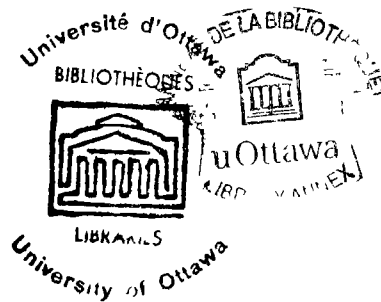


A COMPARISON OF THREE TRAINING APPROACHES, AUDIO-TRAINING,
ROLE-PLAYING, AND MICRO-TRAINING, IN THE COMMUNICATION
OF EMPATHIC UNDERSTANDING, ON SELF-EXPLORATION AND
PERCEIVED EMPATHY

by Walter J. Leckett

Thesis presented to the School of
Graduate Studies of the University
of Ottawa as partial fulfillment
of the requirements for the degree
of Doctor of Philosophy



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CURRICULUM STUDIORUM

Walter J. Leckett was born on July 16, 1946, in Winnipeg, Manitoba. He received the Bachelor of Arts degree in Psychology from the University of Manitoba in 1967. He received the Master of Arts degree in Clinical-Counseling Psychology from the University of Ottawa, Ottawa, Ontario, in 1974. The title of his thesis was The Effect of Pupil Size on Recognition Thresholds for Neutral and Taboo Word Stimuli.

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INTRODUCTION

Over the past twenty years, there has been a great deal of interest in determining what facilitative conditions are important in a therapeutic relationship. Extensive research in the areas of counseling and therapy have illustrated the particular influence of conditions such as empathic understanding, unconditional positive regard, warmth, respect and genuineness. Of these conditions, empathic understanding has been one condition that has been the most objectively studied and consistently shown to be related to successful client outcome. Not only has empathy been discovered to be very relevant to a therapeutic relationship, it has also been shown that it is one facilitative condition which can be trained for. Trainees can be trained to become both effective discriminators and communicators of empathic understanding. Although traditional didactic training programs attempted to train neophyte counselors to effectively help and understand their clients, they certainly proved inadequate to such a task in many instances. It was only when training programs evolved that began to integrate both didactic and experiential elements in training, as well as to provide a more systematic approach to training, that skills such as empathy started to be effectively trained for. Practice in the use of a particular skill such as empathy, in real interpersonal situations

became a very important aspect in the learning process. Many other training methods subsequently evolved which employed the use of more sophisticated training techniques incorporating principles and methods of social learning, modeling, reinforcement, video-tape feedback, and learning by practicing more simplified, well-defined, discrete skills.

As another research in the area of further development of effective training methods, the present thesis is interested in comparing the effectiveness of specific training methods in enhancing level of helper empathic understanding in an interpersonal relationship. The problem of comparing the effectiveness of different approaches to systematic empathy training has already begun to be explored.¹ The findings so far have indicated that role-playing, as a specific training technique, can be an effective method for increasing the level of empathic functioning of a helper in a standard interview situation. However, there still have been relatively few attempts to compare the effectiveness of other different training approaches with each other. One research project, not yet completed, is now investigating the effectiveness of another training approach, micro-training, compared to

¹ Donald Boulet, A Comparison of Two Training Approaches, Role-Playing and Audio-Training, on the Communication of Empathic Understanding, Unpublished Doctoral Dissertation, University of Ottawa, Ottawa, 1975, x-160 p.

role-playing and audio-training, as an approach to training for empathic understanding.²

In the research that has compared the effectiveness of different training methods in training for communication of empathy, the major assessment criterion has been the helper's level of empathic functioning in a standard interview. It is suggested that since the objective of any particular training method should be to eventually have an impact on the helpee or client, assessing the differential effectiveness of specific training methods should also consider the measurement of their effects on the helpee. The objective of the present research is thus to consider the effect differential training methods may ultimately have on the helpee. The purpose of this research was, therefore, to compare the effectiveness of three different training approaches for the communication of empathic understanding, in order to determine which approach(es) might be more effective, not only on the helper's objectively rated level of empathy or his perceived empathy, but also on the helpee's level of self-exploration and perceived empathy. Using both the helper and helpee in assessing the differential

² The present thesis is one part of a joint research project conducted by Donald Boulet, Gilles Boulais, and Walter Leckett, with each of the three authors submitting a separate doctoral dissertation. The project investigating the use of micro-training as a training method is by Gilles Boulais.

effectiveness of different training methods, the following questions are posed: What is the ultimate effect of the training methods on the client or helpee? More specifically, will different training methods such as role-playing, micro-training, or audio-training, be more or less effective in training helpers in the communication of empathic understanding using both the helper and helpee as criteria to assess their relative effectiveness?

In examining the effects different training methods for the communication of empathic understanding have on the helper's level of functioning, the helpee's level of self-exploration, and perceived empathy, the present research hopes to clarify the ultimate effect such methods can have on the helpee. Perhaps it cannot be assumed that helpers who are differentially trained in empathic understanding will also engage their helpees in self-exploration or that their helpees will perceive them as being understanding. Such an assumption may not be warranted and is in need of investigation.

To examine the problems presented, the first chapter presents a review of the literature, which focuses on different training methods, evidence for their effectiveness, and development of the problem. The second chapter describes the experimental design, including the sample, treatment groups,

instrumentation and procedures, training and rating procedures, and finally a statement of the hypotheses. The results, statistical analysis, discussion of the results, and suggestions for future research are presented in chapter three. Following is a final summary of the results and conclusions.

CHAPTER I

REVIEW OF THE LITERATURE

1. Empathic Understanding and Traditional Training Methods.

The concept of empathy has been defined in different ways by different authors and schools of psychotherapy. In some instances the emphasis has been placed on knowing the client emotionally through sharing and experiencing the feelings of the other person, while in other instances the emphasis is on a form of intellectual identification that the counselor has with the client. In either case the identification with the client is temporary and entails some degree of objectivity on the part of the counselor. Different phases of empathy have also been distinguished. For example, Fox and Goldin¹ have described the three phases of empathy as (1) experiencing the client's feelings and temporary identification; (2) a critical scrutiny of these feelings, that is, a testing of the feeling against the reality of the counselor's knowledge of the client--in this phase the counselor maintains his position as an objective observer; and (3) communicating

¹ R. Fox and P. Goldin, "The Empathic Process in Psychotherapy: A Survey of Theory and Research," Journal of Nervous and Mental Diseases, Vol. 18, No. 4, 1964, p. 323-331.

to the client the feelings as experienced. Kagan² has also distinguished three similar components that are (1) perception of the client's feelings; (2) interpretation to oneself what the client's feelings are; and (3) communication of this interpretation back to the client.

Rogers'³ concept of empathy is essentially similar to the previous two descriptions. He views empathy first, as the ability of the counselor to assume the "internal frame of reference" of the client and thus sense or feel what the client is feeling and experiencing. This aspect of empathy has an "as if" quality, meaning the counselor assumes the client's internal reference "as if" it were his own, but in reality it is not, and he is able still to maintain his own objective identification separately from the client. Secondly, the counselor must be able to communicate his understanding of the client's frame of reference to his client. A very recent view of empathy has been provided by

2 Norman Kagan et al., Studies in Human Interaction, Educational Publication Services: Michigan State University, Lansing, Mich., in Terry V. Lesh, "Zen Meditation and the Development of Empathy in Counselors," Journal of Humanistic Psychology, Vol. 10, No. 1, 1970, p. 41.

3 Carl Rogers, "The Necessary and Sufficient Conditions of Therapeutic Personality Change," Journal of Consulting Psychology, Vol. 21, No. 2, 1957, p. 95-103.

Wexler⁴ whose approach to empathy is based on a more cognitive approach to experiencing. Wexler uses the term "empathic responding" rather than empathy to emphasize that empathy consists of overt behaviours which are provided as responses to the client. The empathic response is not just a mere reflection of feelings, but it is rather,

[...] an attempt to organize and articulate the meaning of the information the client is processing. When it is optimal, an empathic response is a structure or group of structures that more fully captures, and better organizes, the meaning of the information in the field that the client is processing than had the structure(s) the client had generated himself.⁵

This definition suggests that the therapist acts much like an organizer of information being processed by the client and in a sense is a "surrogate information-processor" for the client. By more accurately and optimally organizing the information processed by the client, the therapist in his responding facilitates more optimal modes of experiencing in the client. Such a view of empathy thus incorporates more the cognitive and overt responding dimensions.

From these descriptions of empathy it can be discerned that there are at least two essential components

4 David A. Wexler, "A Cognitive Theory of Experiencing, Self-Actualization, and Therapeutic Process," in David A. Wexler and Laura North Rice (Eds.), Innovations in Client-Centered Therapy, New York, Wiley, 1974, p. 49-116.

5 Ibid., p. 97.

involved in empathic understanding. These involve both (1) the ability to perceive, sense, feel, or identify with the feelings of the client while maintaining an objective stance and achieving only a temporary identification with the client "as if" the counselor were him, and (2) the communication through an accurate responding to the client's feelings and experiences. Truax and Mitchell⁶ provide a definition of therapist accurate empathy that includes both these components. They state that:

Accurate empathic understanding involves the ability to perceive and communicate accurately and with sensitivity both the feelings and experiences of another person and their meaning and significance. Through a process of trial identification, we step into the other person's shoes and view his world from his emotional and perceptual vantage point.⁷

Carkhuff⁸ has likewise distinguished the two aspects of empathic understanding, namely, (1) discrimination and (2) communication. Empathy is seen as involving the ability to perceive accurately the client's feelings and to communicate this understanding to the client. He defines it as:

6 Charles B. Truax and Kevin B. Mitchell, "Research on Certain Therapist Interpersonal Skills in Relation to Process and Outcome," in Allen E. Bergin and Sol L. Garfield (Eds.), Handbook of Psychotherapy and Behavior Change: An Empirical Analysis, New York, Wiley, 1971, p. 299-344.

7 Ibid., p. 317.

8 Robert R. Carkhuff, The Development of Human Resources, New York, Holt, Rinehart & Winston, 1971, xviii-422 p.

[...] the ability to recognize, sense, and understand the feelings that another person has associated with his behavioral and verbal expressions and to accurately communicate this understanding to him.⁹

It is this definition by Carkhuff that will be adopted for the purposes of this research.

Assuming that empathic understanding involves both the ability to perceive and communicate to the client what he is feeling, the question arises how do persons acquire this ability to become empathic? Is it merely an inherent skill or can it be developed through training? There exists research evidence to suggest that such a skill as empathic understanding can be taught through training experiences.^{10,11} In addition such training seems to capitalize on earlier developmental and formative experiences that contribute to the learning of a skill such as empathic understanding.¹² How, then, is empathic understanding taught and what methods have been effective in the teaching of this skill?

9 Ibid., p. 266.

10 Robert R. Carkhuff and Charles B. Truax, "Training in Counseling and Psychotherapy: An Evaluation of an Integrated Didactic and Experiential Approach," Journal of Consulting Psychology, Vol. 29, No. 4, 1965a, p. 333-336.

11 Charles B. Truax and Robert R. Carkhuff, Toward Effective Counseling and Psychotherapy, Chicago, Aldine Press, 1967, xiv-416 p.

12 Truax and Mitchell, op. cit., p. 299-344.

Many current traditional therapeutic training programs emphasize the development of abstract, intellectual, and conceptual abilities at the expense of helping students acquire specific helping skills important for facilitating client self-exploration and change. Such programs have stressed intellectual learning as opposed to experiential and practical learning. Some studies which have attempted to evaluate the effectiveness of such programs have illustrated the inadequacies in training students in important interviewer and therapeutic skills. Bergin and Solomon¹³ studied the level of accurate empathy in tape-recorded therapy sessions of eighteen post-internship students from a major clinical psychology program approved by the American Psychological Association (A.P.A.). The findings indicated that there was a correlation between rated empathy and client outcome, but more interestingly, it was found that the level of accurate empathy correlated $-.17$ with the students' practicum grades and $-.16$ with their academic grades suggesting that the program had not effectively taught communication of accurate empathy.

13 A. E. Bergin and Sandra Solomon, "Personality and Performance Correlations of Graduate Training," American Psychologist, Vol. 18, July 1963, p. 393.

Melloh¹⁴ also studied the level of accurate empathy in tape-recorded sessions of twenty-eight post-practicum counselor trainees, also in an A.P.A. approved program. Similar to the previous study by Bergin and Solomon, there was no relationship found between the students' level of accurate empathy and their grades received in their practicum. The correlation reported was $-.008$.

Carkhuff, Kratochvil, and Friel¹⁵ made a comparison of clinical and non-clinical first and fourth year graduate trainees on level of warmth, empathy, and genuineness. Although it was found that the first year clinical trainees rated higher on all measures than the first year non-clinical trainees, there were no differences between the two groups by the fourth year. These same researchers had clinical graduate students from another program conduct forty-five minute interviews in their first year and end of their second year. On the measures of accurate empathy, respect, and genuineness it was found that the clinical students had deteriorated in their functioning by the end of the second year.

14 R. A. Melloh, Accurate Empathy and Counselor Effectiveness, Unpublished doctoral dissertation, University of Florida, 1964.

15 Robert R. Carkhuff, D. Kratochvil, and T. Friel, "The Effect of Professional Training: The Communication and Discrimination of Facilitative Conditions," Journal of Counseling Psychology, Vol. 5, No. 1, 1968, p. 68-74.

Such studies challenge the effectiveness with which graduate training programs in clinical psychology are able to help students acquire skills considered to be important for psychotherapeutic functioning. These studies also suggest that programs which tend to evaluate effectiveness of their training in terms of grades are also ineffective in maintaining the level of functioning of students throughout and at the end of their programs.

Comparisons made between professional and lay counselors suggest that perhaps lay people can function as well as or better than professionals in terms of their effects on patients.¹⁶ The evidence as reviewed by Carkhuff¹⁷ indicated that clients can be helped most effectively by lay counselors in eliciting constructive change. Carkhuff¹⁸ explained these differences in functioning in terms of the types of training programs lay and professionals were exposed to. The professional programs were seen as having a multitude of objectives that did not prepare trainees to help others. Although graduate students were shown to be able to discriminate, they were not able to communicate. It was stated that:

16 Robert R. Carkhuff, "Differential Functioning of Lay and Professional Helpers," Journal of Counseling Psychology, Vol. 15, No. 2, 1968, p. 117-126.

17 -----, Helping and Human Relations, Vol. I, New York, Holt, Rinehart & Winston, 1969a, p. 82-84.

18 Ibid., p. 9-10.

While there is no evidence to relate discrimination to client change the direct implication is that the main effects of graduate training are related to the development of discriminators rather than communicators in a world that is in need of communicators.¹⁹

In contrast, lay programs tend to "prepare people to help other people." The programs are more homogeneous compared to heterogeneous professional programs, and prepare helpers for the helping role by teaching interpersonal skills didactically and experientially, enabling changes to occur in the trainee himself. In essence, a heavily weighted didactic-intellectual approach to training of important interpersonal skills such as empathy is not likely to be effective in producing high functioning counselors who can have a significant effect on their clients.

One study which emphasizes this last point is that by Carkhuff, Collingwood, and Renz.²⁰ The study employed a purely didactic training experience which focused exclusively upon discriminators of the dimensions of empathy, respect, concreteness, genuineness, and self-disclosure. Although the training did have an effect on discrimination, no significant differences in communication were obtained between

19 Ibid., p. 10.

20 Robert R. Carkhuff, Tom Collingwood, and Lauri Renz, "The Prediction of the Effects of Didactic Training in Discrimination," Journal of Clinical Psychology, Vol. 25, No. 4, 1969, p. 460-461.

pre- and post-training measures. The results as summarized by the authors

[...] indicate that an exclusively didactic training experience focusing exclusively on discrimination yields significant improvement in discrimination but very little generalization of learning to communication. The direct implication is that to effect differences in communication the training must emphasize a behavioristic approach providing practice in communication.²¹

Carkhuff²² has also reiterated recently that what one wishes trainees to learn must be taught explicitly and systematically. In particular, for low functioning trainees, there is evidence to indicate that they learn only what they are taught, making no generalizations.²³ Thus, training in discrimination alone will lead only to improvements in discrimination and does not transfer readily to functioning in the helping role.

As illustrated by these authors, if trainees are to be effective communicators of facilitative skills such as empathic understanding, they must be given opportunities to practice these skills. Carkhuff makes a similar statement regarding training when he states:

21 Ibid., p. 460.

22 Carkhuff, op. cit., 1971, xviii-422 p.

23 William A. Anthony and Robert R. Carkhuff, "Effects of Training on Rehabilitation Counselor Trainee Functioning," The Rehabilitation Counselor Bulletin, Vol. 13, June 1970, p. 333-342.

If one wants trainees to function effectively in the helping role they must be given plenty of practice in the helping role. If one wants trainees to learn to communicate effectively they must be given practice in communication.²⁴

It is thus through such practice that trainees can become effective communicators and also begin to integrate what they learn in theory with what they do in practice.

In summary, empathic understanding involves both understanding of another person's feelings and the communication of this understanding to him. Traditional didactic training programs have largely been ineffective in producing counselors who are high level communicators of such core conditions as empathy. Counselor trainees who are trained to discriminate improve in discrimination, but are not found to be good communicators. Practice in communication is essential for generalization to occur.

The following section will now describe some training models that have adopted new methods of training counselors.

2. New Training Models of Counselor Education.

A major difficulty with traditional models of counselor education has been the lack of a systematic approach

²⁴ Robert R. Carkhuff, "Critical Variables in Effective Counselor Training," Journal of Counseling Psychology, Vol. 16, No. 3, 1969b, p. 238-245.

to training that also promotes transfer of training. This state of counselor education has been well described by Shapiro and Gust in the following manner:

Until recently, most counselors in training have received the major portion of their education in a passive way, listening to and reading about counseling theories, methods, and techniques. Many have not seen a client until the last semester of their master's work. The experience has often been sporadic, specific to one type of client, and/or lacking in effective supervision. [...] This concern has led to an attempt to awaken the trainers of counselors to the necessity for revising old training methods.²⁵

The more current "models" of counselor education have been strongly criticized by Jakubowski-Spector, Dustin, and George²⁶ for the assumption that academic-intellectual material acquired through books, lectures, and papers, will somehow automatically transfer to the counseling situation. No matter how unsystematically presented the material is, it is assumed that transfer will occur. The inadequacy of using such a model to train effective counselors has also been challenged by Chenault,²⁷

25 J. L. Shapiro and Tim Gust, "Counselor Training for Facilitative Human Relationships," Counselor Education and Supervision, Vol. 13, No. 3, 1974, p. 198-199.

26 P. Jakubowski-Spector, R. Dustin, and R. L. George, "Toward Developing a Behavioral Counseling Education Model," Counselor Education and Supervision, Vol. 10, No. 1, 1971, p. 242-250.

27 J. Chenault, "A Proposed Model for a Humanistic Counselor Education Program," Counselor Education and Supervision, Vol. 8, 1968, p. 4-12.

Krumboltz,²⁸ and Woody.²⁹ In reference to such a training model, Jakubowski-Spector et al. have noted:

If we were to carefully examine our current counselor-education programs, we would discover that counselor education does not have a counselor education model. Instead our programs consist of a set of courses based on the recommendations of a professional group, the state certification requirements, and an unspecified notion of the material a counselling student should possess to enable him to function as a counselor. The program courses are not based on a counselor training program that is systematically employed throughout the entire course of the student's educational experiences.³⁰

As an alternative these same authors have presented a Behavioral Counselor Education Model that is systematically employed, facilitates transfer of training, and allows for individual differences. In the model the focus is on the trainee's thinking, feeling and acting behaviours which are linked with particular situations, are learned, and can be changed. The trainer or counselor educator is engaged in four major activities: (a) setting behavioural counseling goals; (b) planning transfer training programs; (c) serving as a model and providing specific models of behaviour; and (d) acting as an agent of reinforcement.³¹ Such a model

28 J. D. Krumboltz (Ed.), Revolution in Counseling, Boston, Houghton, Mifflin, 1966, xi-121 p.

29 R. H. Woody, "Psychobehavioral Therapy in the Schools: Implications for Counselor Education," Counselor Education and Supervision, Vol. 18, 1969, p. 258-265.

30 Jakubowski-Spector et al., op. cit., p. 242.

31 Ibid., p. 250.

provides for assessment and evaluation of the counselor training since specific behaviours are the targets of change and can be observed. Assessing the transfer of counseling skills also becomes a reality rather than an assumption.

Transfer of training has also been implemented in the use of a Structured Learning approach developed by Goldstein and Goedhart.³² This model combines the use of modeling + role-playing + social reinforcement in the training of potential paraprofessional therapists that enhances in vivo performance feedback as a means of encouraging transfer of training. Dalton, Sunblad, and Hylbert,³³ in applying the principles of Social Learning, that is, a modeled-learning experience, to training in communication of empathy, found a significant impact on the acquisition and transfer of this counseling behaviour.

Another approach to counselor education which emphasizes establishing behavioural objectives in terms of observable human performance is that of Winborn, Hinds, and

32 Arnold P. Goldstein and Arnold Goedhart, "The Use of Structured Learning for Empathy Enhancement in Paraprofessional Psychotherapist Training," Journal of Community Psychology, Vol. 1, No. 2, April 1973, p. 168-173.

33 Raymond F. Dalton, Lloyd M. Sunblad, and Kenneth W. Hylbert, "An Application of Principles of Social Learning to Training in Communication of Empathy," Journal of Counseling Psychology, Vol. 20, No. 4, 1973, p. 373-383.

Stewart.³⁴ By stressing behavioural objectives, the trainer can then systematically plan for instruction as well as measurement and evaluation. Criteria of performance can be established assessing what goals or outcomes were achieved.

The use of Systems Analysis has also been a recent approach to developing and evaluating counselor training models.³⁵ The systems approach largely emphasizes the functional relationship between parts of the system and the organization of such parts into a whole. The counselor trainer thus establishes specifiable goals, the components of the system needed to achieve the desired outcomes, and the organization of such components to reach the goals. Systems theory is seen as making a valuable contribution to evaluating counselor training.

Dissatisfied with the lack of relationship between achievement tests or personality inventories and trainee functioning in the actual counseling situation,

34 B. B. Winborn, W. C. Hinds, and N. R. Stewart, "Instructional Objectives for the Professional Preparation of Counselors," Counselor Education and Supervision, Vol. 10, 1971, p. 133-137.

35 C. E. Thoreson, "The Systems Approach and Counselor Education: Basic Features and Implications," Counselor Education and Supervision, Vol. 9, 1969, p. 3-17.

Blocher^{36,37} developed a theory of counselor education that incorporated the three instructional modes: didactic, experiential, and practical. A systematic and specific instructional program was then developed and its effectiveness was assessed by the criteria of counselor cognitive flexibility, perceptual sensitivity, and involvement with the client. The instrument used for measurement was the Counselor Interview Rating Scales (CIRS). The results of the evaluation suggested that a non-traditional program employing a didactic, experiential, and practical approach to counselor training could improve counselor behaviour during training as well as after training during a follow-up period. Such a model for training and evaluation proves to be a valuable alternative to more traditional-type models which only stress didactic modes of counselor training.

These previously cited models for counselor training and education have recognized the value of more systematic and integrated approaches to training which incorporates

36 Donald H. Blocher, "Counselor Education: Facilitating the Development of a Helping Person," in C. Parker (Ed.), Counseling Theories and Counselor Education, Boston, Houghton Mifflin, 1968, p. 133-144.

37 Donald H. Blocher and Patricia L. Wolleat, "Some Reactions to Zifferblatt and a Report of a Practical Attempt at the Development and Evaluation of a Counselor Education Model," Counseling Psychologist, New Directions in Training, Part II, Vol. 3, No. 4, 1971, p. 35-55.

dimensions of didactic and experiential learning, modeling, reinforcement of specific behaviours, and practice of the skills to be acquired. Such programs have developed not just discriminators of core interpersonal skills, but rather have trained counselors to be effective communicators in the helping role in which they would be engaged.

Two of the most researched approaches to counselor training that have attempted to integrate the didactic-intellectual and experiential dimensions in a structured learning program have been that developed by Truax, Carkhuff and Douds³⁸ and Carkhuff's Systematic Training approach. The three central ingredients of the Integrated Didactic-Experiential approach to counselor training are described by Truax:³⁹

1. A therapeutic context in which the supervisor communicates high levels of accurate empathy, non-possessive warmth, and genuineness to the trainees themselves.
2. A highly specific didactic training using the research scales for "shaping" the trainee's responses toward high levels of empathy, warmth, and genuineness.

38 Charles B. Truax, Robert R. Carkhuff, and John Douds, "Toward an Integration of the Didactic and Experiential Approaches to Training in Counseling and Psychotherapy," Journal of Counseling Psychology, Vol. 11, No. 3, 1964, p. 240-247.

39 Charles B. Truax, "An Approach to Counselor Education," Counselor Education and Supervision, Vol. 10, No. 1, 1970, p. 4-15.

3. A focused group therapy experience that allows the emergence of the trainee's own idiosyncratic therapeutic self through self-exploration and consequent integration of his didactic training with his personal values, goals, and life style.⁴⁰

The didactic dimension of the model incorporates a pedagogic direct teaching, structuring, and shaping of the trainee's belief systems, whereas the experiential dimension is relationship-oriented and permits trainees to know and explore themselves through experiencing the conditions found necessary for effective therapy. Although Rogers⁴¹ previously attempted to bridge the gap between formal didactic classroom learning and actual practice in therapy, specific kinds of behaviour were not identified. It was only through the integrated didactic-experiential approaches of Truax et al. and the Systematic Training approach of Carkhuff⁴² that attempts were made at a more graduated and systematized approach to the training of specific interpersonal skills as empathy, warmth, and genuineness.

The integrated didactic-experiential program is basically concerned with the training of the future counselor to relate to a client and conduct counseling or psychotherapy.

40 Ibid., p. 11.

41 Rogers, op. cit., p. 95-103.

42 Carkhuff, op. cit., 1969a, xlx-298 p.

To achieve this, the program consists of eight steps which are described as follows:

1. students were given an extensive reading list followed by a "theory" examination;
2. students spent 25 hours listening to tapes of therapists offering high, medium and low levels of the facilitative conditions to increase their response repertoire;
3. students rated excerpts from these tapes on the scales of "Accurate Empathy," "Non-Possessive Warmth," and "Genuineness." They thus learned to operationally discriminate between the specific levels of each of the three core conditions;
4. students were given empathy training. Essentially this involved presenting a series of tape-recorded patient statements to a group of trainees. One trainee was randomly called upon to reformulate the essential communication both in terms of feeling and content. The response was then rated by himself and his fellow trainees. Training in warmth of tone was added as soon as empathy level was satisfactory.
5. outside of class, the trainees were put in a dyadic situation and alternated playing therapist and client roles. This role-playing was tape-recorded and rated by the trainee, thus critically evaluating his attempts at offering the core dimensions. Selected samples were also rated by experienced raters thus providing a standard comparison of his own ratings;
6. once the trainee had attained the minimal levels of the core dimensions, he was given experience with a large number of single therapeutic interviews, actual interviews but limited to one encounter. These were single interviews with the goal of establishing a "good therapeutic relationship" and facilitating "deep client self-exploration." Interviews were tape-recorded and samples were played back and rated by the trainee, his peers and supervisors;
7. once the trainee had achieved minimal levels of core conditions with a variety of clients in single interviews and had demonstrated an ability in facilitating moderately high levels of client self-exploration, clients were assigned to him for continuing therapy. Again interviews were tape-recorded and periodic samples were evaluated by his supervisors;

8. on the sixth week of the program, quasi-group therapy was initiated with the students to conclude the training program.⁴³

This program is an inclusive one since it has attempted to provide some theory to account for client change; it has developed instruments and fostered research to assess the effectiveness of certain therapist-offered conditions; and finally, it focuses on appropriate attitude and behaviours of the students. The program is also based heavily on social-learning theory, behaviour modification theory, and programmed instruction.⁴⁴

The Systematic Training program developed by Carkhuff⁴⁵ has been distinguished from the integrated Didactic-Experiential approach just described.⁴⁶ Such a distinction is viewed as a valid one by the writer; however, the systematic training program is seen as having evolved from the integrated didactic training approach with some specific aspects omitted and others added. For example, in systematic training, Carkhuff has eliminated the extensive

43 Truax et al., op. cit., p. 240-247.

44 Truax and Mitchell, op. cit., p. 299-344.

45 Carkhuff, op. cit., 1969a, xix-298 p.

46 Donald Boulet, A Comparison of Two Training Approaches, Role Playing and Audio Training, on the Communication of Empathic Understanding, unpublished doctoral dissertation, University of Ottawa, 1975, x-160 p.

reading list and examination, the tape listening, the training under supervision, as well as the quasi-group therapy experience. In addition to retaining the use of rating scales, and communication training via audio-recorded client statements and role-playing, Carkhuff operationalized empathy, incorporated warmth in the dimension of respect, and added the dimensions of concreteness, confrontation, and immediacy.⁴⁷

Specifically, the Systematic Training involves two parts: (1) discrimination training, and (2) communication training. The discrimination training involves training the counselor to effectively discriminate between different levels of counselor functioning on the specific facilitative condition by providing him with, first a didactic-operationalized definition of the condition being trained for and, second, providing him with rating scales to effectively assess functioning. The communication training forces the counselor to put into action what he has learned through discrimination. Two stages are involved in the communication training. The first stage involves counselors responding to client statements on audio tape. In the second stage, the counselors are required to communicate the condition in a role-playing situation.

⁴⁷ Ibid., p. 17.

As will be seen by the research to be reviewed concerning the effectiveness of such a systematic training program, such a program can bring about significant changes in counselor behaviour which can have a significantly positive effect on the client. The research to be reviewed will suggest that counselors can in fact be trained in a short period of time to be effective communicators in the "real-life" situation. Prior to reviewing this research evidence, however, another model of training in basic counseling skills will be presented. This model is that of Micro-counseling developed by Ivey, Normington, Miller, Morrill, and Haase.⁴⁸

The Microcounseling technique is also a form of a didactic-experiential program, but which focuses on the training of very specific discrete counseling skills. It attempts to break down complex interviewing behaviour into small discrete behavioural units and provides for direct feedback to the trainees on their behaviours. With gradual acquisition of simpler smaller behavioural units, the counselor eventually reaches a point where he internalizes the separate skills and can emit the behaviours spontaneously.

48 Allen E. Ivey, Cheryl J. Normington, C. Dean Miller, Weston H. Morrill, and Richard F. Haase, "Micro-counseling and Attending Behavior: An Approach to Prepracticum Counselor Training," Journal of Counseling Psychology, Part 2, Vol. 15, No. 4, September 1968, p. 1-12.

The model trains for discrete behaviours such as attending behaviour, reflection of content and feeling, summarization of content and feeling, skills of self-expression, and interpretation. The basic microcounseling model procedure used to train for these skills is described by Ivey and Moreland in the following way:

1. The trainee receives instructions to enter a room where he will interview a client. Depending on the situation, the topic may or may not be defined. Similar instructions are given to the volunteer client, with the exception that he is told he is about to be interviewed.
2. A five-minute diagnostic session (with the trainee interviewing the client) is then videotaped.
3. The client leaves the room and completes an evaluation form or may be interviewed by a second supervisor. These data are then available for the supervisory session with the trainee.
4. The trainee reads a written manual describing the specific skill to be learned in this session. The supervisor talks with him about the session and about the manual.
5. Video models of an expert demonstrating the specific skill are shown. There may be a positive and a negative model of the skill.
6. The trainee is shown his initial interview and discusses this with his supervisor. He is asked to identify examples where he engaged in or failed to apply the specific skill in question.
7. The supervisor and trainee review the skill together and plan for the next counseling session.
8. The trainee reinterviews the same client for five minutes.
9. Feedback and evaluation on the final session are made available to the trainee.⁴⁹

⁴⁹ Allen E. Ivey and John R. Moreland, Microcounseling: Innovations in Interviewing Training, Springfield, Ill., Thomas, 1971, p. 6.

The microcounseling procedure is an attempt to "bridge the gap between theory and practice" and permit for the safe practice of counseling and interviewing skills before the novice counselor is "unleashed" on real clients. It is in such an atmosphere that the trainee can be free to make errors, for which he can receive feedback and attempt to correct them in a second trial. The model is both cognitive and experiential. It provides didactic written materials for each skill and also emphasizes the active participation of the trainee. The effectiveness of such a model is highly related to the use of learning by small steps, employment of models, plus positive feedback by the supervisor, leading to specific suggestions for improvement.

In summary, traditional models of counselor education and training, which have stressed more didactic modes of learning, have come to be challenged by more recent models integrating a didactic-experiential approach combined with systematic practice of discrete counselor skills. Such models have attempted to link theory to the actual counseling session. It would seem that such approaches as Systematic Training and Microcounseling would be effective in producing counselors capable of offering high levels of the core facilitative conditions, particularly empathy. This review will now discuss the research literature that examines the effectiveness of such programs in training for empathy.

3. Experimental Evidence.

The research evidence which examines the effectiveness of integrated didactic-experiential training programs, systematic training programs, and microcounseling will now be presented with some conclusions drawn. This section will deal first with didactic-experiential and systematic training programs.

(a) Didactic-Experiential and Systematic Training Programs.- One study, which evaluated the effects of an integrated didactic-experiential training approach, assessed the level of accurate empathy, non-possessive warmth, genuineness, and level of patient self-exploration after one hundred hours of training. This study, by Carkhuff and Truax,⁵⁰ evaluated two separate but similar training programs composed of twelve graduate students in clinical and counseling psychology and five lay counselors. This group was evaluated on the facilitative conditions previously mentioned, and then compared with ratings of tape excerpts of fifteen highly experienced counselors and psychotherapists. The experienced therapists group was represented by both psychotherapists and psychiatrists from client-centered therapy, psychoanalytic psychotherapy, rational-emotive

50 Carkhuff and Truax, op. cit., 1965a, p. 333-336.

therapy and eclectic approaches. The authors found that by using their training approach, in about one hundred hours the level of therapeutic functioning of the graduate students and lay personnel could be brought to approximate the level of the experienced therapists. Although the rank order of the groups for the dimension of accurate empathy was experienced therapists, graduate students and lay personnel, no significant differences were found between the groups.

Carkhuff and Truax⁵¹ trained lay personnel, using an integrated didactic-experiential approach to deal with chronic hospitalized mental patients. It was found that the patients seen in twenty-four group counseling sessions by these lay personnel showed significantly greater constructive behavioural changes than a control group. The implication is that in a relatively brief training program of one hundred hours, effective lay mental health workers can be produced to effect significant behaviour change.

A third study⁵² attempted to improve on the previous two researches by using pre-post testing measures and

51 R. R. Carkhuff and C. B. Truax, "Lay Mental Health Counseling, The Effects of Lay Group Counseling," Journal of Consulting Psychology, Vol. 29, 1965b, p. 426-431.

52 B. G. Berenson, R. R. Carkhuff, and P. Myrus, "The Interpersonal Functioning and Training of College Students," Journal of Counseling Psychology, Vol. 13, No. 4, 1966, p. 441-446.

appropriate control groups. These researchers also had in mind to determine what counseling training dimensions lead to what indices of change, and thus measured the effects of different aspects of the integrated didactic-experiential training approach. Thirty-six college student volunteers were randomly assigned to three groups: (1) the training group proper, which received all the training; (2) the training control group, which did not use the research scales nor had the quasi-therapy group; (3) the control group proper. Pre- and post-measures were obtained on objective ratings of empathy, positive regard, genuineness, and client self-exploration, and inventory reports from standard interviewers, the trainee, and "significant others." On each of these assessment indices the trainees receiving the total training program showed significantly greater change than the control group indicating that the total program was most effective. Shapiro and Gust⁵³ and Emener⁵⁴ both support the use of such a total program in prepracticum and practicum counselor training which merges cognitive and experiential learning in the counselor education programs. Generally, from these studies, one conclusion that can be

53 Shapiro and Gust, op. cit., p. 198-199.

54 William G. Emener, "A Prepracticum Laboratory Training Experience," Counselor Education and Supervision, Vol. 12, No. 3, 1973, p. 213-220.

reached is that training programs integrating didactic-experiential elements in a systematic manner can significantly improve the total functioning of trainees on such interpersonal skills as Accurate Empathy, Non-possessive Warmth, and Genuineness. Also such gains can be made in relatively short periods of time.

A second conclusion that can be reached as a result of a study by Jordon⁵⁵ is that although didactic training itself can be effective in training for accurate empathy, non-possessive warmth, and genuineness, an integration of both didactic and experiential is also effective and, with sufficient number of hours an integrated didactic-experiential approach to training, could be the maximal mode of training. In Jordan's study, the didactic-training group focused on increasing the levels of accurate empathy, non-possessive warmth, and genuineness that subjects achieved in interviews by using role-playing, shaping, and teaching by percept. The experiential group (E-group) was a group therapy experience offering high levels of the facilitative conditions. A control group had no training. After twenty-four hours of training, it was found that (1) the average effect of the

55 David L. Jordon, "A Comparison of the Effects of Didactic and Experiential Training on Accurate Empathy, Non-possessive Warmth, and Genuineness," Dissertation Abstracts, Vol. 29, No. 9B, 1969, p. 3487.

two training groups was greater than the control, on accurate empathy and non-possessive warmth; (2) there were no significant differences between the didactic and experiential training; and (3) the didactic training resulted in significantly greater change than the control group. When the levels of the subjects were compared with the levels of the subjects of a one-hundred-hour integrated program, both training groups were found lower on accurate empathy than subjects from the longer program. This led to the suggestion that the experiential training could perhaps be enhanced with longer training periods. Eicke⁵⁶ has suggested that significant changes can be brought about on levels of empathy as measured by Carkhuff's Index of Communication in as short a period of time as six hours using a communication training program. As compared to similar programs of longer duration, the six-hour communication training program was found to produce significant changes in levels of empathy. This may contradict the previous study by Jordon; however, it can be noted that the subjects used by Eicke were fairly sophisticated graduate students who were full-time counselor education students.

56 Francis Eicke, "A Study of the Effect of Communication Training on the Level of Empathic Understanding and Facilitation of Counselors," Dissertation Abstracts, Vol. 32, No. 9A, 1972, p. 4944.

A third possible conclusion is that, compared to more traditional training methods, an integrated didactic-experiential approach is more effective in bringing about change on the interpersonal skill of empathy. In the training of non-professional counselors, where the emphasis in training is on simulation of those experiences that the trainee will experience in his actual functions, Vanderkolk⁵⁷ made a comparison of two such approaches to training. The integrated didactic-experiential approach was patterned after Truax and Carkhuff, whereas the traditional method was that followed in most graduate training programs. The treatment groups received forty-eight hours of training, while a control group received no treatment. Pre- and post-measures on Carkhuff's Empathic Understanding Scale indicated that the integrated method was more effective in producing greater change in interpersonal skill compared to the traditional method and control group, suggesting the integrated method could be an important approach to training non-professional counselors.

In an attempt to develop a short-term program to increase empathy among nursing students, Kalisch⁵⁸ integrated

57 Charles Vanderkolk, "Development of Interpersonal Skill in Relation to Methods of Training Nonprofessional Counselors," Dissertation Abstracts, Vol. 32, No. 3A, 1971, p. 1286.

58 Beatrice J. Kalisch, "An Experiment in the Development of Empathy in Nursing Students," Nursing Research, Vol. 20, No. 3, 1971, p. 202-211.

four elements in her empathy training: (1) didactic training, including both discrimination and communication training; (2) role-playing; (3) experiential training; and (4) a role model of empathy. Two experimental groups were given the training, while two control groups received only lectures and discussions on topics related to human behaviour. Each group received twelve-and-one-half hours of their respective treatments. Of relevance for this research is the fact that Kalisch measured the effectiveness of the training program not only by using Truax's Accurate Empathy Scale but by also employing a number of other outcome criteria, namely, the Relationship Inventory, a predictive accuracy test, the Empathy Test, and a five-point rating scale for instructor evaluation of empathy. Using a one-way analysis of variance to analyze change scores from the pre-test to the post-test, it was found that the experimental treatment groups improved significantly on the Accurate Empathy Scale. Also on a six-week follow-up test the two experimental groups had maintained their gains while the control groups' gains were non-significant. Although the present research is interested mainly in the results on empathy obtained by Kalisch, her findings for perceived empathy by the helper and helpee as measured by the Relationship Inventory (RI) are also related. The results showed that following the treatment, the experimental groups viewed themselves as more empathic, while the

control groups evaluated their empathic abilities as about the same as before the experiment. Patients, however, of the experimental groups did not perceive their nurses to be more empathic than patients of the control group subjects, after the treatment. As the other criteria are not directly related to this study they will not be discussed. The conclusion reached by Kalisch is that empathy training integrating didactic training, role-playing, experiential training, and role-modeling, can be effective in enhancing interactive empathy, suggesting that empathy is teachable and thus supports the previous studies cited thus far in this research paper.

A fourth conclusion related to systematic training studies that focus exclusively on empathy training is that systematic training in empathy can result in improvement not only in written measures of empathy but also in a standard interview situation. Such a conclusion has much significance since hopefully the effects of training will be reflected in a real situation. For example, Charbonneau⁵⁹ used both the Index of Communication and the standard interview as outcome measures for empathy training. He studied the effect of

59 Benoît Charbonneau, Un entraînement systématique à un comportement verbal empathique dans un context bilingue, unpublished doctoral dissertation, University of Ottawa, 1974, xvii-209 p.

systematic empathy training on the written and verbal empathic behaviour of bilingual student nurses using their first language, French, and their second language, English. The experimental treatment was eighteen hours of systematic empathy training while the control groups received eighteen hours of lectures and discussion on human behaviour and communication. Using Carkhuff's Empathic Understanding Scale written responses on the Indice de Communication, version bilingue, and verbal responses from excerpts in a standard interview were rated. The results showed the experimental group offered significantly higher levels of written and verbal empathy in their first language, French, than the control group. Verrill⁶⁰ also employed a standard interview to assess the effectiveness of a systematic empathy training program compared to a program of assigned readings on empathy and a no-treatment control group. In contrast to the previous study by Charbonneau, no statistically significant differences were found between the groups on Truax's Accurate Empathy Scale; however, the trend was in the direction of the systematic empathy training group tending to be more empathic than the other two groups.

60 Eleanor Verrill, An Experimental Assessment of Accurate Empathy Training with Counselors-in-preparation, unpublished doctoral dissertation, University of Wisconsin, 1969.

A final conclusion is related to the function of role-playing as a method for training. A recent study by Boulet⁶¹ has proposed a rationale for using role-playing as a training technique for increasing the levels of empathic functioning in a helping role. The writer wishes to summarize this rationale since it is also adopted for this research, as well as list some of the advantages of using role-playing that have also been suggested by Boulet.

The rationale for role-playing is based on the work of Corsini and Cardone⁶² who define it as a "make believe" process where the trainer acts out for a limited time "as if" the acted-out situation were real. The "as if" condition means that it is a close representation of real-life behaviour and situations, but it is not the real situation and only approximates it. Role-playing may be effective for three reasons. First, it involves the individual holistically, simultaneously integrating the modes of thinking, feeling, and acting. Because of the simultaneous summing of these three modes, there is a total personal involvement resulting from a heightening and exaggerating effect of the three modes combined. Second, it permits

61 Boulet, op. cit., 1975, x-160 p.

62 Raymond Corsini and S. Cardone, Role Playing in Psychotherapy. A Manual, Chicago, Aldine Press, 1966, xiii-206 p.

spontaneity, allowing for creativity and learning while reacting to what is new. It permits natural, unplanned behaviour which can lead to improvisation. Devoid of situational threat or failure, the trainee can learn by acting and trying out new behaviours. For example, counseling with real clients can be more threatening than practicing new behaviours in role-playing situations. Third, role-playing has the characteristic of veridicality, that is, essentially similar to real life and being psychologically real. Similar situations may be created whereby the trainee can experience feelings, reactions, behaviours, that would be experienced in actual real-life situations. These three factors of simultaneity, spontaneity, and veridicality, are thus suggested as the major theoretical elements accounting for the effectiveness of role-playing. The advantages to the use of role-playing in training as presented by Boulet⁶³ are summarized here. Briefly, role-playing (1) gives trainees an opportunity to practice and experience new and different behaviours without the harm that would occur in the actual situation; (2) bridges the gap between talking about interpersonal relations and "actually handling" them; (3) encourages practice of what has been learned as appropriate behaviour by active participation in the situation;

63 Boulet, op. cit., 1975, p. 40-42.

(4) allows the trainee to get into the shoes of the client and experience what it is like to be him; (5) permits "observational learning" by seeing others perform in different ways; (6) promotes transfer of learning to real-life situations.

Although such rationale and advantages provide a basis for using role-playing as a training technique, the next question raised is what evidence exists for its effectiveness as a training method for the communication of empathic understanding. In a pilot study, Boulet,⁶⁴ besides studying the effects of systematic training on empathy, explored the effects of different training methods on the communication of empathic understanding. Twenty-eight subjects were randomly assigned to the following groups:

(1) twelve hours of audio empathy training; (2) twelve hours of audio empathy training plus an additional nine hours of audio empathy training; (3) twelve hours of audio empathy training plus nine hours of role-playing; and (4) a no-treatment control group. Written responses to Carkhuff's Index of Communication and verbal responses from a counseling interview were rated for empathy on Carkhuff's Scale for

64 Donald Boulet, Comparison of Three Approaches to Systematic Empathy Training on the Communication of Empathic Understanding, interim report presented to the Faculty of Psychology, University of Ottawa, 1974, x-143 p.

Measurement of Empathic Understanding. For the Index of Communication it was found that each of the three experimental groups differed significantly from the control group on level of empathy, but did not differ between themselves. Results from the standard interview indicated that the role-playing group obtained significantly higher empathy scores than the first experimental group and the control group. No significant differences were found between the role-playing group and the second audio-training group. Because of this particular lack of significance, the author concluded that role-playing could not be conclusively said to be a more effective training method but a trend in this direction was noted.

A follow-up study by the same researcher⁶⁵ compared the effects of two training methods, role-playing and audio-training, in promoting empathic understanding. Thirty-two volunteer student counselors from the University of Ottawa were randomly assigned to three groups: (1) a control group, which received nine hours of pre-experimental empathy training, but no training during the experimental phase; (2) an audio-training group (audio training II) which received nine hours of pre-experimental empathy training plus an additional nine hours of continued empathy training during

65 Boulet, op. cit., 1975, x-160 p.

the experiment; and (3) a role-playing group, which had also received the nine hours of pre-experimental empathy training, followed by nine hours of role-playing for the experiment. Two trained judges rated both written empathy measured by the Index of Communication and verbal empathy derived from tape excerpts of a standard interview, using Carkhuff's Empathic Understanding in Interpersonal Process: A Scale for Measurement. A pre-post control group design was used and a multivariate analysis of variance was used to test for significant differences. No significant differences were found among the three groups in level of written empathy as measured by the Index of Communication. However, results from the standard interview revealed significant differences between the role-playing group's level of empathy and the control group and audio-training group II. No significant differences were found between audio-training II and the control groups. The results suggested that role-playing could be a more effective method in producing higher levels of empathy in a helping role than an additional nine hours of audio-training. The results are somewhat limited to the population used, i.e., volunteer student counselors at the University of Ottawa, by the criteria used, namely, written and verbal empathy of the counselor, the amount of training time, the training methods, and the levels of functioning of the trainers. Despite such limitations, the research

did show how different training methods can increase levels of empathy and, more importantly, that role-playing preceded by audio-training can be a more effective training method in increasing the level of empathic functioning in a helping role. Besides this research by Boulet, the writer is unaware of other research which has demonstrated the effectiveness of role-playing as a specific technique for the training of empathic understanding in counseling trainees.

(b) Microcounseling.- Microcounseling has been presented as a supplemental training procedure that attempts to systematically train trainees in facilitative interview behaviours which enables a bridging of the gap between classroom learning and actual applied experience. It emphasizes training of positive counselor behaviours before real-life encounters with real clients in real interview situations. The effectiveness of such an approach to training of counselors was initially demonstrated in a study by Ivey et al.⁶⁶ This particular study was an initial effort to demonstrate the effectiveness of microcounseling as a training method for training counselors in the basic skills of attending behaviour, reflection of feeling and summarization of feeling. Attending behaviour was defined in the research as comprised of three components, namely, eye contact, relaxed

66 Ivey et al., op. cit., p. 1-12.

body posture, and accurate verbal following. Reflection of feeling, which is more specifically related to empathy as discussed in this paper, was defined as a focusing and selectively attending to the feeling component of the client's communication and then reflecting this understanding back to him. From this definition, it can be seen that this involves the two aspects of empathic understanding, that is, discrimination and communication. Summarization of feeling focuses on feeling as well, but includes a more extended time period and attempts to integrate the feelings the client has expressed. In this study by Ivey et al. pre- and post-measures were taken before and after microcounseling interviews employing (1) the Counselor Effectiveness Scale⁶⁷ which is a semantic differential scale used by the client to rate the counselor, (2) a relationship questionnaire adapted from Truax and Carkhuff,⁶⁸ and (3) a rating scale for judges to rate accurate reflection of feeling also adapted from Truax and Carkhuff.⁶⁹ Regarding the attending behaviour skill, the results indicated that counselors in the experimental group, compared to the control group, were rated by

67 Ivey and Moreland, op. cit., p. 183-184.

68 Truax and Carkhuff, op. cit., xiv-416 p.

69 Ibid.

clients as significantly higher in the second microcounseling session than the first session. Training for reflection of feeling showed that there were significant increases in the judges' ratings of the skill from first to later interviews. Similar positive results were found for client ratings of counselor effectiveness and the counselors' own evaluations of ability to reflect feeling. Similar results were obtained for summarization of feeling with increases from first to later interviews, on judges' ratings, clients' ratings and counselors' self-evaluation. This research has proven significant because it has been the one major attempt to define counselor skills in terms of discrete behavioural skills which can in fact be taught in a relatively short period of time to beginning counselors using the micro-counseling procedure. In addition, it has demonstrated the importance of relating such a training procedure to client behavioural change as well. One important limitation suggested by the researchers is that paid clients had been used in the interviews and even though they behaved similarly to regular clients, the situation is still not the same as counseling interviews. Thus the question of generalizability of learning from microcounseling to actual counseling is raised, and whether the skills learned might not also extinguish over a period of time without periodic reinforcement and practice.

In teaching interview skills to clinical psychology graduate students and psychiatric residents, Moreland, Phillips, Ivey and Lockhart⁷⁰ and Moreland, Ivey and Phillips⁷¹ demonstrated the validity of the microcounseling paradigm, and also demonstrated that the effects of such training could generalize from the learning situation to the actual interview situation with real clients. Moreland, Ivey and Phillips compared twelve microcounseling subjects with twelve comparison subjects on the six basic micro-counseling skills for pre-training and post-training interviews. They found that on the attending behaviour and reflection of feeling measures the microcounseling subjects demonstrated significantly greater improvement than the comparison subjects and also showed some generalization for each of the remaining four interviewer skills from the pre-training to the post-training interviews. Haase, DiMattia and Guttman,⁷² however, have shown that such

70 J. R. Moreland, J. S. Phillips, A. E. Ivey, and J. Lockhart, A Study of the Microtraining Paradigm with Beginning Clinical Psychologists, unpublished paper, University of Massachusetts, 1970.

71 J. R. Moreland, A. E. Ivey, and J. S. Phillips, "An Evaluation of Microcounseling as an Interviewer Trainer Tool," Journal of Consulting and Clinical Psychology, Vol. 14, No. 2, 1973, p. 294-300.

72 R. F. Haase, D. DiMattia, and M. A. J. Guttman, "Training of Support Personnel in Human Relations Skills: A Systematic One-year Follow-up," Counselor Education and Supervision, Vol. 11, March 1972, p. 194-199.

generalization may be strongly dependent upon the counselor's receiving response-contingent reinforcement from a supervisor, otherwise such behaviour would decrease. In doing a one-year follow-up of an earlier study⁷³ which demonstrated the effectiveness of the microcounseling method in the training of paraprofessionals, Haase et al.⁷⁴ showed that with respect to the behaviours of verbal following, posture, reflection of feeling, and counselor effectiveness, the trainees decreased in their ability to emit these behaviours and reverted to previous levels of functioning obtained a year previously. The conclusion reached was that, in microcounseling training of support personnel, the learning curve follows the pattern of decreases in rate of responding upon removal of reinforcement by the supervisor. Furthermore, the authors implied that one way to avoid significant degrees of extinction of the counselor behaviours is to make the counselor behaviours more dependent on client behaviours rather than supervisor reinforcement. Guttman and Haase⁷⁵

73 R. F. Haase and D. J. DiMattia, "The Application of the Microcounseling Paradigm to the Training of Support Personnel in Counseling," Counselor Education and Supervision, Vol. 10, Fall 1970, p. 16-22.

74 Haase et al., op. cit., p. 194-199.

75 M. A. J. Guttman and Richard F. Haase, "Generalization of Microcounseling Skills from Training Period to Actual Counseling Setting," Counselor Education and Supervision, Vol. 12, No. 2, 1972, p. 98-107.

further explored this question of generalization of micro-counseling skills from the training period to the actual counseling setting. Their research not only provided further support for the validity of the microcounseling paradigm as a replicable procedure for effective training, but it also offered evidence that counselor behaviours could generalize to actual counseling interviews, even though there is some extinction which would be expected on a learning curve following removal of reinforcement. The study had made comparisons of an experimental and control group on the skills of attending behaviour, reflection of feeling and summarization of feeling. Four measurements obtained at pre-training, post-training, first counseling session, and second counseling session were obtained. Using a Trend analysis of variance it was found that the experimental group showed greater learning and retention for the skills of reflection of feeling and summarization of feeling, but no significant differences were found for attending behaviour. The trend for reflection of feeling showed an increment at post-training, followed by a decrease in level of performance in the first counseling session, then an increase to higher levels in the second counseling session. Although some extinction was expected and thus not surprising, the question raised is for what length of time can the

skills be maintained at an optimal level without falling back to pre-training levels of performance? The other question posed by the authors was related to extinction and how it could be lessened. It was suggested that:

It would seem that this method of training in specific behavioral skills where a supervisor is the primary source of reinforcement during training, is more subject to extinction than the method of training which conditions counselor behaviors by making them contingent upon resulting client behaviors. A new model, perhaps entitled a "micro-interaction" model might better serve the training needs of counselors. This model would need to (a) identify client behaviors consistent with positive outcome of the counseling encounter, (b) identify counseling behaviors which lead to those client behaviors, and (c) implement a behavioral training model in which counselor skill acquisition is contingent upon consequence from the client, rather than from a supervisor.⁷⁶

Such a counselor-client interaction model is felt by this writer to have much relevance for this research for it leads to the suggestion that training of counselors in specific definable skills such as reflecting of feeling and empathic understanding must lead to behaviours that not only reflect what the supervisor has trained for and reinforced, but must also have an impact on the client by producing significant changes in the client. As Ivey and Moreland have suggested, the effectiveness of microtraining can be illustrated in terms of behavioural changes in the trainee, but "the real

76 Ibid., p. 106-107.

test of the effectiveness of an interviewing approach is the impact it has on clients."⁷⁷ To an extent this has been attempted through the use of the Counselor Effectiveness Scale which was employed in the Ivey et al.⁷⁸ study previously reviewed. Other attempts might include systematically studying and observing client behaviours as these are related to specifiable counselor behaviours and skills. For example, Guttman, Haase, Forsyth and Lee⁷⁹ have shown how clients can be trained in expression of feeling using a microcounseling model and their behaviours assessed in the microcounseling sessions. The implication is that the microcounseling model could also serve as a method that could be used to study client behaviours in a similar way that counselor behaviours are studied. Media therapy,⁸⁰ which involves using video methods in training of clients in behavioural skills such as direct mutual communication, also illustrates how variations of the microcounseling model can be used to directly bring about changes in client behaviours.

77 Ivey and Moreland, op. cit., p. 119.

78 Ivey et al., op. cit., p. 1-12.

79 M. A. J. Guttman, R. F. Haase, D. R. Forsyth, and R. N. Lee, "Client Training Prior to Counseling: An Extension of the Microcounseling Paradigm," Canadian Counselor, Vol. 5, No. 1, 1971, p. 9-15.

80 W. H. Higgins, A. E. Ivey, and M. R. Uhlemann, "Media Therapy: A Programmed Approach to Teaching Behavioral Skills," Journal of Counseling Psychology, Vol. 17, 1970, p. 20-26.

A number of variations of the microcounseling method and its use in a number of other settings also provides evidence for its effectiveness as a training method. Originally, microcounseling was based on a microteaching model developed by Allen⁸¹ at Stanford University and also used in training supervising teachers.⁸² It has been found to be an effective method in training of paraprofessionals,⁸³ mental patients,⁸⁴ with groups,^{85,86,87} manpower counselors,⁸⁸

81 D. Allen (Ed.), Micro-teaching: A Description, Stanford, Stanford Teacher Education Program, 1967.

82 H. Aubertine, "The Use of Microteaching in Training Supervising Teachers," High School Journal, Vol. 51, 1967, p. 99-106.

83 Haase and DiMattia, op. cit., p. 16-22.

84 Higgins, Ivey, and Uhlemann, op. cit., p. 20-26.

85 Allen E. Ivey, "Demystifying the Group Process: Adapting Microcounseling Procedures to Counseling in Groups," Educational Technology, Vol. 13, No. 2, 1973, p. 27-31.

86 D. Malamud, "The Second Chance Family: A Medium for Self-directed Growth," in L. Blank, G. G. Gottsegen, and M. Gottsegen (Eds.), Encounter: Confrontation in Self and Interpersonal Awareness, New York, Macmillan, 1971.

87 C. Whalen, "Effects of a Model and Instructions on Group Verbal Behaviors," Journal of Consulting and Clinical Psychology, Vol. 33, 1969, p. 509-521.

88 D. Greenall, Manpower Counselor Development Program, unpublished manual, British Columbia, Canada, Department of Manpower and Immigration, 1969.

and undergraduate resident hall assistants.⁸⁹ The method has therefore been shown to be applicable to other types of settings and populations other than training of counselors for one-to-one interviewing, adding to the evidence that it is a viable method for training of discrete behavioural skills.

Although the microcounseling method has been demonstrated by the above studies to be an effective method for training in counseling skills, there has been little research evidence which compares the microcounseling approach with other methods of counseling training. More specifically, there has been no evidence offered comparing the effectiveness of microcounseling or variations of the procedure, with a specific learning technique such as role-playing in the training for the skills of empathic understanding or reflection of feeling. One very recent research by Toukmanian and Rennie⁹⁰ made a comparison of the microcounseling and human relations training methods for training undergraduate trainees. As suggested here, that particular

89 Susan W. Roy, "The Effect of Attending Behavior Training on Undergraduate Sub-professionals," Dissertation Abstracts, Vol. 33, No. 6A, 1972, p. 2722.

90 Shake' G. Toukmanian and David L. Rennie, "Microcounseling Versus Human Relations Training: Relative Effectiveness with Undergraduate Trainees," Journal of Counseling Psychology, Vol. 22, No. 2, 1975, p. 345-352.

research also noted the lack of attention given to a systematic study of the relative effectiveness of either the microcounseling or human relations training approaches compared to other training methods. The one study⁹¹ which investigated the effectiveness of microcounseling compared to traditional supervision procedures showed how subjects in both groups became better interviewers, but that the microcounseling subjects improved more than the traditionally trained subjects. Because of this lack of comparison between the two training systems, Toukmanian and Rennie proceeded to compare twelve human relations training subjects who received training in Carkhuff's core conditions with twelve microcounseling subjects who were trained for the skills of attending behaviour, minimal activity responses, verbal following behaviour, open enquiry, and reflection of feelings. The two training groups were compared to two no-training control groups on two sets of training criteria based on pre-training and post-training interviews with standard clients. The two sets of criteria included first, the measurement of empathy and, second, the three categories of counselor communication which involved (a) open invitation to talk, (b) closed questions, and (c) interpretation and advice. Compared to the performance of

91 Moreland et al., op. cit., p. 294-300.

the no-training control groups, both the microcounseling and human relations training resulted in significant gains in empathic understanding, as well as significant changes for the three communication categories. Unexpectedly, it was found that the microcounseling trainees had showed significantly greater gain on empathy than the human relations training subjects. The researchers suggested that the microcounseling trainees learned "something extra" than just the verbal linguistic behaviours characteristic of microcounseling, to enable them to be judged as gaining more in empathy than the human relations group. Another recent research attempt at comparing the microcounseling paradigm with other techniques of training counselors is that by DiMattia and Arndt.⁹² The study made a comparison of the microcounseling method and a modification of the reflective listening technique developed by Randolph, Howe and Achterman⁹³ as a technique for training graduate students in the skill of attending behaviour. Although the results showed that both microcounseling and reflective listening

92 D. J. DiMattia and G. M. Arndt, "A Comparison of Microcounseling and Reflective Listening Techniques," Counselor Education and Supervision, Vol. 14, No. 1, September 1974, p. 61-64.

93 N. Randolph, W. Howe, and E. Achterman, Self-enhancing Education: Guidance and Counseling, unpublished manuscript, Cupertino, California, Union School District, 1968.

techniques were both effective in training for attending behaviour skills, the study did not go further in providing any evidence related to the skill of reflection of feeling. Another study,⁹⁴ which compared micro-lab training with didactic training as methods for acquiring the four counselor behaviours of acceptance of feeling, expansion of counselee idea, praise and encouragement, and silence, found no difference between the two methods. Again, no attempt was made to compare these methods for the skill of reflection of feeling.

From the research evidence reviewed on microcounseling the writer wishes to draw the following conclusions:

- (1) microcounseling is an effective training paradigm for training beginning counselors in discrete behavioural skills;
- (2) variations of microcounseling can also be effective;
- (3) the effects of microcounseling training do generalize to actual counseling situations;
- (4) the ultimate effectiveness of microcounseling training should be based on the impact such training has on clients;
- (5) little research has compared the effectiveness of microcounseling with other counselor training methods in training for empathic understanding.

94 James T. Shoemaker, "Micro-lab Versus Didactic Training of Counselor Behaviors," Dissertation Abstracts, Vol. 33, No. 10A, 1973, p. 5503.

In summary, the present section has reviewed the research evidence supporting the effectiveness of didactic-experiential training, systematic training programs, and microcounseling, as approaches to the training of neophyte counselors. It has also illustrated how role-playing as a specific technique can be an effective method for the training of counselors in the skill of empathic understanding, and why role-playing promotes transfer of skills to a standard interview. However, to date, there have been few research attempts comparing methods of training such as role-playing and microcounseling, or variations of microcounseling, in training counselors to the communication of empathic understanding. Furthermore, the studies which have explored role-playing as a technique for training in empathic understanding have limited themselves to the use of two main criteria consisting of either (1) written measures of Empathy on the Index of Communication, or (2) verbal measures of Empathy obtained in a standard interview as assessed by external judges using Carkhuff's Scale for the Measurement of Empathic Understanding. While the writer recognizes both these criteria as valuable in assessing the training for empathic understanding, with the standard interview being the more demanding situation, it is suggested that both these methods of assessment may also be limited when used

as the only outcome criteria. Use of these two criteria alone bases the entire evaluation of role-playing as a training technique on the level of functioning the trainee attains as determined by external judges, thus omitting consideration of the impact such training has on the helpee or client. Gormally and Hill,⁹⁵ in discussing various methodological issues related to Carkhuff's human relations training model, have raised the issue of on whom change should be measured when measuring the outcome of training. More relevant for this thesis is their statement that, "a more important issue is whether the change should be assessed in the trainee or in those who the trainees help."⁹⁶ Furthermore, "measurement of changes in helpees of trainees will establish the real utility of training procedures."⁹⁷

As was indicated in the review related to micro-counseling, the ultimate effect of a training method should be based on its eventual effect with the client or helpee. Thus, although the writer agrees that it is important to assess the effectiveness of different training methods in communication of empathic understanding by measuring the

95 James Gormally and Clara E. Hill, "Guidelines for Research on Carkhuff's Training Model," Journal of Counseling Psychology, Vol. 21, No. 6, 1974, p. 539-547.

96 Ibid., p. 541.

97 Ibid., p. 542.

levels of empathy communicated by the trainee, he feels it is equally important to assess the effect the trained counselor has on the helpee. Compared to other methods, role-playing may in fact be a very valuable technique in training counselors to be empathic in a standard interview. However, the question raised in this research is what effect does such training ultimately have on a helpee in a standard interview? What effect does the trained counselor have on the helpee in the standard interview? Also, what are both the counselor's perceptions and helpee's perceptions of the facilitative conditions offered by the counselor in an interview? Based on such additional criteria, how effective is role-playing compared to other training methods in empathic communication in a standard interview situation?

It is to these general questions and the research areas related to them that the following section of this review will address itself, providing both the research and rationale for using extended criteria that include not only the counselor but also the helpee or client, when evaluating the effectiveness of different training methods in the communication of empathic understanding.

4. Helpee Self-Exploration and Perceived Empathy.

In the area of psychotherapy a great deal of attention has been given to the therapist and how he affects the client. However, as Van Der Veen⁹⁸ suggests, few attempts have been made to examine the effects a client has on the therapist. He states that:

Also, theory in psychotherapy has tended to consider psychotherapy primarily in terms of how the therapist influences the patient, but has given little systematic attention to the effects of the patient on the therapist. While this focus has helped to clarify the therapist's role, it has to some extent obscured the reality of the truly independent nature of the therapy relationship.⁹⁹

As suggested by this quotation, what needs to be considered in therapeutic interactions are the therapist himself, the client or patient himself interacting with the therapist, and the combination of therapist-client. Van Der Veen, in his study, presented some evidence to support the hypothesis that both the therapist and patient can "influence each other's behavior as well as their own."¹⁰⁰ The patient, the therapist, and the therapist-patient

98 F. Van Der Veen, "Effects of the Therapist and the Patient on Each Other's Therapeutic Behavior," Journal of Consulting Psychology, Vol. 29, No. 1, 1965, p. 19-26.

99 Ibid., p. 19.

100 Ibid., p. 26.

combination affected the therapeutic behaviour of the patient while the therapist and patient determined the therapeutic behaviour of the therapist.

Such findings may have definite implications for the training of beginning counselors or therapists, as well as implications for the criteria used to assess counselor training techniques. The research reported in the previous section on systematic training and microcounseling considered both the effect such training had on the counselors being trained and also the effects these trained counselors had on their clients. Measures such as the extent to which trained counselors were able to engage their clients in self-exploration, and perceptions of the counselor by the counselee using the Relationship Inventory or Counselor Effectiveness Scale, had been employed. However, the researches examining the use of role-playing as a training technique in the training of counselors and comparing it to other training methods have thus far employed only the level of empathic functioning of the counselor as an assessment criteria. As already suggested this perhaps has its limitations as the researches to be reviewed next will illustrate.

The rationale for using other criteria of assessment is based on two groups of studies. First, an area of research which has attempted to deal with the question of

who is it that causes or determines therapeutic processes? These studies illustrate the importance of considering the relationship which exists between the counselor offered conditions such as empathic understanding and client level of self-exploration. A second area of research has examined the use of objective judges, clients, and therapists as sources for assessing the levels of facilitative conditions offered by the counselor in a therapeutic relationship. The present section deals with each of these two areas of research and their importance for the present thesis.

(a) Empathy and Self-exploration.- There is available some research evidence which relates therapist facilitative conditions such as empathic understanding to client depth of self-exploration. From the study by Truax and Carkhuff¹⁰¹ it has been concluded that (a) it is the therapist who determines the level of empathy which he offers, and (b) it is both the client and therapist who contribute to the client's involvement and level of self-exploration. Subsequent research explored these relationships more fully by either (1) manipulating the level of therapist offered conditions to see the effect on client level of

101 C. B. Truax and R. R. Carkhuff, "Significant Developments in Psychotherapy Research," in L. E. Abt and B. F. Reiss (Eds.), Progress in Clinical Psychology, New York, Grune & Stratton, 1964, p. 124-155.

self-exploration, or (2) manipulating the level of client self-exploration to see the effect on therapist offered conditions. The first set of studies which manipulated the levels of therapist offered conditions initially showed that depth of self-exploration was a function of the level of conditions offered by the counselor.¹⁰² However, an important variable was discovered which could have affected these results. This variable was the level of functioning of the clients themselves. For example, with psychotics, who may be characterized as functioning at very low levels of facilitative interpersonal skills, their level of self-exploration would be almost completely dependent on the counselor to provide very high levels of the therapeutic conditions. As a result, Holder, Carkhuff and Berenson¹⁰³ studied the manipulation of therapeutic conditions on self-exploration using clients functioning at either high or low levels of the facilitative conditions which was determined by their being cast into a helping role. The results indicated how the self-exploration of the low functioning clients

102 C. B. Truax and R. B. Carkhuff, "The Experimental Manipulation of Therapeutic Conditions," Journal of Consulting Psychology, Vol. 29, No. 2, 1965, p. 119-124.

103 B. T. Holder, R. R. Carkhuff, and B. G. Berenson, "The Differential Effects of the Manipulation of Therapeutic Conditions upon High and Low Functioning Clients," Journal of Counseling Psychology, Vol. 14, No. 1, 1967, p. 63-66.

was entirely dependent on the therapist offered conditions while high functioning clients could self-explore independently of the level of conditions offered by the counselor. These findings were replicated and elaborated upon,¹⁰⁴ using high and moderate functioning counselors with clients functioning at high and low levels of the facilitative conditions. The results supported the previous finding that low level functioning clients are dependent on high functioning counselors for exploring themselves, while high level functioning clients can explore themselves independently of the level of the counselor. A more significant finding was that both the high- and low-level functioning clients deteriorated in their degree of self-exploration with moderate functioning counselors. A moderately functioning counselor might be able to elicit moderate levels of self-exploration, but the relationship with the client may remain a superficial one. This also questions the ability of the moderate or low functioning counselor to be able to deal with crises experienced by the client when deep understanding and exploration may be essential.

104 G. Piaget, B. G. Berenson, and R. R. Carkhuff, "The Differential Effects of the Manipulation of Therapeutic Conditions by High and Low Functioning Counselors upon High and Low Functioning Clients," Journal of Consulting Psychology, Vol. 31, No. 5, 1967, p. 481-486.

The second set of studies which manipulated level of client self-exploration assumed that, if counselors could effect degree of client self-exploration, then it may be that client degree of self-exploration could effect the level of conditions offered by the counselor.^{105,106,107} Of significant importance was the discovery that clients could in fact systematically manipulate their level of self-exploration even without the awareness of the counselors involved. However, such manipulation had a differential effect for low and high functioning counselors. High functioning counselors were found to continue to offer high levels of the facilitative conditions even when client level of self-exploration was lowered, whereas low functioning counselors deteriorated in their levels of functioning and found it difficult to recover when client self-exploration was lowered. This particular group of researches have

105 M. Alexik and R. R. Carkhuff, "The Effects of the Manipulation of Client Depth of Self-exploration upon High- and Low-functioning Counselors," Journal of Clinical Psychology, Vol. 23, 1967, p. 210-212.

106 R. R. Carkhuff and M. Alexik, "Effect of Client Depth of Self-exploration upon High- and Low-functioning Counselors," Journal of Counseling Psychology, Vol. 14, No. 4, 1967, p. 350-355.

107 T. Friel, D. Kratochvil, and R. R. Carkhuff, "The Effects of Training upon the Manipulation of Client Conditions," Journal of Clinical Psychology, Vol. 24, 1968, p. 247-249.

illustrated that although previous research¹⁰⁸ suggested it was the counselor who determined the level of the conditions he offered, there is evidence to show how the client's changes in level of self-exploration can have differential effects upon the level of conditions offered by the counselor. Truax and Mitchell,¹⁰⁹ however, contend that the question of the relative contributions of client and therapist is still not resolved and that the therapist is considered to still be the main contributor to the levels of conditions he offers his clients. These same authors have cited further evidence from studies¹¹⁰ that illustrate a causal relationship between therapist accurate empathy and client self-exploration, as well as a strong relationship between objective ratings of accurate empathy and depth of self-exploration.

In conclusion, these studies illustrate (1) that a relationship exists between levels of empathic understanding and client self-exploration; (2) the importance of considering the therapist, client, and therapist-client in the therapeutic relationship; (3) that changes in levels of

108 Truax and Carkhuff, op. cit., 1964, p. 124-125.

109 Truax and Mitchell, op. cit., p. 326.

110 Ibid., p. 330.

empathic understanding offered may lead to subsequent changes in degree of self-exploration; and (4) that changes in client self-exploration may also affect levels of empathic understanding offered with certain types of counselors.

Of relevance for this particular research, these studies (1) provide a suitable rationale for using levels of self-exploration of the client or helpee as a possible criterion for assessing the effects of certain training techniques for counselors and their subsequent effect on clients; and (2) suggest that level of client self-exploration may also serve as a valuable criterion to use in assessing the effectiveness of differential training methods for the communication of empathic understanding.

Theoretically, counselors who are trained in the facilitative condition of empathic understanding should be able to engage their clients in levels of self-exploration in a dyadic interview situation. The training methods used to train counselors in empathic understanding could thus be assessed using both the criteria of level of empathy offered by the counselor as well as level of self-exploration of the client. The present research is thus suggesting the use of what is frequently employed as a process measure in therapy, namely, self-exploration, be used as an outcome measure for

assessing the effectiveness of differential training techniques in the training for empathic understanding.

(b) Perceived Empathy.- There exists another group of researches which suggest criteria measures other than objectively rated empathy may also be important to assess the effectiveness of training techniques for training in empathic understanding. This group of researches are those which have used both objective ratings of therapist performance as well as client and therapist perceptions of the conditions offered.

Use of the therapist as a judge for evaluation of the effectiveness of therapy was often based on the suggestion that since the therapist is the "expert" he should be the one to know what is happening in therapy. Such an assumption has come to be seriously questioned since the therapist's perceptions may be biased or distorted by his need to see improvement as a confirmation of his effectiveness as a therapist. Therapists have also been found to have a tendency to over-evaluate the effects of their own therapy.^{111,112}

111 Carl R. Rogers, G. T. Gendlin, D. V. Kielsner, and C. B. Truax, The Therapeutic Relationship and Its Impact: A Study of Psychotherapy with Schizophrenics, Madison, University of Wisconsin Press, 1967, xix-625 p.

112 G. T. Barrett-Lennard, "Dimensions of Therapist Response as Causal Factors in Therapeutic Change," Psychological Monographs, Vol. 76, No. 43 (Whole No. 562), 1963, p. 1-36.

Therapist perceived empathy has also been found not to be a particularly useful measure.¹¹³

Use of the client as an effective evaluator of therapy was strongly suggested by Rogers¹¹⁴ who felt that the client's perception of therapist empathy was a very crucial condition for change to occur. Similarly, Barrett-Lennard was also instrumental in stressing the importance of the client's perceptions of therapist-offered conditions as suggested by his major postulate that "the client's experience of his therapist's response is the primary locus of therapeutic influence in their relationship."¹¹⁵ Further, he went on to suggest that:

[...] it is what the client himself experiences that affects him directly. It follows from this that the relationship as experienced by the client (rather than the therapist) will be most crucially related to the outcome of therapy.¹¹⁶

The use of clients as judges of the counselor's performance has also been supported by Grigg and Goodstein when they state:

113 Robert R. Kurtz and Donald L. Grummon, "Different Approaches to the Measurement of Therapist Empathy and Their Relationship to Therapy Outcomes," Journal of Consulting and Clinical Psychology, Vol. 39, No. 1, 1972, p. 106-115.

114 Rogers, op. cit., p. 95-103.

115 Barrett-Lennard, op. cit., p. 2.

116 Ibid.

It seems plausible that any adequate criterion of counselor performance must include some client-observed and client-reported variables. Some appraisal of the client's reaction should be obtained before we can say that we have any comprehensive understanding of who makes a good counselor and what constitutes successful counseling techniques.¹¹⁷

Opposing arguments have also been proposed that the client may not be a good evaluator because his perceptions may be biased and hampered in his ability to accurately perceive interpersonal relationships. They may not know what is objectively good for them or what form of treatment might be best. In addition, client-perceived empathy has been found unrelated to judge-perceived empathy, as well as being less predictive of client outcome than judge-perceived empathy.^{118,119,}

117 A. E. Grigg and L. D. Goodstein, "The Use of Clients as Judges of the Counselor's Performance," Journal of Counseling Psychology, Vol. 4, No. 1, 1957, p. 31.

118 C. B. Truax, "Therapist Empathy, Warmth, and Genuineness and Patient Personality Change in Group Psychotherapy," Journal of Clinical Psychology, Vol. 22, 1966, p. 225-229.

119 J. C. Hansen, G. D. Moore, and R. R. Carkhuff, "The Differential Relationship of Objective and Client Perceptions of Counseling," Journal of Clinical Psychology, Vol. 24, 1968, p. 244-246.

120,121,122,123,124 These researchers along with Truax and Carkhuff¹²⁵ argue that it is the counselor's actual empathy as determined by objective judgments from tapes that is the more useful measure, since client evaluations may be a very poor measure of therapist offered conditions. Also, Truax and Carkhuff suggest that the degree of agreement between tape-judged empathy and client-perceived empathy is dependent on the degree of disturbance of the clients who are making the judgments. Kurtz and Grummon¹²⁶

120 J. W. Burstein and R. R. Carkhuff, "Objective Therapist and Client Ratings of Therapist Offered Facilitative Conditions of Moderate to Low Functioning Therapists," Journal of Clinical Psychology, Vol. 24, 1968, p. 233-236.

121 F. Zimmerman, "The Relationship between Counselor Accuracy in Perceiving Affect and Client-perceived Empathy," Dissertation Abstracts, Vol. 33, No. 8A, 1973, p. 4109.

122 J. Bozarth and D. Grace, "Objective Ratings and Client Perceptions of Therapeutic Conditions with University Counseling Center Clients," Journal of Clinical Psychology, Vol. 26, 1970, p. 117-118.

123 R. R. Carkhuff and J. Burstein, "Objective Therapist and Client Ratings of Therapist-offered Facilitative Conditions of Moderate- to Low-Functioning Therapists," Journal of Clinical Psychology, Vol. 26, 1970, p. 394-395.

124 B. Melnick and R. Pierce, "Client Evaluation of Therapist Strength and Positive-Negative Evaluation as Related to Client Dynamics, Objective Ratings of Competency and Outcome," Journal of Clinical Psychology, Vol. 27, 1971, p. 408-410.

125 Truax and Carkhuff, op. cit., 1967, xiv-416 p.

126 Robert R. Kurtz and Donald L. Grummon, "Different Approaches to the Measurement of Therapist Empathy and Their Relationship to Therapy Outcomes," Journal of Consulting and Clinical Psychology, Vol. 39, No. 1, 1972, p. 106-115.

in discussing the findings of Truax and Carkhuff, however, have argued that their data is not so convincing since of those studies cited which relate client-perceived empathy to therapy outcome, some did show a relationship between client-perceived empathy and outcome, though less strong than tape-judged empathy. Only those studies that dealt with schizophrenics failed to find the relationship between client-perceived empathy and outcome. Their own findings in contrast showed a stronger relationship between client-perceived empathy and outcome than other empathy measures after a third interview. They made the conclusion that:

We cannot question the Truax and Carkhuff position as it pertains to hospitalized patients, but when we add the present findings to those of previous studies, we believe that a case still exists for the importance of client-perceived empathy in individual counseling and psychotherapy with psychoneurotics.¹²⁷

Another study by Caracena and Viceroy¹²⁸ explored the relationship between offered empathy, as measured by judges using the Accurate Empathy (AE) Scale and achieved or phenomenological empathy as measured by the client's response to the Relationship Inventory (RI). Unlike the

¹²⁷ Ibid., p. 114.

¹²⁸ Philip F. Caracena and James Viceroy, "Correlates of Phenomenological and Judged Empathy," Journal of Counseling Psychology, Vol. 16, No. 6, 1969, p. 510-515.

previous studies mentioned, this particular research employed normal subjects so as to minimize distortion in empathic conditions. Furthermore, both objective and subjective types of interviewer behaviour were related to each measure. Some objective behaviours included proportion of words spoken by the interviewer, number of words per response, and number of responses, while subjective behaviours included voice gentleness, voice confidence, expression of interest and involvement, and clarity of expression. The rationale for relating such behaviours to empathy was that, while judges might consider some behaviours as important in communicating empathy, the client might consider other types of behaviours as important for feeling understood. The finding for the major hypothesis was no significant relationship between the AE and RI measures using subjects who are less prone to distorted perceptions. More significant and meaningful were the findings regarding the relationship between objective and subjective behaviour measures, with the AE and RI scores. The objective measures of proportion of words spoken by the interviewer and number of words per response were both positively related to the judged empathy, while neither were related to client-perceived empathy. Thus, although conciseness versus wordiness is usually related to effective communication, judges, but not the

clients, judged less concise interviewers as more empathic. The subjective measure, expression of interest and involvement, was found to be related to both judge-perceived and client-perceived empathy. Judges and clients thus agreed on this behaviour. Expression of interest and involvement was also found to be related to the above objective measure for number of words per response. The authors concluded from such a finding that judges will tend to rely on the verbosity and number of words an interviewer may use as criteria to assess his interest and involvement as well as empathy, while verbosity is not used by clients in rating the same variables. In fact, clients may feel less understood if the interviewer is too verbal and does not just listen to the client's communications. It would seem that judges are more dependent on superficial criteria in assessing counselor offered empathy, while clients rely more on interviewer interest, commitment and involvement in the relationship, as well as how clearly the interviewer's communications are. The finding of no relation between the AE measure and RI measure also poses questions regarding the validity of the AE scale. As a result, the authors suggest that the AE scale may be open to "differential interpretations of the variable to be measured"¹²⁹ with different raters, trained

129 Ibid., p. 513.

differently from other raters, assessing different variables, some of which may include the correlates of counselor commitment, interest, and involvement. In summary, the authors state:

Interviewer interest, commitment and involvement may be some of the variables upon which judges and subjects commonly agree when asked to rate empathy. Sheer quantity of words per response relates to judges' ratings of empathy, interest and involvement, but subjects appear not to use such objective indexes. The subjects seem to depend more upon what the interviewers say and how clearly they say it, two conceptually related concomitants of empathy. This would indicate that the phenomenological measure has a greater degree of construct validity in comparison to the judge-perceived measure, which, in part, is associated with theoretically inappropriate variables.¹³⁰

McWhirter¹³¹ has also arrived at the conclusion that objective judges may be limited due to the lack of information on counseling process such as non-verbal cues. He had forty-five counselor trainees rated by coached clients using the Barrett-Lennard Relationship Inventory and by trained judges using the Truax scales for Accurate Empathy, Nonpossessive Warmth, Genuineness, and these conditions combined. No significant relationship was found between the measures of the conditions on the Truax scales and the

¹³⁰ Ibid., p. 514.

¹³¹ J. J. McWhirter, "Two Measures of the Facilitative Conditions: A Correlation Study," Journal of Counseling Psychology, Vol. 20, No. 4, 1973, p. 317-320.

clients' view of the trainees using the Relationship Inventory. Since the clients used were coached and had been screened for psychological stability and normal functioning, the authors suggest the lack of relationship cannot be attributed to the perceptual distortion of the client. McWhirter further suggests that the lack of relation may be due to the fact that the clients based their ratings on the total interaction, including both verbal and non-verbal cues while the judges rated the trainees without benefit of the same visual cues. This is related to Caracena and Viceroy's finding that counselor verbosity may be related to judges' perceptions of empathy but not to clients' perceptions of empathy.

Client perception of what occurs in the therapist-client relationship and what conditions are offered by the therapist can still be, as Horenstein, Houston and Holmes¹³² suggest, an excellent way to evaluate therapeutic progress. Client reports of the conditions offered by the counselor can thus be a very important way of determining if the conditions apparently being offered as judged by therapist or external observers, are in fact being experienced by the

132 David Horenstein, Kent B. Houston, and David S. Holmes, "Clients', Therapists', and Judges' Evaluations of Psychotherapy," Journal of Counseling Psychology, Vol. 20, No. 2, 1973, p. 149-153.

client. If a condition such as empathy is assessed as objectively being offered but is not experienced by the client, there may be little therapeutic progress made.

It is not the objective of this section to argue that client-perceived empathy is a more useful way to assess counselor offered conditions such as empathy compared to either therapist-perceived or judge-perceived empathy. Rather, it concludes from the research in this area that client-perceived empathy is a very essential part of evaluation of the counselor offered conditions. In fact, the research suggests a lack of consistency regarding who is the most objective judge since each rater source has different views, biases and base-rate expectancies which they use in the rating process. Consequently, in assessing the effectiveness of different training methods for empathic understanding, it is clear that not only should outside judges' evaluations be employed as criteria, but also client perceptions may share equal importance as a means for assessment.

In summary, previous research which has examined the effectiveness of different training methods such as role-playing and microcounseling in the training of counselors for empathic understanding, has assessed the results of such training mainly from the point of reference of the counselor's level of functioning. The ultimate effect of these training

methods has been assessed using external judges' ratings of counselor empathic understanding derived from verbal responses in a standard interview situation. Research has shown that if the counselor is understanding his client in an empathic manner, the client may engage in greater levels of self-exploration. Also, if the counselor is offering empathic understanding, it is particularly important that the client at least feel understood and perceive the conditions of empathy being offered. It has become apparent that the least reliable of evaluators of the therapeutic conditions is in fact the counselor himself. Further, although external judges' perceptions of empathy have been extensively used, the use of the client as a judge of perceived empathy is not to be disregarded. Both Gormally and Hill¹³³ and Resnikoff¹³⁴ have stressed the linking of counselor level of functioning, client self-exploration, and client outcome. The essential question posed is "Does helper focus on helpee feelings produce helpee self-exploration and change?"¹³⁵

133 Gormally and Hill, op. cit., p. 545.

134 Arthur Resnikoff, "Critique of the Human Resource Development Model from the Viewpoint of Rigor," Counseling Psychologist, Vol. 3, 1972, p. 46-55.

135 Gormally and Hill, op. cit., p. 545.

Thus the present review illustrates that in a helping relationship not only must the counselor's level of empathic functioning be considered, but particularly relevant are the effects the counselor's functioning has on the client in terms of his level of self-exploration, as well as the client's phenomenological experience of the facilitative conditions offered.

5. Summary and Statement of the Problem.

This first chapter has attempted to clarify the concept of empathy and offered a definition of empathy in terms of two components, namely, discrimination and communication. It went on to explore more traditional training programs and models in counselor education and emphasized the failure of didactic training alone to effectively train counselors in the communication of empathic understanding. Other types of training models which train counselors not only in discrimination but also communication of empathic understanding were then discussed. Such models stressed the importance of a systematic approach to training combined with sufficient opportunity for practice in the helping role. Research evidence was then presented for the effectiveness of systematic training programs for the communication of empathy, the use of role-playing as a specific technique in

such training, and the use of the microcounseling model as another approach to counselor training. Throughout this review, it was noted that there exists a scarcity of research evidence which compares the effectiveness of these different training approaches and techniques with each other. Furthermore, the research that has been done in this area has evaluated the relative effectiveness of these methods employing criteria based mainly on the counselor's level of functioning. Research related to client self-exploration and perceived empathy, however, has illustrated the necessity of considering the client or helpee's role in making such assessments and thus the need for using additional criteria other than counselor's level of empathy as measured by external judges.

The results from these previous areas of research have led to the following questions and problem. When different methods for the training of counselors in the communication of empathic understanding are compared, what is the ultimate effect of these methods of training on the client or helpee? Using both the helper and helpee as criteria to assess the relative effectiveness of different training methods, will different training methods such as role-playing or micro-training be more or less effective as training methods for the training of counselors in the

communication of empathic understanding? To examine these problems the present thesis compared four groups, a "no-treatment" control group, an audio-tape training group, a role-playing group, and a micro-training group. The effectiveness of these different training groups is then determined after training by casting each trainee counselor into a helping role with a standard client or helpee. The results will be measured using the four criteria of helper level of empathic functioning, helpee level of self-exploration, helper-perceived empathy and helpee-perceived empathy. In general, it is expected that there would be a difference between the different training methods on the four outcome criteria. Specifically, it is anticipated that the experimental groups given role-playing and micro-training would be significantly different than the audio-training or no-treatment control group for empathic understanding, self-exploration, and both helper- and helpee-perceived empathy. It is expected that if the training methods are differentially effective in training counselors to communication of empathy, such training would also be reflected in significant effects in client self-exploration and perceived empathy.

To determine whether different methods such as audio-tape training, role-playing, and micro-training have differential effects in the training of counselors in the communication of empathy based on their effects on both counselor and

client, the next chapter will describe the experimental design which attempts to answer these problems. The specific null hypotheses will be stated at the end of the next chapter.

CHAPTER II

EXPERIMENTAL DESIGN

1. The Sample.

The Helpers.- The helpers consisted of forty-two students from the University of Ottawa who accepted to participate in a study on human relations. They were forty-two counselors of whom 18 were counselors in various student residences, 6 were standby residence counselors, and 18 were orientation counselors.

Two of the trainers involved in the study met with the residence floor counselors and asked them to participate in a research project. They were advised that the project was in the area of human relations, that they would need to give up to twenty-two hours distributed over a period of one month, and that they would be contacted shortly to organize a first meeting to discuss a time schedule. Two weeks later, a group of residence counselors and standby counselors met to schedule three 3-hour meetings. Each subject selected three 3-hour training blocks which suited his or her time schedule. In addition, the orientation counselors from various faculties at the University of Ottawa were informed by telephone of the research project and were asked to meet at the Guidance Centre, University of Ottawa, to select three 3-hour blocks.

Eighteen orientation counselors volunteered to participate in the study.

Of the forty-two helpers, 21 were female and 21 were male. A number of different faculties were represented in the sample, including Arts, Science, Medicine, Economics, and Management Sciences. The study was conducted in English as the major language, although some subjects were perfectly bilingual in French and English. The period for the actual research project, including the training and evaluation, was September 1973 and part of October 1973.

The Trainers.- The author and two other Ph.D. students from the Faculty of Psychology, University of Ottawa, comprised the three trainers responsible for the training. All three had previous experience in counseling and could be considered high functioning counselors. Each trainer also had prior experience with systematic empathy training.

All the training for the experiment was conducted in training rooms for small groups, equipped with video-tape recording equipment and audio-tape recorders, at the Guidance Centre, University of Ottawa. The evaluation of the training was conducted in the counseling offices of the Guidance Centre equipped with audio-recorders.

The Helpees.- The helpees were volunteer undergraduate students recruited at the University of Ottawa. They

were cast into playing the role of clients in a standard interview situation. A total of forty-two helpees, 21 females and 21 males, volunteered as helpees. They were randomly assigned to the forty-two helpers. Nine of the forty-two helpees had participated in a pre-experimental standard interview two weeks previously, but none of these were assigned to the same helpers in a second standard interview after the experimental training used for this research project.

2. The Groups and Description of the Treatments.

The present section describes the pre-experimental training, the composition of the experimental and control groups, and the treatment given to the different groups.

Prior to the actual experimental treatment, all helper subjects were given nine hours of empathy training. Two reasons for giving this pre-experimental training were: (1) all subjects were to receive the same initial nine hours of audio-training; and (2) to reduce the likelihood of losing subjects by getting them involved and committed to the project so as to ensure their continuance for the experiment and assure an equal distribution of subjects in each group. After this initial training period was given, it became evident to the trainers that all the subjects did become

involved and wanted to continue with the research project. Thus no attrition took place.

Before describing the groups and experimental treatment, the writer will first describe the pre-experimental empathy training which consisted of audio-training only. The training comprised two parts: (1) discrimination training; and (2) communication training via audio-taped stimuli. These two elements are now described.

(a) Discrimination Training.- Initially the concept of empathy was introduced and the helpers (trainees) were invited in a group discussion of their understanding of the concept and its meaning for them. Through the group process, empathy was defined, clarified, and distinguished from other concepts like sympathy, and its importance and role in a helping relationship were stressed.

Following the definition of the concept of empathy, the trainees were provided with copies of Carkhuff's Empathic Understanding in Interpersonal Process: A Scale for Measurement. After the trainees read the scale, the trainers introduced it by defining each of the five points of the scale, giving examples and illustrations of each level. The trainers began with level three of the scale, then explained levels one and two, then four and five. The trainees then were given practice in discriminating between the different

levels of empathic functioning in the following manner. A tape-recorded client stimulus expression was played to the group. One trainer read out a possible helper response which had previously been given a rating by the trainers. The trainees rated the helper response employing the five-point empathy scale to which they could refer. After writing their ratings on paper, each trainee read aloud his or her rating which was discussed by the group members. At this point the trainers underlined important aspects mentioned by the trainees during the discussion, and added other dimensions that might have been neglected. The trainers subsequently gave their rating of the helper response, at the same time providing a rationale for their rating based on the empathy scale. More than one helper response was given to each client expression. Using this same procedure, the trainees rated approximately thirty helper responses. The discrimination training took three hours at which point the trainees deviated about no more than .5 from the ratings provided by the trainers.

Discrimination training serves to provide an important basis for communication training since besides providing clarification of the concept of empathy, it gives the trainees examples of the different levels of communication and begins to provide models upon which to build a repertoire of responses that would be minimally facilitative. It also gives the

trainees a useful tool to judge their own responses in the communication phase of training.

(b) Communication Training.- During this phase of the training the trainees were required to formulate their own interchangeable helper responses to pre-recorded client stimulus expressions in order to improve and shape their level of empathic functioning to a minimally facilitative level. The communication training was six hours and consisted of three parts. First, trainees were provided with transcripts of recorded client stimulus expressions, a paper and a pencil; second, the trainees were provided with paper and pencil only, the transcripts were removed; third, the trainees listened to the audio stimulus only and responded verbally without the aid of the paper, pencil, or transcripts. Each training phase lasted two hours. The procedure in these three parts will now be described.

During the first part of communication training, the group of trainees listened to the audio-taped excerpt, at the same time following the excerpt on their transcript. Immediately after the excerpt, they wrote down their own empathic response on paper. In formulating their response the trainees could again refer to their transcript of the client expression as well as the empathy scale. At random each trainee was asked to read out his response which was immediately rated by

his fellow trainees, the trainee himself, and then the trainers. Such immediate feedback shaped the trainees toward offering responses that communicated empathic understanding.

In the second phase, the trainees again listened to audio-taped excerpts and wrote their own empathic responses. The transcripts were not used while writing down their responses. The trainees thus had to listen more attentively, using only the audio mode for discrimination of what was being expressed. The same rating procedure as described in the first part was used, with each trainee being given the opportunity to share his response with the group.

During the third and final phase, the trainees listened to more audio excerpts and immediately after the excerpt one of the trainees was asked, at random, to verbally formulate an empathic response. Thus the trainee not only had to listen attentively to the client expression, but was to verbally respond as if he were the helper immediately responding to a client. The same rating procedure used in the first two phases was also employed here. If the verbal response of a trainee was rated as not approximating level three on the empathy scale, another trainee was asked to provide his verbal response which he considered to be a level three response. Again, the same procedure for rating was followed. Thus the trainees were progressively trained to respond immediately in an

accurate and minimally facilitative way to client stimulus expressions.

On completion of the nine hours of pre-experimental training, all the forty-two subjects were randomly assigned to one of four groups. The resulting four groups were as follows: no-treatment control group, eleven trainees (6 females and 5 males); audio-training group (5 females and 5 males); role-playing (6 females and 5 males); and micro-training (4 females and 6 males). The present section will describe the treatments given to the experimental and control groups. First the treatment given to the three experimental groups will be described.

(a) Experimental Group One: Audio-Training.- Following the pre-experimental empathy training, this group was given an additional nine hours of audio communication training. This audio-training was not simply a repetition of the previous nine hours, but a continuation of the audio-training given in the pre-experimental training with different client stimulus expressions. The same procedure, however, was followed with each trainee being asked to respond immediately and verbally to the tape-recorded client expressions. Also, each response was rated on the empathy scale by the trainees and trainers.

To facilitate learning and maximize the amount of practice in communicating verbal empathy for each trainee,

the ten trainees in this group were divided into two smaller groups of five in each group. The three trainers then alternated between the two groups.

(b) Experimental Group Two: Role-Playing.- Experimental group two was given nine hours of role-playing after the pre-experimental training. One member of the group played the part of a helpee, identifying himself with a real or imagined person and responded in terms of the role he played. Another group member played the role of the helper, while the remainder of the group observed the dyad. A typical role-played sequence lasted between five and ten minutes. The goal of the role-playing was for the helper to respond empathically to the helpee. Following each role-played sequence, the participants, the other group members, and the trainers rated and discussed the helper's empathic functioning. In this feedback to the helper, the focus was on the helper at all times in terms of his levels of empathy he offered the helpee.

Again, as in experimental group one, this group was divided into two smaller groups of five and six so as to maximize the amount of practice each trainee would have in communicating empathy when playing the helpee. The three trainers also alternated between the two groups.

Although the major goal of the role-playing was to give the trainees the opportunity to practice the communication of empathy when playing a helper, it was noted that some

benefit may in fact have been gained by the trainee who played the role of the helpee. Initially, most helpees presented difficulties (problems) which were more external to themselves, but as the training progressed their problems were of a more personal nature combined with real feelings. The focus, however, was still maintained on the helper's level of functioning.

(c) Experimental Group Three: Micro-Training.- This third experimental group was given nine hours of micro-training. As in the previous two experimental groups just described, two smaller groups were formed with five members in each group, the purpose being to maximize practice. The three trainers alternated between the two groups.

In this treatment group, as in the role-playing group, role-playing dyads were formed with one trainee group member playing the helpee and another member cast into the role of helper. The goal was the same, that is, for the helper to practice the communication of empathic understanding with the helpee. For about five to ten minutes, the dyad of the helpee and helper engaged in a role-played sequence which was video-tape recorded. At this point the procedure in this group differed from that in the role-playing treatment group. Following the role-playing, the trainers proceeded to play back to the group parts of the video-tape recording of the role-playing which had just transpired. Using the video

recording, the participants, other group members, and trainers could visually and audially observe again the functioning of the helper in the role-playing. The trainers stopped the video-recorder at various times during the video-playback to provide specific and immediate feedback to the helper on his level of empathic functioning. After seeing and hearing the helper's intervention to a helpee statement, specific helper responses were rated by the group and the trainers. On completion of the playback of the role-played sequence on videotape, the helper, helpee, other group members, and trainers gave a global rating of the helper's empathic functioning during that particular role-played sequence. The trainers and group members made specific comments about where the helper was showing empathic understanding and where he seemed to need improvement. Thus the helper received positive reinforcement for his facilitative empathic functioning, with suggestions for improvement. The trainers made a brief summary of the points raised in the group, setting the stage for further practice and implementation of this feedback in a second role-played sequence with the same helper and helpee. In this second role-played sequence, the helper was given the opportunity to make use of the previous feedback. Following the second role-played sequence, video-tape feedback of specific helper-helpee interactions were selected for playback by the trainers. The rating of the helper's functioning was

again conducted as described after the first role-played sequence with the focus again being on the helper's performance and the improvements he made in empathic functioning over the first role-played sequence.

Although the micro-training procedure just described deviates from the actual micro-counseling model and procedure described by Ivey and Moreland,¹ it is very similar in approach and incorporates much of the same opportunities for learning. In using video-tape feedback in addition to role-playing, this training group was able to learn by cue discrimination, observe other helper models besides themselves, obtain specific feedback and suggestions for improving their empathic functioning combined with positive feedback for improving functioning. With the opportunity for self-observation the helper was confronted with his own behaviour and the helpee's reactions to his interventions, leading to instantaneous feedback that could guide future helper interventions. Also, as in micro-counseling, the focus was on a specific single skill, allowing the trainee to master this one discrete skill rather than a number of complex skills at once. The trainee was therefore able to observe himself improve immediately in one

¹ Allen E. Ivey and John R. Moreland, Microcounseling: Innovations in Interviewing Training, Springfield, Ill., Thomas, 1971, xxi-206 p.

area. With these similarities to micro-counseling, the training procedure described here as micro-training was believed to add something more in terms of a training method, beyond the role-playing experience described for experimental group two.

(d) Control Group.- The control group received no training during the experimental phase proper, and had only received the initial nine hours of pre-experimental empathy training like the other groups. The control group subjects were tested at the same time as the subjects in the three experimental groups.

This completes the description of the treatments given to the four groups. The instruments and procedure will now be described.

3. Instrumentation and Procedure.

(a) Instrumentation.- The instruments used in this research were: (1) The Empathic Understanding in Interpersonal Processes: A Scale for Measurement;² (2) The Helpee Self-Exploration in Interpersonal Processes: A Scale for Measurement;³ and (3) the Barrett-Lennard Relationship Inventory,

² Robert R. Carkhuff, Helping and Human Relations, Vol. I, New York, Holt, Rinehart & Winston, 1969, p. 174-175.

³ Ibid., Vol. II, p. 38-39.

Helper and Helpee Forms.⁴ Each of these instruments will now be described, along with reference to their reliability and validity.

The Empathic Understanding Scale.- For the purposes of this research, Empathic Understanding is defined operationally by Carkhuff's definition of the concept as the ability to perceive the client's feelings and to communicate this understanding to him. Carkhuff defines empathy as:

[...] the ability to recognize, sense, and understand the feelings that another person has associated with his behavioral and verbal expression, and to accurately communicate this understanding to him.⁵

A similar definition was offered by Truax and Carkhuff⁶ for their Accurate Empathy Scale (AES), upon which was based the revised Empathic Understanding in Interpersonal Processes Scale (EMP). Their definition of Empathic Understanding is as follows:

Accurate empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings.⁷

4 G. T. Barrett-Lennard, "Dimensions of Therapist Response as Causal Factors in Therapeutic Change," The Psychological Monographs, Vol. 76, No. 43 (Whole No. 562), 1963, p. 1-36.

5 Carkhuff, op. cit., Vol. I, 1969, p. 266.

6 Charles B. Truax and Robert R. Carkhuff, Toward Effective Counseling and Psychotherapy, Chicago, Aldine, 1967, xiv-416 p.

7 Ibid., p. 46.

What is clear from these definitions is that empathy involves an interpersonal skill, rather than just an attitude or personality trait, that involves an ability to communicate understanding to the other person.

The AES is a nine-point scale while the EMP scale is a five-point scale with midpoints, thus in effect making it a nine-point scale as well. Levels 1, 2, 3, 4, and 5 on the EMP scale correspond to levels 1, 3, 5, 7, and 9 on the AES. The EMP scale was selected over the AES as the operational definition of empathy because of its being more simple and understandable than the AES.

At the lowest levels of the scale, level 1 and level 2, the helper's responses do not attend, or detract significantly (level 1), or subtract noticeable affect (level 2) from the communication of the helpee. The higher levels of the scale, levels 4 and 5, are additive responses indicating that the helper's response adds noticeably (level 4), or significantly (level 5) to the findings and meanings of the helpee's expression. At level 3 the helper's response is considered to be at a minimal level of empathic functioning since the helper neither adds to nor subtracts from the helpee's expression. The helper's communication is thus essentially interchangeable with the helper's communication in terms of feeling and meaning. It is at least to level 3 functioning that the empathy training in this research aspired. The EMP scale is contained in Appendix 1.

Much of the reliability and validity data for the Carkhuff scales are based on the reliability and validity of previous empathy scales. Thus the evidence provided for the EMP scale is largely based on previous research employing the longer nine-point AES and will be reported here, commencing with reliability.

The reliability of the AES has usually been determined by correlating different rater ratings on the scale for the same sample of excerpts. Truax and Carkhuff⁸ have reported the correlations for twenty-eight studies involving a variety of therapist and client populations. The Pearson correlations and Ebel intraclass reliabilities ranged from .43 to .95, depending on the study and/or judges using the original scale. Truax and Mitchell⁹ also reported a number of studies with their reliabilities for the AES.

Other studies, employing a five-point scale reported in Carkhuff,¹⁰ have also found high reliabilities for the

8 Ibid., p. 45.

9 Charles B. Truax and Kevin B. Mitchell, "Research on Certain Therapist Interpersonal Skills in Relation to Process and Outcome," in Allen E. Bergin and Sol L. Garfield (Eds.), Handbook of Psychotherapy and Behavior Change: An Empirical Analysis, New York, Wiley, 1971, p. 299-344.

10 Robert R. Carkhuff (Ed.), The Counselor's Contribution to Facilitative Processes, Buffalo, State University of New York, 1968.

Empathy Scale. Friel, Kratochvil and Carkhuff¹¹ used the five-point Empathic Understanding in Interpersonal Processes Scale and reported Pearson r intra-rater reliabilities for this scale as .94, .99, and .90. Inter-rater reliabilities based on the same scale and three judges were reported as .88, .87, and .85. A number of other researches cited by Hefele and Hurst¹² reported similar Pearson correlations in the .80's and .90's. Carkhuff¹³ has also reported a number of studies yielding similar reliabilities for the EMP scale.

Although some questions might be raised regarding the use of different point scales and the empirical relation of the constructs between the original and revised scales, there is no reason to believe, or evidence presented, to suggest that the AES or EMP scales are not reliable and can in fact be reliably measured.

The validity of the EMP scale is likewise dependent on the validity of previous research scales, and Carkhuff has

11 T. W. Friel, D. Kratochvil, and R. R. Carkhuff, "The Effects of the Manipulation of Client Depth of Self-exploration Upon Helpers of Different Training and Experience," Journal of Clinical Psychology, Vol. 24, 1968, p. 247-249.

12 Thomas J. Hefele and Michael W. Hurst, "Interpersonal Skill Measurement: Precision, Validity and Utility," Counseling Psychologist, New Directions in Training, Part II, Vol. 3, No. 4, 1971, p. 62-70.

13 Robert R. Carkhuff, The Development of Human Resources, New York, Holt, Rinehart & Winston, 1971, xvii-422 p.

provided no direct validating evidence for the revised EMP scale as such. Instead, Carkhuff supports the validity of the EMP scale when he states:

This scale is derived in part from "A Scale for the Measurement of Accurate Empathy," which has been validated in extensive process and outcome research on counseling and psychotherapy, [...] and in part from an earlier version that had been validated in extensive process and outcome research on counseling and psychotherapy. [...] In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy and education. The present scale was written to apply to all interpersonal processes and represents a systematic attempt to reduce ambiguity and increase reliability.¹⁴

Since the Carkhuff five-point Empathic Understanding in Interpersonal Processes Scale is based on validity evidence of previous scales, namely Truax's nine-point AES and Carkhuff's earlier five-point Empathic Understanding in Interpersonal Processes Scale, the research evidence for their validity will be presented here. The validating evidence is based largely on predictive and construct validity, but content validity has also been provided.

The validity of truax's AES is based largely on the relationships found between AES ratings and indices of client improvement or deterioration, i.e., therapeutic outcome.

¹⁴ Carkhuff, op. cit., Vol. II, 1969, p. 315.

A number of studies in counseling and psychotherapy^{15,16} have provided such evidence, as well as other studies^{17,18,19} that have consistently shown that clients of therapists offering high levels of accurate empathy show greater gain and constructive personality change than do clients of therapists low on accurate empathy.

Regarding the relationships between AES ratings and client outcome, Truax²⁰ reported a significant correlation of +.77 between AES ratings and case outcome measured by the final outcome criteria that included psychological test data, diagnostic evaluations of personality change, and a measure of the time actually spent in the hospital since initiation of therapy. A second correlation of +.48 was found between the level of accurate empathy offered by the therapist and

15 Carl R. Rogers, G. T. Gendlin, D. V. Kiesler, and C. B. Truax, The Therapeutic Relationship and Its Impact: A Study of Psychotherapy with Schizophrenics, Madison, University of Wisconsin Press, 1967, xix-625 p.

16 Charles B. Truax et al., "Therapist Empathy, Genuineness, and Warmth, and Patient Therapeutic Outcome," Journal of Consulting Psychology, Vol. 30, No. 5, 1966, p. 395-401.

17 Rogers et al., op. cit., 1967, xix-625 p.

18 Truax and Carkhuff, op. cit., 1967, xiv-416 p.

19 Truax and Mitchell, op. cit., p. 299-344.

20 Charles B. Truax, "Effective Ingredients in Psychotherapy: An Approach to Unravelling the Patient-Therapist Interaction," Journal of Counseling Psychology, Vol. 10, No. 3, 1963, p. 256-263.

diagnostic evaluation outcome criteria (Rorschach and MMPI given before therapy and later in therapy) of constructive personality change. Another outcome study with hospitalized patients in group psychotherapy by Truax, Carkhuff and Kodman²¹ correlated ratings on the AES, unconditional positive regard, and therapist genuineness, with constructive personality change as measured by the MMPI administered pre- and post-therapy. Significant differences ($p < .05$) were found on the PT scale, the SC scale, and the Welsh Anxiety Index obtained from the MMPI. The authors suggested that accurate empathy in group psychotherapy primarily affected anxiety level and schizophrenic symptomatology.

Hefele and Hurst²² have presented four areas of research that provide predictive and construct validity particularly for Carkhuff's five-point scale, as well as the other interpersonal skills. The first two types of predictions are that:

- (1) clients of high-facilitative (ratings > 3.0) counselors or trainees would engage in significantly more self-exploration than clients of low-facilitative (ratings < 3.0) counselors or trainees.
- (2) the higher the rated communication level of a person, the greater his discrimination skills, and, further, that accurate discrimination does not necessarily imply a high communication level.²³

21 Charles B. Truax, Robert R. Carkhuff, and Frank Kodman, "Relationship Between Therapist-offered Conditions and Patient Change in Group Psychotherapy," Journal of Clinical Psychology, Vol. 21, No. 3, 1965, p. 327-329.

22 Hefele and Hurst, op. cit., p. 62-70.

23 Ibid., p. 67.

The first prediction is largely based on those studies on client self-exploration that were reported in the first chapter of this paper. The second theoretical prediction is supported also by previous research cited in Chapter I^{24,25} which indicates that discriminators are not particularly effective communicators of empathy, and that predicting communication levels from discrimination levels can only occur by chance since the counselor has the option to communicate or not communicate his understanding.

The authors also cited two other predictive and construct validity findings. They were studies which established "a link between ratings of the therapist's communication skills and the direction of client movement, [...] when rated on similar dimensions of interpersonal functioning,"²⁶ and those which found "the direct effect of clinical trainers' levels of facilitative functioning on trainees' levels of facilitative functioning [...]."²⁷

24 R. R. Carkhuff, T. Collingwood, and L. Renz, "The Prediction of the Effects of Didactic Training in Discrimination," Journal of Clinical Psychology, Vol. 25, No. 4, 1969, p. 460-461.

25 R. R. Carkhuff, D. Kratochvil, and T. Friel, "The Effects of Professional Training: The Communication and Discrimination of Facilitative Conditions," Journal of Counseling Psychology, Vol. 15, No. 1, 1968, p. 68-74.

26 Hefele and Hurst, op. cit., p. 67.

27 Ibid.

In conclusion, Hefele and Hurst state that:

Thus, we feel that the predictive and construct validities have been fairly well established with respect to client [trainee] level of interpersonal functioning and client [trainee] self-exploration.²⁸

As reviewed by these same authors, the content validity of the scales, as opposed to the content validity of the primary instruments, i.e., the raters, is believed to be very good and quite high. Content validation of the raters is more difficult to establish and it is suggested that there is a need to involve raters' descriptions instead of just ratings.

The Self-Exploration Scale.- As in the case of the empathy scale, the Self-Exploration in Interpersonal Processes: A Scale for Measurement was based on revisions of earlier versions of self-exploration scales.^{29,30} This scale as well as the earlier scales was designed to measure the extent of client self-exploration and as a way of assessing the client's response to the therapist. It was based on the theoretical and clinical rationale that self-exploration is an antecedent to therapeutic outcome and thus a good gauge of the therapist's effectiveness. These scales were also

28 Ibid.

29 Carkhuff, op. cit., 1968.

30 Truax and Carkhuff, op. cit., 1967, xiv-416 p.

descendents of the Process Scale developed by Rogers, Walker and Rablen.³¹

Truax and Carkhuff's Depth of Intra-personal Exploration Scale (DX)³² is a nine-point scale with a zero-point that is used when no personally relevant material occurs and there is no opportunity for it to occur. It ranges from the lower level, where the patient actively evades personally relevant material or does not respond to personally relevant material when the therapist introduces it, to higher levels where the patient actively explores his feelings, his values, his perceptions of others, his relationships, his fears, his turmoil, and his life choices. He deeply explores and is being himself.

Carkhuff's Helpee Self-Exploration in Interpersonal Processes: A Scale for Measurement (SX)³³ is a shorter version containing a five-point scale. It is the scale that was employed in this research to define levels of self-exploration in the helpees. At the lower levels, the SX scale describes the helpee as not discussing personally relevant material because of lack of opportunity or evasion on his part (level 1), or responding to such material but in a mechanical manner

31 Carl R. Rogers, A. Walker, and R. Rablen, "Development of a Scale to Measure Process Changes in Psychotherapy," Journal of Clinical Psychology, Vol. 16, 1960, p. 79-85.

32 Truax and Carkhuff, op. cit., 1967, p. 195-207.

33 Carkhuff, op. cit., Vol. II, 1969, p. 38-39.

without emotional feelings (level 2). The higher levels of the scale describe a person who voluntarily introduces personally relevant material with feelings, emotional proximity and spontaneity (level 4), perhaps to the extent that he actively engages in inward probing, focusing, and searching to discover new feelings and experiences about himself and his world (level 5). At level 3 the person voluntarily introduces personally relevant material, but it lacks the characteristics of emotional feeling of the higher levels, and may be presented in a rehearsed mechanical manner. The SX scale is contained in Appendix 2.

As with the EMP scale, the reliability and validity of the SX scale is largely based on the earlier scale versions such as the DX scale developed by Truax and Carkhuff. These authors have reported that the reliabilities for the DX obtained in twelve researches ranged from .59 to .88.³⁴ Friel, Kratochvil and Carkhuff³⁵ have also reported reliabilities based on Carkhuff's five-point Self-Exploration in Interpersonal Processes Scale of .88, .89, and .87 for intra-rater reliability, and inter-rater reliabilities of .90, .90, and .93. A number of other studies were cited by

34 Truax and Carkhuff, op. cit., 1967, p. 195.

35 Friel et al., op. cit., p. 247-249.

Hefele and Hurst³⁶ that indicated intra- and inter-rater reliabilities in the .80's and .90's for client self-exploration. From these reported reliabilities the SX scale can generally be considered reasonably reliable.

Regarding validity, Truax and Carkhuff have argued that:

[...] one must depend on the face validity and the research evidence showing predictable relationships to therapeutic outcome. Beyond this, the finding that experimental manipulation of levels of conditions produces predictable changes in the measure of self-exploration, and the finding that differential reinforcement of self-exploration produces consequent differential levels of self-exploration and outcome, add further evidence for the validity and utility of the measure.³⁷

Earlier research evidence comparing more successful with less successful counseling cases has tended to show that the more successful clients explore their problems more and make more self-references than less successful clients. During the course of therapy, patients classified as successful have been found to explore themselves more, while therapeutic failures have shown little self-exploration or emotional involvement.³⁸ In relation to outcome, Truax and

36 Hefele and Hurst, op. cit., p. 62-70.

37 Truax and Carkhuff, op. cit., 1967, p. 194-195.

38 Ibid., p. 190-191.

Carkhuff³⁹ found that patients high in self-exploration showed significantly greater personality change than patients who were relatively low in degree of self-exploration. The outcome criteria comprised a number of psychological tests including a blind analysis of the Rorschach, percentage of time hospitalized, and other specific measures. The positive relationship to outcome was also found to hold for early or late in the process of therapy. A study by Truax and Carkhuff⁴⁰ with a hospitalized neuropsychiatric population found that the greater the patient engaged himself in the process of self-exploration or self-disclosure, the greater was the degree of constructive personality change found in the patient. Such a finding was based on the correlation of .57 found between patient exploration and the average of standard scores on criteria of constructive personality change that included two diagnosticians' "blind" evaluations of change in psychological functioning using pre- and post-test batteries, an objective measure (MMPI), and a measure of time spent hospitalized after initiation of therapy. In

39 C. B. Truax and R. R. Carkhuff, "For Better or for Worse. The Process of Psychotherapeutic Personality Change," in Recent Advances in the Study of Behavior Change, Montreal, Canada, McGill University Press, 1963.

40 Charles B. Truax and Robert R. Carkhuff, "Client and Therapist Transparency in the Psychotherapeutic Encounter," Journal of Counseling Psychology, Vol. 21, No. 1, 1965, p. 3-9.

addition, the results showed a significant correlation of .64 between these same criteria of constructive personality change and ratings of patient self-exploration derived from the second interview. Thus, even very early in the therapeutic relationship, client level of intra-personal exploration is related to, and could be a reasonably adequate predictor of, final case outcome.

In their study with hospitalized schizophrenics, Rogers et al.⁴¹ also showed how self-exploration in the patient was a significant factor in successful therapeutic outcome.

Besides predicting outcome, the validity of the DX and SX scales is based on studies illustrating the effects of the experimental manipulation of the therapeutic conditions on client self-exploration. These studies, reviewed in the previous chapter of this paper, showed how changes in the levels of the conditions such as empathy can result in significant predictable lowering or raising of client depth of self-exploration depending on the level of functioning of the helper.

41 Rogers et al., op. cit., 1967, xix-625 p.

In a study of thirty hospitalized mental patients seen by four different group therapists, Truax⁴² explored the effect of degree of reinforcement (empathy, warmth, and genuineness were the reinforcers) on level of depth of self-exploration by the patient, and on consequent effects on outcome. Patients who had received high levels of reinforcement for self-exploration had higher levels of self-exploration than patients who received the lowest levels of reinforcement. The expectation related to outcome was also confirmed. Patients who had received high levels of reinforcement when they self-explored also showed significantly better outcome than patients in groups receiving low or negative reinforcement. These findings further support the relationship between the therapeutic conditions and self-exploration, as well as that between self-exploration and outcome.

The validity of the SX scale as a useful measure of self-exploration would seem to be supported by these three areas of research. Its predictive validity is established in its relation to outcome and as a theoretical construct it follows that SX can be affected by changes in the levels of interpersonal conditions.

42 Charles B. Truax, "Therapist Interpersonal Reinforcement of Client Self-exploration and Therapeutic Outcome in Group Psychotherapy," Journal of Counseling Psychology, Vol. 15, No. 3, 1968, p. 225-231.

The Relationship Inventory.-- The Relationship Inventory (RI) was developed by Barrett-Lennard⁴³ as an attempt to measure both the client's perceptions of the therapist-offered conditions as well as the therapist's own perceptions of these same conditions. It originally developed out of the theoretical rationale provided by Rogers'⁴⁴ description of the "necessary and sufficient conditions" of personality change. In its original form, the conditions were measured by the RI's five scales: Empathic Understanding (E), Level of Regard (R), Unconditionality of Regard (U), Congruence (C), and Willingness to be Known (W). It contained a total of eighty-four items. However, Barrett-Lennard recommended deletion of the Willingness to be Known (W) scale because it was found to be conceptually a part of Congruence (C). The current form of the RI contains a total of sixty-four items, with each of the four scale dimensions of E, R, U, and C containing sixteen statements. Two forms are available for the RI, one form for the client (Form OS) and another for the therapist (Form MO). On each form are contained the sixty-four statements which assess the client's (therapist's) perception of the therapist (client) along the

43 Barrett-Lennard, op. cit., p. 1-36.

44 Carl Rogers, "The Necessary and Sufficient Conditions of Therapeutic Personality Change," Journal of Consulting Psychology, Vol. 21, No. 2, 1957, p. 95-103.

four dimensions. The respondent considers each statement in relation to his therapist or client, and assesses it on a six-point scale ranging from strong agreement with the statement to strong disagreement with the statement. His response is indicated by writing a +3, +2, +1, -1, -2, -3 beside each statement specifying how strongly he feels the statement is true (+) or is not true (-). The inventory is scored by combining the positive response items with the negative response items (after reversing the sign of the negative items) for each separate scale. Each of the four scales contains sixteen statements, 8 positive items and 8 negative items, yielding a total score for each scale. The scale scores also are combined to give a grand total score. The group of items representing each scale is dispersed throughout the Inventory to allow for maximum independence of response to them. The Relationship Inventory, Client Form and Therapist Form, is contained in Appendix 3. The Client Form has been labelled Helpee Form, and the Therapist Form called the Helper Form for purposes of clarity in this research. The RI scoring sheet is contained in Appendix 4.

As this study was concerned only with the variable of perceived empathy from the point of views of helper and helpee, the only scale to be described from the RI will be the Empathic Understanding Scale (E). According to the RI, empathic understanding is:

[...] conceived as the extent to which one person is conscious of the immediate awareness of another. Qualitatively it is an active process of desiring to know the full present and changing awareness of another person, of reaching out to receive his communicating and meaning, and of translating his words and signs into experienced meaning that matches at least those aspects of his awareness that are most important to him at the moment. It is an experiencing of the consciousness "behind" another's outward communication, but with continuous awareness that this consciousness is originating and proceeding in the other.⁴⁵

Empathic understanding in this context thus involves the recognition of the other's perceptions, feelings, affect, experience and awareness, as well as inferred, implied or indirectly expressed aspects of the other's awareness. It involves experiencing both the content and process of all the other person's awareness. Some examples of items from the helpee form of the RI include:

- Item 2. He wants to understand how I see things.
- Item 18. He usually senses or realizes what I am feeling.
- Item 6. He may understand my words but he does not see the way I feel.
- Item 38. He just takes no notice of some things that I think or feel.

The helper form contains the same items but only stated in the first person singular.

Reliability data reported by Barrett-Lennard indicated acceptable Spearman-Brown split-half correlation coefficients for each scale, attesting to satisfactory

⁴⁵ Barrett-Lennard, op. cit., p. 3.

internal consistency of the measures. The degree of consistency was slightly better for the therapist data than the client data. For the Empathic Understanding Scale, the reliability coefficients were .86 for clients and .96 for therapists. Reliability data for the other scales for client and therapist, respectively, were as follows: Level of Regard, .93 and .93; Congruence, .89 and .94; Unconditionality, .82 and .92; Willingness to be Known, .82 and .88. Test-retest reliability was determined on a different sample of college students (N=36) who were administered a modification of the client form and asked to assess a close, long-standing personal relationship. The retest was four weeks later. The correlations for the scales were Level of Regard, .84; Empathic Understanding, .89; Congruence, .86; Unconditionality, .90; Willingness to be Known, .78; and Total Score, .95. Test-retest reliabilities reported by Mills and Zytowski⁴⁶ for the client form were R, .86, E, .84, C, .87, U, .80; for the therapist form the respective reliabilities were R, .74, E, .90, C, .88, and U, .80.

Intercorrelations between the scales were relatively high (>.52) in client and therapist data, with a particular high intercorrelation (.85) between the E and C scales for

46 David H. Mills and Donald G. Zytowski, "Helping Relationship: A Structured Analysis," Journal of Counseling Psychology, Vol. 14, No. 3, 1967, p. 193-197.

the client data. These scales would thus seem to be indistinguishable. However, to account for the apparent contradiction, Barrett-Lennard explains that theoretically, in a therapeutic relationship, a person's congruence is a primary factor which determines his potential for empathically understanding another. In therapy situations, it is argued that the two variables would be expected to be related, whereas in non-therapy relationships the relationship may be negative. Barrett-Lennard cites evidence of higher correlations between E and C in "good" relationships. Walker and Little⁴⁷ in their factor analysis of the RI, also found the empathic understanding and congruence dimensions were closely related, which they interpreted as one factor called psychological insight. The reasoning was that the quality of insight into one's own awareness of his experiencing in the relationship is an essential characteristic of understanding another person's awareness of his own experience.

An item analysis of the RI with college freshmen by Wiebe and Pearce⁴⁸ found acceptable reliability coefficients

47 B. S. Walker and D. F. Little, "Factor Analysis of the Barrett-Lennard Relationship Inventory," Journal of Counseling Psychology, Vol. 16, No. 6, 1969, p. 516-521.

48 Bernie Wiebe and W. Barnett Pearce, "An Item-analysis and Revision of the Barrett-Lennard Relationship Inventory," Journal of Clinical Psychology, Vol. 29, October 1973, p. 495-497.

for the RI that were generally slightly lower than those reported by Barrett-Lennard. They concluded that there exists a need for refinement of the RI. Alpha coefficients for the respective scales were R, .83, F, .64, C, .80, U, .73, W, .76, Total, .93. Intercorrelations revealed each scale was significantly correlated with each other, but in this study the correlation between F and C was only .66. The relationship described by the freshmen was a friend and thus, since it is not a therapeutic relationship, may support Barrett-Lennard's previous argument accounting for the relationship between the two scales. The results of the item analysis revealed a need for shortening the RI possibly to four scales with a total of thirty-two items which would have high discriminating ability.

Regarding validity, Barrett-Lennard has provided content validation and indirect evidence for the validity of the scales. The content of the RI was derived mainly from Rogers' necessary and sufficient conditions paper,⁴⁹ Brown's Relationship Sort,⁵⁰ plus written comments and discussions from staff at the University of Chicago Counseling Center. Selected items were subsequently given to five judges to

49 Rogers, op. cit., 1957, p. 95-103.

50 O. H. Brown, An Investigation of Therapeutic Relationship in Client-centered Psychotherapy, unpublished doctoral dissertation, University of Chicago, 1954.

classify the item as either a positive (+) or negative (-) indicator of the respective variable. The judges reached agreement in classifying the items positive or negative, except for four items. An item analysis was conducted comparing responses given to each item by the "upper" and "lower" half of the sample. A final set of eighty-five items was then arrived at with some items eliminated by the previous procedure. In establishing content validity, great care and attention was taken to fit the content of the scales to the underlying theory. To this extent the congruence between the items and theory based on conditions of helping provides a basis for the face validity of the instrument.

To enhance the validity of the scales, Barrett-Lennard instructed subjects that their counselors would not see their responses and the data would be used for research purposes. This was also an attempt to have the subjects respond to the items as a result of their own direct experience of the therapist, rather than what they thought they should respond or what might please the therapist. Data were gathered as soon as possible after the therapy interview.

Whether the scales actually measure what they were designed to measure is responded by Barrett-Lennard in the following way:

As in other research where theoretical variables are given operational form for the first time, validation at this level is necessarily indirect. Having ensured that the elements of information from which the scale is built up are content valid, and providing internal empirical features such as the reliability and distribution of characteristics of obtained scores are acceptable, the validation process seems essentially to be a matter of discovering meaningful relationships with other variables that are theoretically relevant under the conditions of the investigation.⁵¹

Besides content validity, the validity of the scales is indirectly based on the obtained reliabilities and intercorrelations of the relationship measures taken together. The mean intercorrelation of the scales for the client data was found to be .45, with a mean split-half reliability coefficient (intercorrelation) of .86. For the therapist data the mean intercorrelation was .65 and mean intracorrelation, .93. The conclusion reached on the basis of these data was that the scales do measure different things, with the exception of E and C which, noted previously, were highly related and do not just reflect the client's general satisfaction or dissatisfaction with the relationship.

In an attempt to evaluate the psychometric structure of the RI, Mills and Zytowski⁵² suggested perhaps there is not such clear differentiation between the scales and what

51 Barrett-Lennard, op. cit., p. 7.

52 Mills and Zytowski, op. cit., p. 193-197.

they measure. Using seventy-nine female undergraduate psychology students, these researchers had them report on their relationships with their mothers (Form MO) and also their perceptions of their mothers' feelings about them (Form OS). Two principal component analyses were conducted on the intercorrelations between the subtests of the inventories (both forms). Similar analyses were computed on the two intercorrelation matrices reported by Barrett-Lennard (based on client and therapist RI scores). The analyses revealed three principal components, first, a general component accounting for two-thirds of the total variance, second, a component reflecting a reciprocal relationship between Unconditionality and Level of Regard, and third, a relationship distorting component. The general component was rank-ordered in terms of magnitude of the subtest contributions. Interestingly, the first two contributing scales were Congruence and Empathy, in that order. Such a finding seems to support further the close relationship between these two factors as referred to earlier. The authors thus suggest the existence of a single dominant characteristic to which all the scales contribute, and question the existence of independent multiple characteristics in a relationship. The implication is that "the multiple characteristics of a helping relationship [...] may well be only differential manifestations of a single overriding characteristic for

such a relationship."⁵³ From these findings the Congruence and Empathy dimensions certainly would have to be predominant in such a general characteristic and may in fact be the dominant ones.

The predictive validity of the RI is also based on Barrett-Lennard's findings of positive relationships between patient improvement and high scores on both forms of the RI. Indices of change included therapists' ratings on a ten-point scale of client adjustment and change; a four-point rating of degree of change in the client, made by the therapist at termination of therapy; self-descriptive data provided by the client before and after therapy using a Q adjustment scale; scores on the Taylor Manifest Anxiety Scale (MA); and the Depression Scale (D) of the MMPI. Generally, those clients who were perceived as "more changed" after five therapy interviews and at termination had attained higher mean scores on the dimensions of the RI compared to clients perceived as "less changed." Significant correlations ($p < .05$) were also found between the relationship variables and the self-inventory measures for more disturbed clients. An interesting finding was that the client's perception of the therapist's response was more directly related to therapeutic change than the therapist's actual response as he perceived it. Further

53 Ibid., p. 196.

support for such a finding is provided in the Wisconsin project which also used the RI. Rogers et al.⁵⁴ also provided evidence for the validity of the RI in showing the relationship between the RI measures and client improvement.

In brief, the RI has proven to be a highly reliable and valid instrument that has been useful in measuring client and therapist perceptions in the different therapeutic conditions. In its original form it perhaps has been too long with some interrelationships between the scales, indicating a need for refinement of the tool. However, studies have illustrated the importance of the dimensions the scale attempts to measure, and particularly the predominance of the Empathy and Congruence scales as dominating general factors in a relationship. Because of this the Empathic Understanding scale of the RI was felt to be a very useful measure of perceived empathy in this research.

(b) Procedure.- In order to measure the levels of empathic understanding, self-exploration, and perceived empathy, the helpers were cast into a helping role with a helpee in a standard interview situation. As opposed to just a paper-and-pencil assessment of the counselor dimensions, the standard interview is a much more rigorous method of assessment and is certainly supported as a "preferred mode"

54 Rogers et al., op. cit., 1967, xix-625 p.

of assessing the communication of empathy,⁵⁵ determining self-exploration levels of a helpee, and deriving the perceptions of both helper and helpee. Using a standard interview employing real clients was eliminated as a possibility mainly because of the ethics involved in exposing real clients to helpers who were university students with little or no previous experience in formal helping relationships, and the great array of problems such a diverse population would present. Obtaining a homogeneous client population would have been a most difficult task. As an alternative, standard helpees were recruited from the Introductory Psychology courses at the University of Ottawa and given a mental set to explore themselves. The volunteers who played the role of the helpee (client) were described in the Sample section of this chapter. Both the helpers and the helpees were given directives prior to the standard interview. These will be described shortly.

Since this research was part of another major project⁵⁶ the helpers were required to interview helpees in a standard interview both before and after the experimental empathy training sessions. The first standard interview was

55 Carkhuff, op. cit., Vol. I, 1969, p. 105.

56 Donald Boulet, A Comparison of Two Training Approaches, Role-playing and Audio-training on the Communication of Empathic Understanding, unpublished doctoral dissertation, University of Ottawa, 1975, x-160 p.

conducted after the pre-experimental training was given to all helpers as described in Section 2 of this chapter. The helpers were then randomly assigned to the three experimental treatment groups and control group to ensure equality between the groups. After the experimental empathy training sessions the helpers conducted a second interview with the standard helpees. After this interview, both the helpers and helpees were required to fill out their respective forms of the Relationship Inventory. The whole RI was administered rather than just the Empathic Understanding Scale so as to disguise the Empathy Scale items and to prevent the helpers and helpees from having knowledge that empathy was the only dimension being measured. A diagram describing the steps of this procedure is presented in Figure 1.

Before the standard interviews, the standard helpees had been randomly assigned to individual counseling rooms equipped with audio-tape recorders. The helpers were then randomly assigned to the standard helpees. Prior to the interviews, the helpers and helpees met in separate rooms, and were given their respective directions by the trainers. The helpees were instructed as follows:

You will be meeting shortly with a counselor. We ask you to share your feelings about things that are important to you which can help him/her to get a better understanding of you and your feelings. The interview will be tape-recorded, however, whatever is said by you and the counselor during the interview is strictly confidential and will be used exclusively for research purposes.

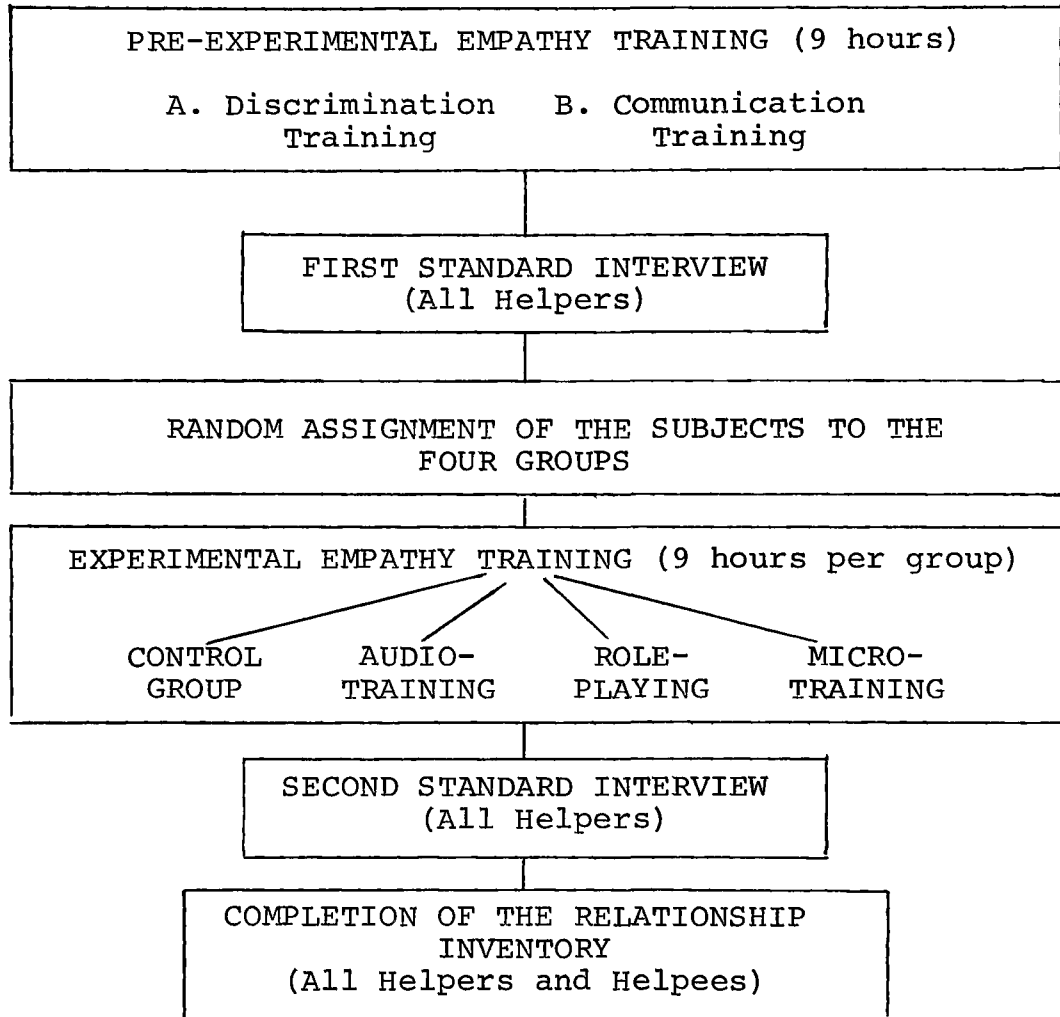


Figure 1. Diagram of Procedures for Pre-experimental and Experimental Empathy Training.

The helpees were then shown to their respective counseling rooms. The helpers were then given the following instructions:

You will be meeting shortly with a student. He/she is willing to share with you his/her feelings about things which are important to him/her. Try to be as understanding as possible and communicate this understanding to him/her. The interview will be tape-recorded, however, what is said by you and the student is strictly confidential and will be used exclusively for research purposes.

The helpers were then shown to their respective counseling rooms and introduced to the helpee. Thirty minutes later the trainer entered the room indicating termination of the interview. After the interview, in different rooms, the group of helpers and helpees were separately administered the Relationship Inventory. Helpers were given Form OS and the helpees were given Form MO. On completion of the RI the helpers returned to the waiting room for a rest, and the helpees were remunerated for their assistance with the research project.

4. Training and Rating Procedures.

The present section describes the training of the judges, the selection of excerpts from the standard interview, and the rating procedures for the Empathic Understanding and Self-exploration Scales.

(a) Training of the Judges.- Two different sets of judges were used for the rating of excerpts on the Empathic Understanding in Interpersonal Processes Scale and the Helpee Self-Exploration in Interpersonal Processes Scale. The training procedures for the different judges will now be described beginning with the training of the judges for empathic understanding.

Empathic Understanding.- The two judges chosen for this study to rate the verbal excerpts for empathic understanding were those used in previous studies by Charbonneau⁵⁷ and Boulet and Bourbonnais.⁵⁸ The training program initially developed by Charbonneau⁵⁹ and Dubois⁶⁰ will also be described here because of its importance to the present study.

Fourteen clinically naive, volunteer high school teachers were initially given the Index of Discrimination⁶¹

57 Benoît Charbonneau, Un entraînement systématique à un comportement verbal empathique dans un contexte bilingue, unpublished doctoral dissertation, University of Ottawa, 1974, xvii-209 p.

58 D. Boulet and Y. Bourbonnais, A Systematic Approach to the Learning of Communication of Empathic Understanding, unpublished paper presented at the 1973 CGCA Convention, Winnipeg, Manitoba.

59 Charbonneau, op. cit., p. 52-61.

60 Gilles Dubois, Communication de l'empathie et facilité verbale, unpublished doctoral dissertation, University of Ottawa, 1973, p. 70-77.

61 Carkhuff, op. cit., Vol. I, 1969, p. 114-123.

and the English Placement Test⁶² (the judges were basically French-speaking but were also required to rate English excerpts). The Index of Discrimination comprises the same sixteen stimulus expressions as on the Index of Communication, but with four possible helper responses, which the rater was asked to rate using the Empathic Understanding in Interpersonal Processes Scale. On the basis of these two instruments six subjects were eliminated, while the remaining eight subjects were given the following training:

1. presentation of theoretical material related to empathy and discussion of it;
2. presentation and explanation of Carkhuff's five-point Empathy Scale with audio illustration in French and English;
3. review of five-point scale; discussion of possible sources of error in ratings⁶³ and practice rating;
4. practice rating; retest on Index of Discrimination; rating of twenty excerpts. Three days later, retest on same excerpts.

At this point, the four raters demonstrating the lowest deviation scores both on the Index of Discrimination and the twenty excerpts were selected for further training:

5. discussion by the judges of ratings given in section 4;

62 Gouvernement du Canada, English Placement Test, Commission de la Fonction Publique du Canada, Bureau des Langues, Section de l'élaboration des tests, 1969.

63 J. P. Guilford, Psychometric Methods, New York, McGraw-Hill, 1954, ix-597 p.

6. rating of ten new excerpts;
7. discussion;
8. rating of thirty excerpts in blocks of ten;
9. discussion.

The test-retest reliabilities for the four judges were .50, .59, .74, and .58; the inter-judge reliability for judges one and two was .73 and for judges three and four was .72. At this point the two pairs of judges were presented with the material for rating. In the Charbonneau study, the two judges' inter-judge reliability for the Index of Communication was .71 with intra-judge reliabilities of .83 and .75. The same two judges (one male and one female) obtained an inter-judge reliability of .88 and rate-rerate reliabilities of .81 and .79 in the other study by Boulet and Bourbonnais. Also on the Index of Communication, Boulet⁶⁴ reported an intra-judge reliability of .88 and inter-judge reliability of .90. These same two judges were reported by Boulet as having high reliabilities as well for verbal excerpts derived from a standard interview. The intra-judge reliability reported was .83 with an inter-judge reliability of .87. The judges employed in this study thus showed acceptable levels of

64 Donald Boulet, Comparison of Three Approaches to Systematic Empathy Training on the Communication of Empathic Understanding, interim report presented to the Faculty of Psychology, University of Ottawa, 1974, x-143 p.

reliability in previous research, not only in rating written empathic responses, but also in rating verbal responses as well.

Because these judges had demonstrated high reliabilities and had previous experience with the scale, their training for this research involved mainly a re-acquaintance of them with the scale, plus some practice ratings with written and verbal material along with the trainers. After rating a number of written responses and displaying adequate agreement the judges were retrained for verbal empathy. Initially they were re-introduced to the five-point scale, then asked to rate a number of verbal excerpts of audio-recorded helper-helpee interaction combined with discussion of their ratings between themselves and the trainer. Once they had arrived at an adequate agreement in their ratings, they were assigned to the tape-recorded excerpts in this study for ratings.

Self-Exploration.- The training of judges for the use of the Self-Exploration in Interpersonal Processes Scale followed a similar procedure as was used for the Empathy Scale. The author employed the training procedure used for the Empathy Scale and Carkhuff's systematic training procedure as models to develop a training procedure for the Self-Exploration Scale. Unlike the training of judges for empathic understanding, there is no parallel instrument like the Index of Discrimination for training in discrimination of levels of

self-exploration, consequently excerpts had to be developed for this research. These excerpts were derived from two main sources, sample excerpts that are used in the training manual for the Experiencing Scale,⁶⁵ and helper-helpee interactions recorded on audio-tape from previous research projects at the University of Ottawa. From these two sources a total of thirty-six excerpts were obtained, with 13 of these 36 derived from the Experiencing Scale Manual. The author and one of the other trainers who was involved in the experimental training for this research project, trained the judges for self-exploration. Prior to the actual training, the trainers had acquainted themselves with the scale and conducted some ratings to ensure inter-trainer agreement and understanding of the scale. The subjects for the training were two volunteer graduate students from the Faculty of Education and one undergraduate student from the Faculty of Arts of the University of Ottawa. For the purposes of this research they were considered to be clinically naive subjects and had no prior experience with the use of the Self-Exploration or Empathy Scales. The training was done in English.

The following training was then given:

65 M. Klein, D. Mathieu, E. Gendlin, and K. Kiesler, The Experiencing Scale. A Research and Training Manual, Vol. II, Madison, University of Wisconsin Press, 1969, 1-210 p.

1. theoretical material related to the scale was presented;
2. presentation of Carkhuff's Self-Exploration Scale, with explanation, examples by trainers, and discussion of each of the five levels;
3. presentation of eleven audio excerpts to be rated for self-exploration; during this stage, the judges followed each excerpt on a typewritten transcript and gave their ratings. Following each excerpt, judges gave their ratings and a discussion of each judge's rating took place;
4. discussion of the five-point scale, clarification of judges' ratings;
5. rating of twelve new excerpts but without use of a written transcript;
6. discussion of ratings;
7. rating of thirteen more new excerpts;
8. discussion.

After each of the stages where rating of the excerpts was completed (steps 3, 5, and 7) the inter-judge reliabilities using Ebel's intraclass reliability was computed to determine the agreement between the judges. The inter-judge correlation coefficients for these three stages were .73, .76, and .71, respectively. On the basis of all the excerpts used in the training, an inter-judge reliability coefficient of .79 was obtained. Although not extremely high, such a coefficient was judged acceptable and it was felt further training would not perhaps have appreciably increased the reliabilities of the judges.

After the training, the three judges were required to rerate the same thirty-six excerpts used for the training, but with the excerpts presented in a different random order. The rerate inter-judge reliability between the three judges was .81. Further inter-judge reliability coefficients were computed between each pair of judges and were as follows: judges 1 and 2, .90; judges 1 and 3, .80; and judges 2 and 3, .75.

At this point all three judges were assigned to the tape-recorded excerpts from the standard interview used in this research for rating self-exploration of the helpee. Since all judges had achieved adequate agreement in their ratings, it was decided to employ all judges in the rating of the material.

(b) Selection of the Excerpts.- In selecting excerpts from tape-recorded interviews for purposes of rating, a number of questions have been raised in the literature regarding segment length and segment location. Since, in most research projects, as was the case in this study, it is impractical and financially unfeasible to have raters rate entire interviews, the question arises whether briefer segments can be selected that will still provide reliable measurements. Does variation in segment length taken from recorded interviews affect reliabilities of the dimension measured? Is the scale range covered affected by segment length? Where should a

particular segment be located? Some of these questions were responded to in a research by Kiesler, Mathieu, and Klein⁶⁶ in their investigation of sampling difficulties with the Experiencing (EXP) Scale. Using a sample of psychotics, neurotics, and normals in therapy, judges' ratings of experiencing were taken of 2-, 4-, 8-, and 16-minute segments drawn from early and late in therapy. Comparing the inter-judge and rerate reliability ratings of the judges indicated that their ratings were equally reliable independent of the segment length extracted. Thus in terms of reliability, a 2-minute segment could serve as well as a 16-minute segment. Also, the scale range covered did not vary as a function of segment length. Segment length was found to be a consideration only when the absolute level of experiencing obtained by individuals was considered, with the longer segment lengths resulting in higher ratings than shorter segments. Thus reliability, range, and discriminatory power of ratings were generally independent of segment length. Consequently, choice of a 2-minute segment for rating in this research was felt not to affect reliability of the ratings, and believed to be the most efficient sampling length. In fact, two

66 D. J. Kiesler, Phillipa L. Mathieu, and M. H. Klein, "Sampling from a Recorded Interview: A Comparative Study of Different Segment Lengths," Journal of Consulting Psychology, Vol. 28, No. 4, 1964, p. 349-357.

2-minute excerpts (both 2-minute excerpts selected from the second standard interview) were used as the basis for rating the variables of both empathic understanding and helpee self-exploration. Bozarth and Krauft⁶⁷ have also found that including more than one segment per therapist does not necessarily lead to inflated reliability of ratings. In fact, it was found that the reliability of a single randomly selected segment could be slightly higher than sets of five or more segments per therapist.

Regarding segment location, there is evidence to indicate that segment location may take on importance depending upon the level of functioning of the helpers.^{68,69} Over the course of therapy and within a therapy hour, the differences between high and low functioning helpers on the therapeutic conditions, and degree of process movement of neurotics and psychotics will be greater in later than earlier periods. Thus excerpts should be derived from later within therapy sessions and within sessions later in the helping relationship.

67 J. Bozarth and C. Krauft, "Accurate Empathy Ratings: Some Methodological Considerations," Journal of Clinical Psychology, Vol. 28, 1972, p. 408-411.

68 R. R. Carkhuff and B. G. Berenson, Beyond Counseling and Psychotherapy, New York, Holt, Rinehart & Winston, 1967, x-310 p.

69 D. J. Kiesler, M. H. Klien, and P. Mathieu, "Sampling from the Recorded Therapy Interview: The Problem of Segment Location," Journal of Consulting Psychology, Vol. 29, 1965, p. 337-344.

The present research elected to randomly select excerpts in the middle and final third of each standard interview.

In summary, Carkhuff has summarized the procedures for selecting excerpts:

- (a) It is usually most efficient to employ samples of the briefest duration (approximately two minutes);
- (b) Random or predesignated means of sampling or a combination of both (for example, random selections within designated periods) will increase the probability of securing representative excerpts;
- (c) Excerpts from late within the individual session as well as from later sessions within the total counseling program should be included if at all possible;
- (d) Excerpts should include at a minimum a helper-helpee interaction.⁷⁰

In this research the same excerpts were used for rating of helper empathic understanding and helpee self-exploration, with the two different sets of judges rating these separate variables. As previously indicated, two 2-minute excerpts each for empathic understanding and self-exploration were randomly selected in the middle and final third of each interview. Each excerpt contained a minimum of a helper-helpee interaction. Some questions have been raised in the use of helper-helpee statements together when rating the facilitative conditions and self-exploration since this may create a "set" for the rater in rating. Ideally to rate helper empathic understanding, the helpee statement

70 Carkhuff, op. cit., Vol. II, 1969, p. 228.

would be eliminated and only the helper statement would be audible. Likewise for rating self-exploration, where the helper statement would be deleted. Separation of the helper-helpee statements, however, is simply not meaningful, and an interaction is often needed for rating purposes. As Carkhuff suggests:

The criterion of meaning does not allow us to separate the high-level helper's empathy from the helpee's self-exploration any more than we can separate the helpee's self-exploration from the high-level helper's empathy.⁷¹

Use of two separate groups of judges, naive with respect to rating the other variable (either empathy or self-exploration), was one way the present research attempted to partially deal with this difficulty so that the rater would not be influenced too greatly by the helper or helpee's level of functioning.

A total of eighty-four excerpts were thus selected for rating both empathic understanding and helpee self-exploration.

(c) Rating.- The eighty-four excerpts, once identified, were copied from the original interviews onto a master tape. These excerpts were then coded, randomized and presented to the respective judges for rating of empathic understanding and self-exploration. The judges indicated

⁷¹ Ibid., p. 227.

their rating for each excerpt by writing an "X" on scales provided for rating. A sample of the rating scoring sheet is contained in Appendix 5. Each response was rated on a separate sheet to avoid contamination by previous ratings. All the judges worked independently of each other and there was no communication between the judges rating for empathy and those rating for self-exploration. They were allowed to set their own time schedule, but were instructed not to work for more than two consecutive hours without a break since ratings could become unreliable. Also, the raters did not work for more than four to five hours per day. None of the judges was aware of the purpose of the research or its design, and were informed of this only after all ratings were completed.

For rerating on the Empathic Understanding Scale, forty-eight excerpts were randomly selected to determine intra-judge reliabilities. Rerating for the Self-Exploration Scale comprised thirty-nine excerpts. The rerating of this material took place two days following rating of all the excerpts.

With respect to the Relationship Inventory, both helper and helpee forms, the ratings given were on the basis of the whole interview. The Empathic Understanding Scale of the RI as well as the other scales were all scored by the writer

5. Null Hypotheses, Statistics, and Summary.

The final section of this chapter presents the null hypotheses and the statistical procedures used to test them.

The first hypothesis was concerned with the expectation that differences will be found among the different training methods using the combined variables of level of empathic understanding, level of self-exploration, helper-perceived empathy, and helpee-perceived empathy. Stated in null form, the first hypothesis was as follows:

1. There will be no significant differences among the different training methods for the communication of empathic understanding, for the combined variables of level of empathy offered, level of self-exploration, helper-perceived empathy and helpee-perceived empathy.

The second set of hypotheses was concerned with the expectation that differences will be found among the different training methods for each of the separate variables of level of empathic understanding, level of self-exploration, helper-perceived empathy, and helpee-perceived empathy. Stated in null form, the second set of hypotheses was as follows:

2. There will be no significant differences in level of empathy offered among the different training methods for the communication of empathic understanding.
3. There will be no significant differences in level of self-exploration among the different training methods for the communication of empathic understanding.

4. There will be no significant differences in helper-perceived empathy among the different training methods for the communication of empathic understanding.
5. There will be no significant differences in helpee-perceived empathy among the different training methods for the communication of empathic understanding.

The third set of hypotheses was concerned with the effects of the three experimental training methods compared to the no-training method on the variables of level of empathy, level of self-exploration, helper- and helpee-perceived empathy. They were stated as follows:

6. There will be no significant differences in level of empathy offered between the audio-training and control groups.
7. There will be no significant differences in level of self-exploration between the audio-training and control groups.
8. There will be no significant differences in helper-perceived empathy between the audio-training and control groups.
9. There will be no significant differences in helpee-perceived empathy between the audio-training and control groups.
10. There will be no significant differences in level of empathy offered between the role-playing and control groups.
11. There will be no significant differences in level of self-exploration between the role-playing and control groups.
12. There will be no significant differences in helper-perceived empathy between the role-playing and control groups.

13. There will be no significant differences in helpee-perceived empathy between the role-playing and control groups.
14. There will be no significant differences in level of empathy offered between the micro-training and control groups.
15. There will be no significant differences in level of self-exploration between the micro-training and control groups.
16. There will be no significant differences in helper-perceived empathy between the micro-training and control groups.
17. There will be no significant differences in helpee-perceived empathy between the micro-training and control groups.

The fourth set of hypotheses was related to the differential effects of the various training methods on the variables of level of empathy offered, level of self-exploration, helper-perceived empathy, and helpee-perceived empathy. They were stated in null form as follows:

18. There will be no significant differences in level of empathy offered between the audio-training and role-playing groups.
19. There will be no significant differences in level of self-exploration between the audio-training and role-playing groups.
20. There will be no significant differences in helper-perceived empathy between the audio-training and role-playing groups.
21. There will be no significant differences in helpee-perceived empathy between the audio-training and role-playing groups.
22. There will be no significant differences in level of empathy offered between the audio-training and micro-training groups.

23. There will be no significant differences in level of self-exploration between the audio-training and micro-training groups.
24. There will be no significant differences in helper-perceived empathy between the audio-training and micro-training groups.
25. There will be no significant differences in helpee-perceived empathy between the audio-training and micro-training groups.
26. There will be no significant differences in level of empathy offered between the role-playing and micro-training groups.
27. There will be no significant differences in level of self-exploration between the role-playing and micro-training groups.
28. There will be no significant differences in helper-perceived empathy between the role-playing and micro-training groups.
29. There will be no significant differences in helpee-perceived empathy between the role-playing and micro-training groups.

In order to test these series of hypotheses a Multivariate Analysis of Variance was employed, based on the Univariate and Multivariate Analysis of Variance Program developed by Jeremy D. Finn.⁷² Multivariate, univariate, and step-down F ratios were reported. Level of confidence for possible rejection of the null hypotheses was set at the .05

⁷² Jeremy D. Finn, Multivariate-Univariate and Multivariate Analysis of Variance and Covariance: A Fortran IV Program, Version 4, June 1968, Department of Educational Psychology, State of University of New York at Buffalo.

level. If significant differences were found among the different methods of training on the four outcome criteria, then post hoc procedures (Tukey HSD) were conducted to determine between what training methods such differences occurred.

In summary, this second chapter has discussed the sample, the treatment groups, instrumentation and procedures, the training and rating procedures, and has presented the specific hypotheses to be tested.

The following chapter will present the results for both the reliability of the judges and the statistical analysis for the hypotheses presented in this chapter.

CHAPTER III

PRESENTATION AND DISCUSSION OF RESULTS

This chapter presents the reliability of the judges' ratings on the Empathic Understanding Scale and Self-Exploration Scale, the reliability of the Empathic Understanding Scale on the Relationship Inventory, the results and statistical analysis, and discussion of the results. The first section deals with the reliability of the instruments, followed by the results and their statistical analysis in section two, and the discussion of the results in section three.

1. Reliability of Judges and Instruments.

The reliability of the judges is presented for both the Empathic Understanding and Self-Exploration Scales, followed by the reliability of the Empathic Understanding Scale of the Relationship Inventory for both helper and helpee forms.

Empathic Understanding Scale.- Both inter-judge reliability (agreement between the two judges' ratings) and intra-judge reliability (consisting of one judge's rating for the same excerpts over two different time periods) will be reported for this scale. These reliabilities are based

on excerpts derived from the standard interview as described in Chapter II.

Table I presents both the intra- and inter-judge reliabilities for the Empathic Understanding Scale ratings derived from the standard interview. The intra-judge reliability was determined by calculating the Pearson correlation coefficient for forty-eight excerpts. The Pearson correlation coefficient for the first judge was .86 and for the second judge it was .83. The coefficient of .86 for judge one was similar to his previously obtained correlations in Charbonneau's study:¹ .75 for French excerpts, .81 for English excerpts, and .80 for all excerpts (French and English). The coefficient of .83 for judge two exceeded his previous correlations in Charbonneau's study which were: .65 for French excerpts, .59 for English excerpts, and .64 for all excerpts (French and English).

Table I also presents the inter-judge reliability (Ebel) based on a total of eighty-four excerpts rated by the two judges. The correlation coefficient for this inter-judge reliability was .92. This reliability coefficient is much higher than the inter-judge reliabilities obtained by these

¹ Benoît Charbonneau, Un entraînement systématique à un comportement verbal empathique dans un contexte bilingue, unpublished doctoral dissertation, University of Ottawa, 1974, xvii-209 p.

Table I.-

Intra- and Inter-judge Reliabilities for the Empathic Understanding in Interpersonal Processes:
A Scale for Measurement.

Reliability	Judges	N	r
I N T R A	I vs I	48	.86 ^a
	II vs II		.83 ^a
I N T E R	I vs II	84	.92 ^b

^aPearson correlation coefficient.

^bEbel correlation coefficient.

same two judges in Charbonneau's study: .77 for French excerpts, .78 for English excerpts, and .78 for all excerpts (French and English). The obtained inter-judge reliability also compares favourably with inter-judge reliabilities (Ebel) reported by Truax and Carkhuff.² For twenty-eight studies they reported inter-judge reliabilities varying from .43 to .95. Thus the level of reliability of the judges for ratings on the Empathic Understanding Scale was felt to be acceptable for this thesis.

Self-Exploration Scale.- Both the intra-judge and inter-judge reliabilities for the judges' ratings of excerpts for self-exploration are presented in Table II. Since judges one and two had obtained the higher inter-judge reliabilities in the training for the Self-Exploration Scale, the reliabilities for this scale were based only on their ratings of the excerpts from the standard interview. The third judge's ratings were not employed for data analysis.

Table II presents the intra-judge and inter-judge reliabilities of the two judges. Based on a total of thirty-nine excerpts for the intra-judge reliability, the Pearson correlation coefficient for the first judge was .77 and for the second judge it was .80. The inter-judge reliability

² Charles B. Truax and Robert R. Carkhuff, Toward Effective Counseling and Psychotherapy, Chicago, Aldine, 1967, p. 45.

Table II.-

Intra- and Inter-judge Reliabilities for the Helpee
Self-Exploration in Interpersonal Processes:
A Scale for Measurement.

Reliability	Judges	N	r
I N T R A	I vs I	39	.77 ^a
	II vs II		.80 ^a
I N T E R	I vs II	84	.72 ^b

^aPearson correlation coefficient.

^bEbel correlation coefficient.

(Ebel) based on a total of eighty-four excerpts rated by the two judges was .72.

Although the judges' intra- and inter-judge reliabilities are not as high as those for the judges who rated level of empathic understanding, their reliabilities were also considered to be acceptable for this thesis. The reason for the higher correlations of the judges' ratings for empathic understanding is probably due to their extensive experience in rating with that particular scale. The intra-judge and inter-judge reliabilities for the Self-Exploration Scale reported here, however, compare favourably with those reported by Truax and Carkhuff³ for the Depth of Exploration (DX) Scale where reliabilities from twelve researches ranged from .59 to .88.

Using the same thirty-nine excerpts which were employed for determining the intra-judge reliability of the two judges, a further inter-judge reliability coefficient (Ebel) was calculated and was found to be .75. This inter-judge reliability thus was comparable to the inter-judge reliability of .72 that was obtained for the total of eighty-four excerpts. The two judges thus had maintained their level of agreement after a short period of time.

3 Ibid., p. 195.

The Relationship Inventory.- The reliability data for the Empathic Understanding Scale for both the helper and helpee forms of the Relationship Inventory are presented in Table III. The internal consistency of the Empathic Understanding Scale of the Relationship Inventory was determined by using the split-half method of estimating reliability, corrected by use of the Spearman-Brown formula.

From Table III it can be seen that the reliability coefficients of the Empathic Understanding Scale as estimated by the Spearman-Brown formula are .66 for the helper form and .92 for the helpee form. These coefficients indicated a satisfactory degree of internal reliability with more evidence of internal consistency existing for the helpee form. The greater degree of consistency in responding to the items by the helpees in comparison with the helpers is in contrast with the data of Barrett-Lennard who found greater consistency in the case of therapists than of clients after five therapy interviews.

2. Presentation of Results.

This section presents the results from the standard interview for the variables of empathic understanding, self-exploration and perceived empathy, for the four groups. First, the means and standard deviations for these variables

Table III.-

Corrected Split-half Reliability Coefficients for the
Empathic Understanding Scale for Both Helper and
Helpee Forms of the Relationship Inventory.

<u>Relationship Inventory</u> Form	N	r
Helper	42	.66 ^a
Helpee	40	.92 ^a

^aSplit-half reliability coefficients corrected
by the Spearman-Brown formula.

will be presented, and second, the results from the statistical analysis of the data will be described.

The individual scores obtained by the forty-two trainees (helpers) in all four groups on the variable of empathic understanding can be found in Appendix 6. These individual scores are the sum of the two ratings given by the two judges. Appendix 6 also gives the individual scores obtained by the forty-two helpees in the four groups for the variable of self-exploration. These scores are also the sum of the two ratings given by the two judges. Individual scores obtained by the forty-two helpers and forty helpees in all four groups for perceived empathic understanding on the Relationship Inventory can also be found in Appendix 6. Although forty-two helpers and helpees participated in this study, the statistical analysis was based on forty subjects. Two subjects, one from the control group and another from the role-playing group were randomly eliminated from the statistical analysis so as to equalize the number of subjects in each group (N=10). For the variables of empathic understanding, self-exploration and helper-perceived empathy, an N of ten helpers and helpees was used for the statistical analysis. An exception was made for the variable of helpee-perceived empathy in the micro-training group where two

subjects' responses to the Relationship Inventory had to be eliminated because their forms were incomplete.

Table IV presents the means and standard deviations obtained by the helpers in the four groups for the variable of empathic understanding in the standard interview. As seen from this table, the mean for the role-playing group (8.05) was the highest for all the groups. Although the mean for the micro-training group (7.85) was close to that of the role-playing group it was slightly lower. Both the means of the audio-training group (6.10) and control group (6.15) were definitely smaller than either the role-playing or micro-training groups, but their means differed only slightly. In terms of rank order, the role-playing group is highest, followed by micro-training, then the control group, and finally the audio-training group whose mean was the lowest.

Table V presents the means and standard deviations obtained by the helpees in the four groups for the variable of self-exploration. The helpees in the micro-training group were rated the highest in terms of level of self-exploration (8.95), but seemed to differ only slightly from the helpee level of self-exploration in the role-playing (8.90) and audio-training (8.10) groups. There was more of a difference between the micro-training group mean level of

Table IV.-

Means and Standard Deviations of Helpers' Level of Empathic Understanding in the Standard Interview for the Four Groups.

Training Group	N	Mean	Standard Deviation
Control	10	6.15	.67
Audio-training	10	6.10	.74
Role-playing	10	8.05	.96
Micro-training	10	7.85	2.20

Table V.-

Means and Standard Deviations of Helpees' Level of
Self-Exploration in the Standard Interview
for the Four Groups.

Training Group	N	Mean	Standard Deviation
Control	10	7.40	2.47
Audio-training	10	8.10	2.66
Role-playing	10	8.90	2.75
Micro-training	10	8.95	3.16

self-exploration and the control group mean (7.40). The data show a gradual increase in the level of self-exploration of the helpees from the control group to the micro-training group.

Table VI presents the means and standard deviations obtained by the helpers and helpees on the Empathic Understanding Scale of the Relationship Inventory. From this table it can be seen that the helpers' ratings of empathic understanding on the RI were all quite close, with the highest mean achieved by the audio-training group (20.30) and the lowest mean achieved by the micro-training group (18.60). For the three experimental groups there was a gradual decrease in the means from the audio-training group to the role-playing group and to the micro-training group. The helpers' mean level of perceived empathy in the control group (19.70), however, was very similar to that of the role-playing group (19.80). As seen from the same table, the helpees' ratings of empathic understanding on the RI were more dissimilar than those of the helpers. Both the role-playing group mean (25.10) and the control group mean (20.89) were higher, though the helpees in the role-playing group perceived their helpers as offering the highest levels of empathic understanding compared to any other group. Quite apparent were the very low mean ratings of empathic understanding that were given by the helpees in both the

Table VI.-

Means and Standard Deviations of Helpers and Helpees on the Empathic Understanding Scale of the Relationship Inventory for the Four Groups.

Training Group	N	Helpers' Perception		N	Helpees' Perception	
		Mean	S.D.		Mean	S.D.
Control	10	19.70	7.04	10	20.89	16.85
Audio-training	10	20.30	8.15	10	7.70	19.43
Role-playing	10	19.80	11.68	10	25.10	10.76
Micro-training	10	18.60	9.40	8	9.40	11.66

micro-training group (9.40) and the audio-training group (7.70).

In order to test for significant differences between the means of the four groups for the variables of empathic understanding, self-exploration, helper-perceived empathy, and helpee-perceived empathy, a multivariate analysis of variance was conducted using Jeremy Finn's multivariate analysis of variance program.⁴ Although univariate F tests could have been computed on each variable separately, a single probability statement combining all the variables would not be obtained by this method of analysis. Because such separate F tests are not statistically independent, and since the multivariate test accounts for the correlation between the variables, the use of a multivariate analysis was considered more appropriate.⁵

Table VII presents the multivariate analysis of variance results for the four dependent variables for the four groups. As indicated in the table, the F ratio for

4 Jeremy D. Finn, Multivariate-Univariate and Multivariate Analysis of Variance and Covariance: A Fortran IV Program, Version 4, June 1968, Department of Educational Psychology, State University of New York at Buffalo.

5 R. D. Bock and F. A. Haggard, "The Use of Multivariate Analysis of Variance in Behavioral Research," in Dean Whitla (Ed.), Handbook of Measurement in Education, Psychology and Sociology, Boston, Addison-Wesley, 1968, p. 100-142.

Table VII.-

Multivariate Analysis of Variance for the Variables of Level of Empathic Understanding, Level of Self-Exploration, Helper-perceived Empathy, and Helpee-perceived Empathy for the Four Groups.

Source	df		Multivariate F Ratio			Level of Signif. ^a	
Groups	12,87		2.18			p < .02	
	MS	df	Univariate F Ratio	Level of Signif.	Step-down F Ratio	df	Level of Signif. ^b
Level of Empathic Understanding	11.17	3,36	6.63	p < .01	6.63	3,36	p < .01
Level of Self-Exploration	5.42	3,36	0.71	n.s.	0.14	3,36	n.s.
Helper-perceived Empathy	5.13	3,36	0.06	n.s.	0.06	3,36	n.s.
Helpee-perceived Empathy	730.22	3,34	3.12	p < .0379	2.90	3,34	p < .05

$${}^a F_{.95}(12,87) = 1.87$$

$${}^b F_{.95}(3,36) = 2.86$$

$$F_{.99}(3,36) = 4.38$$

$$F_{.95}(3,34) = 2.88$$

the multivariate test of equality of mean vectors is equal to 2.18, significant at the .02 level.

Since the observed multivariate F ratio of 2.18 was significant at the .02 level, the first hypothesis of no significant differences among the different training methods on the four dependent variables combined, was rejected. The significant multivariate F ratio indicated that significant differences existed among the group mean vectors comprised of the four dependent variables. However, since the multivariate F ratio does not specify on which of the four criteria differences can be found, or where differences might exist among the different training methods, univariate F ratios and the step-down F ratios were calculated. These are also presented in Table VII.

The order of the variables for the univariate test was as follows: empathic understanding, self-exploration, helper-perceived empathy, and helpee-perceived empathy. The univariate F ratio for the first variable of empathic understanding was 6.63, significant at the .01 level. Thus there would appear to be significant differences among the four different groups on the variable of level of empathic understanding. The univariate F ratios for the variables of self-exploration and helper-perceived empathy were .14 and .06, respectively, and both were not significant. The univariate F ratio for the variable of helpee-perceived empathy

was 3.12, significant at the .05 level. Thus the third and fourth hypotheses of no significant differences among the different training methods were not rejected for the variables of level of self-exploration and helper-perceived empathy. Hypothesis two, stating that there were no significant differences in level of empathy offered among the different training methods, and hypothesis five, stating that there were no significant differences in helpee-perceived empathy among the different training methods, were rejected.

Thus the statistical analysis revealed that significant differences did exist in the group mean vectors for the four dependent variables and that significant differences among the four training methods did exist for the variables of level of empathic understanding and helpee-perceived empathy, but not for the other two variables of level of self-exploration and helper-perceived empathy. Since the univariate F ratio only indicated that differences existed among the different training methods on the variables of level of empathic understanding and helpee-perceived empathy, and not precisely between what methods of training such differences exist, post hoc procedures were conducted. Post hoc procedures were not conducted for the two other variables since no significant differences were located among the training methods for the variables of level of self-exploration

or helper-perceived empathy. Hypotheses 6, 9, 10, 13, 14, 17, 18, 21, 22, 25, 26, and 29 were thus tested using post hoc procedures, while the remaining hypotheses in the third and fourth set of hypotheses were not rejected.

Table VIII presents the results from the Tukey (HSD) post hoc analysis, as described by Kirk,⁶ as a test for significant differences between pairs of group means for the variable of empathic understanding. The HSD (honestly significant difference) test was designed for making all pairwise comparisons among means and sets the experiment-wise error rate at α . For the purposes of this thesis, this rate was set at .05. A comparison between two means is significant if it exceeds HSD which is determined by the following formula:

$$\text{HSD} = q_{\alpha, v} \sqrt{\frac{\text{MS error}}{n}}$$

In this instance, $\text{HSD}_{q.05,36} = 1.56$. The resulting comparisons between the means indicated that there were significant differences between the role-playing group and no treatment control group, and between the micro-training group and the no-treatment control group. In each case the means of the

⁶ Roger E. Kirk, Experimental Design: Procedures for the Behavioral Sciences, Belmont, California, Wadsworth, 1968, p. 88-90.

Table VIII.-

Tukey HSD Test^a for Comparison of Pairs of Training Group Means for Empathic Understanding.

Group and Mean	Group and Mean			
	Audio- Training X2	Control X1	Micro- Training X4	Role- Playing X3
Audio-training X2=6.10	-	.05 ^c	1.75 ^b	1.95 ^b
Control X1=6.15		-	1.70 ^b	1.90 ^b
Micro-training X4=7.85			-	.20 ^c
Role-playing X3=8.05				-

^aHSD $q_{.05,36} = 1.56$.

^bSignificant at the .05 level.

^cNot significant.

role-playing and micro-training groups were greater than the mean of the control group. The results lead to rejection of null hypotheses ten and fourteen which suggested that there would be no significant differences found in level of empathy offered between the role-playing and control groups and between the micro-training and control groups. No significant difference was found between the audio-training group and control group. Therefore, hypothesis six, which stated that no significant differences in level of empathy offered would be found between the audio-training and control groups, was not rejected.

The results from other comparisons indicated that there were significant differences between the role-playing group and audio-training group, and between the micro-training group and audio-training group. These results led to the rejection of hypotheses eighteen and twenty-two, which stated that there would be no significant differences found in level of empathy offered between the role-playing and audio-training groups and between the micro-training and audio-training groups. Again, the means of the role-playing and micro-training groups were greater than the means of the audio-training group. Concerning the comparison between the means of the role-playing and micro-training groups, the post hoc results showed that there was no significant

difference between this pair of means. The results thus failed to reject hypothesis twenty-six which stated that no significant differences would be found in level of empathy offered between the role-playing and micro-training groups.

In brief, the post hoc analysis showed that significant differences in level of empathy offered did exist between the role-playing and control groups, between the micro-training and control groups, between the role-playing and audio-training groups, and between the micro-training and audio-training groups. However, no significant differences in level of empathy offered were found between the role-playing and micro-training groups.

Post hoc procedures were also conducted for the variable of helpee perceived empathy. Table IX presents the results from the Tukey HSD post hoc analysis and as can be seen from this table no significant differences were found at the .05 level between the pairs of means compared. Thus the results indicated that no significant differences existed between each of the different treatment groups and the control group, and no significant differences existed between the different training groups themselves. These results led to the rejection of hypotheses 9, 13, 17, 21, 25, and 29.

This completes the presentation of the results. The next section deals with a discussion of the findings reported here.

Table IX.-

Tukey HSD Test^a for Comparison of Pairs of Training Group Means for Helpee-perceived Empathy.

Group and Mean	Group and Mean			
	Role-Playing X3	Control X1	Micro-Training X4	Audio-Training X2
Role-playing X3=25.10	-	4.21 ^b	15.70 ^b	17.40 ^b
Control X1=20.89		-	11.49 ^b	13.19 ^b
Micro-training X4=9.40			-	1.70 ^b
Audio-training X2=7.70				-

^aHSD $q_{.05,34} = 19.12$.

^bNot significant at the .05 level.

3. Discussion of Results.

This section presents a brief summary of the results, a discussion of these results and the hypotheses tested, possible limitations to the present research, and suggestions for further research.

(a) Summary of the Results.- Following nine hours of pre-experimental training and nine hours of experimental treatment, significant differences were found among the different training methods for the communication of empathic understanding, for the combined variables of level of empathy offered, level of self-exploration, helper-perceived empathy, and helpee-perceived empathy. The global analysis of the data thus led to the rejection of the first major hypothesis. Since some differences were found among the methods, further analysis in the form of univariate F ratios revealed that significant differences existed in level of empathy offered, and in helpee-perceived empathy, among the different training methods. However, no significant differences were found in level of self-exploration nor helper-perceived empathy among the different training methods. Null hypotheses two and five which stated that there would be no significant differences in level of empathy offered and in helpee-perceived empathy among the different training methods were, therefore, rejected. Null hypotheses three and four, which suggested

that there would be no significant differences in level of self-exploration and in helper-perceived empathy among the different training methods, were not rejected. These findings were partially contrary to the expectation that if significant differences were found among the methods of training in level of empathy offered, there would also be significant differences found in helpee level of self-exploration and helper-perceived empathy.

Further analysis involving comparisons of each of the three experimental training methods with the no-training method (control group) revealed that such differences were found for level of empathy offered, but not for helpee-perceived empathy. No post hoc analyses were conducted for the variables of level of self-exploration or helper-perceived empathy. The analysis, using Tukey's HSD test for post hoc procedures comparing pairs of group means, revealed significant differences in level of empathy offered between the role-playing group and control group, and between the micro-training group and control group. No significant differences were found in level of empathy offered between the audio-training and control groups. These findings led to the rejection of hypotheses ten and fourteen, which stated that there would be no significant differences in level of empathy offered between the role-playing and control groups and between the micro-training and control groups. Hypothesis

six, which stated there will be no significant differences in level of empathy offered between the audio-training and control groups, was not rejected. Likewise, the remaining hypotheses of 7, 8, 9, 11, 12, 13, 15, 16, and 17 were not rejected.

Post hoc analyses for comparing the differential effects of the various training methods on the four variables revealed that differences did exist for level of empathy offered, but again no significant differences were found for helpee-perceived empathy. No post hoc procedures were conducted for level of self-exploration nor helper-perceived empathy. Tukey's HSD test revealed that the role-playing group offered significantly higher levels of empathy than the audio-training group, and that the micro-training group also offered significantly higher levels of empathy than the audio-training group. However, no significant differences in level of empathy offered were found between the role-playing and micro-training groups. These results led to the rejection of hypotheses eighteen and twenty-two but failed to reject the remainder of the hypotheses in the fourth set of hypotheses.

In brief, overall significant differences were found among the different training methods. Significant differences were also found among the training methods for level of empathy offered and helpee-perceived empathy. No

significant differences were found among the training methods for level of self-exploration or helper-perceived empathy. Both the role-playing group and micro-training group offered higher levels of empathy than either the control or audio-training groups. However, the role-playing group and micro-training group did not differ from each other in the level of empathy offered. None of the groups differed significantly from each other in level of helpee-perceived empathy. These results would seem to indicate that following a period of nine hours of pre-experimental audio-training, some training methods in the communication of empathic understanding are more effective, and specifically that role-playing and micro-training are more effective as training methods compared to no further training or an additional nine hours of audio-training, for level of empathy offered to helpees in a live interpersonal interaction. The results do seem to suggest that different training methods may have an overall effect on the helpee's perception of empathy, although the methods do not have any significant differential effect on the helper's perception of empathy. It would seem that the training methods also have no significant effect on the level of self-exploration.

(b) Discussion of the First and Second Set of Hypotheses.- The first hypothesis was concerned with the overall expectation that differences would be found among the

different training methods for the combined variables of level of empathic understanding, level of self-exploration, helper-perceived empathy and helpee-perceived empathy. Rejection of this first null hypothesis suggested that some differences did exist among the training methods and that the experimental treatment had some significant effect. But rejection of the first hypothesis did not indicate on which of the four variables the methods differed. Rejection of null hypotheses two and five in the second set of hypotheses confirmed that significant differences existed only for the two variables of level of empathy offered and helpee-perceived empathy. What then are the implications of these findings?

As expected, using different methods to train helpers in the communication of empathic understanding led to their being able to offer levels of empathy in a live interpersonal interaction with a standard helpee. In other words, training helpers in the discrimination and communication of empathic understanding, using different training methods, results in their being able to offer certain levels of empathy in an interpersonal situation. The questions arise as to what levels of empathy did the helpers function at, and were some training methods more effective than others in training the helpers to offer higher levels of empathy? The first question will be discussed here, while the latter question

will be addressed in the discussion of the other sets of hypotheses.

Table X presents the recalculated means of the four groups obtained in the standard interview to provide the mean levels of empathy offered by these groups on Carkhuff's five-point scale. Besides providing the mean levels of empathy in the standard interview after training, this table also gives the mean levels of empathy for each of the four groups obtained in a standard interview conducted before the experimental training was given. This standard interview was conducted by the helpers after the nine hours of pre-experimental audio-training as part of the procedure employed in the research project by Boulet.⁷ The combined mean for the four groups before the experimental training was 1.65, whereas the combined mean for these same groups after the experimental training was 1.76. This indicates an increase in the mean level of empathy offered by all the helpers after the training although it still indicates their level of empathic functioning on the Carkhuff scale is below level two. As indicated previously, the objective of the training was to have the trainees function near a minimally

⁷ Donald Boulet, A Comparison of Two Training Approaches, Role-Playing and Audio-Training, on the Communication of Empathic Understanding, unpublished doctoral dissertation, University of Ottawa, 1975, x-160 p.

Table X.-

Before- and After-Training Means of the Four Training Groups
Obtained in the Standard Interview on Carkhuff's
Five-Point Scale.

Group	Before Training		After Training	
	Mean on 2 excerpts X 2 judges	Mean on 5-point scale	Mean on 2 excerpts X 2 judges	Mean on 5-point scale
Control	6.65	1.66	6.15	1.54
Audio-training	6.50	1.63	6.10	1.53
Role-playing	6.60	1.65	8.05	2.01
Micro-training	6.70	1.67	7.85	1.96

facilitative level of empathy, that is, at level three. Also, the combined means for before and after the experimental training were somewhat lower compared to the standard interview means obtained in studies by Pierce and Drasgow⁸ (M=2.35) and Charbonneau⁹ (M=2.57 nurses functioning in French and M=2.33 functioning in English). It is not surprising that the mean level of functioning before the experimental training and after only nine hours of audio-training that the helpers functioned at their obtained level since such training was not expected to prepare them for functioning adequately in a live interpersonal interaction. The experimental training appeared to better prepare the helpers for this role but their functioning still was well below level three. Performing at higher levels were the role-playing group and micro-training group whose mean levels of empathy offered were 2.01 and 1.96, respectively, which according to level two on Carkhuff's scale, responds to the helpee's feelings and affect but still subtracts noticeable affect from the helpee's communications. The mean levels of empathy offered in the control group (1.54) and audio-training

⁸ Richard Pierce and James Drasgow, "Teaching Interpersonal Functioning to Psychiatric Inpatients," Journal of Counseling Psychology, Vol. 16, No. 4, 1969, p. 297.

⁹ Charbonneau, op. cit., xvii-209 p.

group (1.53) were well below these other two groups. In addition, compared to their own levels of empathy offered before the training, both the control group and audio-training group showed a decrease in their levels of empathy offered. The exact reasons for this are not apparent, though it seems that in the case of the control group no further training after only nine hours of audio-training, followed by having the helpers conduct another standard interview after a short lapse of time, results in their responding less effectively. Perhaps this was due to an extinguishing of their empathic responding ability after a short period of time. The audio-training group's decrease in level of empathy offered suggests that an additional nine hours of audio-training does not add anything to the helpers' level of functioning in a live interpersonal situation and may in fact impede his functioning if too much of the same training is given. It is probable that the helpers in the audio-training group were trained to only respond to audio-taped stimuli, but lacked the skills and additional training to transfer their training to a more complex real interview situation. A more detailed discussion comparing the differential effectiveness of the four groups will follow in the next section.

Contrary to expectation, the results did not suggest that the three different training methods in the communication

of empathic understanding would also lead to a significant effect in helpee level of self-exploration. Although the experimental training did lead to significant differences in level of empathy offered among the different treatment methods, no significant differences were found among the four groups on level of self-exploration. Table XI presents the recalculated means of the four groups to provide the helpees' mean levels of self-exploration obtained on Carkhuff's five-point scale. From this table it can be seen that there was a gradual increase in helpee level of self-exploration from the control group to the micro-training group. Also, the mean level of helpee self-exploration was 2.09, which on Carkhuff's scale indicated that the helpees discussed personally relevant material introduced by the helper but did so in a mechanical manner, without feeling, and did not explore further to uncover related feelings or material. In view of the helpers' overall level of empathy offered in the standard interview (1.76), it is not surprising that the helpees did not explore at deeper levels of self-exploration.

The results obtained would seem to suggest that there exists no difference between the training methods employed in this research in terms of their having an effect on helpee level of self-exploration. It seems that using different methods of training in the communication of empathic

Table XI.-

Helpees' Mean Levels of Self-Exploration for the Four Training Groups on Carkhuff's Five-Point Scale.

Group	Mean on 2 excerpts X 2 judges	Mean on 5-point scale
Control	7.40	1.85
Audio-training	8.10	2.03
Role-playing	8.90	2.23
Micro-training	8.95	2.24

understanding leads to differences in helpers' levels of empathic responding but does not in turn have an ultimate effect on the helpee. How might these results be accounted for?

An initial suggestion might be that the theoretical position provided by previous research that changes in levels of empathy offered lead to changes in client self-exploration, may be questioned. Do changes in levels of empathic responding lead to corresponding changes in client self-exploration? As was illustrated in the discussion of the research related to this area in Section 4 of the Review of the Literature, the research evidence suggesting such a relationship between empathy and self-exploration was indeed conflicting. The findings from this research do not support this relationship between empathy and self-exploration. Also, it is the writer's opinion that such a theoretical position may be more complex than would appear at first. Regarding this research project, three major factors for the lack of significant differences among the training methods on helpee self-exploration may have been: (1) the helpees themselves, (2) the overall level of empathic functioning of the helpers, and (3) the amount of time the helpers and helpees had to interact. One of the difficulties was the use of volunteer subjects as helpees for this study. This may have been one factor influencing

level of self-exploration. Gormally and Hill¹⁰ have explained that in measuring trainee skills the practice has usually been to use a recruited volunteer client for an interview. This provides certain limitations as opposed to using real clients. Specifically, the authors indicate the major difficulty is that, "Volunteer clients are not motivated to explore their feelings and may seek a personal relationship rather than help in solving specific problems."¹¹ It would seem that this may have been the case in this research. The helpees used tended to talk about more superficial aspects and expressed interest in getting to know the helper by asking him various questions. Such a process could have then deflected the focus from the helpees' feelings and concerns more to the helper's own personal experiences. Consequently, level of helpee self-exploration would have been limited to less personal material and feelings of the helpee. The burden of engaging the helpees in self-exploration would thus have been very dependent on the helper's level of functioning.

As indicated in Section 4 of Chapter I, low functioning clients are highly dependent on high functioning counselors for exploring themselves, whereas high level functioning

10 James Gormally and Clara E. Hill, "Guidelines for Research on Carkhuff's Training Model," Journal of Counseling Psychology, Vol. 21, No. 6, 1974, p. 539-547.

11 Ibid., p. 541.

clients can explore more independently of the level of the counselor. Also, with moderate functioning counselors there may be a deterioration in the degree of client self-exploration. In the present research none of the training groups was functioning much above level two on Carkhuff's scale. It would seem that the helpers would have had to be functioning at higher levels of empathy in order to engage the volunteer helpees in significantly greater levels of self-exploration. Although both the role-playing and micro-training groups functioned at higher levels of empathy than either the control or audio-training group, their functioning was probably still not sufficient to engage their helpees in greater levels of self-exploration than either the audio-training or control group.

A related explanation for the lack of significant differences in helpee level of self-exploration among the training methods is that the helpers in this research would perhaps have needed additional skills to begin engaging their helpees in self-exploration. If the helpees, as volunteers, were not predisposed to discuss personal problems, it would have been up to the helper to initiate and encourage self-exploration. In order to accomplish such a task the helpers would have needed to be able to function at much higher levels of empathy such as levels slightly above level three and at level four on the Carkhuff scale.

This would have meant that the helpers would have had to add to the helpees' communications so as to encourage expression of feelings at a deeper level than the helpee was able to express. Such "adding" responses by the helper might be considered as a form of confrontation which is a skill that Kaul, Kaul and Bednar¹² have suggested may lead to increased self-exploration. Although their findings did not support the generalization that confrontation leads to increased depth of self-exploration, Kaul et al.¹³ illustrated the complexity of such a relationship, and how it might vary with differential observational perspectives. In their study, confrontive and speculative styles of high functioning counselors were compared in terms of their eliciting client self-exploration. The findings showed that confrontive and speculative counselors differed significantly in their ratings of client self-exploration but such differences were not found in the ratings of self-exploration given by either their clients or trained raters. Confrontive counselors also tended to perceive more self-exploration than the speculative counselors. The implication from these findings was that, "client self-exploration is more a

12 T. Kaul, M. Kaul, and R. Bednar, "Counselor confrontation and Client Depth of Self-Exploration," Journal of Counseling Psychology, Vol. 20, 1973, p. 132-136.

13 Ibid.

function of the counselor's overall effectiveness than of the specific modality through which it is expressed."¹⁴ Another important implication was that the counselor's perception differed from that of both the raters and clients, suggesting possible distortion based on the counselor's own biased perceptions.

A third factor which may have influenced the present finding of no significant differences in self-exploration was the short period of time in which the helpers and helpees interacted in the standard interview. In such a short period of time it may not have been possible for the helpers to engage their helpees in deeper levels of self-exploration. Also, the helpers and helpees interacted for only one session, perhaps during which much self-exploration would not be expected. Although Rogers and Truax¹⁵ found that degree of self-exploration in the second interview correlated .70 with final case outcome, generally a number of interviews over a period of time has been used to obtain measures of self-exploration¹⁶ or the facilitative therapeutic conditions.¹⁷

14 Ibid., p. 135.

15 Carl R. Rogers and Charles B. Truax, The Relationship between Patient Intrapersonal Exploration in the First Sampling Interview and the Final Outcome Criterion, Brief Research Reports, Wisconsin, Psychiatric Institute, University of Wisconsin, 1962.

16 Carl R. Rogers, Eugene Gendlin, Donald Kiesler, and Charles B. Truax (Eds.), The Therapeutic Relationship and Its Impact, Madison, University of Wisconsin Press, 1967, xix-625 p.

17 G. T. Barrett-Lennard, "Dimensions of Therapist Response as Causal Factors in Therapeutic Change," Psychological Monographs, Vol. 76, No. 43 (Whole No. 562), 1963, p. 1-36.

In terms of perceived empathy, the helpers showed no significant differences in their perception of empathy. One reason for this lack of difference may be the lower degree of consistency ($r=.66$) with which the helpers responded to the Empathic Understanding Scale of the Relationship Inventory. This lack of consistency could have been related to some feelings on the part of some of the helpers to filling out a pencil-and-paper questionnaire after having just experienced an interview with a real helpee. Perhaps being so emotionally involved in the standard interview the helpers were not as prepared to report on that experience afterwards on the Relationship Inventory. The helpers could have also thought it more important that they perform well in the interview and saw themselves as offering higher levels of empathy.

The helpees showed a significant overall difference in their perceived empathy, but no significant pair (group) comparison differences existed in their perceived empathy. From the reliability data, the helpees appeared as more consistent in their responding than the helpers. The helpees might have been able to be a little more objective in their responding to the Relationship Inventory since they may not have had as much an emotional investment in the research as the helpers. Since the perception of empathy was based on the entire standard interview, the helpees' perceptions were

determined both by non-verbal as well as verbal cues. The helpees thus seemed more discriminatory in their perception of these cues and their way of responding more closely resembled the pattern of ratings given to the four groups by the objective judges. This is consistent with prior research which has shown agreement between judges' ratings and client ratings of empathy, but an inverse relationship between the therapist's ratings and objective judges' ratings. The findings seem to indicate that the experimental training did have some effect on helpee's perception of empathy.

(c) Discussion of the Third and Fourth Set of Hypotheses.- The third set of hypotheses was concerned with the comparison of the three experimental training methods with the no-training method or control group. The fourth set of hypotheses was concerned with the differential effects of the training methods on the four dependent variables. The results indicated significant differences existed among the four groups only for the level of empathy offered. Both the role-playing and micro-training groups offered higher levels of empathy than the control group. No differences existed between the audio-training and control groups for level of empathy offered. Both the role-playing group and micro-training group offered significantly higher levels of empathy than the audio-training group. No differences

were found between the role-playing group and micro-training group in terms of level of empathy offered.

This discussion will first deal with the finding of no significant differences in level of empathy offered between the audio-training and control groups. It would seem that the nine additional hours of training given the audio-training group was not sufficient enough to prepare the trainees to respond at higher levels of empathy in the standard interview compared to the control group. From Table X on page 167 the mean level of functioning on Carkhuff's scale of the audio-training group (1.53) was almost identical to that of the control group (1.54). In a live interpersonal situation the audio-training group still seems inadequately prepared. Why is this so? The reason may be related to the nature of the audio-training itself since it involves merely responding to audio-recorded stimuli and does not involve any practical training in an interpersonal interaction as did the role-playing and micro-training groups. Because of this lack of experience and practice in responding empathically in a live situation, it would seem that neither the control group nor audio-training group could generalize from an essentially audio-training situation to a more complex interpersonal interaction. The helpers in both the control and audio-training groups thus appeared to learn to respond empathically only

to tape-recorded statements, but this learning limited generalization to the standard interview. Implied in this is that trainees must be given considerable practice in responding empathically in the much more complex helping role if they are expected to function effectively in such a role.

Both the role-playing group and micro-training group offered significantly greater levels of empathy than either the control group or audio-training group. It would seem that such training had prepared the helpers to respond more effectively in terms of empathic understanding in the more complex interview situation. It is suggested that both the role-playing and micro-training methods add the important dimension of practice of empathic responding in a live interpersonal situation which resembles the standard interview situation. In addition, the micro-training method offered specific structured video-feedback. This feedback enabled the helpers to observe their own levels of responding and then attempt to make more appropriate responses. Generally, the helpers in both the role-playing and micro-training groups are seen as better equipped to transfer their newly learned skills to a live interpersonal situation. Thus role-playing and micro-training are viewed as being more effective as methods of training for greater levels of empathic responding compared to additional audio-training.

Unexpectedly the results indicated no significant differences in level of empathy offered between the role-playing group and micro-training group. The question can be raised as to whether micro-training adds anything of significance in training helpers to respond more empathically than helpers given role-playing. The micro-training as described in this thesis definitely did not seem to add anything to the training of helpers to function at higher levels of empathy than the role-playing method. The structured videotape feedback used in the micro-training thus seems to have had little contribution in terms of training the helpers to offer higher levels of empathy compared to the role-playing group. Is the use of structured video-tape feedback combined with role-playing a beneficial form of training helpers to respond empathically? Although some research has shown how the use of video-tape feedback can be an effective medium of instruction of trainees in helping,^{18,19,20} the evidence

18 N. Kagan, D. R. Krathwol, and R. Miller, "Simulated Recall in Therapy Using Videotape: A Case Study," Journal of Counseling Psychology, Vol. 10, 1963, p. 237-243.

19 G. R. Walz and J. A. Johnston, "Counselors Look at Themselves on Videotape," Journal of Counseling Psychology, Vol. 10, 1963, p. 232-236.

20 G. Yenawine and D. S. Arbuckle, "Study of the Use of Videotape and Audiotape as Techniques in Counselor Education," Journal of Counseling Psychology, Vol. 18, 1973, p. 1-6.

regarding the relative effectiveness of video-tape feedback versus audio-tape feedback is still inconclusive.²¹

Video-tape feedback as a training technique might still be considered a useful medium for training. However, another dimension that may also be important is that of modelling. Frankel,²² for example, has illustrated how video-tape feedback of a counselor's own behavior can lead to effective attending to the client's feeling. More importantly, he was able to demonstrate that a combined modelling-feedback training sequence was more effective in significantly increasing the focus on the client's feeling. It is suggested that on the basis of social-learning principles, the model provides the trainees with a clear example of the desired behaviour and provides for discriminative learning of desirable and undesirable behaviours. Feedback also permits the trainees to reassess initial counseling sessions in order to imitate the modelled and/or desirable behaviours. It is suggested that perhaps this dimension of modelling was not present in the micro-training group and may have lessened the impact the video-tape feedback could have had alone.

21 M. J. Markey, R. H. Frederickson, R. W. Johnson, and M. A. Julius, "Influence of Playback Techniques on Counselor Performance," Counselor Education and Supervision, Vol. 9, 1970, p. 178-182.

22 Mark Frankel, "Effects of Videotape Modeling and Self-Confrontation Techniques on Microcounseling Behavior," Journal of Counseling Psychology, Vol. 18, No. 5, 1971, p. 465-471.

The present finding of no differences in level of empathy offered between the role-playing and micro-training groups would at first seem contradictory to the findings of Toukmanian and Rennie.²³ These researchers found that subjects who were trained with a microcounseling procedure had gained significantly more on empathy than did subjects trained in Carkhuff's Systematic Human Relations Training. The apparent contradictory findings perhaps can be explained by the fact that this research project did not employ the entire microcounseling procedure and method in training for all the other skills besides reflection of feeling. The subjects in this thesis were trained just for reflecting feeling and were not given training for the other microcounseling skills such as attending behaviour, minimal encouragement to talk, verbal following, and open and closed questioning. This may also account for the finding of no significant differences between the role-playing and micro-training groups in this thesis. Perhaps for the micro-training to be more effective, the entire microcounseling training needs to be given to the trainees in order to provide them with other skills. The microcounseling model,

23 Shaké G. Toukmanian and David L. Rennie, "Microcounseling versus Human Relations Training: Relative Effectiveness with Undergraduate Trainees," Journal of Counseling Psychology, Vol. 22, No. 4, 1975, p. 345-352.

when used to train for separate skills in isolation, such as reflection of feeling, may thus lose some of its effectiveness and impact. If all the microcounseling skills are trained for, the trainees in addition would have more opportunity to practice in role-playing. Toukmanian and Rennie also suggested that one significant variable in their findings could have been the number of practices at counseling the trainees in each respective training system had received. Using a more complete microcounseling training procedure, the subjects had the opportunities to practice counseling from the very beginning of the training. Role-playing was thus a very focal activity of the microcounseling training, providing the trainees with counseling experiences immediately in the training. Subjects in the human relations training, however, obtained direct practice and experience in counseling only in the communication part of the training when they were engaged in role-playing. Thus the amount of practice each group received may have been a contributing factor in favour of the microcounseling group. This writer would also like to suggest that the microcounseling trainees perhaps had acquired other essential interviewing skills that could have aided the microcounseling trainees in conducting interviews with standard clients, although the results of Toukmanian and Rennie showed that there were no significant differences between the human relations training trainees and the microcounseling trainees

for the skills of Open Invitation to Talk, Closed Inquiry, or Interpretation and Advice.

In the present research the opportunity for practice in the role-playing and micro-training groups may have been more in favour of the role-playing group. The reason for this is that in the micro-training group more time may have been spent providing video-tape feedback, thus decreasing the actual number of opportunities each of the trainees would have had in practicing the specific skill of reflecting feeling. Any potential effect the video-tape feedback may have had could have been outweighed by the amount of practice the role-playing trainees gained in not having to take the time for such feedback. Thus, although the role-playing group mean was slightly more than that of the micro-training group, no significant differences were evident.

The results of this research thus indicated that after nine hours of pre-experimental audio-training, both role-playing and micro-training are more effective training methods compared to no further training or an additional nine hours of audio-training, in training helpers to offer higher levels of empathy in a standard interview. Contrary to expectations, the methods had no differential effect on helpee level of self-exploration. Helpers did not differ in their perception of empathy offered. The training, however, did have an overall significant effect on the helpee's perception of

empathy, but the helpees did not differ significantly in perceived empathy when pair (group) comparisons were made. The results indicated that role-playing and micro-training can be more effective methods in training helpers to offer higher levels of empathy than additional audio-training or no further audio-training. However, neither role-playing nor micro-training has a significant differential effect on the helpee's level of self-exploration, helpee's perceived empathy, or the helper's perception of empathy.

Such a conclusion is to an extent limited in generalizability to the present research design which employed the use of a pre-experimental empathy training period, followed by a standard interview, the experimental training and the second standard interview. One limit with the design was that it did not permit the measurement of the possible interaction of the first standard interview with the experimental treatments. Addition of other control groups to resemble a Solomon Four-Group Design²⁴ ideally would have enhanced generalizability, but the small number of subjects participating in the research did not permit this.

Another difficulty that may limit generalizability was the use of volunteer helpers and helpees. Since the

24 Donald T. Campbell and Julian C. Stanley, Experimental and Quasi-Experimental Designs for Research, Chicago, Rand McNally, 1963, p. 24-25.

results are based on this particular sample, the application of the findings to real clients is especially limited. Because of the inherent difficulties in employing real clients for a research such as this, use of volunteers seemed to be a more practical and realistic alternative.

The particular instruments employed in this research may have been a contributing factor to some sources of error in the findings. Although the inter- and intra-judge reliabilities of the Empathy Scale and Self-Exploration Scale were judged adequate, some sources of error still exist in using these scales. Since the Self-Exploration Scale was used by judges without extensive experience in the rating of self-exploration, this may have increased some error in their reliability ratings. Perhaps in future research it would be of value to have the helpees rate their own level of self-exploration using Carkhuff's Self-Exploration Scale in a form that the helpees can easily rate. Although not published or researched as yet, the writer is aware of the existence of such a possible form to measure clients' ratings of their own level of self-exploration.

The procedure used in this research could also have had a contaminating effect on the results due to the Rosenthal²⁵

25 Robert Rosenthal, "The Psychology of the Psychologist," in Lloyd L. Ruch, Psychology and Life, Glenview, Ill., Scott, Foresman, 1967, p. 645-652.

effect. As Boulet²⁶ has suggested, the experimenter's bias or expectations that the role-playing and micro-training methods should be more effective training methods could have led to such results being obtained. It is possible that such an effect may have had more of an impact on the audio-training group where the trainees were being given the same kind of training experience they received before. The experimenters were aware of these possible influences in attitude and attempted to maintain the same attitudes, enthusiasm, and expectations for each of the training groups. In order to effectively control for this influence, trainees and research assistants, who had no knowledge of the research, would have had to be used, but such a process was prohibitive in terms of time and cost. Another alternative would have been to record the actual training sessions and have outside objective observers or raters assess any possible significant differences in terms of the experimenters' biases in dealing with each group.

The use of one standard interview, perhaps, is one of the main variables in this research that produced some sources of error, especially with respect to the measurement of self-exploration. Ideally, a series of interviews over a period of time would have permitted a more accurate assessment of

26 Boulet, op. cit., p. 119.

the ultimate effects of the training methods on the helpee. However, with the sample employed in this research, and their limited availability, such a procedure was deemed impractical.

In spite of some of these limitations, the present research does suggest that different training methods can effect the level of empathy offered by trained helpers, and that role-playing and micro-training preceded by audio-training can be effective training methods in increasing helpers' level of empathy in a live interpersonal situation. Since the present project is not a definitive demonstration of how these same training methods have an ultimate effect on the helpee's level of self-exploration or perceived empathy, further research is necessary. Some further questions posed by this research are: if helpers are to engage their clients in self-exploration, do they also need some systematic training in the discrimination of levels of self-exploration? Perhaps the helpees' or clients' level of self-exploration could also be increased using a role model in a method described as Vicarious Therapy Pretraining (VTP).²⁷ This would involve presentation to the helpees of an audio-

27 Mark Alan Kaufki, "The Effect of Vicarious Therapy Pretraining upon the Depth of Self-Exploration during the Initial Counseling Interview," Dissertation Abstracts, Vol. 32, No. 2A, August 1971, p. 739-740.

or video-tape model of clients engaging in self-exploration. Another question is, do the helpers trained by audio-training, role-playing, or micro-training need to be trained in other important skills before they can begin to engage their clients in self-exploration?

As a result of questions left unanswered in this research, suggestions for further research are presented as follows:

1. Compare the effects of role-playing and micro-training on empathic understanding, using helpers who are given training in the discrimination of self-exploration and helpers who are not given this training.
2. Compare the effects of role-playing and micro-training on empathic understanding using helpees who are given Vicarious Therapy Pretraining and helpees who are not given this training.
3. Further investigate the specific training techniques comprising role-playing and micro-training such as:
 - (a) the amount of practice used in each method;
 - (b) the mode of training, that is, video-tape versus audio-tape;
 - (c) the role of trainer modelling, shaping, positive reinforcement, level of functioning, self-disclosure, in affecting the quality of training.
4. Enhancing generalizability by using follow-up standard interviews over time.
5. Compare the effects of role-playing and micro-training with other training methods such as the Interpersonal Process Recall Method.

6. Compare the effects of role-playing and micro-training on helpee self-exploration using objectively rated self-exploration as well as helpee rated self-exploration.
7. Compare the effects of Human Relations Training with the Microcounseling procedure, but with the groups having equal opportunities to practice in role-playing.

Considering the findings presented here, the present thesis is not definitive regarding the problems and questions posed. It is in need of further replication incorporating also some of the suggestions for further research just described.

SUMMARY AND CONCLUSIONS

The objective of this research was to compare the effects of three different training methods in the communication of empathic understanding in an attempt to assess the effects of such training on both the helper's level of empathy as well as on the helpee's level of self-exploration and perceived empathy. The problem was whether in fact different training methods in the communication of empathy would have differential effects not only on the helper but on the helpee as well.

Forty-two volunteer student counselors (residence and orientation counselors) were initially given nine hours of pre-experimental empathy training followed by a standard interview. The helper-trainees were then randomly assigned to four groups: control, audio-training, role-playing, and micro-training. After this experimental treatment, a second standard interview with standard volunteer helpees was conducted. From this second standard interview the following measurements were obtained: helper level of empathic understanding using trained judges' ratings on Carkhuff's five-point Empathic Understanding in Interpersonal Processes: A Scale for Measurement; helpee level of self-exploration, using trained judges' ratings on Carkhuff's five-point Self-Exploration in Interpersonal Processes: A Scale for

Measurement; and both helper and helpee perceived empathy using the Empathic Understanding Scale of the Relationship Inventory.

The results indicated that the experimental training had an overall significant effect on level of empathy offered by the helpers and on helpee-perceived empathy, but no overall significant effect on helpee level of self-exploration or helper-perceived empathy. Comparisons between the groups indicated that both the role-playing group and micro-training group offered higher levels of empathy than either the control or audio-training groups. However, the audio-training group was not significantly different from the control group, nor were the role-playing and micro-training groups significantly different from each other. Pair comparisons between the groups indicated no significant differences for the variable of helpee-perceived empathy. The findings of significant differences among the training methods for level of empathy offered, but no significant differences for helpee level of self-exploration or helpee-perceived empathy, would seem to indicate that different training methods in the communication of empathic understanding may affect helper level of functioning but they do not ultimately have a differential effect on the helpee's self-exploration or perceived empathy.

Thus the results did suggest that role-playing and micro-training may be effective methods for training helpers to function at higher levels of empathy compared to additional audio-training. The results also indicated that different training methods in the communication of empathy did not have a significant differential effect on helpee level of self-exploration, helper- or helpee-perceived empathy.

Some of the factors which were suggested as possible explanations for the finding of no significant effect on helpee level of self-exploration were: the use of volunteer standard helpees; the level of functioning of the helpers and their lack of other important skills to engage the helpees in self-exploration; and finally, the short period of time in one standard interview the helpers and helpees had to interact. The conclusions of this research were further limited in generalizability, related to the particular design employed and the use of volunteer helpers and helpees. Other limiting factors noted were the use of only one standard interview as opposed to a series of interviews, the instrumentation, and some procedures that could have affected the experimenter's expectations.

In the context of these limitations, the present research indicates that different training methods can

increase helper level of empathy offered, and that role-playing and micro-training, preceded by audio-training, can affect level of empathy offered in a standard interview situation. It also indicates that the differential training methods do not have a significant effect on helpee's level of self-exploration, nor helper- or helpee-perceived empathy. However, this study cannot be taken as a definitive statement on this problem. Consequently, further questions and areas for research were suggested. Among some of the suggestions for future research were: training helpers in discrimination of levels of self-exploration in addition to empathic understanding; extended use of Vicarious Therapy Pretraining; investigation of specific training practices in role-playing and micro-training; use of follow-up standard interviews; introducing measures of helpee rated self-exploration; and comparing additional methods of training for the communication of empathy.

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APPENDIX 1

EMPATHIC UNDERSTANDING IN INTERPERSONAL
PROCESSES: A SCALE FOR MEASUREMENT

APPENDIX 1

EMPATHIC UNDERSTANDING IN INTERPERSONAL
PROCESSES: A SCALE FOR MEASUREMENT¹Level 1

The verbal and behavioral expressions for the helper either do not attend to or detract significantly from the verbal and behavioral expressions of the helpee(s) in that they communicate significantly less of the helpee's feelings and experiences than the helpee has communicated himself.

EXAMPLE: The helper communicates no awareness of even the most obvious, expressed surface feelings of the helpee. The helper may be bored or disinterested or simply operating from a preconceived frame of reference which totally excludes that of the helpee(s).

In summary, the helper does everything but express that he is listening, understanding, or being sensitive to even the most obvious feelings of the helpee in such a way as to detract significantly from the communications of the helpee.

Level 2

While the helper responds to the expressed feelings of the helpee(s), he does so in such a way that he subtracts noticeable affect from the communications of the helpee.

EXAMPLE: The helper may communicate some awareness of obvious, surface feelings of the helpee, but his communications drain off a level of the affect and distort the level of meaning. The helper may communicate his own ideas of what may be going on, but these are not congruent with the expressions of the helpee.

In summary, the helper tends to respond to other than what the helpee is expressing or indicating.

¹ Robert R. Carkhuff, Helping and Human Relations: Vol. II. A Primer for Lay and Professional Helpers, New York, Holt, Rinehart & Winston, 1969, p. 315-317.

Level 3

The expressions of the helper in response to the expressions of the helpee(s) are essentially interchangeable with those of the helpee in that they express essentially the same affect and meaning.

EXAMPLE: The helper responds with accurate understanding of the surface feelings of the helpee but may not respond to or may misinterpret the deeper feelings.

In summary, the helper is responding so as to neither subtract from nor add to the expressions of the helpee. He does not respond accurately to how that person really feels beneath the surface feelings; but he indicates a willingness and openness to do so. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

Level 4

The responses of the helper add noticeably to the expressions of the helpee(s) in such a way as to express feeling a level deeper than the helpee was able to express himself.

EXAMPLE: The helper communicates his understanding of the expressions of the helpee at a level deeper than they were expressed and thus enables the helpee to experience and/or express feelings he was unable to express previously.

In summary, the helper's responses add deeper feeling and meaning to the expressions of the helpee.

Level 5

The helper's responses add significantly to the feeling and meaning of the expressions of the helpee(s) in such a way as to accurately express feeling levels below what the helpee himself was able to express or, in the event of ongoing, deep self-exploration on the helpee's part, to be fully with him in his deepest moments.

EXAMPLE: The helper responds with accuracy to all of the helpee's deeper as well as surface feelings. He is "tuned in" on the helpee's wave length. The helper and the helpee might proceed together to explore previously unexplored areas of human existence.

In summary, the helper is responding with a full awareness of who the other person is and with a comprehensive and accurate empathic understanding of that individual's deepest feelings.

APPENDIX 2

SELF-EXPLORATION IN INTERPERSONAL PROCESSES:
A SCALE FOR MEASUREMENT

APPENDIX 2

SELF-EXPLORATION IN INTERPERSONAL PROCESSES:
A SCALE FOR MEASUREMENT¹Level 1

The helpee does not discuss personally relevant material, either because he has had no opportunity to do so or because he is actively evading the discussion even when it is introduced by the helper.

EXAMPLE: The helpee avoids any self-descriptions, self-exploration, or direct expression of feelings that would lead him to reveal himself to the helper.

In summary, for a variety of possible reasons the helpee does not give any evidence of self-exploration.

Level 2

The helpee responds with discussion to the introduction of personally relevant material by the helper but does so in a mechanical manner and without demonstrating feeling.

EXAMPLE: The helpee simply discusses the material without exploring its significance or attempting further exploration of his feelings in an effort to uncover related feelings or material.

In summary, the helpee responds mechanically and remotely to the introduction of personally relevant material by the helper.

Level 3

The helpee voluntarily introduces discussions of personally relevant material but does so in a mechanical manner and without demonstrating emotional feeling.

EXAMPLE: The emotional remoteness and mechanical manner of the discussion give it a quality of being rehearsed.

In summary, the helpee introduces personally relevant material but does so without spontaneity or emotional proximity and without an inward probing to newly discovered feelings and experiences.

¹ Robert R. Carkhuff, Helping and Human Relations: Vol. II. A Primer for Lay and Professional Helpers, New York, Holt, Rinehart & Winston, 1969, p. 38-39.

Level 4

The helpee voluntarily introduces discussions of personally relevant material with both spontaneity and emotional proximity.

EXAMPLE: The voice quality and other characteristics of the helpee are very much "with" the feelings and other personal material being verbalized.

In summary, the helpee introduces personally relevant discussions with spontaneity and emotional proximity but without a distinct tendency toward inward probing to newly discovered feelings and experiences.

Level 5

The helpee actively and spontaneously engages in an inward probing to newly discovered feelings or experiences about himself and his world.

EXAMPLE: The helpee is searching to discover new feelings concerning himself and his world even though at the moment he may be doing so perhaps fearfully and tentatively.

In summary, the helpee is fully and actively focusing upon himself and exploring himself and his world.

APPENDIX 3

THE RELATIONSHIP INVENTORY

APPENDIX 3

THE RELATIONSHIP INVENTORY

(Helpee Form)

NAME: _____

Below are listed a variety of ways that one person may feel or behave in relation to another person. Please consider each statement with reference to the relationship and interview just completed.

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. Please mark every one. Write in +3, +2, +1, or -1, -2, -3, to stand for the following answers:

- +3: Yes, I strongly feel that it is true.
- +2: Yes, I feel it is true.
- +1: Yes, I feel that it is probably true, or more true than untrue.
- 1: No, I feel that it is probably untrue, or more untrue than true.
- 2: No, I feel that it is not true.
- 3: No, I strongly feel that it is not true.

-
- ___ 1. He respects me as a person.
 - ___ 2. He wants to understand how I see things.
 - ___ 3. His interest in me depends on the things I say or do.
 - ___ 4. He is comfortable and at ease in our relationship.
 - ___ 5. He feels a true liking for me.
 - ___ 6. He may understand my words but he does not see the way I feel.
 - ___ 7. Whether I am feeling happy or unhappy with myself makes no real difference to the way he feels about me.
 - ___ 8. I feel that he puts on a role or front with me.
 - ___ 9. He is impatient with me.
 - ___ 10. He nearly always knows exactly what I mean.
 - ___ 11. Depending on my behavior, he has a better opinion of me sometimes than he has at other times.

- ___12. I feel that he is real and genuine with me.
- ___13. I feel appreciated by him.
- ___14. He looks at what I do from his own point of view.
- ___15. His feeling toward me doesn't depend on how I feel toward him.
- ___16. It makes him uneasy when I ask or talk about certain things.
- ___17. He is indifferent to me.
- ___18. He usually senses or realizes what I am feeling.
- ___19. He wants me to be a particular kind of person.
- ___20. I nearly always feel that what he says expresses exactly what he is feeling and thinking as he says it.
- ___21. He finds me rather dull and uninteresting.
- ___22. His own attitudes toward some of the things I do or say prevent him from understanding me.
- ___23. I can (or could) be openly critical or appreciative of him without really making him feel any differently about me.
- ___24. He wants me to think that he likes me or understands me more than he really does.
- ___25. He cares for me.
- ___26. Sometimes he thinks that I feel a certain way, because that's the way he feels.
- ___27. He likes certain things about me, and there are other things he does not like.
- ___28. He does not avoid anything that is important for our relationship.
- ___29. I feel that he disapproves of me.
- ___30. He realizes what I mean even when I have difficulty in saying it.
- ___31. His attitude toward me stays the same: he is not pleased with me sometimes and critical or disappointed at other times.
- ___32. Sometimes he is not at all comfortable but we go on, outwardly ignoring it.
- ___33. He just tolerates me.
- ___34. He usually understands the whole of what I mean.

- ___ 35. If I show that I am angry with him he becomes hurt or angry with me, too.
- ___ 36. He expresses his true impressions and feelings with me.
- ___ 37. He is friendly and warm with me.
- ___ 38. He just takes no notice of some things that I think or feel.
- ___ 39. How much he likes or dislikes me is not altered by anything that I tell him about myself.
- ___ 40. At times I sense that he is not aware of what he is really feeling with me.
- ___ 41. I feel that he really values me.
- ___ 42. He appreciates exactly how the things I experience feel to me.
- ___ 43. He approves of some things I do, and plainly disapproves of others.
- ___ 44. He is willing to express whatever is actually in his mind with me, including any feelings about himself or about me.
- ___ 45. He doesn't like me for myself.
- ___ 46. At times he thinks that I feel a lot more strongly about a particular thing than I really do.
- ___ 47. Whether I am in good spirits or feeling upset does not make him feel any more or less appreciative of me.
- ___ 48. He is openly himself in our relationship.
- ___ 49. I seem to irritate and bother him.
- ___ 50. He does not realize how sensitive I am about some of the things we discuss.
- ___ 51. Whether the ideas and feelings I express are "good" or "bad" seems to make no difference to his feeling toward me.
- ___ 52. There are times when I feel that his outward response to me is quite different from the way he feels underneath.
- ___ 53. At times he feels contempt for me.
- ___ 54. He understands me.
- ___ 55. Sometimes I am more worthwhile in his eyes than I am at other times.

- ___ 56. I have not felt that he tries to hide everything from himself that he feels with me.
- ___ 57. He is truly interested in me.
- ___ 58. His response to me is usually so fixed and automatic that I don't really get through to him.
- ___ 59. I don't think that anything I say or do really changes the way he feels toward me.
- ___ 60. What he says to me often gives a wrong impression of his whole thought or feeling at the time.
- ___ 61. He feels deep affection for me.
- ___ 62. When I am hurt or upset he can recognize my feelings exactly, without becoming upset himself.
- ___ 63. What other people think of me does (or would, if he knew) affect the way he feels toward me.
- ___ 64. I believe that he has feelings he does not tell me about that are causing difficulty in our relationship.

THE RELATIONSHIP INVENTORY

(Helper Form)

NAME: _____

Below are listed a variety of ways that one person may feel or behave in relation to another person. Please consider each statement with reference to the relationship and interview just completed.

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. Please mark every one. Write in +3, +2, +1, or -1, -2, -3, to stand for the following answers:

- +3: Yes, I strongly feel that it is true.
- +2: Yes, I feel it is true.
- +1: Yes, I feel that it is probably true, or more true than untrue.
- 1: No, I feel that it is probably untrue, or more untrue than true.
- 2: No, I feel it is not true.
- 3: No, I strongly feel that it is not true.

-
- ___ 1. I respect him as a person.
 - ___ 2. I want to understand how he sees things.
 - ___ 3. The interest I feel in him depends on the things he says or does.
 - ___ 4. I feel at ease with him.
 - ___ 5. I really like him.
 - ___ 6. I understand his words but do not know how he actually feels.
 - ___ 7. Whether he is feeling pleased or unhappy with himself does not change the way I feel about him.
 - ___ 8. I am inclined to put on a role or front with him.
 - ___ 9. I do feel impatient with him.
 - ___ 10. I nearly always know exactly what he means.
 - ___ 11. Depending on his actions, I have a better opinion of him sometimes than I do at other times.

- 12. I feel that I am a real and genuine person with him.
- 13. I appreciate him as a person.
- 14. I look at what he does from my own point of view.
- 15. The way I feel about him doesn't depend on his feelings toward me.
- 16. It bothers me when he tries to ask or talk about certain things.
- 17. I feel indifferent to him.
- 18. I usually sense or realize how he is feeling.
- 19. I would like him to be a particular kind of person.
- 20. When I speak to him I nearly always can say freely just what I am thinking or feeling at that moment.
- 21. I find him rather dull and uninteresting.
- 22. What he says or does sometimes arouses feelings in me that prevent me from understanding him.
- 23. Whether he criticizes or shows appreciation of me does not (or would not) change my feeling toward him.
- 24. I would really prefer him to think that I like or understand him even when I don't.
- 25. I care for him.
- 26. Sometimes I think that he feels a certain way, because that's the way I feel myself.
- 27. I like him in some ways, while there are other things about him that I do not like.
- 28. I don't feel that I have been ignoring or putting off anything that is important for our relationship.
- 29. I do feel disapproval of him.
- 30. I can tell what he means, even when he has difficulty in saying it.
- 31. My feeling toward him stays about the same; I am not in sympathy with him one time and out of patience with him at another.
- 32. Sometimes I am not at all comfortable with him but we go on, outwardly ignoring it.
- 33. I put up with him.
- 34. I usually understand the whole of what he is meaning.

- ___ 35. If he is angry or impatient with me I generally get annoyed or upset, too.
- ___ 36. I am able to be sincere and straightforward in whatever I express with him.
- ___ 37. I feel friendly and warm toward him.
- ___ 38. I ignore some of his feelings.
- ___ 39. My liking or disliking of him is not altered by anything that he says about himself.
- ___ 40. At times I just don't know, or realize until later, what my feelings are with him.
- ___ 41. I value our relationship.
- ___ 42. I appreciate just how his experiences feel to him.
- ___ 43. I feel quite pleased with him sometimes, and then he disappoints me at other times.
- ___ 44. I feel comfortable to express whatever is in my mind with him, including any feelings about myself or about him.
- ___ 45. I don't like him as a person.
- ___ 46. At times I think that he feels strongly about something and then it turns out that he doesn't.
- ___ 47. Whether he is in good spirits or bothered or upset does not cause me to feel any more or less appreciation of him.
- ___ 48. I can be quite openly myself in our relationship.
- ___ 49. Somehow he irritates me.
- ___ 50. At times I don't realize how touchy or sensitive he is about some of the things we discuss.
- ___ 51. Whether he is expressing "good" thoughts and feelings, or "bad" ones, does not affect the way I feel toward him.
- ___ 52. There are times when my outward response to him is quite different from the way I feel underneath.
- ___ 53. At times I feel contempt for him.
- ___ 54. I understand him.
- ___ 55. Sometimes he seems to me a more worthwhile person than he does at other times.
- ___ 56. I don't sense any feelings in relation to him that are hard for me to face and admit to myself.

- ___ 57. I truly am interested in him.
- ___ 58. I often respond to him rather automatically, without taking in what he is experiencing.
- ___ 59. I don't think that anything he says or does really alters the way I feel toward him.
- ___ 60. What I say to him often would give a wrong impression of my full thought or feeling at the time.
- ___ 61. I feel deep affection for him.
- ___ 62. When he is hurt or upset I can recognize just how he feels, without getting upset myself.
- ___ 63. What other people think and feel about him does help to make me feel as I do toward him.
- ___ 64. I feel there are things we don't talk about that are causing difficulty in our relationship.

APPENDIX 4

SAMPLE OF A SCORING SHEET FOR THE
RELATIONSHIP INVENTORY

Code:

Respondent's sex:

64 item forms

Date:

Other's sex:

SCORING SHEET

Type of relationship _____

	Pos.R items	Ans.		Pos.E items	Ans.		Pos.U items	Ans.		Pos.C items	Ans.	
	1			2			7			4		
	5			10			15			12		
	13			18			23			20		
	25			30			31			28		
	37			34			39			36		
	41			42			47			44		
	57			54			51			48		
	61			62			59			56		
Sub- Total No. 1												
	Neg.R items	Ans.		Neg.E items	Ans.		Neg.U items	Ans.		Neg.C items	Ans.	
	9			6			3			8		
	17			14			11			16		
	21			22			19			24		
	29			26			27			32		
	33			38			35			40		
	45			46			43			52		
	49			50			55			60		
	53			58			63			64		
Sum												
Sub- Total No. 2												
Total Score each scale												

Grand Total: all scales _____

APPENDIX 5

SPECIMEN OF THE RATING SCALE

APPENDIX 5

SPECIMEN OF THE RATING SCALE

No. of Excerpt: _____

Judge's Initial: _____

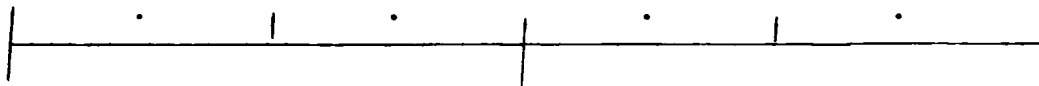
1

2

3

4

5



APPENDIX 6

RAW DATA

Individual Empathic Understanding Scores Obtained by the Forty-Two Helpers in the Standard Interview According to Groups.

Group	Subject	Score in the Standard Interview
Control	1	6.0
	2	6.0
	3	6.0
	4	7.0
	5	7.5
	6	6.0
	7	6.0
	8	5.0
	9	6.0
	10	6.0
	11	5.5
Audio-Training	12	7.0
	13	7.5
	14	6.5
	15	6.0
	16	5.5
	17	5.5
	18	6.0
	19	6.0
	20	6.0
	21	5.0
Role-Playing	22	8.0
	23	6.5
	24	9.0
	25	7.0
	26	7.5
	27	8.0
	28	7.5
	29	9.5
	30	9.0
	31	8.5
	32	7.0
Micro-Training	33	9.5
	34	8.5
	35	6.5
	36	7.5
	37	8.0
	38	12.0
	39	5.5
	40	4.0
	41	8.5
	42	8.5

Individual Self-Exploration Scores Obtained by the Forty-Two
 Helpers in the Standard Interview According to Groups.

Group	Subject	Score in the Standard Interview
Control	1	7.0
	2	5.0
	3	6.0
	4	8.5
	5	8.0
	6	5.0
	7	12.0
	8	4.0
	9	9.0
	10	9.5
	11	6.5
Audio-Training	12	8.5
	13	13.5
	14	4.5
	15	8.5
	16	5.0
	17	8.5
	18	7.5
	19	7.5
	20	6.5
	21	11.0
Role-Playing	22	11.5
	23	8.0
	24	7.0
	25	10.5
	26	5.0
	27	7.5
	28	13.0
	29	7.0
	30	7.0
	31	12.5
	32	6.5
Micro-Training	33	11.5
	34	13.5
	35	5.5
	36	6.5
	37	11.5
	38	7.0
	39	8.5
	40	4.0
	41	12.0
	42	9.5

Individual Helper-Perceived Empathy Scores Obtained by the
Forty-Two Helpers on the Empathic Understanding Scale
of the Relationship Inventory According to Groups.

Group	Subject	Score on Empathic Understanding Scale
Control	1	21
	2	12
	3	6
	4	17
	5	24
	6	24
	7	20
	8	26
	9	30
	10	17
	11	23
Audio-Training	12	18
	13	18
	14	14
	15	12
	16	28
	17	23
	18	18
	19	38
	20	11
	21	23
	Role-Playing	22
23		21
24		28
25		20
26		00
27		12
28		27
29		14
30		7
31		31
32		25
Micro-Training		33
	34	17
	35	25
	36	22
	37	27
	38	31
	39	5
	40	23
	41	11
	42	22

Individual Helpee-Perceived Empathy Scores Obtained by the
Forty Helpees on the Empathic Understanding Scale
of the Relationship Inventory According to Groups.

Group	Subject	Score on Empathic Understanding Scale
Control	1	15
	2	21
	3	-12
	4	48
	5	32
	6	20
	7	4
	8	17
	9	28
	10	36
	11	31
Audio-Training	12	23
	13	21
	14	27
	15	- 5
	16	-18
	17	12
	18	15
	19	-30
	20	7
	21	25
	Role-Playing	22
23		28
24		12
25		34
26		32
27		19
28		35
29		28
30		13
31		7
32		13
Micro-Training	33	22
	34	-10
	35	5
	36	27
	37	-
	38	18
	39	7
	40	6
	41	19
	42	-

APPENDIX 7

ABSTRACT OF

A Comparison of Three Training Approaches, Audio-Training,
Role-Playing, and Micro-Training, in the Communication
of Empathic Understanding, on Self-Exploration and
Perceived Empathy

APPENDIX 7

ABSTRACT OF

A Comparison of Three Training Approaches, Audio-Training, Role-Playing, and Micro-Training, in the Communication of Empathic Understanding, on Self-Exploration and Perceived Empathy¹

The present research compared the effects of three different training approaches in the communication of empathic understanding in order to assess their differential effectiveness not only on the helper's level of empathy in an interpersonal situation, but also on the effect such training would ultimately have on the helpee's level of self-exploration and perceived empathy. Previous research that compared different training approaches to systematic empathy training have so far assessed the training only in terms of helper's level of functioning, but have not yet considered the effect of these methods on the helpee.

The subjects were forty-two volunteer student counselors (helpers) and forty-two volunteer student helpees at the University of Ottawa. After receiving nine hours of pre-experimental empathy training, the helpers were randomly

¹ Walter J. Leckett, Doctoral Dissertation presented to the School of Graduate Studies of the University of Ottawa, Ottawa, 1976, xii-229 p.

assigned to one of four groups: an audio-training group (n=10) which received an additional nine hours of audio-training; a role-playing group (n=11) which received nine hours of role-playing; a micro-training group (n=10) which received nine hours of micro-training; and a control group (n=11) which received no additional training beyond the pre-experimental empathy training. After the experimental training the helpers conducted a standard interview with the standard helpees.

Based on the standard interview, separate sets of judges' ratings were obtained for level of empathic understanding using Carkhuff's Empathic Understanding in Interpersonal Processes: A Scale for Measurement, and helpee level of self-exploration using Carkhuff's Self-Exploration in Interpersonal Processes: A Scale for Measurement. The helpers' and helpees' perceived empathy was measured using the Empathic Understanding Scale of the Relationship Inventory.

A multivariate analysis of variance, as well as univariate and step-down F ratios, was computed to determine if significant differences existed among the four groups on the four dependent variables combined, and on each of the variables of level of empathy offered, level of self-exploration, helper- and helpee-perceived empathy. Post hoc procedures using the Tukey HSD test were conducted for level of empathy offered and helpee-perceived empathy.

The experimental training was found to have an overall significant effect on level of empathy offered and helpee-perceived empathy, but not on helpee level of self-exploration nor helper-perceived empathy. Group comparison results indicated that both the role-playing and micro-training groups offered significantly higher levels of empathy in the standard interview than either the control group or audio-training group. No significant differences in level of empathy were found between the audio-training group and control group, or between the role-playing and micro-training groups. Group comparisons for helpee-perceived empathy revealed no significant differences.

The results suggest how role-playing and micro-training may be more effective training methods in preparing helpers to function at higher levels of empathy in a standard interview situation. They also suggest that different approaches to training in the communication of empathy may not have a significant differential effect on helpee self-exploration, helper- or helpee-perceived empathy. The present research indicated a need to explore other questions and problems, and areas for further research were suggested.