). The factor loads were within the range of .41 to .84, with significant t-values at the level of .01.

The item analysis further revealed that the Cronbach Alpha coefficient of the entire scale was .77, with sub-dimension coefficients ranging between .70 and .75, and .69. The item-total correlation was found to be higher than .20 (ranging between .28 and .56) for all items within the scale.

In light of these findings, it can be deduced that the Heartland Forgiveness Scale is a reliable and valid instrument, boasting 12 items and three sub-dimensions.

3.4. Results of Testing Research Models

The Outcome of Testing Research Models indicated that the independent variable in the study was psychological symptoms, with forgiveness serving as the dependent variable and empathy serving as the mediating variable (as depicted in Figure 1).

Figure 1. Research Model.

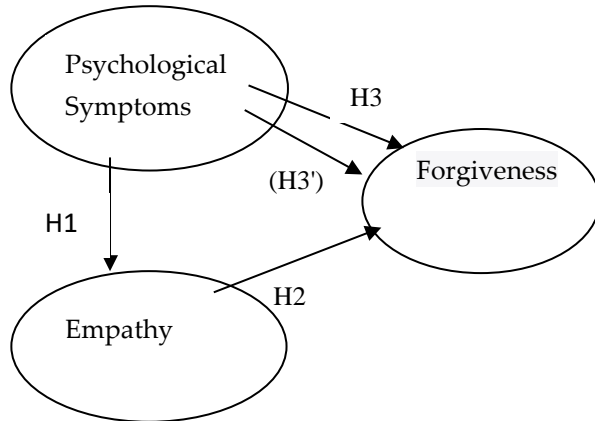


Table 3 presents the results of the path analysis in regards to the research model under investigation.

Table 3. Outcome of the Study Model

Independent Variable	Path	Dependent Variable	H	Direct Effect		Indirect Effect			
				B (SE)	R ²	Mediating Variable	Effect size	SBT	R ² _{EB}
Psychological Symptoms	→	Empathy	H1	.01 (.05)	.00				
Empathy	→	Forgiveness	H2	.03 (.03)	.00				
Psychological Symptoms	→	Forgiveness	H3	-.66** (.06)	.43				
Psychological Symptoms	→	Forgiveness	H4 (H3')			Empati	.00	.08	.00

X²/sd: 5.20 RMSEA: .08 SRMR: .07 GFI: .94 NFI: .93 NNFI: .92 CFI: .94

SBT: Sobel Test Statistic

*: $p < .05$

** : $p < .01$

The Rejection of Hypothesis 1: The results showed that psychological symptoms had no significant effect on empathy ($\beta = .01$; $p > .05$), and the psychological symptoms variable failed to account for the variance in the empathy variable ($R^2 = .00$).

The Rejection of Hypothesis 2: The results indicated that empathy had no significant effect on forgiveness ($\beta = .03$; $p > .05$), and the empathy variable failed to account for the variance in the forgiveness variable ($R^2 = .00$).

The Acceptance of Hypothesis 3: The results revealed that psychological symptoms had a negative and significant impact on forgiveness ($\beta = -.66$; $p < .05$), and the psychological symptoms variable accounted for approximately 43% of the variance in the forgiveness variable ($R^2 = .43$).

The Rejection of Hypothesis 4 (Hypothesis 3'): The results indicated that empathy did not have a mediating effect on the relationship between psychological symptoms and forgiveness ($EB = .00$; $SBT = .08$; $p > .05$). The indirect impact of psychological symptoms on forgiveness (through empathy) was at the level of .00 and was statistically insignificant.

Discussion

Upon examination of the results regarding the assessment of the study's model, it was established that the psychological symptoms had a discernible and negative impact on the level of forgiveness. Conversely, the psychological symptoms of prospective counselors were found to have no significant effect on their capacity for empathy. Moreover, the empathy levels of prospective counselors were found to have no bearing on the level of forgiveness. An evaluation of the mediation test revealed that empathy failed to play a mediating role in the correlation between psychological symptoms and forgiveness.

When examining the literature regarding the assessment of the negative and statistically significant impact of psychological symptoms obtained in this study on forgiveness, it is observed that similar results have been obtained in previous studies. In a study conducted by Akın et al. (2012), a positive and significant relationship was found between mental health and the level of forgiveness. Furthermore, forgiveness has been shown to increase psychological well-being (Çardak, 2012), reduce levels of anxiety, depression, and anger in individuals (Lin et al., 2004; Thompson et al., 2005; Friedberg et al., 2009; Çardak, 2012), and there is a negative and significant relationship between self-forgiveness and depression (Hirsch et al., 2011; Ellis, 2014; Liao and Wei, 2015).

The conclusion that the psychological symptoms obtained in this study have a significant impact on forgiveness is consistent with the literature. These findings are considered important for understanding the influence of psychological symptoms on the levels of forgiveness in prospective psychological counseling candidates. Identifying psychological symptoms and addressing psychological assistance needs may be beneficial in interventions aimed at increasing the levels of forgiveness in psychological counseling candidates.

When examining the literature regarding the conclusion that there is no significant effect of psychological symptoms of psychological counseling candidates on their levels of empathy, it is evident that studies in this area have primarily focused on and established the relationship between psychological symptoms and empathy (Bebek, 2012; Rehber, 2007; Kurt et al., 2011; Schreiter et al., 2013). Investigating the impact of psychological symptoms of psychological counseling candidates on their levels of empathy is believed to make a valuable contribution to the enhancement of empathy levels among these candidates.

One of the most crucial factors influencing the psychological counseling process is the empathic ability of the psychological counselor. Psychological counselors with high levels of empathy in the counseling process can accurately comprehend the emotions, thoughts, and experiences of their clients and respond appropriately. As a result, clients' levels of awareness can increase, and they can benefit more effectively from the process (Yıldırım, 1992). Therefore, it is necessary to focus on the variables that negatively affect the levels of empathy in the training processes of psychological counseling candidates and conduct studies aimed at enhancing their empathic skills.

Furthermore, this study yielded the result that empathy does not have a significant impact on forgiveness. However, upon reviewing the literature, studies indicating that empathy is a necessary component for forgiveness to occur are evident (Freedman and Enright, 1996; McCullough et al., 1998; Worthington, 2006; Gündüz, 2014). Additionally, it has been noted that individuals' levels of forgiveness are linked to the level of empathy they establish with those who have harmed them (Worthington et al.,

2000), a positive and significant relationship exists between empathic concern and forgiveness (Konstam et al., 2001), and empathy directly and positively influences an individual's capacity to forgive (Hodgson and Wertheim, 2007).

In this study, the lack of a significant impact of psychological counseling candidates' empathy levels on forgiveness may be a result of the measurement tool used assessing empathy in a two-dimensional manner, stemming from the perspective that empathy is a multidimensional personality trait and ability. Therefore, it is thought that new studies are needed to develop measurement tools that can evaluate empathy as a multidimensional concept, both as a personality trait and ability, and as a counseling skill.

In the model test conducted to examine the mediating role of empathy in the relationship between psychological symptoms and forgiveness in the research, it was determined that empathy did not mediate the relationship. When reviewing the literature on this subject, it is observed that there are numerous studies that elucidate the relationship between individuals' levels of forgiveness and psychological symptoms (Akin et al., 2012; Çardak, 2012; Lin et al., 2004; Thompson et al., 2005; Friedberg et al., 2009; Shateri et al., 2016; Hirsch et al., 2011; Ellis, 2014; Liao and Wei, 2015). However, the conclusion that empathy does not play a mediating role in this relationship suggests that the relationship between forgiveness and psychological symptoms can be interpreted as a direct one.

In this study, based on the relationship between psychological symptoms and levels of forgiveness, the focus was on how the empathy levels of psychological counseling candidates, whether low or high, would influence this relationship. It was found that empathy was not the determining factor in this relationship. In light of these results, it is believed that in the training processes of psychological counseling candidates, attention should be directed towards examining and addressing psychological symptoms to enhance levels of forgiveness. Additionally, future studies aimed at identifying other mediating variables that may play a determining role in the relationship between psychological symptoms and forgiveness can contribute to a better understanding of this relationship.

Conclusion and Recommendations

In the examination of the mediating role of empathy in the correlation between psychological symptoms and forgiveness, it was determined that empathy did not act as a mediating factor. Literature review reveals numerous studies exploring the connection between individuals' capacity for forgiveness and their psychological symptoms (Akin et al., 2012; Çardak, 2012; Ellis, 2014; Friedberg et al., 2009; Hirsch et al., 2011; Liao & Wei, 2015; Lin et al., 2004; Thompson et al., 2005; Shateri et al., 2016). Despite these studies, the finding that empathy does not have a mediating role in this correlation suggests a direct relationship between forgiveness and psychological symptoms. This study focused on the impact of counselor candidates' levels of empathy on the relationship between psychological symptoms and forgiveness and discovered that empathy was not a significant determinant in this relationship. Based on these findings, it is posited that by focusing on the examination and treatment of psychological symptoms in counselor training, levels of forgiveness can be enhanced. Furthermore, the identification of other key variables in the relationship between psychological symptoms and forgiveness could deepen our understanding of this relationship. Indeed, conducting studies to examine the levels of forgiveness among psychologically distressed counseling candidates and implementing interventions aimed at increasing their forgiveness levels can be highly beneficial. Researchers interested in studying forgiveness, psychological symptoms, and empathy concepts can indeed

replicate this study with different samples, such as university students from other institutions or students from different academic disciplines within universities, as well as with various age groups. This approach would allow for the exploration of potential variations or generalizability of findings across diverse populations, contributing to a broader understanding of the relationships among these variables.

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No: toplantı no: 2018/1

Karar no: GO 2018/10

ARAřTIRMACILARIN MAKALEYE KATKI ORANI BEYANI

1. yazar katkı oranı : %50

2. yazar katkı oranı : %50