



National Library of Canada
Collections Development Branch

Canadian Theses on
Microfiche Service

Bibliothèque nationale du Canada
Direction du développement des collections

Service des thèses canadiennes
sur microfiche

NOTICE

The quality of this microfiche is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print, especially if the original pages were typed with a poor typewriter ribbon or if the university sent us a poor photocopy.

Previously copyrighted materials (journal articles, published tests, etc.) are not filmed.

Reproduction in full or in part of this film is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30. Please read the authorization forms which accompany this thesis.

**THIS DISSERTATION
HAS BEEN MICROFILMED
EXACTLY AS RECEIVED**

AVIS

La qualité de cette microfiche dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de mauvaise qualité.

Les documents qui font déjà l'objet d'un droit d'auteur (articles de revue, examens publiés, etc.) ne sont pas microfilmés.

La reproduction, même partielle, de ce microfilm est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30. Veuillez prendre connaissance des formules d'autorisation qui accompagnent cette thèse.

**LA THÈSE A ÉTÉ
MICROFILMÉE TELLE QUE
NOUS L'AVONS REÇUE**

ROLE PLAYING - ROLE REVERSAL
AS A METHOD FOR TRAINING ADOLESCENTS
IN EMPATHY

by Donna Jacobs

Masters Thesis presented to the School
of Graduate Studies of the University
of Ottawa as partial fulfillment for
the Master of Arts Degree

Ottawa, Canada, 1977

© D. Jacobs, Ottawa, Canada, 1978

ACKNOWLEDGEMENTS

This thesis was prepared under the supervision of Gilles Chagnon, M.Ps., Professor at the Faculty of Psychology of the University of Ottawa.

The author would also like to thank Donald Boulet, Ph.D., and Daniel Lee, Ph.D., for their support, help and criticism throughout this project and the GAIT trainers for their help in running the GAIT groups.

Finally, the author wishes to extend extreme thanks and gratitude to Jean Runnells whose kindness, faith and enthusiasm were responsible for making this project possible.



CURRICULUM STUDIORUM

Donna Jacobs was born April 10, 1952 in Montreal, Quebec. She received her Bachelor of Arts degree from Concordia University, Montreal, Quebec in 1975.

TABLE OF CONTENTS

Chapter	Page
ABSTRACT.	iii
INTRODUCTION.	v
I. REVIEW OF THE LITERATURE.	1
1. Concept of Empathy	1
a. Affective vs Cognitive Components and Definitions of Empathy	2
b. State vs Trait Empathy	5
2. Empathy in Counselling and Education	7
3. Empathy and Interpersonal Relationships	13
4. Training Methods	19
a. Instructions, Modelling, and Rehearsal	20
b. Role Playing	23
(i) Role Theory	23
(ii) Theory of Role Playing	26
(iii) Experimental Investigations of Role Playing	30
c. Role Reversal	35
5. Theories of Adolescence	38
a. Piaget	39
b. Erikson	42
c. Theory of Interpersonal Attraction	44
6. Summary and Hypotheses	48
II. EXPERIMENTAL DESIGN.	55
1. The Subjects	55

Chapter	Page
2. The Setting	56
3. Description of the Instruments used to measure Empathy	56
a. The Barrett-Lennard Relationship Inventory - Scale for Emapthic Understanding	57
b. Interpersonal Judgement Scale	66
c. Group Assessment of Interpersonal Traits - GAIT	68
4. Experimental Design and Procedure	74
5. Experimental Treatment	79
6. Null Hypotheses, Statistics, and Summary	86
III. PRESENTATION OF RESULTS.	88
IV. DISCUSSION OF RESULTS.	99
1. Limitations	105
SUMMARY AND CONCLUSIONS.	110
BIBLIOGRAPHY.	113

APPENDIX	Page
1. RELATIONSHIP INVENTORY - FEMALE HELPEE FORM FORM OS-F-64.	121
2. RELATIONSHIP INVENTORY - MALE HELPEE FORM FORM OS-M-64.	126
3. RELATIONSHIP INVENTORY - GENERAL FORM. . .	130
4. RELATIONSHIP INVENTORY SCORING SHEET. . . .	134
5. INTERPERSONAL JUDGEMENT SCALE.	136
6. GAIT - GROUP AND SELF DESCRIPTION SCALE. . . .	138
7. TRAINERS' INSTRUCTIONS.	142
8. CORRELATIONAL MATRIX OF PRE AND POST IJS SCORES AND PRE AND POST SP RI SCORES. . . .	145

APPENDIX

Page

9. CORRELATIONS BETWEEN PEER-TRAINER, PEER-SELF
AND SELF-TRAINER ON VARIABLES EMPATHY,
OPENNESS AND WARMTH ON THE GAIT: 146

LIST OF TABLES

Table		page
1.	Pre and Post test General RI Means and Standard Deviations for the Role Playing, Discussion and No Treatment Control Groups.	90
2.	Analysis of Variance for Pre and Post General RI for the 3 groups.	91
3.	Pre and Post test Specific RI Means and Standard Deviations for the Role Playing, Discussion and No Treatment Control Groups.	93
4.	Analysis of Variance for the Pre and Post General RI for the 3 groups.	94
5.	T Tests for ORDER of Completion of the Pre and Post General and Specific RI forms. . . .	95a
6.	Cell Means and Standard Deviations of Peer Ratings for the GAIT Variables - Empathy, Openness, and Warmth.	97
7.	ANOVAS for the 3 GAIT Variables - Empathy, Openness and Warmth as rated by peers following Treatment.	98

ABSTRACT

The purpose of the present study was to assess the effectiveness of utilizing Role Playing and Role Reversal as methods for promoting empathic skills in adolescents.

The subjects were thirty students comprising a class of Career Planning at Sir John A. MacDonald High School in Ottawa. They were randomly assigned to one of three groups: (1) a Role Play-Role Reversal group who received $7\frac{1}{2}$ hours of training, (n=10); (2) a discussion group who also received $7\frac{1}{2}$ hours of training and who served as a control group for group interaction (n=10); and (3) a no treatment control group who received no training at all (n=10).

The experimental design was a pretest - posttest control group design. Empathy was rated by grand total scores on (1) the Specific Relationship Inventory, and (2) the General Relationship Inventory, and on three variables on (3) the Group Assessment of Interpersonal Traits - Empathy, Openness and Warmth.

An analysis of variance was performed to test for significant differences between the pre and post test means of the Specific Relationship Inventory and the General Relationship Inventory, of the three groups. To test for signi-

ficant differences between peer ratings for the 3 groups on the GAIT variables of Empathy, Openness, and Warmth, 3 univariate F tests were conducted. No significant differences were found between the pre and post test means between the three groups on either of the Relationship Inventories, or between the 3 groups on the GAIT variables.

The results, however, seem to suggest that interpersonal attraction may be a factor in one's perception and evaluation of another's empathic ability.

INTRODUCTION

The general purpose of this study is to assess, by means of self and peer perception, the effectiveness of Role Playing - Role Reversal as a method of promoting empathy in adolescents.

The importance of empathy as an educational, therapeutic and interpersonal skill has repeatedly been demonstrated in the literature, with the focus directed towards various milieus, populations, as well as the effect of training programs on the acquisition of such a skill. There are countless means and measures employed as techniques for enhancing or facilitating empathy - one of the more common being Role Playing. Little however, has been attempted with an adolescent population.

From the present literature, it is seen that empathy is related to positive and effective interpersonal functioning and that effective interpersonal functioning is important in the development of one's identity, self concept, and self esteem. Furthermore, the crucial time, for the development of such concepts is ADOLESCENCE. If we accept the findings from various authors that empathy is important for both present and future interpersonal relationships, then it would seem reasonable to implement empathy training programs into this crucial time of development - not only as a learning

experience and as a promotion of satisfying and effective relationships, but also as a preventative measure of improper development and consequent inadequate interpersonal functioning.

Chapter 1 provides a review of the literature including an elaboration of the present definitions of empathy, a critical review of the relevant research, a review of the various methods employed to facilitate empathy, as well as a brief presentation of two relevant adolescent theorists. Finally, this chapter will conclude with a brief summary and review of the purposes of this study followed by the hypotheses to be evaluated.

Chapter 2 contains an outline of the sample, the instruments and procedure utilized for this study, while Chapter 3 includes a presentation of the results gathered in the experiment and Chapter 4 concludes with a discussion of these results.

CHAPTER I

REVIEW OF THE LITERATURE

The first chapter of this research will be presented in 5 sections. To begin, the author will discuss the different components believed to be related to empathy (i.e., cognitive and affective), as well as a number of definitions presented by various researchers. Secondly, empathy will be reviewed as researched in 3 areas; (1) Counselling, (2) Education, and (3) Social Functioning, and relevant studies will be cited and criticized with regard to methodology and findings. Thirdly, the author will review various training methods available for facilitating empathic ability, with primary focus on Role Playing, followed by a brief explanation of the method of Role Reversal, which will be utilized specifically for this study. Fourthly, the author will expand upon Piaget and Erikson's theories of adolescence with special attention given to egocentrism, social acceptance and interpersonal attraction and how they are related to this study. Finally, the purpose of this study and the problems under investigation will be discussed.

1. CONCEPT OF EMPATHY

Although within the past thirty years there has been considerable research and interest in the area of empathy,

there seems to be a confusion with regard to the meaning and definition of the concept. It is evident that there are noticeable variations of definitions of empathy some of which appear to be used synonymously with concepts such as social sensitivity, role taking ability, social insight and awareness. Within this confusion in conceptualization however, one thing that is agreed upon is that people are interested in research pertaining to interpersonal functioning and consequently much research is being generated in that area.

(a) Affective vs Cognitive Components and Definitions

To aid in clarifying the concept of empathy, below will appear a brief discussion of 2 components believed to be related to the concept of empathy, followed by a variety of definitions employed by various researchers.

The 2 components believed to be prerequisites for the execution of empathic ability are; (1) a cognitive ability, and (2) an affective responsiveness. On the one hand, those who state that empathy is a cognitive skill, believe in the requirement of a role taking ability or an ability to cognitively understand or consciously take the role of the other. (Dymond, 1949; Mead, 1934; Hogan, 1969). Apart from these orientations, there exists an opposing school who see empathy as an affective skill - which in Ianotti's phraseology, is an ability to match

3.

the feelings of the other. Beyond these 2 opposing schools however, appears a third group of researchers who has come to believe that empathy involves a combination of the two above mentioned processes, i.e., a cognitive as well as an affective responsiveness. Rogers (1975) describes this as an ability (of the counsellor), to experience the feelings of the other (affective) and to decode the information (of the client) accurately (cognitive) and encode back (to the client) what he or she is experiencing.

Below are some definitions as seen by the above mentioned points of view. To begin with, Dymond (1950) refers to empathy as "the imaginative transposing of oneself into the thinking, feeling and acting of another." Grossman (1951) refers to empathy as "correctly perceiving the world from the other person's frame of reference". Hogan (1969) sees empathy as "the intellectual imaginative apprehension of another's condition or state of mind." There are still others within the cognitive framework who associate empathy with an ability to take the role of another. Both Mead (1934) and Cottrell & Dymond (1949) describe empathy as the capacity to take the role of the other and perceive the situation from his or her perspective. More specifically, Mead describes role taking ability as "the symbolic process by which a person momentarily pretends that he is another person, projects himself into the

perceptual field of the other person and imaginatively puts himself in the other's place in order that he may get an insight into the other person's behaviour in a given situation."

McClelland, on the other hand, refers to role taking ability as "the faculty with which a person can perceive and act out organized behaviours or roles" (i.e. putting himself in the position of the other).

Grief & Hogan (1973) refer to empathy as "a sensitivity to the needs and values of others", while according to Ianotti (1975) empathy is the "responsiveness of an individual to the feelings of another." To Greenson (1960) empathy means "to share, to experience the feelings of another person. This sharing of feelings is temporary. One partakes of the quality and not the degree of the feelings, the kind and not the quantity." (p.418).

From all preceding definitions, it becomes apparent that although the definitions themselves may differ from author to author, they all acknowledge either the affective-feeling component or the cognitive-understanding component of empathy, and see these as being important processes in interpersonal communication and relationships. Although these definitions may not lead to a clarification of concepts, they do demonstrate the immense interest and consequent importance of communication

skills and interpersonal relationships. According to Gage and Cronbach (1955), "this difficulty (in conceptualization) characterizes early research in any area - interests, attitude, and adjustment have all suffered from inadequacies of conceptualization comparable to those afflicting empathy." It may therefore be enough to say that there is a great deal of interest and research on a very important area of human functioning. The more precise, acceptable and universal definition will, as inferred above, follow after more research is carried out in the area and concepts such as empathy are no longer new and unfamiliar.

(b) State vs Trait Empathy

A further distinction with regard to empathic functioning need be made and that is between trait and state empathy. It is believed (Buckheimer, 1963) that the affective-feeling component is more of a natural disposition of an individual while the cognitive-understanding dimension is a trainable or learned interpersonal skill, i.e., one learns "to say the right thing at the right time". When empathy is viewed as a trait, it is evident that one is referring to a skill that has developmental roots and has been built up through past learning. Unlike trait empathy, state empathy

can be seen as the underlying assumption of empathy training programs, that is, programs are developed aimed at teaching or improving empathy.

In this present study, empathy will be referred to as an ability to put oneself in the shoes of the other and become more sensitive to the feelings and needs of others, as well as an ability to recognize the feelings of others - thus encompassing both the affective and cognitive components of empathy. Furthermore, empathy will be studied both as a trait and state. A trait, as measured by one's own perception of their empathic ability in general, and a state as measured on the basis of a specific interpersonal interaction.

Although empathy may be a relatively new concept in the literature, (as compared to a concept such as intelligence) it nevertheless has occurred within various realms of study. Researchers have found empathy to be an important and beneficial factor in counselling, education, and other interpersonal milieus. (Rogers, 1957; Carkhuff, 1974; Aspy, 1975; D'Augelli, 1974).

The following section will briefly review some studies carried out in each of the above mentioned areas. For the purpose of this study however, a greater concentration will be placed upon the area of social interaction and interpersonal communication.

2. EMPATHY IN COUNSELLING AND EDUCATION

The importance of interpersonal skills in the helping relations is of continual concern to professionals within the field. Studies have demonstrated that empathy is an important and facilitative factor in the therapeutic process and outcome.

From the psychoanalytic viewpoint, Greenson (1960) stated that;

"Knowledge of the psychoanalytic theory and the intellectual understanding of a patient is not sufficient. In order to help, one has to know a patient - emotionally. One cannot truly grasp subtle and complicated feelings of people except by this 'emotional knowing'. It is emotional knowing, the experiencing of another's feelings that is meant by the term 'empathy'. It is a very special mode of perceiving. Particularly for therapy, the capacity for empathy is an essential prerequisite."

The Client Centered Therapists refer to empathy as "the ability to sense the client's private world AS IF it were your own but without ever losing the AS IF quality. To sense the client's anger, fear, and confusion AS IF it were your own, yet without your own anger, fear or confusion getting bound up in it." (Rogers, 1957) Thus it is evident that an important therapeutic skill is to be able to see things from the other's point of view yet still maintain somewhat of an objective quality. Cottrell & Dymond (1949) claim that a portion of the therapeutic personality must continue to function in his own role and in

the role of observer between himself and the other.

Various studies have found that there are four critical process variables which lead to effective therapeutic processes and constructive personality change in both hospitalized and non-hospitalized patients. These dimensions are (1) therapist accurate empathic understanding, (2) therapist warmth or positive regard, (3) therapist genuineness or self congruence, and (4) patient depth of self exploration (Carkhuff & Truax, 1965; Barrett-Lennard, 1962). Of these, it appears that empathy stands out as the essential core dimension of helping (Carkhuff, 1969).

Ivey (1968) reviews a microcounselling training program where the focus was reflection of feeling and empathic understanding. The training involved a 5 minute interview where the counsellor in training was to counsel a client "in any way you like". Following this initial interview, the trainee was to read the "Reflection of Feeling Manual", and observe video models of reflection of feeling by other counsellors, as well as his own initial interview, all of which were discussed with his assigned supervisor. The trainee then conducted a second interview with his original client with instructions to practice reflecting the feelings of his client. This was then analysed by both trainee and supervisor. The final stage of training involved a third and last videotaped interview with the original

client which again was viewed and discussed by trainee and supervisor. Complete training for each trainee required 2 hours.

Despite this brief training program, results demonstrated that there was a significant increase in amount of reflections of feelings from the first to the last interview, as rated by two external judges ($p < .001$), and that client ratings of counsellor effectiveness and understanding increased significantly over trials ($p < .001$).

This study supports the validity of brief counsellor training as well as the usefulness of a video model in the training of therapeutic skills such as empathy and accurate reflection of feeling. An extension to the research concerning the importance of empathic understanding in the helping professions, came from Rogers (1951), and later extended by Aspy (1975) and Truax & Carkhuff (1967) who stated that simply being aware and understanding of another's thoughts and feelings was not enough, but rather the ability to communicate and transmit this understanding to the client led to more significant change. "It's the counsellor's function... to perceive the world as the client sees it... and to communicate some of this empathic understanding to the client." (Rogers, 1951p.29)

As the research in empathy continued, it became evident that empathy was seen to be of value not only in psychotherapy, but also in the field of education. There appeared a noticeable trend towards the recognition of the affective growth of the student as well as cognitive gain and school adjustment. This move toward promoting sensitivity to affective needs further led to a growing need to train teachers in a wider gamut of skills in order to foster all around growth of their students.

Studies have revealed significant relationships between level of teacher's empathy and attendance rates (Aspy & Roebuck, 1974), IQ gains (Aspy, 1973), reading achievement (Kratovichil, Carkhuff and Berenson, 1969) and self concepts (Aspy and Roebuck, 1975). Lewis, Lovell and Jessee (1965) found that sixth grade students whose teacher offered high levels of communicated empathy, made greater academic gains than those whose teacher offered low levels. Similarly, Aspy (1975) revealed evidence that in classrooms with teachers who were functioning at low levels of empathic understanding, the student learning rates fell to levels below expectancy. Thus according to this study, low levels of empathy can negatively affect a student's learning rate. In a further study (1974) using Carkhuff's interchangeable response model, Aspy administered samples of 'helpee' statements to 10,000 teachers

and asked the teachers to respond empathically. It was found that less than 1% of them responded empathically to the statement. Most of the responses involved sympathy, reassurance or advice giving.

Aspy & Roebuck (1972) report a significantly positive relationship between the level of empathic understanding of 40 elementary school teachers and their student's cognitive gain. Upon closer examination of the results however, it can be noted that only 1 of the 3 variables studies revealed a significant correlation. Student level of cognitive functioning correlated significantly at the .05 level with Positive Regard, which is not the same as "teacher's level of empathic understanding". In addition and more important, was the failure of the study to demonstrate gains in student's cognitive functioning.

Gormally and Hill (1974) and Lambert & DeJulio (1977) have raised and directed severe criticism to Carkhuff and his associates with regard to the methodology, findings, and references utilized in the various studies dealing with Carkhuff's Human Relations Training Program.

Though the criticism is somewhat harsh in the latter study, it is useful in expounding upon a number of authors' aims and results and pointing out their weaknesses. Often as found, the authors select findings to provide evidence FOR the

hypotheses put forth while they ignore those findings that run contrary to their expected results.

Lambert & DeJulio's article contains a list of approximately 30 studies concerned with Human Relations Development, which they have analyzed and consequently directed criticism against. Some of the weaknesses demonstrated in their study involve the training or treatment programs utilized in the studies of Carkhuff and his associates. There appears to be a failure to specify the nature of the training in most studies. The duration and procedures vary from study to study which makes it difficult to compare the results or replicate a study.

Another difficulty is the lack of appropriate control groups, ie, there is often a failure to specify the nature of the control procedure or the reason for utilizing certain control groups. As Lambert & DeJulio state "control samples have infrequently been equivalent in expectation, motivation, contact time, leaders, skills, or enthusiasm." (p.84.)

A further criticism agreed upon by Gormally & Hill, are the criteria used to evaluate the effectiveness of the training programs. Often the author's criterion for "success" is the result on a measure that was also used in the training of the subjects. Therefore it is not a new situation and thus makes it difficult to assess whether the degree of change will hold in "real life measures" of improvement.

3. EMPATHY AND INTERPERSONAL RELATIONSHIPS

In addition to the above mentioned literature concerning the importance of empathy in therapeutic and educational milieus, there has also been a growing concern of the value empathy and communication skills in day to day living and interpersonal interaction.

Carkhuff & Burstein (1970) and Truax & Lister (1971) have shown that laymen can learn skills that enhance their present level of empathic ability, thus benefiting in their relationships with others, much in the same way that these skills benefit a client in a therapeutic relationship.

Cottrell (1942) and Dymond (1949) claimed that empathy or "the ability to see things from the other's point of view" is not only a required and basic process in social interaction, but also leads to more effective communication and understanding and social adjustment.

It is precisely the concern of this paper to go beyond the academic settings and explore the real world and what contributions empathy can make upon it. Authors have studied and consequently suggested that empathy is a

"universally crucial ingredient of healthy human development". (Aspy, 1975). Theory further suggests that an empathic disposition enhances successful role performances thus consequently leading to a social self confidence and positive interpersonal relationships. Conversely, the unempathic person is less successful in interpersonal relationships and communication and tends not to enjoy and acquire positive social interactions. The empathic listener tends to be open, accepting and encouraging of others, while the unempathic listener will tend to be less patient, more critical and nonaccepting therefore minimizing interpersonal experiences.

Within this vast area of empathy as a facilitator in social and interpersonal relationships, much research has explored the benefits of an empathic disposition and how it can enhance various interpersonal relationships. Authors such as Gordon (1970), D'Augelli (1974), and Archer & Kagan (1973) respectively have researched the effects of empathy on such relationships as parent - child, dating and married couples, and peer relations.

In a study on the communication of empathy, Hundleby

& Zingle's aim (1975) was to determine whether a systematic training program in Communication, Understanding, and Empathy (CUE) would have significant effects on the participants. The population consisted of 2 classes of 55 grade 12 students. The students in one class were assigned to the treatment group, while the students in the other class served as the control group. The training consisted of 14, 80 minute lessons (18 hours) involving various communication skills facilitated through role playing and other activities emphasizing learning through self experience. Results demonstrated that those who received the training, were not only able to communicate empathy at a significantly higher level than those in the control group ($p < .05$), but they were also identified by independent interviewers as "better communicators", that is, the extent to which an individual partook or shared in the conversation with the trained interviewer ($p < .001$). Furthermore, those receiving training were rated significantly higher than those in the control group, as "someone I would go talk to", that is, the extent to which the interviewer thought the individual possessed empathic skills ($p < .05$). Operationally, empathy was defined as the score obtained on the High School Communication Index, which is a revised form of the Standard

Communication Index (Carkhuff, 1969).

The method of cluster sampling in this study may be questionable. Under the circumstances it would have been difficult to obtain subjects in a different manner, but it is important to keep in mind that perhaps the significant results are due to preexisting differences in the groups prior to and independent of treatment.

Secondly, the interviewers' criterion for "better communicators", may or may not be related to training, that is, the amount an individual shares in a conversation may be a function of an entirely unrelated variable to empathy.

In a study conducted by Archer & Kagan (1973), their aim was to teach undergraduate students interpersonal skills so that they in turn could train other undergraduates in the same skills. They found that among their 3 methods of training (although some were more effective than others) it was possible to train students so that they could effectively teach other students. Treatment results revealed an F value significant at the .05 level.

D'Augelli (1973) found that individuals who were rated by 2 trained raters as interpersonally proficient, were seen by others as more open with their feelings, ($p < .001$), more understanding ($p < .001$), more accepting of others ($p < .05$), and more willing to discuss personally meaningful information ($p < .01$) than those who were originally (preceding evaluation) rated as less proficient.

D'Augelli (1974) investigated the effects of empathy training on communication and marital adjustment following a 12- 20 hour training program, consisting of supervised practice of interpersonal skills such as empathic understanding, acceptance of other's feelings, and openness and honesty about one's own feelings. Significant differences were found in empathic understanding ($t=9.63$, $p < .001$) and self exploration ($t = 3.30$; $p < .01$) among couples in the experimental group as measured by independent trained raters, on the Carkhuff rating scales, when compared to the no treatment control group. Schlein (1971) revealed similar results. Not only did raters perceive a significant difference in the quality of helping relation skills between groups, but the trained groups showed more improvement on self report measures in, (1) their ability to handle relationship problems and (2) in their self perceived empathy, warmth, trust, genuineness, and intimacy than did the control groups.

Though these studies present significant results, questions can be raised as to the validity of these studies. In keeping with Gormally & Hill's (1974) criticisms of Carkhuff's training model, the use of different trainers may have an effect upon outcome. For if, as Carkhuff claims, trainees can only rise to the facilitative level of their trainer, then the initial level of the trainers interpersonal functioning may be of importance with regard to the findings of this study. Furthermore, lies the question of retention of skills. The couples were measured immediately following training - thus, by not allowing enough time to pass after training it becomes difficult to assess whether these skills have had time to consolidate such that they become part of the individual's repertoire of behaviour independent of training.

In the children's literature, Burns & Cavey (1957) investigated the age differences in children's empathic ability. Each child was presented with a set of 8 pictures - 4 crucial (test related) and 4 non-crucial (fillers) which were randomly interspersed to control for order. The photos illustrated familiar scenes of children some with no child, others with children present. Each picture was described briefly as it was presented followed by a question regarding the photo, For example, "How would you feel?", with regard to photos

where a child was absent, or, "How does s(he) feel?" - pertaining to the photo with a child. To ensure that order effect would not bias the results, half of the subjects were shown pictures containing figures before the empty photos. They found a significant difference in empathic ability between the age groups of 3 and 5, and 5 and 6½, demonstrating that the older children responded empathically significantly more than the younger children. The null hypothesis, that empathic responses are not related to age was tested by CHI Square and rejected at the .001 level, thus supporting the contention that empathy is more frequent in less egocentric developmental stages as proposed by Piaget.

4. TRAINING METHODS

According to the above cited studies, it is evident that not only can empathy be taught as an interpersonal skill, but that it can also be a great facilitator in interpersonal communication. As a result of the vast literature in this area, there are countless measures and techniques available for fostering such skills including a variety of didactic and experimental procedures such as lectures, modelling, rehearsal, feedback, self observation, and role playing.

a) Instructions, Modelling and Rehearsal

In the earlier literature dealing with the acquisition of social skills, modelling, which involves observing someone carrying out certain behaviours, was found to be quite effective. (Bandura, 1969; Bandura & Walters, 1963). However, further research found that modelling alone was not as effective as when it was paired with various forms of instruction. Whalen (1969) demonstrated that modelling alone and detailed instruction alone were ineffective as teaching devices. However, training which employed modelling and detailed instruction together were found to produce significantly positive results.

Rappaport, Gross & Lepper (1973), focused on demonstrating the effect of an additional informational component - instruction - upon modelling as a means of training a specific social skill. The subjects were randomly assigned to one of three groups; sensitivity training, videotaped modelling, or a no treatment control group, within which half of each group received specific or general instructions with regard to their task. In summary, it was found that the modelling trained group with general instructions was rated significantly more effective in their social skills than either the sensitivity trained groups or the control group ($F = 7.06, p < .05$). With specific instructions however all subjects performed equally

well regardless of previous training. The findings of this study appear to be discrepant with those of Whalen's; in that groups receiving specific instructions alone and modelling alone were as effective as the groups receiving a combination of the two methods. These differences may be explained by the specific instructions and structure inherent in the latter study. That is, each subject had a role to play and a designated amount of time in which to perform it; whereas in the Whalen study the learned responses were not applied to specific situations. A further difference lay in the instructions. It appears that Rappaport et al's specific instructions were far more detailed than Whalen's instructions. Support for Whalen's findings appear in a study by Uhlemann, Lea & Stone (1976) utilizing individuals with low levels of interpersonal communication skills, to determine the effectiveness of 5 training programs on reflection of feeling and empathy; (1) Instructions, (2) Modelling, plus 2 combined conditions (3) Instructions-plus-modelling, (4) modelling-plus-instructions, and (5) a control group. For reflection of feeling, results demonstrate the effectiveness of instructions and instructions-plus-modelling over the other groups ($p < .01$). For empathy, it appears that the two combined conditions significantly increased the participants level ($p < .05$). Thus neither of the procedures alone significantly affected the level of empathic communication.

In an article by Stone & Vance (1976) entitled "Instructions, Modelling and Rehearsal", they attempted to determine whether there are consistent factors within the various training methods. Once again results revealed a significant increase in performance from combined procedures, ($p < .05$), while the single training method tended to perform at a level comparable to that measured before training.

Instruction, modelling, and rehearsal in combination, have been found to be quite effective in training certain social skills. Respectively, these involve, 1) specifically and didactically mapping out the stages and expectations of the exercise, 2) observing someone else carrying out the particular skill, and 3) acting out the scene as yourself, after which one receives suggestions as how to make the behaviour more effective and successful.

However, contrary to expected findings, D'Augelli (1974) using 2 types of systematic pretraining (cognitive and practice), found that those who partook in the cognitive training engaged in more overall personal discussion than those in the practice condition - similar to role playing. D'Augelli's reasons for this were:

- 1) that those in the practice condition were given only one chance to attempt each behaviour and the subjects were not provided with positive reinforcement.

- According to Carkhuff (1969) "... if we want trainees to function effectively in the helping role, we must give them plenty of practice", and
- 2) the summarization process in the cognitive groups may have served to promote better attention to the behaviours under question.

(b) ROLE PLAYING

(i) Role Theory

Although the above mentioned techniques have produced positive results, there is a technique very frequently employed in the literature that appears to embrace all of the above methods plus more. This method is known as Role Playing and although it does include instruction, modelling, and rehearsal, it also offers additional possibilities. For example, it enables one to take the role of the other and not only experience the position of the other but also gain additional perspective into their own behaviour.

Role Playing, has its roots embedded in Role Theory. It is referred to by Role Theorists as "the ability to put oneself in another's place and to modify one's behaviour as a result". (Hogan, 1969; p.307). Role Theorists, such as,

Mead and Cottrell, are oriented toward interpersonal behaviour and attempt to explain behaviour in terms of roles. A role is defined as a set of behaviours or functions appropriate for a person holding a particular position within a particular social context. It involves both the position an individual holds in a social relationship and it's associated expectations. One's role therefore is defined by the situation and people that one finds himself involved with.

As an individual moves through the social structure he is placed in a variety of role categories. For example, Johnny may find it necessary to enact different responses and behaviours in different social situations. For in one circumstance, he may be Mrs. White's student, in another he may be Tom's younger brother, and in still another he may be Jim's best friend. As he performs these rôles, he not only learns to see himself as others see him, but he also learns the expectations that he believes others have of him concerning what he should be like. Thus, by taking the role of the other, he gains different pictures of himself each corresponding to a particular identity.

Dymond (1949) as cited by Meyer (1966), stated that:

The concept which seems to the author to be the closest to what Mead and Cottrell had in mind in the use of the phrase "taking the role of the other", is that of empathy. This may not be the only process underlying role taking ability, but it appears to be a central one and therefore one which requires careful definition and exploration... If the exercise of social intelligence is dependent, as Mead suggests, on the ability to take the role of the other, it seems as if this ability along with others would be very important." p.10-11.

Thus, role theorists believe that the ability to take the role of the other, to adopt the attitudes of another and to see things from the other's point of view, are dependent upon the existence of an underlying empathic ability. In fact, they believe that this empathic ability not only leads to positive social functioning, but also " facilitates mental health and leads to social sensitivity." (Hogan, 1969; p.308). To interact with others effectively, one must imaginatively take into account the other's view. This ability increases the correctness of one's prediction and anticipation of the other's behaviour. Since the behaviour of the other is the basis for one's own further behaviour, skill in role taking facilitates normal social interaction.

Conversely, it has been maintained that the in-

ability to take the role of the other has important effects on a person's behaviour. Delinquency, behaviour disorders, and other asocial behaviour patterns, have been interpreted as due in part to lack of skills in taking the role of the other. The one lacking empathic ability is the one who is less likely to receive positive feedback from others and consequently hinders the development of interpersonal relationships and communication skills.

(ii) Theory of Role Playing

People often find themselves in problem situations dealing with people. These problems can arise from various reasons, such as, ignoring the feelings, attitudes or concerns of the other, from a lack of understanding of the actual situation, from a quickness to judge, or from a lack of patience - all of which are related to an inability to take the role of the other. Corsini (1961), believes that "an active, concrete and meaningful situation be developed so as to increase awareness and build up faulty communication..." between individuals.

Role Playing, one such active and concrete experience,

is used in a variety of settings such as; teaching, training, employee selection, etc. and always involves individuals acting out real behaviours in set up, artificial situations so as to enable the individuals to act more freely in an uninhibited manner without having to suffer the consequences inherent in a real life situation. It is often easier to see the consequences and alternatives of one's behaviour when one is not so emotionally involved.

Role Playing aims at "increasing one's ability to appreciate the other person's reasons for acting as he does and increasing one's understanding of how things look and feel from another's point of view", that is, to be empathic. (Levit & Jennings, 1964, p.4) When one plays the role of some other person one tries to feel and behave as he would. This, as seen in the literature, is extremely effective in helping people understand each other.

Theoretically it is believed that the active participation inherent in role playing enables the individual to act out a situation and try new ways of dealing with problem situations. This actual acting out allows the person to really LIVE through the experience. By literally putting oneself in another's place and trying to feel and behave as the other would, broadens one's understanding of others. Thus, this emotional

experience which so often leads to understanding, enables one to develop new skills for dealing with problems in human relations. This may further lead to adopting new behaviours - the behaviour enacted in the role playing may feel so comfortable that it now becomes part of the individual's everyday relating.

Rather than being told what one's behaviour does to others, the actual experiencing and living it through develops new skills in human relating. Role Playing guides the individual closer to the heart of the problem and enables him to analyse, explore and experiment with new ways of dealing with people in various situations. This allows or trains the individual to analyse his behaviour and reactions in future situations. Being aware of how one's behaviour affects others, is often the catalyst to behaviour change. For often the impact of watching someone portray one's role or actually experience the effects of one's behaviour, can bring about great changes in behaviour.

Another important aspect of Role Playing which is theoretically agreed upon in the literature, is the feedback it supplies. Though participation is a big part of Role Playing, it may not necessarily lead to more effective communication. To be told how one looks by others and how one's behaviour affects others, helps an individual to identify weak areas

of himself and to see how his behaviour is interpreted by others. This feedback helps to increase sensitivity regarding the feelings and thoughts of others. Thus Role Playing provides the opportunity to experience actual problems under life - like yet protective conditions. This opportunity to obtain feedback from a group seldom happens in a real life situation and can be potentially dangerous if no one is there to mediate the situation. Within the confines of the security of the group and with an experienced trainer however, it can increase sensitivity and insight.

In summary therefore, Role Playing procedures provide the opportunity to literally put oneself in the shoes of the other and understand how things feel and look from another's point of view. This taking the role of the other not only enables one to live through the other's experience, but it also gives the individual the opportunity to see himself from the other's point of view and live the consequences of his own behaviour. These above mentioned factors along with the active participation, feedback, and controlled security of the group, are all important factors in Role Playing procedures and are believed (by various theorists - Corsini, 1961) to contribute to an increase in empathic ability.

(iii) Experimental Investigations of Role Playing

The literature reveals studies which stress the value of role playing in the development and improvement of social skills, while others theorize that direct personal experience in social situations is the most important way in which the learning of these "roles" takes place. (Bavelas , 1949; French , 1944; Lippett et al , 1947). Recent researchers claim that to be empathic one must " first be able to accurately take the role of the other and predict the impact that various lines of action will have on another's definition of the situation." (Weinstein, 1969; p.757) . Staub (1971) and Flavell (1968) found that role playing procedures were effective in facilitating helping and sharing behaviours in Kindergarten children. Staub (1971) employed 4 treatment groups ; 1) Role Playing, 2) Induction (i.e., pointing out of consequences), 3) Role Playing with Induction ,and 4) Control. Following training, a comparison of the means revealed a significant increase in helping behaviour in girls receiving Role Playing , than girls in the no treatment control group. ($t = 2.17$, $p < .05$), while the boys receiving Role Playing (with or without induction) shared with a needy other significantly more than those in the same sex no

7
treatment control group ($t = 2.32$, $p < .01$).

Staub also included an immediate and a delayed posttest. He found that the effects of Role Playing on helping and sharing behaviours persisted when measured 5 - 7 days following the training sessions. In explaining these results, Staub hypothesized that Role Playing may have increased their ability to view events from the standpoint of another and vicariously experience the other's needs.

Furthermore, it appeared that Role Playing differentially affected girls and boys, that is, it increased helping behaviour in girls and sharing behaviour in boys. Staub explains this as being related to the sex of the child in need - a girl in the case of helping and a boy in the case of sharing.

Feshbach & Roe (1968) reported that children empathized more with children of the same sex than those of the opposite sex. Consistent with the above findings, Olesker & Balter (1972) found, using 96 undergraduate students (48 males - 48 females) that although neither males nor females demonstrated superior empathy when compared with one another following training, the findings did in-

dicade that when counsellor and client were of the same sex, the counsellors were significantly more empathic than when counselling a member of the opposite sex.

In a recent examination of sex and empathy, (Breisinger, 1976) no significant differences arose between subjects when counselling members of the opposite sex. The subjects consisted of 42 graduate students (21 males - 21 females) in counselling education. This discrepancy in findings, may be explained by the different populations employed. The latter group consisted of graduate students with previous exposure to counselling and training, who were possibly more concerned with the intention to help one another, whereas the younger population, comprised of students from a Liberal Arts College or even Staub's 5 - 6 year olds, may tend to be more influenced by sex differences, rather than the actual helping profession and interpersonal skills.

Borke (1971) claimed that as the role taking abilities of the child become more flexible and as his own emotional expressiveness becomes more differentiated, we should expect to find more of a sensitivity to the feelings of others.

Stahl (1954) and Speroff (1953), speculate that Role Playing increases personal respect for the feelings of others. This they attribute to the feedback-obtained during training. " Being more aware of the feelings that one's behaviour evokes in others, enables an individual to adjust his behaviour more intelligently and in accordance with the impact it produces on others." (Corsini, 1961, p.28).

Flapan (1957) set out to determine whether role playing would increase the empathic ability in marital relations. His results revealed role playing to be an effective method in enhancing social interaction, demonstrating a statistically significant increase in the empathy of the role playing groups over that of the no treatment control groups. There is however a difficulty inherent in this design. Although the groups receiving role playing did score significantly higher following training than did the control groups, it is highly tenuous to assume that the significant increase was a direct result of the role play training itself, as it could have merely been a function of the group interaction.

Daigle & Andrews (1975) designed a study to assess the relative effectiveness of a role playing versus a didactic

discussion approach. It was hypothesized that role playing, having the advantage of behavioural rehearsal with immediate feedback and correction, would increase interpersonal functioning among incarcerated offenders. The didactic discussion group was employed in order to control for the instructional discussion component, used in the role playing technique. Results for the role play group alone, revealed a significant increase in interpersonal functioning by the first post treatment week which was maintained by the 5th post test. With regard to relative effectiveness, between the no treatment, didactic and role playing groups, significant increases were evident only at the 5th week post test. These findings may suggest that rehearsal, practice, and familiarity with such a technique may influence the time effect that a role play method may have upon certain measured behaviours. That is, it may take some time after familiarizing oneself with the technique to be able to own it and use it effectively in day to day functioning.

(c) Role Reversal

Depending upon what it is that one wants to achieve, there are more specific formats available to facilitate communication and understanding between individuals.

For the purpose of this study, the method that will be employed is a method known as 'Role Reversal'. This enables one to not only play their role and depend on feedback from the audience in order to modify their behaviour, but it also allows the individuals to actually play the role of the other person in that situation, so as to truly be that person for awhile and experience the negative effects that one's behaviour may have upon others.

Speroff (1953), as cited by Corsini, (1961), was concerned with the faulty communication existent among factory workers. He believed that working in close quarters is often stressful and can lead to interpersonal disputes. He thus became interested in devising a method to decrease or resolve some of the conflicts arising in industrial settings. He believed that empathy or "the ability to put oneself in another person's position and anticipate his feelings, reactions, and behaviours" might be the key to bringing about more effective communication and understanding between individuals.

He thus postulated that Role Reversal (RR) may be the



technique necessary to facilitate the above. For RR, forces a person to see himself from the other's point of view. "It helps the person to see himself as others see him and also gives possibilities for empathizing with someone else. This format can effectively awaken a person to social reality..." (Corsini, 1961 p.54). This moving back and forth from role to role provides the individual with a wider and clearer scope with which to view how he has treated others and also how this behaviour has affected others. Exchanging roles with one another, not only facilitates the seeing of the other person's viewpoint, but also makes it possible for the individual who has played one role, to move into the other role and demonstrate how he would like to have been treated.

The procedure is as follows:

Two people, A & B, act out an interpersonal interaction. Following the initial enactment, where both individuals play their own roles, the roles are reversed. A - the antagonist, now plays B - the protagonist and vice versa. In this way, by putting the antagonist in the victims' shoes, A is in the position to literally experience the role of the other. He now has the opportunity to see himself as others see him. Thus when A almost literally becomes B, he finds that he has to think, feel and behave like B and consequently will begin to appreciate B's point of view and by feeling with him, begin to empathize.

Although no quantitative data is available, researchers (Speroff, 1953; and Corsini, 1961) report this procedure to be particularly useful when A is absolutely convinced that B's point of view is wrong. By actually experiencing this point of view, one gains added insight, which can often awaken a person to social realities and teach him to understand another's view before objecting to it.

In effect, the object of Role Reversal, is to effect a cognitive restructuring of the situation by making the effort to put oneself in the shoes of the other.

As Cohen (1951) states, "The effort to understand is the beginning of reconciliation. "(p.65.)

Though Role Playing and Role Reversal appear to be effective means for training a variety of skills, there are criticisms that can be directed against these methods. According to Boies (1972) there is generally a failure to consider or control for factors that might influence the results of Role Playing, such as, discussions following sessions, the use of Role Reversal in some and not in others, the degree of relatedness of the role played material, and the failure to describe and measure objectively the changes produced by Role Playing.

5. Theories of Adolescence:

Looking back on the literature that was cited, it becomes evident that within the vast research on empathy training and communication skills, the abundance of the research focuses on training counsellors, teachers, parents, college students, and children. Throughout, empathy is found to be an extremely important ingredient of healthy human development and positive social relationships. Erikson (1965) claimed that satisfying and effective interpersonal relationships are important in the development of identity and self esteem. Guerney et al (1971) believed that teaching personal and interpersonal attitudes and skills enhances one's satisfaction with life. However, the crucial time for the development of one's self concept, self esteem, and self identity, is the period of Adolescence, yet little research has been done with this population.

The following sections will outline two major Adolescent theorists with main focus upon the concept of empathy and it's importance in the developmental stage of adolescence.

The author will begin with a brief discussion of Piaget and his concept of egocentrism and how it is related to adolescence, followed by Erikson and his concern with ego identity and how fulfillment or lack of it can effect an individual's psychological growth, concluding with a brief account of a theory of Interpersonal Attraction as related to choice of friends.

a) Piaget

Numerous theories have been found to explain the phenomenon of adolescence as it is such an important and influential time in an individual's life.

Piaget, as a theorist, focuses on cognitive development and has mapped out a developmental progression of intellectual stages that he believes all individuals pass through. A major concept discussed by Piaget is that of 'egocentrism', which according to Piaget characterizes all stages of development but in different manners. He describes 'egocentrism' as "a stage in which the child is the centre of his own universe totally unaware of the thoughts and ideas of others. He sees the world from his own point of view." (Elkind, 1974;p.91). This concept has been applied to the development of the adolescent and is closely linked to the adolescent's affective behaviour and personality dynamics. At the ages of 12 and 13, a new intellectual stage develops which, according to Piaget, frees the individual from the egocentrism of childhood only to become entangled in a new form of egocentricity characteristic of adolescents.

This egocentrism is characterized by the failure to differentiate between the understanding and awareness of one's own thought, and the understanding and awareness of the thoughts of others. The adolescent, because of the physiological

changes he is undergoing, is primarily concerned and pre-occupied with himself at this stage. Accordingly, since he fails to differentiate between what others are thinking and his own mental pre-occupations, he not only assumes that the impact that objects and situations have upon him is the same as others, but also that others are as obsessed with his behaviour and appearance as he is. "This belief that others are preoccupied with his appearance and behaviour constitutes the egocentrism of the adolescent." (Elkind, 1974; p.91).

Socially, because of this self concern, the adolescent is interested primarily on how others will react to him. He is more concerned at this point with feedback related to himself than concern for or giving feedback to others. On the basis of reactions from others he can confirm some hypotheses that he has about himself. Adolescents "are more concerned with being observed than with being the observer". (p.92).

Elkind claims that it might be helpful for adolescents to learn to differentiate between the real and imaginary 'audience'. That is, to aid them in discovering that others have feelings similar to their own and that others have often experienced the same things.

According to Elkind (1974) adolescent egocentrism is overcome by a two fold transformation.

"...on the cognitive plane it is overcome by the gradual differentiation between his own preoccupations and the thoughts of others, while on the plane of affectivity it is overcome by a gradual integration of the feelings of others with his own emotions." (p.95).

b) Erikson

Following from Piaget's cognitive developmental theory, Erik Erikson also proposes a developmental theory, however his theory focuses on ego development with special concern on the acquisition of ego identity. Erikson believes that in order to achieve a strong and healthy ego identity one must receive consistent and meaningful recognition of his achievements and accomplishments as he passes through Erikson's 8 universal stages.

At each stage a conflict arises with two possible outcomes. With each positive outcome, the ego is more solidly established and hence further healthy development can then arise.

The stage where ego identity is to be established is ADOLESCENCE. Erikson maintains that for the adolescent identity is of prime importance. If ego identity is not satisfactorily established in this stage, there exists the danger that role diffusion will further endanger ego development.

It is also during this period that individuals begin to experience the world of social relations and consequently shift from family dependence to peer dependence. The adolescent instead of relying on parental values and beliefs,

now adopts the attitudes, values, and morals of his peer group and begins his search for social belongingness. This belongingness is crucial in the establishment of ego integrity which is so important in order for the individual to be able to assimilate himself and become "one of the gang". To be supported and approved of by his peers is one of the deepest needs for the adolescent. As long as he conforms to the group's values and attitudes, he is accepted.

Consequently, this conforming leads to a basic similarity among peers - a similarity required to remain part of the group. Thus, in order to maintain one's space in the peer group one is more likely to adopt the similarities inherent in the group.

On the other hand, to not conform is to be rejected and the effects of this rejection and isolation can often be detrimental for an individual. Depending upon whether an individual is accepted or rejected, one either acquires enhanced feelings of self esteem and confidence or a deflated ego and feelings of inadequacy. The types of interpersonal relationships that adolescents establish in their experience with peers, conditions their later personality development. Thus rejection may encourage introversion, withdrawal from participation in group life, thus interfering with the acquisition of necessary skills for communication.

Furthermore, withdrawal stifles ones enactment of realistic and effective interpersonal roles during adolescence and adulthood, as emotional stimulation produced by the social environment of peers is vital in reinforcing the basic developmental processes.

Sullivan (1940) as cited by Rothenberg (1970), firmly asserts that " those who do not develop in social sensitivity during adolescence will not have a socially comfortable life during adulthood"(p.335.)Wagner (1971) claims that lack of peer acceptance may cause one " to become emotionally unstable and may consequently have difficulties fitting into society".(p.53.)

c) Theory of Interpersonal Attraction

It has been theorized that as adolescents develop, and gradually move from family to peer dependence, they become extremely concerned with social belongingness. It is important for the adolescent to find a place in a peer group where (s)he can feel at home and part of the group. How though does an individual go about choosing peers or a peer group? What factors are involved in an individual's choice of friends?

Interpersonal Attraction theorists believe the single most general principle underlying the choice of friends is reward. That is, we like people who reward us - be it by supporting, encouraging or approving of one another, by being helpful, or by giving of one's time.

In addition to this principle however, there are other variables related to the strength of a friendship, which psychologists have identified - such as; proximity, complementarity, and similarity.

Researchers in investigating the principle of similarity have found a greater similarity among friends than among non-friends. (Bonney, 1946; Newcomb, 1956). Byrne (1961) in a study comparing similar and dissimilar attitudes on interpersonal attraction and evaluation, found that subjects indicated significantly more positive feelings to others who had similar attitudes to their own than to those who had dissimilar attitudes ($p < .001$).

Newcomb (1953) developed a theory of interpersonal attraction. His theory predicts that as strangers in a new group begin to interact and gain information about each other's attitudes, the bonds of attraction form most strongly between those who share similar attitudes towards objects of importance. He further hypothesized that when an individual encounters a person with attitudes contrary to his own -

tension often arises, particularly if (s)he likes the person. This strain is uncomfortable and the individual seeks to resolve it by finding agreement with other persons. This motivation is referred to as "consensual validation" (Sullivan, 1947) which means that people attempt to validate their attitudes through seeking agreement with others.

In order to test his prediction, Newcomb (1956) carried out an extensive study on attitudes and friendship at the University of Michigan. Subjects were 17 male college students who prior to the experiment were strangers to one another. He set up his own experimental dormitory where the subjects stayed rent free in return for their cooperation in the experiment.

Their attitudes and values were measured on a variety of specific topics at various points during a 16 week period. Each week they filled out questionnaires about their own attitudes and values, estimated the attitudes and values of the others in the dorm, and rated all the residents as to how much they liked them. Newcomb found that his measures were a good predictor of which students would become friends by the end of the term.

It was found that preacquaintance similarities led to the development of patterns of attraction between persons at a late stage in the 16 week period but not at an early

stage. Since the attitudinal values did not change to any extent over the period studied, it would appear that as persons became acquainted with each other's values, attraction formed between those who were similar. Thus, as acquaintance increased there was a parallel increase in their attraction to one another.

The above theoretical and empirical evidence underlines the fact that a person's interpersonal attraction and degree of liking for another is significantly related to perception of similarity of attitudes, values, and personality traits. In this context, it becomes reasonable to ask the question whether or not the degree of liking that one has for another may influence other perceptions.

For the purpose of this study therefore, the Interpersonal Attraction Scale (IJS), a scale relating to the degree of interpersonal attraction, will be employed in order to determine whether or not an individual's liking for another is related to one's perception of another's empathic ability.

6. Summary and Hypotheses

The preceding review of the literature outlines, the concept of empathy as studied and researched in various settings, the method of Role Playing as a means of training empathy, as well as 2 adolescent theorists who demonstrate the importance of empathic behaviour in adolescents.

It was demonstrated that empathy is an effective and facilitating concept in the areas of counselling, education, and in day to day interpersonal relationships. Despite the methodological limitations in a number of studies, overall empathy appears to be an important factor promoting therapeutic change in counselling and seems to be positively related educationally to student's cognitive gain, reading achievement and attendance rates.

Beyond these academic settings, empathy has also been shown to enhance interpersonal relationships such as, parent-child, marital, and peer relations much in the same way that this skill benefits a client in a therapeutic relationship.

Continuing from these findings, it is necessary to outline the methods available for fostering such a skill as empathy. Much research has been conducted utilizing training methods such as instruction, modelling, rehearsal, and role playing.

Role Playing not only embraces the above mentioned methods but also offers other additional possibilities. The success of Role Playing as a training method is in part due to such factors as active participation, feedback, and the ability to act out real behaviours in artificial situations. The literature review of role playing generally reveals success in enhancing various social skills such as, helping and sharing behaviours in children, empathic ability in marital relations and interpersonal functioning among incarcerated offenders.

Within the realm of role playing, there are various formats available for more specific purposes . For the purpose of this study, the author has chosen the technique of Role Reversal in order to enhance empathy, primarily as it enables the individual to not only play the role of the other, but to actually be that person for a while and truly experience the other's position as well as experience how one's own behaviour effects the other.

Most of the literature cited above dealing with empathy training and social skills has focused upon teachers, college and university students, parents, and dating and married couples, with little research conducted with an adolescent population.



Developmental theorists state that at the stage of adolescence there is a growing self concern and narcissism which is enhanced by the rapidity of physical and physiological changes. Adolescents are in the midst of the struggle to establish a self concept and self esteem and attempt to do this by assimilating themselves into the "gang" and being accepted by their peers.

The self, according to Role Theorists, is referred to as a person's knowledge and understanding of himself - that which he perceives himself to be. Furthermore, it is a result of the response of others toward the person and of one's own ability to take the role of the other toward the self. "The development of self depends on the ability to regard oneself from the perspective of the other with whom he is involved. One must strive continually to envision the attitudes that others hold toward himself - this is fundamental to the operation of society as well as to the development of personality. " (Gough, 1960; p.23). Thus this role taking ability or ability to adopt the other's point of view aids in the development of the self.

The self is what links the individual to the social community and that self is the product of one's social interactions and thus depends upon satisfying and effective interpersonal relationships. Furthermore, empathy is an extremely important and facilitating ingredient in the

development of healthy and positive social relationships.

In summary, empathy is found to be a facilitating factor for satisfying interpersonal relationships. If we accept the notion suggested by various authors (Rothenberg, 1970; Archer & Kagan, 1973; Mead, 1934) that effective interpersonal relationships are crucial in the development of identity, self esteem, interpersonal comfort, and self concept, and that adolescence is the time for the development of these concepts, then it would seem reasonable to implement empathy training programs into the adolescent's real world in order to promote satisfying and effective relationships and consequent 'proper' development.

Thus, this study will investigate the effectiveness of an empathy training program, through the use of Role Playing - Role Reversal, on interpersonal skills within a group of adolescents. The aim is to determine whether changes in empathy (as measured by the Specific Relationship Inventory, the General Relationship Inventory, and the Group Assessment of Interpersonal Traits) are evident in those having undergone training. In addition, the change will be measured from both a self perceived and peer perceived viewpoint.

In summary, this chapter has reviewed the concept of empathy and its role in psychotherapy, education, and social interactions. Evidence was presented :

- a) to support the use of Role Playing-Role Reversal as a method for training empathy, and
- b) to utilize this training at a crucial time in one's development - ADOLESCENCE.

With respect to this study, the main purpose is, to assess the effectiveness of Role Playing (RP) - Role Reversal (RR) as a method of promoting empathy in adolescents.

The means by which the above purpose will be answered is:

- a) to assess whether or not individuals receiving empathy training perceive a change in their interpersonal functioning after training, as measured by the GEN RI.
- b) to assess whether or not peers perceive a change in those who have undergone empathy training, as measured by the SP RI and the PEER ratings on the GAIT variables - Empathy, Openness, and Warmth.

All above mentioned instruments will be further discussed in the following chapter.

Additional questions that will be investigated are:

- a) whether or not interpersonal attractiveness is related

to peer perceived change, and

- b) the intercorrelation between Peer, Trainer, and Self Self ratings on the GAIT variables - Empathy, Openness, and Warmth.

The above question will be further clarified in the discussion of the GAIT in the next chapter.

More specifically, the major hypotheses of this study are:

- 1) Subjects receiving Role Play-Role Reversal training rate themselves higher on the GEN RI form than those in the Discussion and No Treatment Groups.
- 2) Subjects receiving Role Play-Role Reversal training are rated higher by their peers on the SP RI form than those in the Discussion and No Treatment Groups.
- 3) Subjects receiving Role Play-Role Reversal training are rated higher on GAIT behavioural measures than those in the Discussion and No Treatment Groups.

Chapter 1 has presented a review of the literature relevant to this study. The main focus has been upon empathy as an interpersonal skill, on Role Playing as a method for promoting such a skill, and on adolescents as a population

of individuals who could benefit from an empathy training program.

The above review has led to the formulation of this present study which aims at offering an empathy training program, using Role Playing-Role Reversal, to a group of adolescents to determine whether such training can improve their premeasured level of interpersonal skills.

The following chapter will focus specifically on the experimental procedures and design utilized in this study.

CHAPTER II

M E T H O - D

Chapter II will present a detailed account of the procedures used to test the null hypotheses. The chapter includes sections on (1) the subjects (2) the setting of the experiment, (3) the instruments used to measure empathy and its related correlates, (4) the experimental design and procedure, (5) the experimental treatments, (6) the null hypotheses, and (7) the statistical methods used in the analysis of the data.

1. The Subjects

The subjects consisted of 12 male and 18 female students enrolled in a Career Planning Course offered at Sir John A. MacDonald - a High School under the Ottawa Board of Education. The students ranged in ages from 15-19, with a mean age of 17.1 and a standard deviation of .759 years. All students enrolled in the class were required to participate in the experiment, as it was introduced as a compulsory course requirement.

2. Setting

This experiment was conducted at Sir John A. MacDonald High School. A conference room was reserved on a daily basis in order to carry out the required training. The room consisted of a conference table with ample seating for all.

3. Instruments

This section will review the three instruments utilized in this study -

- a) The Barrett-Lennard Relationship Inventory (RI) - Scale for Empathic Understanding - Forms: OS-F-64 and OS-M-64; as well as a revised form pertaining to one's self perceived ability of empathic understanding in general.
- b) The Group Assessment of Interpersonal Traits - (GAIT).
- c) The Interpersonal Judgement Scale - (IJS).

a) The Barrett-Lennard Relationship Inventory -
Scale for Empathic Understanding (RI):

In this study empathy is referred to as "an ability to put oneself in the shoes of the other and become more sensitive to the feelings and needs of others, as well as an ability to recognize the feelings of others - thus encompassing both the affective and cognitive components of empathy. According to Gladstein (1977) the RI uses both the affective and cognitive views of empathy, as it involves a subjective rating of a client's or counsellor's perception of their interaction.

The RI was developed by Barrett-Lennard (1962) and was based on Roger's (1957) theoretical rationale of the "necessary and sufficient conditions" of personality change and has been employed in a variety of interpersonal situations. Its' initial use was in assessing the effects of psychotherapy, but has been extended to other areas such as; parent-child relationships of juvenile delinquents (Rosen, 1961), mother-daughter relationships (Thornton and Carlene, 1960), and teacher-pupil relationships (Emmerling, 1961).

The current form of the RI consists of 64 items which measure 4 dimensions - Empathic Understanding (E), Level of Regard (R), Unconditionality of Regard (U), and Congruence (C).

Each scale contains 16 items. There are 2 forms available for the RI, one form for the helpee, and one form for the helper, both of which are designed to measure the helpee's (helper's) perception of the helper (helpee).

The individual responding to the questions, considers each item in relation to his relationship with either his therapist or client and assesses it on a 6 point scale ranging from +3,+2,+1,-1,-2,-3. The positive end of the scale measures strong agreement with the statement, while the negative measures strong disagreement. Each of the 4 scales containing 16 statements consists of 8 positive and 8 negative items. Thus each scale (E,U,P,R) yields a separate score which is combined to result in a grand total score. To obtain each separate score however, the sign for the total of the negatively worded statements is changed before summing with the subtotal of the positively worded statements. The items belonging to each scale are dispersed throughout the inventory thus allowing for maximum independence of response to them.

For the purpose of this study, the RI forms that are employed are, 1) the form measuring the client's perception of the therapist's empathic skills, and 2) a revised form (devised by the present author) aimed at measuring one's perception of oneself with regard to the 4 dimensions on the inventory. The forms have respectively been labelled-Helpee Form -Male & Female and General Form. Copies of these forms can be

found in Appendix 1-3. The scoring sheet is presented in Appendix 4.

This study is concerned with the grand total score of the RI thus utilizing all 4 dimensions (E,R,U,C). According to the RI, empathic understanding (E) is:

1. ... 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 communication 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. (Barrett-Lennard, 1962,p.3)

Thus empathic understanding in this context involves the recognition of the other's feelings and awareness, and implicit meaning of the others expression, as well as the experiencing of both the process and content of the individual's awareness.

Some examples of items from the helpee form of the RI are:

ITEM 2: (S)he wants to understand how I see things.

ITEM 18: (S)he usually senses or realizes what I am feeling.

The general RI form contains the same items except that the items are worded so that each individual rates

himself on empathic understanding. For example:

ITEM 2: I want to understand how others see things.

The same alteration applies to all scales.

2. The second scale - Level of Regard (R), consists of items referring to:

...the general tendency of the various affective reactions of one person with regard to another. More specifically, it may be considered the composite "loading" of all the distinguishable feeling reactions of one person toward another, positive or negative... p.4.

This scale is measuring the overall feeling for another at a given time be it positive or negative. Example of some items are;

ITEM 1: (S)he respects me as a person.

ITEM 13: I feel appreciated by him (her).

3. The third scale - Unconditionality of Regard (U), is concerned with,

...how little or how much variability there is in one person's affective response to another. It is defined as the degree of constancy of regard felt by one person for another who communicated self experiences to the first. p.4.

Helper's regard for the other, should not vary as helpee's

mood, attitude or feeling changes toward himself. Some examples are:

ITEM 15: His(her) feeling toward me doesn't depend on how I feel toward him (her).

ITEM 39: How much (s)he likes or dislikes me is not altered by anything that I tell him (her) about myself.

4. Congruence (C), the fourth scale:

...is theoretically centered on consistency between the total experience and awareness which is considered to be the main determinant or condition for congruence between awareness and communication.

C therefore requires that the individual's experience, awareness and communication are consistent and function as such within the relationship. Examples of some items are:

ITEM 12: I feel that (s)he is real and genuine with me.

ITEM 20: I nearly always feel that what (s)he says expresses exactly what (s)he is feeling and thinking as (s)he says it.

Reliability data for the RI indicates Spearman-Brown split half correlation coefficients which are acceptable for each scale thus attesting to satisfactory internal consistency of the measures. Reliability data on the scales for the client

form are as follows: $E = .86$, $R = .93$, $U = .82$, $C = .89$.

Test retest reliability was determined by Mills & Zytowski (1967) on a sample consisting of 36 college students. These subjects were administered a modified client form and were asked to assess a close long standing personal relationship. Retested 4 weeks later, reliability coefficients for the client form consisted of; $E=.84$, $R=.86$, $C=.87$, $U=.80$. Although these correlations are significant, it is difficult to accept these as standard correlations as there did not seem to be any control for the type, duration, or strength of the relationships rated.

Intercorrelations between the scales are shown to be relatively high ($> .52$) in client and therapist data, with a particularly high intercorrelation of .85 between scales E and C for the client data. Despite these high intercorrelations, it is argued that there does exist a difference in these two scales. In therapeutic relationships (as Barrett-Lennard explains) they would be expected to be related, as a person's congruence determines his potential for empathic understanding whereas in non-therapeutic relationships, the relationship may be negative. Weibe & Pearce (1973) found, using college students describing a relationship with a

friend, a correlation of .66 between the scales E and C, thus supporting the difference between therapeutic and non-therapeutic relationships. Perhaps in the non-therapeutic relationship, there is less of an insight of the helper into his own awareness of his experiencing which appears to be an important characteristic for understanding another person's awareness of his own experiencing.

However, in a study conducted by Mills & Zytowski (1967) where 79 undergraduate females were asked to report their perceptions of their relationships with their mothers, scales E and C were again found to be closely related. The authors thus suggest the existence of a single dominant characteristic to which all the scales contribute instead of having multiple independent characteristics in a relationship. For this reason, the present author combined the scores to obtain a grand mean.

Concerning validity, Barrett-Lennard have provided content validation as well as indirect evidence for the validity of the scales. The content of the RI was derived mainly from Rogers' (1949) "necessary and sufficient conditions" paper, Brown's (1950) Relationship Sort, as well as written comments and discussions from the staff at the University of Chicago Counselling Center. The chosen items

were then given to judges who were asked to rate them as either a positive (+) or negative (-) indicator of the scales (E,R,U,C). An item analysis comparing item responses given to each item by the "upper" and "lower" half of the sample was conducted. This resulted in a final set of 84 items..

In establishing content validity, the items were chosen only if they fit the underlying theory, thus helping to provide a basis for the face validity of the instrument. Barrett-Lennard (1962) describes the process of validation as essentially being

...a matter of discovering meaningful relationships with other variables that are theoretically relevant under the conditions of the investigation.(p. 7.)

Predictive validity is based on Barrett-Lennard's findings (1962) of therapist's perceptions of clients after therapy. Indices of change included ratings by therapists on a 10 point scale of client adjustment and change, a 4 point rating of degree of change in the client which was rated at the end of therapy, self description data provided by the client before and after therapy, and the score on the Depression scale (D) on the MMPI. Generally, those clients

who were perceived as "more changed" after 5 therapy interviews and at termination, attained higher scores on the RI when compared to clients perceived as "less changed".

In summary, the evident conclusions of the data for the RI are:

- (1) The RI has proven to be a reliable and valid instrument.
- (2) The RI is useful in measuring client and therapist perceptions in different therapeutic conditions,
- (3) E and C might well be dominating factors in a relationship.

b) Interpersonal Judgement Scale (IJS):

The IJS, designed by Byrne (1961), was utilized in this study and administered to each subject immediately prior to completing the Specific RI which involves rating one's partner on empathic ability. Because perceived similarities, that is, values, attitudes and personality traits, are important variables between mutual friends, the use of the IJS in this study aids us in the search for further related and possibly confounding variables. For if the degree of liking for a person is related to perceptions among individuals, perhaps degree of liking is also related to one's perception of another's interpersonal effectiveness.

Throughout the literature, evidence is supporting the finding that the attraction of an individual to a stranger is a function of the similarity and dissimilarity of the latter's attitudes and values to those of the subject (Byrne, 1961). Smith (1957) found that when similarity is manipulated experimentally, attraction to a stranger is found to increase as the similarity of the stranger increases. Byrne collected data from 5 published studies (Byrne, 1961a, 1961b, 1962; Byrne & McGraw, 1964; Byrne & Wong, 1962) and 2 unpublished studies that demonstrate the strong relationship between degree of attraction and the proportion of similar attitudes. The subjects totalled 790 and results yielded a linear relation, that is, attraction to a stranger appeared to be a linear function of proportion of similar attitudes.

In constructing this scale, 168 undergraduate students were divided into small groups and each subject was given an attitude scale which had been filled out by an anonymous stranger. They were instructed to make interpersonal judgements based on this limited information by evaluating the stranger on a 7 point scale with respect to 1) intelligence, 2) knowledge of current events, 3) morality, 4) adjustment, plus 2 other scales, referred to as the attraction scales, 5) probable liking for the stranger, and 6) probable enjoyment of working with him or her in an experiment. A copy of this scale can be found in Appendix 5, and for the purpose of this study the author is concerned with the 2 attraction scales, which respectively measure personal feelings of liking and disliking for another and desirability to work with that person.

Scale 5 ranges from "I feel that I would probably like this person very much" to "I feel that I would probably dislike this person very much" - with the former statement rating a 7 on a 7 point scale and the latter receiving 1 point. The same procedure is involved for Scale 6. The total Interpersonal Judgement score results from a summing of the ratings of scales 5 & 6 - with a minimum possible rating of 2 and a maximum of 14.

Reliability findings reveal that data taken from 10 different samples of 1010 subjects yields an average corrected split half reliability of .85 for the 2 scales.

c) Group Assessment of Interpersonal Traits - GAIT

The GAIT was designed as a method of assessing psychotherapeutic talent in nonprofessionals working with clients. Goodman (1972) was concerned with the selection procedures aimed at therapeutic competence. In his attempt to search for better criteria for selecting volunteers that would be therapeutically valuable, he encountered many difficulties in choosing the variables that would in fact be related to therapeutic talent. Based on client centered theory, Goodman focused in on the behaviours that Rogers (1957) believed to be "necessary and sufficient" for therapeutic personality change. Consequently, Goodman developed the GAIT which measures such behaviours as; openness, acceptance, understanding, rigidity, relaxation, warmth, and quietness.

D'Augelli (1973) claimed that one of the most important but least researched factors in group interactions is the interpersonal adeptness of individual group members. He further stated that the studies conducted on interpersonal performance have not generally used actual interpersonal behaviours in their assessment of interpersonal functioning. Thus, for the purpose of this study, a revised edition of the GAIT suitable for an adolescent population (Guggenheim and Dooley, 1974) will be employed in order to evaluate the effects

of empathy training upon the interpersonal functioning of adolescents as observed through peer, self, and observer ratings.

The GAIT yields scores from 8 statements, 7 describing one's interpersonal style as well as 1 which is a composite of items 1, 3, & 5, referred to as Therapeutic Talent. Each of the statements is rated on a 6 point scale ranging from -3 to +3, with -3 being "I feel (s)he was very much NOT like this (corresponding to a score of 1) to +3 being "I feel (s)he was very much like this, (corresponding to a score of 6).

In addition to the 8 statements, a space is included at the bottom of the sheet in order to rank the members of the group with regard to preference of interpersonal skills. This rank order was not included in this study as the purpose was not to screen individuals to determine who would make the best helper in a counselling role. A copy of the GAIT rating scales can be found in Appendix 6; 1) Group Description Scale, and 2) Self Description Scale.

Scoring - As each member has been rated by everyone in the group on all 8 items, a mean rating of each item is obtained for each individual. In this study, only Items 1, 3, & 5 will be used which respectively are Empathy, Openness, and Warmth. Thus each individual will obtain 3 separate scores calculated from the mean of the peer ratings on each of the 3 items.

Much of the reliability data for the GAIT, was obtained using combined peer - observer ratings (Goodman, 1972). The split half reliabilities (Spearman Brown correction) were as follows: Quiet .79, Understanding .64, Accepting-Warm .63, Rigid .62, Blue .59; Open .54, Relaxed .44.

Dooley (1975a) provides further reliability findings using 41 male and female undergraduates in a test-retest study, spaced 3 weeks apart. Coefficients ranged from .66 to .86 with a mean coefficient of .80. The 3 therapeutic items yielded coefficients of: .78 - Understanding, .71 - Open, .69 - Accepting-Warm. However, in a later study by Dooley (1975b) he reports that test-retest correlations were significantly positive for a 3 week interim, but were generally lower for a 9 week interim.

Interrcorrelations of GAIT items (Goodman, 1972) range from .02 to .84, with the low correlations of .02, .12, - .13 resulting from Open + Blue, Quiet + Open, and Relaxed + Rigid, respectively.

Further reliability studies have been conducted upon self, observer and peer ratings. D'Augelli (1973) and Chinsky & Rappaport (1971) respectively reveal interrater reliability of peer GAIT ratings yielding: Understanding (.57) (.70),

Blue (.61), Open (.56) (.56), Mild (.82), Warm (.66) (.41), Rigid (.47), and Relaxed (.71). (Chinsky & Rappaport's findings are related to the 3 therapeutic talent items).

Intercorrelations between observer and peer ratings for the 3 therapeutic talent items for the 2 above mentioned studies (beginning with D'Augelli's followed by Chinsky & Rappaport's in parentheses) were:

Understanding .20 (.32), Open .30 (.49), Warm .35 (.53), all of which reveal significant results at the .05 level. This discrepancy between correlations for both studies, may be due to the fact that the subjects in D'Augelli's study were undergraduates participating in the study as part of a course requirement, while the latter study employed college students participating in a year long seminar in community mental health. With regard to peer vs self ratings on the GAIT, D'Augelli reports significant correlations only on Blue, Open and Quiet dimensions, while intercorrelations between observer and self ratings reveal no significant findings.

Consistent with the above findings, Andrews et al (1976), report that peer-self and peer-observer ratings were related, whereas self-observer ratings were independent.

Several studies have provided modest but significant validation for the GAIT as a procedure for assessing interpersonal skills. Both Goodman (1972) and Rappaport, Chinsky & Cowan (1971) found that the clients of undergraduate counsellors with higher GAIT ratings were judged as more improved than clients seeing counsellors who were less proficient in interpersonal skills. D'Augelli (1973) found that groups composed of high GAIT rated subjects were more cohesive and more effective than the low GAIT rated groups. In a study conducted by Dooley (1975) employing 79 UCLA undergraduates, peer rated GAIT Therapeutic Talent variables were significantly correlated with the self reported Comrey Personality scale of Empathy. Although the correlations were reported as significant, the weight of this significance is questionable as the correlations were quite low. This slight correlation may be attributable to the difference between peer and self ratings. The former requires the ratings of peers on actual dyadic interaction, as a "state" observable at the moment, whereas the latter (Comrey) refers more to a general ability or "trait" that a person may or may not possess.

In this study, the focus of the Role Play - Role Reversal treatment will be upon interpersonal sensitivity.

Rogers (1957) states that interpersonal sensitivity is made up of important aspects such as empathic understanding , openness - honesty, warmth - acceptance (all of which the GAIT is designed to measure). Following treatment therefore, each individual will have the opportunity to demonstrate his or her level of empathic understanding, openness, and warmth, in front of a group of peers who are randomly selected from the 3 treatment groups. They will then be rated on the corresponding GAIT variables on the basis of their dyadic interactions.

For the purpose of this study, the main focus will be upon peer ratings in assessing interpersonal effectiveness in the GAIT. The ratings of observers (trainers) and self will also be employed - specifically, to reveal the intercorrelations between peers, observers, and self ratings on the 3 GAIT variables and compare with the findings now present in the literature concerning the GAIT.

4. Experimental Design and Procedure

A pretest - posttest control group design was used in order to study the hypotheses in question. This design enabled the author to obtain levels of empathy prior to training in order to verify the equivalence of groups. The effects of training could then be assessed while taking into account the initial level of students' performance independent of training.

Three groups were utilized in this study. One treatment group (Role Playing-Role Reversal) and two control Groups (Discussion and no treatment Groups). The rationale for employing two control groups, was that the Discussion Group would serve as a control for group interaction and discussion, while the No Treatment Group represented the students' initial level of interpersonal functioning uncontaminated by any form of training.

Pretest:

The pretest consisted of the following:

The 30 students were randomly divided into 2 equal groups. One group was labelled "disclosers", while the other was referred to as "understanders". They were then randomly

assigned to pairs in which each discloser discussed a personal concern for approximately 10 minutes with their understander who was instructed to listen and understand as best they could. Following this interaction, all of the students were asked to fill out the IJS (Interpersonal Judgement Scale). The disclosers then completed the Specific RI (Relationship Inventory) to rate their understander on their interpersonal functioning and effectiveness, while the understanders rated themselves on the General RI form, on how interpersonally effective they perceived themselves to be with people in general.

Due to practical considerations such as school time and student availability, the same procedure was carried out the following day in order to complete the pretesting. This time however, all the disclosers from the previous day now became understanders while the understanders now became disclosers. Once again through random selection, the students were assigned to pairs and the same procedure was carried out which terminated with the completion of the General and Specific RI forms. As all of the subjects completed one form on day 1 and the other on day 2, t tests were carried out to determine whether the group who completed a particular form on one day differed from the group who completed it on the other day.

Thus, at the end of the pretest, each individual had
1) been rated by a peer on their interpersonal effectiveness
Following a specific 10 minute interaction (as measured by
the SP RI),

- 2) rated themselves on their interpersonal effectiveness with people in general (as measured by the General RI),
- 3) been rated by their partner on interpersonal attractiveness (IJS).

Following the pretesting, the students were randomly assigned to 1 of 3 groups:

- 1) Role Playing - Role Reversal
- 2) Discussion Control Group
- 3) No Treatment Control Group.

Since it is possible that the variations in the proportion of male to female participants between groups may effect the outcome of the results, this factor was controlled for by maintaining the same proportion of males and females across the 3 groups, such that each group consisted of 6 females and 4 males.

Both the Role Playing - Role Reversal and Discussion groups met for 1½ hours every second day for 10 days, thus receiving 7½ hours of training. The same leader was used to train both groups. The No Treatment Control Group received no training at all, although they did participate in the pre and post testing.

Posttesting.

For 2 days following the completion of training, the students once again partook in the procedure utilized in the pretest. (For detailed instructions see Pretest p.74).

One week later, the final posttest was carried out. Two students from each of the 3 groups (Role Playing, Discussion and No Treatment) were randomly assigned to a GAIT group. This randomized selection controlled for sex so that the end result revealed 5 GAIT groups of 6 students each - 4 groups containing 4 females and 2 males, and 1 group containing 4 males and 2 females. These GAIT groups were run by graduate Psychology students from the University of Ottawa who had no knowledge of the experiment prior to this point.

The GAIT was designed so that each individual had an opportunity to both disclose and understand a problem. The procedure was as follows:

As the 6 students entered the room, each was given a tag with a different letter on it, as well as a pencil and piece of paper. They were then asked to record on their piece of paper, 2 personal concerns or problems that they had and would like to share with the group. These concerns could include a variety of situations, such as difficulties with peers, parents, siblings, etc., and involve such problems as alienation, guilt, discomfort, self worth, etc. Once each member had recorded their personal concerns, the person with letter A began and disclosed one of his problems written on his paper to the person with letter B. They were then given approximately 10 minutes to interact, with the understander simply attempting to reflect the feelings of the other, to disclose his own relevant thought, or to simply listen very

hard. He was to avoid giving advice, offering interpretations, and direct approaches. At the end of the dialogue, the understander was asked to give a brief summary of the presented problem after which the discloser reread his initial statement. This enabled the group to obtain an overview of the understander's grasping of the problem. The group then continued to interact in dyads. The understander then became the discloser, and disclosed to the person who had the letter C. This procedure continued until each student had a turn at being both discloser and understander. When the entire procedure was completed, the GAIT scales were handed out and each person was asked to rate each member of the group as well as themselves on the items found on the scale.

A sample of the directions used by the GAIT leaders can be found in Appendix 7 - Trainers' Instructions.

This completes the description of the procedures utilized in this study. The following sections will present the various experimental treatments employed followed by an outline of the hypotheses under investigation as well as the statistics employed in the analysis of the data.

5. Experimental Treatment

In this section a description of treatments given to the Experimental and Control Groups will be discussed.

1) Control Group

The control group was a no treatment control group that participated in the pretest and posttest only. Following the premeasure, these students remained in their regular class for 2 weeks at which time they returned for the posttest.

2) Role Playing - Role Reversal Group

This group met for $1\frac{1}{2}$ hours every second day for 10 days - thus receiving a total of $7\frac{1}{2}$ hours of training.

The first meeting consisted of:

- (a) a slide show entitled "Personal Communication: Gestures, Expressions and Body English, Part 1",
- (b) an explanation of the concept of empathy,
- (c) a description of characteristics most likely to be related to the concept.

- (d) role playing exercises so that the students could familiarize themselves with non verbal communication.

The exercises, carried out in pairs, consisted of facial expressions, gestures and postures that non verbally communicated a message, and

- (e) giving pictures with various facial expressions, gestures and postures to randomly assigned pairs and asking them to identify the feelings portrayed in each picture and discuss them with their partner.

For the second meeting, the group was presented with,

- (1) fictitious problems read by the group leader, as well as
- (2) excerpts on tape of fictitious clients with problems presented to counsellors.

The purpose was for the students to learn to identify the feelings of another through tone of voice, content of speech, silences, etc. Each student was asked to write the feelings of the other as accurately as they could, and then took turns revealing what they thought the feelings of the other were. Following a number of excerpts of this sort, the students then recorded empathic responses to the statements of the clients on tape, as though they were responding as a friend to this individual with a problem. Discussion and feedback were again employed in this procedure.

At the end of the session, the students were asked to come prepared for their next meeting by bringing in a list of interpersonal situations where they found themselves to be either angry, non accepting, rude, impatient, etc. These

situations were to be the ones used in the Role Reversal interactions planned for the following meeting. Examples of appropriate situations to use were given by the group leader, for example:

"A new girl comes to school. It's her first day day in class. She raises her hand to answer a question, everyone thinks it was a silly answer. You and the rest of the class begin to laugh at her. How does she feel?"

This third meeting was divided into 2 parts. Firstly, the group began with a continuation of last days exercises followed by verbal empathic responding to the excerpts on tape, which gradually led to role played situations between pairs of individuals, with one expressing a problem and the other responding empathically.

Following this warm up, the situations written by the students were employed such that each individual acted out one of their situations with another member of the group. The procedure was as follows:

Each situation was role played three times. The first time the author of the situation (antagonist) played the role that

he wrote himself to be, while another in the group played the role of the so called 'victim'. After explaining the situation to their partner, the antagonist led the 5-10 minute dyadic interaction and attempted to reenact it in as close a fashion as he originally perceived it to be. Once this was completed, the roles were reversed. The antagonist now took the part of the victim, while the other student played out the antagonist as best he could. Upon completion of this second interaction, the two returned to the group for discussion and feedback of the two role played interactions. Following this period, the two resumed their first role played positions. This time however, the antagonist was instructed to be as understanding and empathic as he could. This procedure enabled each antagonist to:

- 1) experience his 'real life' role as he interacted with others daily,
- 2) to experience the role of the other with whom communication was faulty, and
- 3) to re-evaluate his position on the basis of taking the role of the other and on the basis of discussion and feedback from the group.

The last two meetings consisted of a continuation of Role Reversals utilizing the personal examples of the members of the group, with emphasis on identifying the feelings of BOTH parties involved.

3) Discussion Group

This group also received a total of $7\frac{1}{2}$ hours of training, meeting every second day for $1\frac{1}{2}$ hours for 10 days.

The first meeting for this group also consisted of the slide show, however the content of the slides was geared toward a description of how these non verbal communications could be applied to their respective future careers.

The group's discussion concerning their careers continued during their 2nd meeting. Matters dealt with were; requirements necessary in terms of schooling, and personal characteristics necessary for various careers. The discussion gradually focused upon group structure, dynamics and communication.

The third meeting continued with the concept from the previous day, followed by an activity pertaining to communication. The exercise was as follows:

The group was divided into pairs and each individual was given 12 shapes made out of paper, example, $\bigcirc$, $\triangle$, $\square$, $\diamond$, etc.

Sitting back to back such that neither participant was able to see the shapes of the other, one person in each dyad was designated "instructor", while the other was the "listener.

The object of the task was for each instructor

to arrange his shapes in any design that he chose. As he did this, he was to instruct his listener on how to create the same design. The listener was not allowed to ask the instructor questions at this point. When the instructor had finished his design and his instructions, the two were to turn around and look at each other's designs. They then discussed whether the listener had any problems understanding the instructions, and if so, how the instructions could have been given in a more readily understood fashion, focusing on the specific aspects of communication that either facilitated or inhibited successful completion of the task.

As each pair completed this aspect of the exercise, the roles were reversed and the exercise completed again, followed by a discussion pertaining to the task.

The exercise for the 4th meeting also focused on communication with the goals centered on;

- 1) studying the process of sharing in a task oriented group,
- 2) studying the process of cooperation, and
- 3) observing the emergence of leadership behaviour.

First of all, this activity consisted of assigning a problem to the group which had to be solved in approximately 20 minutes, eg. organizing a ski trip or dance for the school.

Secondly, papers were passed out assigning each individual a role to play which was unknown to the other members of the group. Example of a role is as follows:

"You are to play the role of the 'Free Spirit'. You would much rather be out at the pub having a beer, you are the joke teller, the one who likes to keep things light."

Thus the group's aim was to solve the problem presented, yet at the same time carry out the different roles assigned to them. A discussion followed the exercise.

The final day for this group once again focused upon an exercise aimed at group dynamics, sharing, and roles. The instructions were as follows:

Pretend that lutts and mipps represent a new way of measuring distance and that dars, wors, and mirs represent a new way of measuring time. A man drives from Town A, through Town B and Town C to Town D.

The task of your group is to determine how many wors the entire trip took. You have 20 minutes for this task. Do not choose a formal leader.

You will be given cards containing information related to the task. You may share this information orally, but you must keep cards in your hands throughout the task.

A discussion related to the above mentioned aims was carried out upon completion of the task.

6. Null Hypotheses, Statistics, and Summary

The first hypothesis concerns itself with self perceived change in empathy following training:

1. There are no significant differences in self perceived change in empathy between the Role Playing, Discussion and No Treatment Groups as measured by the General RI.

The second hypothesis concerns itself with peer perceived change in empathy following training:

2. There are no significant differences in peer perceived change in empathy between the Role Playing, Discussion and No Treatment Groups as measured by the Specific RI.

To evaluate Hypotheses 1 and 2, an analysis of variance will be performed on the pretest means of the 3 groups before training. If the pre test differences are statistically significant, then an analysis of covariance will be conducted in order to remove possible confounding variables which may effect actual treatment effects. If no significant differences exist between the 3 groups preceding treatment, then an analysis of variance will be conducted on the posttest means.

The third and last hypothesis is also related to peer perceived changes in empathy, and that is,

3. There are no significant differences between the 3 groups' levels of empathy, openness, and warmth as rated by peers on the GAIT.

To evaluate Hypothesis 3, 3 univariate F tests were performed, as the GAIT resulted in 3 scores for each individual as rated by peers.

In summary, this chapter presented the subjects, the setting, the instruments, the experimental treatment, the experimental design, the null hypotheses, procedures, followed by a presentation of the statistical analyses used to test these hypotheses.

CHAPTER III

PRESENTATION OF RESULTS

This chapter will outline the results of the experiment and the statistical analyses utilized in evaluating the hypotheses.

Thus the results of the 3 measures utilized in this study will be presented ,i.e., - the Specific Relationship Inventory, the General Relationship Inventory, and the GAIT.

For the purpose of determining whether treatment had an effect upon peer perceived change in empathy (SP RI) and self perceived change in empathy (Gen RI) prior to and following treatment, an Analysis of Variance (ANOVA) was performed on the pre and post test means.

In order to test for significant differences between the means of the 3 groups as rated by peers for the variables of Empathy, Openness, and Warmth on the GAIT, 3 univariate F tests were conducted.

ANOVA Results

Null Hypothesis I, There are no significant differences

between the Role Playing, Discussion and No Treatment Control Group in self perceived empathy following training as measured by the General RI. Empathic ability was measured by the Grand total score of the RI, i.e., a combination of the scales E,C,U,R.

Table 1 presents the means and standard deviations for the 3 groups prior to and following training.

As the General RI was administered both prior to and following training, in order to test for significance between the above means, an ANOVA was performed on both the pretest and posttest means.

An ANOVA was carried out on the pretest means in order to test for significant differences between groups prior to treatment. (See Table 2). As no significant differences existed before training ($F = .19$), an ANOVA was performed on the posttest means to test for significant differences following training.

The F ratio for the Posttest ANOVA of the General RI, was 1.52 thus revealing no significant differences between groups following treatment. It would appear then, that training did not significantly alter the groups' level of empathy. Hypothesis 1 was therefore not rejected.

TABLE 1

Pre and Post test General RI means and S.D.
for the Role Playing, Discussion, and No
Treatment Control Group.

Pretest

	RP	D	NT
N	10	10	10
MEAN	37.3	29.7	33.1
S.D.	30.2	28.5	24.5

Posttest

	RP	D	NT
N	10	10	10
MEAN	52.5	36.6	32.1
S.D.	28.6	31.5	21.2

TABLE 2

Analysis of Variance for PRE and POST General RI
for the 3 groups

PRE

N = 30

Source	df	SS	MS	F Ratio	Level of Significance ^a
Between	2	289.87	144.93	.19	n.s.
Within	27	20897.10	773.97		
Total	29	21186.97			

POST

N = 30

Source	df	SS	MS	F Ratio	Level of Significance ^a
Between	2	2297.40	1148.70	1.52	n.s.
Within	27	20319.80	752.58		
Total	29	22617.20			

^a F .99 (2,27) = 5.49

Null Hypothesis II: There are no significant differences between the Role Playing, Discussion and No Treatment Control Groups in peer perceived empathy following training as measured by the SP RI.

Empathic ability was measured by the grand total scores of the RI, i.e., a combination of the scales E,C,U,R.

Table 3 represents the means and standard deviations for the 3 groups before and after treatment.

Once again as in the GEN RI, the SP RI was administered as a pre and a post measure of empathic ability.

No significant differences were found between groups preceding training, $F = .82$ (See Table 4). On the basis of these non significant pre test results, an ANOVA was carried out on the post test means to determine whether treatment effects existed following training. The F ratio for the post test ANOVA revealed no significant differences between groups - $F = 1.06$. It would appear then that training did not significantly alter the students' level of empathy. Therefore, Hypothesis II was not rejected.

In order that each individual complete both the GEN and SP RI forms before training, it was designed such that on Day 1, half of the subjects were administered the GEN RI while the other half were administered the SP RI. Day 2

TABLE 3

PRE and POST test Specific RI means and S.D.
for the Role Playing, Discussion, and No
Treatment Control Groups

PRETEST

	RP	D	NT
N	10	10	10
MEAN	49.6	54	33
S.D.	54.2	25.5	29.9

POSTTEST

	RP	D	NT
N	10	10	10
MEAN	25.8	36.9	52.5
S.D.	38.8	43.1	41.5

TABLE 4

Analysis of Variance for PRE and POST General
RI for the 3 groups

PRE N = 30

Source	df	SS	MS	F Ratio	Level of ^a Significance
Between	2	2453.07	1226.53	.82	n.s.
Within	27	40332.40	1493.79		
Total	29	42785.47			

POST N = 30

Source	df	SS	MS	F Ratio	Level of ^a Significance
Between	2	3598.20	1799.10	1.06	n.s.
Within	27	45765	1695		
Total	29	49363.20			

^a F .99 (2,27) = 5.49

consisted of the same procedure - however, all those who had completed the SP RI on Day 1 were given the GEN RI to complete while the same was carried out for the other half of the subjects.

The post testing was designed in a similar manner.

It might be hypothesized then, that the order in which the subjects completed the forms might produce a significant difference between groups. In other words, by completing the SP RI before the GEN RI and vice versa, may in some way effect the way an individual completes the latter form.

In order to test for these possible differences related to order of completion, 4 t tests were conducted on the following measures: Pre GEN RI - $t = .75$; Pre SP RI - $t = .09$; Post GEN RI - $t = .94$; and Post SP RI - $t = 1.40$. (See Table 5).

The above t values reveal no significant differences between the groups who completed the form on Day 1 versus Day 2 on any of the 4 measures.

Null Hypothesis III: There are no significant differences between the Role Playing, Discussion and No Treatment

TABLE 5

T tests for ORDER of completion of
Pre and Post General and Specific RI forms

	T VALUE	MEAN		DF
		Day 1	Day 2	
PRE GENERAL RI	.75	37.67	30.13	28
POST GENERAL RI	.94	45.20	35.60	28
PRE SPECIFIC RI	.09	44.87	46.20	28
POST SPECIFIC RI	1.40	42.44	38.63	28

Control Groups on GAIT variables of Empathy, Openness, and Warmth as rated by peers following training.

Table 6 reveals the means and standard deviations for the 3 groups following treatment.

In order to test for significant differences between the means of the 3 groups for the variables of Empathy, Openness, and Warmth as rated by peers, 3 univariate F tests were conducted. (See Table 7). The F ratios for the ANOVAS are - Empathy = .11 ; Openness = .64 ; and Warmth = 1.04. Therefore, there were no significant differences between the 3 groups on any of the GAIT variables as rated by peers. That is, Hypothesis III was not rejected.

TABLE 6

Cell Means and Standard Deviations of Peer Ratings for the GAIT variables - Empathy, Openness, and Warmth.

N = 30

Variable		Groups		
		Role Playing	Discussion	No Treatment
EMPATHY	$\bar{X}$	2.77	2.44	2.78
	S.D.	.45	.55	.52
OPENNESS	$\bar{X}$	2.88	2.27	2.44
	S.D.	.71	.77	.69
WARMTH	$\bar{X}$	2.89	2.22	2.65
	S.D.	.78	.50	.28

TABLE 7

ANOVAS for the 3 GAIT Variables - Empathy,
Openness, and Warmth as rated by peers follow-
ing Treatment.

VARIABLE 1 - EMPATHY

N = 30

Source	df	SS	MS	F Ratio	Level of Significance ^a
Between	2	.09	.0474	.11	n.s.
Within	27	12.01	.4449		
Total	29	12.11			

VARIABLE 2 = OPENNESS

N = 30

Source	df	SS	MS	F Ratio	Level of Significance ^a
Between	2	.36	.1816	.64	n.s.
Within	27	7.63	.2826		
Total	29	7.99			

VARIABLE 3 - WARMTH

N = 30

Source	df	SS	MS	F Ratio	Level of Significance ^a
Between	2	.57	.2870	1.04	n.s.
Within	27	7.43	.2750		
Total	29	7.99			

^a F .99 (2,27) = 5.49

CHAPTER IV

DISCUSSION OF RESULTS

The following chapter will present a discussion of the results outlined in the previous chapter.

Discussion of Null Hypothesis I:

Hypothesis I: There are no significant differences between the Role Playing, Discussion and No Treatment Control Group in peer perceived empathy following training as measured by the GEN RI.

The first hypothesis referred to the students' self perceived level of empathy following treatment.

An analysis of variance was performed for the pre test scores to determine whether differences existed between the 3 groups prior to treatment. Results demonstrated that the groups did not differ significantly in self perceived empathy prior to training. On the basis of the non significant pre test results, an analysis of variance was also performed on the post test scores to reveal

whether treatment had an effect upon the students' level of empathy. Non significant results demonstrate that training did not significantly effect the students' self perceived level of empathy.

As Hypothesis I could not be rejected, the power of the statistical test was computed to determine the probability of rejecting the null hypothesis correctly. The power test revealed a ϕ value of .59 - corresponding to a power of .15 (at .01 level).

In this study therefore, there was a .15 probability of rejecting the null hypothesis correctly, thus making it statistically difficult to detect any treatment effects.

T tests were also performed to determine whether or not the order in which an individual completed the forms had an effect upon the scores that they obtained. Results revealed non significant t values thus maintaining that order did not interfere with the completion and results of the forms.

Discussion of Null Hypothesis II:

Hypothesis II: There are no significant differences between the Role Playing, Discussion and No Treatment Control Groups in peer perceived empathy following training as measured by the SP RI.

The second hypothesis referred to the students' level of empathy as perceived by their peers. The statistical analyses for both the pre and post tests revealed no significant differences between the 3 groups.

It was found however, that both the Pre SP RI and Pre IJS and the Post SP RI and the Post IJS scores revealed significant correlations. (See Appendix 8).

The procedure concerning the IJS and SP RI involved pairs of individuals interacting in dyads, where one individual played the role of the helpee, while the other played the role of the helper. Upon completion of the dyads, each individual filled out the IJS questionnaire on the basis of their liking for their partner. The helper then completed the GEN RI based on their perception of their own interpersonal effectiveness, while the helpee completed the SP RI which involved rating their helper on their interpersonal skills. Only scales 5 and 6 were employed in the analysis of the IJS, as they are the 2 responsible for measuring Interpersonal Attraction.

This procedure was carried out as a pre and post measure

which enabled the author to obtain a degree of relationship between the IJS and the SP RI both prior to and following treatment. The correlation for the pre SP RI and IJS was .80; while the post SP RI and IJS revealed a correlation of .77. It appears then that interpersonal attractiveness may play a role in one's perception of another's empathic ability. That is, how interpersonally effective an individual is seen to be, may change according to how much one individual likes another.

In an article entitled "Psychotherapy and Friendship", Reisman & Yamokoski (1974) investigated the communication styles between therapists and peers, and the students' degree of preference to each. Fourteen introductory psychology students participated in the experiment and were asked to bring to the following meeting, a friend with whom they could discuss a personal problem. At the time of the session, one of the two was designated the role of 'helper', so that half of the psychology students played the role of 'helpee' and half played the role of 'helper'.

Each interview was taped and random samples were obtained from each. The samples were then compared with client-therapist samples obtained from Rogers (1951) pp.152-154; 204-205, and Gordon, T., (Shapiro; 1964, pp.42-45).

Results demonstrated an obvious difference between the

responses of the therapists and those of the friends. Rarely (3% of the responses) did friends communicate in an empathic fashion, but rather responded with interrogatory, expository or suggestive statements.

A second study was conducted to investigate the frequency of empathic responses and their desirability among friends. The findings demonstrate that the students regarded interrogative and particularly empathic responses as infrequent among their friends and that the desirability for such statements from their friends was low.

Thus it may be concluded that friends prefer suggestive and expository comments and see little need in adopting an empathic manner of responding.

In relation to the results of this study, the degree of friendship between two peers may influence one's perception of how helpful another can be, and empathic skills in themselves may be meaningless and a more direct approach may be welcomed by peers. This may in part account for the lack of significant results in ratings on the Sp RI. For if empathy is not important to friends in the discussion of personal problems, then the students may have been concentrating on and rating a different kind of understanding - a more direct,

suggestive understanding rather than an empathic understanding. Whether an individual was responding empathically may not have been their focus, for not only may their definition of "an understanding person" be different, but they may also be highly influenced by the degree of liking of the helper on the part of the helpee.

In summary, it appears that the subjects were less concerned with empathic abilities than they were in interpersonal attractiveness. They seemed to perceive fellow students whom they like as more empathic, independent of actual skills.

The power was also conducted for this test revealing a ϕ value of .20. This value demonstrates that there exists a .10 probability of rejecting the null hypothesis correctly.

Discussion of Null Hypothesis III:

Hypothesis III: There are no significant differences between the Role Playing, Discussion and No Treatment Control Groups on GAIT variables of Empathy, Openness, and Warmth as rated by peers following training.

The third hypothesis referred to the level of empathy,

openness, and warmth as perceived by peers. The ANOVAS revealed no significant differences between groups on any of the 3 variables.

According to the literature, it is demonstrated that observer-peer, peer-self, ratings on the GAIT are usually related, while observer-self ratings remain unrelated.

In this study however, it appears that peer-observer and self-observer ratings are unrelated while peer-self ratings are related on 2 of the 3 variables - Empathy and Warmth (See Appendix 9). This difference in related variables between studies may be due to the population utilized in this study. The literature reveals studies employing a variety of subjects most of whom are university students or trainees in various helping professions. It is possible that adolescents have a different yet their own consistent way of viewing things which differs from others, and they also may possess a different definition of empathy and openness than trainers who are conceptually and practically familiar with such concepts.

1. LIMITATIONS

Overall, this study reveals a lack of significant results. Below are some factors which may have contributed to this lack of findings.

The students, who ranged in ages from 15-19, were all chosen from one class and then randomly assigned to groups. The participation in the experiment was not on a voluntary basis which appeared to be an issue for some of the students. The teacher of the class announced that participation in the experiment was compulsory and that it would be worth 10% of their final grade. The trainer received many complaints and resentments from the students with regard to HAVING to take part in the study, stating that it was unfair for them not to have had a choice.

A second difficulty was that of time. Originally the experiment was designed to consist of 12 hours of training but due to the tightly scheduled nature of the High School, as well as the interference of track and field day and the occasional bus trip, it was impossible to carry out the experiment in the desired length of time and was thus limited to 7½ hours.

The literature reveals a variety of lengths of training utilized which have reported 'successful' training of individuals. Boulet (1975) trained student counsellors successfully in 18 hours, and Eicke (1974) successfully trained graduate students in counselling in 6 hours, while Kolk (1971) successfully trained nurses in empathic communication in 12½ hours. Although there is a discrepancy in time required to train individuals and a need to clarify

what the term "successful" means for different authors, it is evident again that the populations utilized in these studies consisted of people in the helping professions, whose motivation is more intrinsic for learning empathic skills. Also Eicke's criterion for success in empathic communication, involved directing responses from Carkhuff's Discrimination Index to excerpts on tape, which is very different from empathically responding in actual dyadic interaction.

It may also be that adolescents require far more training time, not only to experience more of the role played situations, but also to enable them to incorporate this new and different way of responding into their personally developed communication repertoire.

A third potential difficulty related to the training of the students, was the inexperience of the trainer. The same trainer, who trained both experimental groups, had limited experience in group leading and facilitating. This may have had an effect upon the students' perception of the groups which in turn may have effected the success of training and outcome.

A fourth possible confounding variable was the amount of testing involved in the study and the precision of

the measuring instruments. Each student was required to complete both a SP RI and a GEN RI prior to and following treatment. The length of the tests as well as the wording were said to be tedious and difficult for the students. This may have affected their level of motivation with regard to completing the forms in an accurate manner.

As for the precision, it may be questionable as to whether the instruments employed in the study did in fact tap those ~~variables~~ that were trained in the empathy program. A potential interference was the utilization of the grand mean for the Relationship Inventories. The variable of Empathy alone may have been more precise in revealing treatment effects.

Finally, a situation that was difficult to totally control for was the contamination effect between the groups during training. That is, the training sessions and nature of the treatments may have been discussed between individuals from different groups. It is impossible however, to not only know whether this did in fact occur, but rather if it did, did it have any effect upon the results. Furthermore among other gradients that may have been related to the non significance of results, is the strength and intensity of the training, the degree of relatedness to the subjects' personal experience, as well as the apathy evident in the groups.

To summarize, all null hypotheses stated earlier were not rejected and the results obtained were discussed and interpreted.

In the following section, a consise summary of the results, conclusions and recommendations for further research will be presented.

SUMMARY AND CONCLUSIONS

The goal of this research was to assess the effectiveness of a Role Playing-Role Reversal Training Program in promoting empathic skills in adolescents.

The subjects were 30 High School students comprising a class in Career Planning at Sir John A. MacDonald High School. They were randomly assigned to one of three groups: Role Playing-Role Reversal, Discussion, and No Treatment Control such that each group resulted in the same number of males and females (6 females - 4 males). A pre-test post-test control group design was used, and the level of empathy was measured by a Specific and General Form of the Relationship Inventory both before and after training, as well as the Group Assessment of Interpersonal Traits which was utilized as a posttest only.

The results on the Specific RI, General RI and the GAIT, revealed no significant differences among the three groups following the experimental treatments. The lack of significant differences was discussed in terms of the population used, the length of the training program and the inexperience of the trainer. Other possible limitations were also discussed, such as the contamination effect and

the amount of tests administered to the students.

Though this study did not reveal significant differences, it offered leads for further exploration of the topic. The Role Play - Role Reversal approach could possibly contribute to an increase in empathic ability with an adolescent population, provided that the length of training along with the amount of Role played - Role Reversal exercises were increased.

Finally, this study raises a number of questions which could lead to further research in the field. To conclude then, several suggestions will be made:

1. Increase the training time for all treatment groups as well as the number of trainers per group.
2. Explore the relationship between the ratings of empathic ability between strangers and between friends.
3. Study the long term effects of empathy training by administering a posttest 3-6 months after training.
4. Explore the motivation level of the subjects prior to conducting the experiment, and utilize

either volunteers or a group that is aware and consenting of undergoing training.

5. Decrease the amount of testing and select more precise measurements of the variables being trained.
6. Increase the number of subjects which will in turn increase the power of the test.

B I B L I O G R A P H Y

- Andrews, D.A. et al. Hi and Lo Functioning Volunteers, in Group Counselling with Anxious and Non anxious Incarcerated Offenders: Effect of Interpersonal Skills on Group Process and Attitude Change. A Report to the Research Branch of the Ontario Ministry of Correctional Services - 1976.
- Archer, J. & Kagan, N., Teaching Interpersonal Relationship skills on Campus. Journal of Counselling Psychology, 1973, 20, p.535-40.
- Aspy, D.A., Empathy: Let's Get the Hell on with it. Counselling Psychologist, 1975, Vol.5, No 2 p.10-14.
- Aspy, D.A., Beyond Rhetoric. Counselling Psychologist, April, 1973.
- Aspy, D.N., and Roebuck, F.N., From Humane ideas to humane technology and back again many times. Education, 1975, 95, p.163-171.
- Bandura, A., Principles of Behaviour Modification, N.Y.: Holt, Rinehart & Winston. 1969.
- Bandura, A. and Walters, R.H., Social Learning and Personality Development, N.Y. Holt, Rinehart and Winston, 1963.
- Barrett-Lennard, G.T., Dimensions of Therapeutic Response as Causal Factors in therapeutic change. Psychological Monographs, 1962, 76, No. 43, p.1-33.
- Bavelas, Alex, Role Playing and Management Training. Sociatry 1947, 1, p.183-191.
- Boies, K. G. Role Playing as a behaviour change technique: Review of the Empirical Literature. Psychotherapy: Theory, Research and Practice, 1972, 9(2), p.185-192.
- Borke, H., Interpersonal Perception of Young Children: Egocentrism or Empathy? Developmental Psychology, 1971, 5, p.263-269.
- Boulet, D., A Comparison of two Training Approaches, Role-Playing and Audio Training, on the Communication of Empathic Understanding. Unpublished Doctoral Dissertation. Ottawa University, 1975.

Breisinger, G.D., Sex and Empathy, revisited. Journal of Counselling Psychology, 1976, 23, No.3, p.289-290.

Buckheimer, A., The Development of Ideas about Empathy. Journal of Counselling Psychology, 1963, 10, p.61-70

Burns, N. and Cavey, L., Age Differences in Empathic Ability Canadian Journal of Psychology, 1957, 11(4) p.227.

Byrne, D., Interpersonal Attraction and Attitude Similarity. Journal of Abnormal and Social Psychology, 1961, Vol.62, No.3. p.713-715.

Byrne, D., Response to Attitude Similarity - Dissimilarity as a Function of Affiliation Need. Journal of Personality, 1962, 30(2) p.164-177.

Carkhuff, R.R., Helping and Human Relations, Vols. 1 + II. New York: Holt, Rinehart and Winston, 1969.

Carkhuff, R.R. and Burstein, J., Objective Therapist and Client Ratings of Therapist offered facilitative conditions of moderate to low functioning therapists. Journal of Clinical Psychology, 1970, 26, p.394-395.

Carkhuff, R.R., and Traux, C.B., Training in Counselling and Psychotherapy: An Evaluation of an Integrated Didactic and Experiential Approach. Journal of Counselling Psychology, 1965, Vol.29, 4, -.333-336.

Chinsky J.M. and Rappaport, J., Evaluation of a technique for the behavioural assessment of nonprofessional mental health workers. Journal of Clinical Psychology, 1971, 27, p.400-402.

Cohen, J., The Technique of Role Reversal: A Preliminary Note: Occupational Psychology, 1951, 25, p.64-66.

Corsini, Shaw and Blake, Role Playing in Business and Industry. The Free Press, N.Y. 1961.

- Cottrell, L.S., The Analysis of Situational Fields in Social Psychology. American Sociological Review, 1942, 7, p.370-382.
- Cottrell, L.S. and Dymond, R.F., The Empathic Response: a neglected field for research. Psychiatry, 1949, 12, p.355-59.
- Diagle, W.J. and Andrews, D.A., Role Playing versus Didactic - Discussion in Short-term Interpersonal Skill Training with Incarcerated Young Offenders. Unpublished Thesis, St. Patrick's College, Carleton University, 1975.
- D'Augelli, A.R., Assessment of Interpersonal Skills: A Comparison between Observer, Peer and Self Ratings. Journal of Community Psychology, 1973, 3, p.177-79.
- D'Augelli, A.R., Group Composition Using Interpersonal Skills: An Analogue Study on the Effects of Members' Interpersonal Skills on Reer Ratings and Group Cohesiveness. Journal of Counselling Psychology, 1973, 20(6) p.531-534.
- D'Augelli, A.R. and Chinsky, J.M., Interpersonal Skills and Pretraining: Implications for the use of Group Procedures for Interpersonal Learning and for the selection of nonprofessional Mental Health Workers. Journal of Consulting and Clinical Psychology, 1974, Vol.42, No.1 p. 63-72.
- D'Augelli, A.R. et al, Interpersonal Skill Training for Dating Couples. Journal of Counselling Psychology, 1974, 21 p.385-89.
- Dooley, D., Assessing Nonprofessional Mental Health Workers with the GAIT. American Journal of Community Psychology, June 1975a, 3, p.99-110.
- Dooley, D., Selecting Nonprofessionals with the GAIT. American Journal of Community Psychology, Dec. 1975b, 3, p.371-383.
- Dymond, R., Scale for the Measurement of Empathy. Journal of Consulting Psychology, 1949, 13 p. 127-133.

Dymond, R., Personality and Empathy. Journal of Consulting Psychology, 1950, 14, p.343.

Eicke, F., A study on the effect of communication training on the level of empathic understanding and facilitation of counsellors. Unpublished Doctoral Dissertation, University of Alabama, 1971.

Elkind, D., Children and Adolescents Interpretive Essays on Jean Piaget, 2nd Edition. Oxford University Press, N.Y. 1974.

Emmerling, F.C. A study of the relationship personality characteristics of classroom teachers and pupil perceptions of these teachers. Unpublished Doctoral Dissertation, Aulurn University, 1961.

Erikson, E., Identity and the Life Cycle. Psychological Issues, 1959, 1, p.1-165.

Feshbach, N. and Roe, K., Empathy in six and seven year olds. Child Development, 1968, 39, p.133 - 145.

Flapan, H. M., A study to determine Effective and Reproducible Conditions for Increasing Empathy in the Marital Relationship. Unpublished Doctoral Dissertation Psychology. University of Chacago, May 15, 1957.

Flavell, J.J. et al., The development of Role Taking and Communication skills in children, N.Y: Wiley, 1968.

French, J.R.P. Jr., Retraining an Autocratic Leader. Journal of Abnormal and Social Psychology, 1944, 39, p.224-237.

Gage, N.L. and Cronbach, L.J., Conceptual and Methodological Problems in Interpersonal Perception. Psychological Review, 1955, 62, No.6, 411-422.

Gladstein, G.A., Empathy and Counselling Outcome: An Empirical and Conceptual Review. Counselling Psychologist, 1977, Vol.6. No.4. p.70-78.

- Goodman, Gerald, Systematic Selection of Psychotherapeutic Talent: Group Assessment of Interpersonal Traits In G.E. Golann and C. Eisdorfern (Eds) Handbook of Community Mental Health. N.Y. Appelton, 1972, p.939-956.
- Gordon, T., Parent Effectiveness Training. New York: Ran Rees Pres, 1970.
- Gormally, J. and Hill, C.E., Guidelines on Carkhuff's Training Model. Journal of Counselling Psychology, 1974, 21 p.539-47.
- Gough, H.G., Theory and Measurement of Socialization, Journal of Consulting Psychology, 1960, 24, 1, p.23-30
- Greenson, R.R., Empathy and Its Vicissitudes. International Journal of Psycho analysis, 1960, 41 p. 418-422.
- Grief, E.B. and Hogan, R., The Theory and Measurement of Empathy. Journal of Counselling Psychology, 1973, 20, p.280-84.
- Grossman, D., The Construction and Validation of two Insight Inventories. Journal of Consulting Psychology, 1951, 15, 109-114.
- Guerney, B.G. et al., The Practicing Psychologist as educator: An alternative to the medical practioner model, Professional Psychology, 1971, 2, p.276-282.
- Hogan, R., Development of an Empathy Scale. Journal of Consulting and Clinical Psychology; 1969, 33 p. 307-16.
- Hundleby, G. and Zingle, H., Communication of Empathy. Canadian Counsellor, 1975, 9, No.3/4 p.148-154.
- Ianotti, R.J., The Nature and Measurement of Empathy in children. Counselling Psychologist, 1975, 5, p.21-25.
- Ivey, A., MicroCounselling and Attending Behaviour, Journal of Counselling Psychology, 1968, 15. p.1-12.

- Kratochvil, D., Carkhuff, R.R. and Berenson, B.G., The Cumulative Effects of Parent and Teacher Offered levels of Facilitative Conditions upon Indices of Student Physical, Emotional and Intellectual Functioning. Journal of Educational Research, 1969, 63, p.161-164
- Lambert, M.J., and DeJulio, S.S., Outcome Research in Carkhuff's Human Resource Development Training Programs: Where is the Donut? The Counselling Psychologist, 1977, Vol.6 No.4, p.79-86.
- Levit, G. & Jennings H., Learning through Role Playing, in Bennis et al, Editors, The Planning of Change, N.Y. Holt, Rinehart and Winston, 1964, p.706-710.
- Lewis, W.A., Lovell, J.T., and Jesse, B.E., Interpersonal Relationship and Pupil Progress. Personnel and Guidance Journal, 1965, 44(4), p.396-401
- Lippett, Ronald et. al., Sociodramatic Clarification of leader and group roles, as a starting point for effective group functioning. Sociatry, 1947, 1, p.83-91.
- Mead, G.H., Mind, Self, and Society: Chicago, Illinois, University of Chicago Press, 1934.
- Meyer, C., An Experiment in the Development and Measurement of Empathy in Social Work Students. Washington University, 1966. Unpublished Doctoral Dissertation.
- Mills, D.H. and Zytowski, D.G., Helping Relationships: A Structured Analysis. Journal of Counselling Psychology, 1967, 14, p.193-197.
- Olesker, W. and Balter, L., Sex and Empathy, Journal of Counselling Psychology, 1972, 19 p.559-562.
- Piaget, J., The Language and Thought of the Child. London: Routledge and Kegan Paul, 1952.
- Rappaport, J., Gross, T. and Lepper, C., Modelling, Sensitivity and Instruction: Implications for the training of college student volunteers and for outcome research. Journal of Consulting and Clinical Psychology. 1973, 40, p.99-107.

- Reisman, J.M. and Yamokoski, T., Psychotherapy and Friendship, Journal of Counselling Psychology, 1974, 21(4) p.269-273.
- Rogers, C., Client-Centered Therapy; its current practice and implications and theory: Boston: Houghton Mifflin Co., 1951.
- Rogers, C., The necessary and sufficient conditions of therapeutic Personality Change. Journal of Consulting Psychology, 1957, 21, p.95-103.
- Rogers, C.R., Empathic: An unappreciated way of being. The Counselling Psychologist, 1975, 5 (2), p.2-10.
- Rosen, H., Dimensions of the Perceived Parent-relationship as related to Juvenile-Delinquency. Unpublished Master's thesis Auburn. University, 1961.
- Rothenberg, B., Children's Social Sensitivity, Developmental Psychology, 1970, 2, p.335-350.
- Schlein, S., Training Dating Couples in Empathic and Open Communication. Unpublished Doctoral Dissertation. Pennsylvania St. University, 1971.
- Speroff, B.J., Empathy and Role Reversal as Factors in Industrial Harmony. Journal of Social Psychology, 1953, 37 p.117-120.
- Stahl, G.R., Role Playing in Industry, Supervision, Feb. 1954.
- Staub, Ervin, Role Playing and Induction in Children's Learning of helping and sharing Behaviour. Child Development 1971, 42 p.805-16.
- Stone, G.L.V. Vance, A., Instructions, Modeling and Rehearsal: Implications for Training. Journal of Counselling Psychology, 1976, 23 No.3 p.272-279.
- Sullivan, H.S., Conceptions of Modern Psychiatry. N.Y: Norton, 1940.
- Thornton, F. and Carlene, S., Mother Perception and Peer Perception. Unpublished Master's Thesis. Auburn University, 1960.

- Truax C.E., Carkhuff, R.R., Toward Effective Counselling and Psychotherapy, Chicago, Aldine, 1967,
- Traux, C.B. and Lister, J.L., Effectiveness of Counsellors and Counsellor Aides. Journal of Counselling Psychology, 1970, 17, p.331-334.
- Uhlemann, M.R., et al., Effect of Instructions and Modelling on Trainees Low in Interpersonal Communication Skills. Journal of Counselling Psychology, 1976, 23, No.6, p.509-513.
- Wagner, H., The Increasing Importance of the Peer Group in Adolescence. Adolescence, 1971, 6, p.53-58.
- Weibe, B. and Pearce, W.B., An item analysis and revision of the Barrett Lennard Relationship Inventory. Journal of Clinical Psychology, 1973, 29, p.495-497.
- Weinstein, E., The Development of Interpersonal Competence In D. Goslin - editor. Handbook of Socialization Theory and Research. Chicago: Rand McNally, 1969.
- Whalen, C., Effects of a Model and Instructions on Group Verbal behaviours. Journal of Consulting and Clinical Psychology, 1969, 33, p.509-521.

APPENDIX 1

SPECIFIC RELATIONSHIP INVENTORY - HELPEE FORM
FORM OS-64-FEMALE

Code:

Date:

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 your present relationship with _____

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. She respects me as a person.
 - ____ 2. She wants to understand how I see things.
 - ____ 3. Her interest in me depends on the things I say or do.
 - ____ 4. She is comfortable and at ease in our relationship.
 - ____ 5. She feels a true liking for me.
 - ____ 6. She may understand my words but she does not see the way I feel.
 - ____ 7. Whether I am feeling happy or unhappy with myself makes no real difference to the way she feels about me.

- _____8. I feel that she puts on a role or front with me.
- _____9. She is impatient with me..
- _____10. She nearly always know exactly what I mean.
- _____11. Depending on my behaviour, she has a better opinion of me sometimes than she has at other times.
- _____12. I feel that she is real and genuine with me.
- _____13. I feel appreciated by her.
- _____14. She looks at what I do from her own point of view.
- _____15. Her feeling toward me doesn't depend on how I feel toward her.
- _____16. It makes her uneasy when I ask or talk about certain things.
- _____17. She is indifferent to me.
- _____18. She usually senses or realizes what I am feeling.
- _____19. She wants me to be a particular kind of person.
- _____20. I nearly always feel that what she says expresses exactly what she is feeling and thinking as she says it.
- _____21. She finds me rather dull and uninteresting.
- _____22. Her own attitudes toward some of the things I do or say prevent her from understanding me.
- _____23. I can (or could) be openly critical or appreciative of her without really making her feel any differently about me.
- _____24. She wants me to think that she likes me or understands me more than she really does.
- _____25. She cares about me.
- _____26. Sometimes she thinks that I feel a certain way, because that's the way she feels.

- ____27. She likes certain things about me, and there are other things she does not like.
- ____28. She does not avoid anything that is important for our relationship.
- ____29. I feel that she disapproves of me.
- ____30. She realizes what I mean even when I have difficulty in saying it.
- ____31. Her attitude toward me stays the same: she is not pleased with me sometimes and critical or disappointed at other times.
- ____32. Sometimes she is not at all comfortable but we go on, outwardly ignoring it.
- ____33. She just tolerates me.
- ____34. She usually understands the whole of what I mean.
- ____35. If I show that I am angry with her she becomes hurt or angry with me, too.
- ____36. She expresses her true impressions and feelings with me.
- ____37. She is friendly and warm with me.
- ____38. She just takes no notice of some things that I think or feel.
- ____39. How much she likes or dislikes me is not altered by anything that I tell her about myself.
- ____40. At times I sense that she is not aware of what she is really feeling with me.
- ____41. I feel that she really values me.
- ____42. She appreciates exactly how the things I experience feel to me.
- ____43. She approves of some things I do, and plainly disapproves of others.

- ____ 44. She is willing to express whatever is actually in her mind with me, including any feelings about herself or about me.
- ____ 45. She doesn't like me for myself.
- ____ 46. At times she 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 her feel any more or less appreciative of me.
- ____ 48. She is openly herself in our relationship.
- ____ 49. I seem to irritate and bother her.
- ____ 50. She 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 her feeling toward me.
- ____ 52. There are times when I feel that her outward response to me is quite different from the way she feels underneath.
- ____ 53. At times she feels contempt for me.
- ____ 54. She understands me.
- ____ 55. Sometimes I am more worthwhile in her eyes than I am at other times.
- ____ 56. I have not felt that she tries to hide anything from herself that she feels with me.
- ____ 57. She is truly interested in me.
- ____ 58. Her response to me is usually so fixed and automatic that I don't really get through to her.
- ____ 59. I don't think that anything I say or do really changes the way she feels toward me.
- ____ 60. What she says to me often gives a wrong impression of her whole thought or feeling at the time.

- _____61. She feels deep affection for me.
- _____62. When I am hurt or upset she can recognize my feelings exactly, without becoming upset herself.
- _____63. What other people think of me does (or would, if she knew) affect the ways she feels toward me.
- _____64. I believe that she has feelings she does not tell me about that are causing difficulty in our relationship.

APPENDIX 2

SPECIFIC RELATIONSHIP INVENTORY - HELPEE FORM

FORM OS-64-MALE

CODE:

DATE

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 your present relationship with _____

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. 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.

- 7 _____ 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 about 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 anything 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.

APPENDIX 3

GENERAL RELATIONSHIP INVENTORY

CODE: DATE:

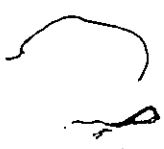
Below are listed a variety of ways that one person may feel or behave in relation to others. Please consider each statement with regard to how you see yourself relating to people.

Mark each statement in the left margin according to how strongly you feel that it is true, or not true, in general circumstances. 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 untrue.
-2: No, I feel that it is not true.
-3: No, I strongly feel that it is not true.

-
- ____ 1. I respect others as people.
____ 2. I want to understand how others see things.
____ 3. My interest in others depends on the things they say or do.
____ 4. I am comfortable and at ease in my relationships with others.
____ 5. I feel a true liking for people.
____ 6. I may understand people's words but do not know the way they feel.
____ 7. Whether people feel pleased or unhappy with themselves, does not change the way I feel about them.

- ___8. I am inclined to put on a role or front with others.
 - ___9. I am impatient with people.
 - ___10. I nearly always know exactly what others mean.
 - ___11. Depending on their behaviour, I have a better opinion of people sometimes than I do at other times.
 - ___12. I feel that I am real and genuine with others.
 - ___13. I appreciate others.
 - ___14. I look at what others do from my own point of view.
 - ___15. My feelings towards others doesn't depend on the way they feel towards me.
 - ___16. I feel uneasy when others ask or talk about certain things.
 - ___17. I am indifferent to others.
 - ___18. I usually sense or realize what others are feeling.
 - ___19. I want others to be a particular kind of person.
 - ___20. I nearly always feel that what I say expresses exactly what I am feeling and thinking as I say it.
 - ___21. I find others rather dull and uninteresting.
 - ___22. My own attitude toward some of the things others do or say, prevents me from understanding them.
 - ___23. Others can (or could) be openly critical or appreciative of me without really making me feel any differently towards them.
 - ___24. I want others to think that I like them or understand them more than I really do.
 - ___25. I care about others.
 - ___26. Sometimes I think that others feel a certain way, because that's the way I feel.
- 

- ___27. I like certain things about others, and there are other things that I do not like.
- ___28. I do not avoid anything that is important in my relationships with others.
- ___29. I feel that I disapprove of others.
- ___30. I realize what others means even when they have difficulties in saying it.
- ___31. My attitude towards others stays the same; I am not pleased with them sometimes and critical or disappointed at other times.
- ___32. Sometimes I am not at all comfortable with others, but as we go on outwardly ignoring it.
- ___33. I just tolerate others.
- ___34. I usually understand the whole of what others mean.
- ___35. If others show that they are angry with me, I become hurt or angry with them also.
- ___36. I express my true impressions and feelings with others.
- ___37. I am friendly and warm with others.
- ___38. I take no notice of some of the things that others think or feel.
- ___39. How much I like or dislike others is not altered by anything that they tell me about themselves.
- ___40. At times I sense that I am not aware of what others are really feeling with me.
- ___41. I feel that I really value people.
- ___42. I appreciate exactly how the things others experience feel to them.
- ___43. I approve of some things others do, and plainly disapprove of others.
- ___44. I am willing to express whatever is actually in my mind with others, including any feelings about myself or about them.

- ___45. I don't like others for themselves.
- ___46. At times, I think that others feel alot more strongly about a particular thing than they do.
- ___47. Whether others are in good spirits or feeling upset, doesn't make me feel any more or less appreciative of them.
- ___48. I am openly myself in my relationship with others.
- ___49. Others seem to irritate and bother me.
- ___50. I do not realize how sensitive others are about some of the things that we discuss.
- ___51. Whether the ideas or feelings others express are 'good' or 'bad' seems to make no difference to my feelings toards them.
- ___52. There are times when I feel that my outward response to others is quite different from the way that I feel underneath.
- ___53. At times I feel contempt for others.
- ___54. I understand others.
- ___55. Sometimes others are worthwhile in my eyes more than they are at other times.
- ___56. I have not felt that I try to hide anything from others that I feel with others.
- ___57. I am truly interested in others.
- ___58. My response to others is so fixed and automatic, that I don't really get through to them.
- ___59. I don't think that anything others say or do really changes the way I feel about them.
- ___60. What I say to others often gives the wrong impression of my whole thought or feeling at the time.
- ___61. I feel deep affection for others.
- ___62. When others are hurt or upset I can recognize their feelings exactly without becoming upset myself.
- ___63. What other people think of others does (or would if I knew) affect the way I feel towards them.
- ___64. I believe that I have feelings that I do not tell others about, that are causing difficulty in my relationship with them.

APPENDIX 4

RELATIONSHIP INVENTORY
SCORING SHEET

NAME

DATE

	+R	ANS		+E	ANS		+O	ANS		+C	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 # 1												
	-R			-E			-V			-C		
	9			6			3			8		
	17			14			11			16		
	21			22			19			24		
	29			26			27			32		
	33			38			35			40		
	15			46			43			52		
	49			50			55			60		
	53			58			63			64		

[illegible]

APPENDIX 5

INTERPERSONAL JUDGEMENT SCALE

1. Intelligence (Check one)

- I believe that this person is very much above average in intelligence.
- I believe that this person is above average in intelligence.
- I believe that this person is slightly above average in intelligence.
- I believe that this person is average in intelligence.
- I believe that this person is slightly below average in intelligence.
- I believe that this person is below average in intelligence.
- I believe that this person is very much below average in intelligence.

2. Knowledge of current events (Check one)

- I believe that this person is very much below average in his/her knowledge of current events.
- I believe that this person is below average in his/her knowledge of current events.
- I believe that this person is slightly below average in his/her knowledge of current events.
- I believe that this person is average in his/her knowledge of current events.
- I believe that this person is slightly above average in his/her knowledge of current events.
- I believe that this person is above average in his/her knowledge of current events.
- I believe that this person is very much above average in his/her knowledge of current events.

3. Morality (check one)

- This person impresses me as being extremely moral.
- This person impresses me as being moral.
- This person impresses me as being moral to a slight degree.
- This person impresses me as being neither particularly moral nor particularly immoral.
- This person impresses me as being immoral to a slight degree.
- This person impresses me as being immoral.
- This person impresses me as being extremely immoral.

4. Adjustment (check one)

- I believe that this person is extremely maladjusted.
- I believe that this person is maladjusted.
- I believe that this person is maladjusted to a slight degree.
- I believe that this person is neither particularly maladjusted nor particularly well adjusted.
- I believe that this person is well adjusted to a slight degree.
- I believe that this person is well adjusted.
- I believe that this person is extremely well adjusted.

5. Personal feelings (check one)

- I feel that I would probably like this person very much.
- I feel that I would probably like this person.
- I feel that I would probably like this person to a slight degree.
- I feel that I would probably neither particularly like nor particularly dislike this person.
- I feel that I would probably dislike this person to a slight degree.
- I feel that I would probably dislike this person.
- I feel that I would probably dislike this person very much.

6. Working together in an experiment (check one)

- I believe that I would very much dislike working with this person in an experiment.
- I believe that I would dislike working with this person in an experiment.
- I believe that I would dislike working with this person in an experiment to a slight degree.
- I believed that I would neither particularly dislike nor particularly enjoy working with this person in an experiment.
- I believe that I would enjoy working with this person in an experiment to a slight degree.
- I believe that I would enjoy working with this person in an experiment.
- I believe that I would very much enjoy working with this person in an experiment.

7. I see him as a relaxed, easy-going person.								
8. He seemed to talk about personally meaningful hard-to-express feelings (i.e., he talked about a personal problem or concern rather than a second party or neutral things.)								

SCORING SCALE

-3 I feel he was <u>very much not</u> like this.	-2 I feel he was <u>not</u> like this.	-1 I feel this was more <u>unlike him</u> than like him.	+1 I feel this was <u>more like him</u> than not like him.	+2 I feel he was like this.	+3 I feel he was <u>very much like</u> this.
---	---	---	---	--------------------------------	---

9. Rank in order of preference (in terms of interpersonal skills) all group members. (Place MEMBERS 1 thru 7 under their letter)	A	B	C	D	E	F	G	H

SELF DESCRIPTION SCALEName and letterDate

Now please rate your own behavior in today's group on the same items. Use the same scoring system, which appears again below. Be sure to answer every item. Place your score on the line to the right of the item.

1. I feel I showed empathic understanding of what others really mean (tried to talk about the other's feelings rather than focusing on the intellectual content of his statement and giving advice). _____ 1.
2. I was sad, blue, discontented. _____ 2.
3. I feel I was honest, frank, emotionally open. (honestly said and showed what I was thinking and feeling and was not defensive, non-committal or "professional" - sounding.) _____ 3.
4. I see myself as a mild, reserved, quiet person. _____ 4.
5. I feel I was warm, patient, and accepting. (did not judge the other person or tell him what he ought to do, but was genuinely concerned and non-judgmental.) _____ 5.
6. I feel I am set in my ways. (offered excuses for my behaviour or blamed my problems on others rather than showing interest or willingness in changing myself). _____ 6.
7. I see myself as a relaxed, easy-going person _____ 7.
8. I feel that I talked about personally meaningful, hard-to-express feelings (talked about a personal problem or concern rather than a second party or neutral things.) _____ 8.

-3 I feel I was very much not like this.
-2 I feel I was not like this.
-1 I feel this was more un-
like me than like me.
+1 I feel this was more like me than not like me.
+2 I feel I was like this.
+3 I feel I was very much like this.

APPENDIX 7

GROUP ASSESSMENT OF INTERPERSONAL
TRAITS

TRAINERS INSTRUCTIONS

This meeting is designed to assess interpersonal skills.

Procedure: Each of the leaders will have a group of 6 adolescents. You will all have a package with all the necessary information.

Inside the package you will find some papers with letters on them - the letters run from A to F. Each letter is to be assigned to the person whose name is on that paper, which was determined by a randomized selection procedure. Once this is done, the blank sheets of paper in the envelope are to be handed out to each person.

The task begins by asking each group member to tell the group something about their personal lives. They are to write 2 direct, clear statements of something that is of a concern to them. The statements should be about the way they feel or behave in relations with people or one other person. They should be told that it should be something that they would like to improve in themselves, a problem, a concern, a dissatisfaction, an embarrassment, confusion in a relationship, etc. It should be a specific, frank, bold statement, not a question. They should try to discuss an interpersonal aspect of their lives that they would not normally discuss in front of strangers - something that is meaningful to them.

The reason for them writing two statements, one of which will be more personal than the other, is that when it's their turn to introduce a topic, they can read the one that they feel most comfortable with. Chances are that neither will be easy for them to read, but they should be asked to try and read the more difficult one so that they will be discussing something meaningful for them.

Thus, they should not use impersonal or vague statements, jokes, or topics that might embarrass them or their families. The idea is for them to focus on something about themselves that they want to change.

You may want to give them some examples of statements that WORK and DON'T WORK.

A. Statements that DON'T WORK:

"Well, my problem is that I just don't have any problems," or

"I think the schools in this city are bad," or

"I can't seem to get tickets to the rock concert that's on at the Civic Centre."

B. Statements that WORK:

"I've been thinking lately that I seem to shy away from people." or

"I'm having a lot of trouble talking to my parents. I want to get through, but it seems that we just can't talk."

"I've been going out with this (girl or guy) that I really like, but I'm a little scared about how much I like (him or her.)"

Show them how the statements that WORK always included something that the person wanted to change in him or her self. Point out that the statements were short and that they didn't hide behind jokes.

Continue explaining that once everyone has written down 2 personal concerns, the procedure begins. The person with the letter A, will be the first to begin reading the statement that was written down on the piece of paper that he or she feels most comfortable with. This person will be called the DISCLOSER. The person with the letter B will be called the UNDERSTANDER. The object of this interaction is for the 2 to discuss the concern of the discloser. The understander's job is to try to understand HOW that person feels and SHOW that person feels and SHOW that understanding back to him or her. Explain to them that they should try and listen, understand, and respond to what it is that the person is telling you.

Thus, in their talks, they should explore the Discloser's topic together for 5 minutes, without any interruption from the other members. The others may feel an impulse to add something, but stress that they please hold back until the session is over. After 5 minutes the session is over and that is it for that interaction.

Next, letter B who was just the UNDERSTANDER, becomes the DISCLOSER and reads one of the 2 statements on his or her list, the one that he or she feels most comfortable with. The person with letter C now becomes the UNDERSTANDER for B and this interaction goes on for 5 minutes. The object of the discussion is the same, and the procedure continues until everyone has had a turn being a DISCLOSER and an UNDERSTANDER. That is, C will then become the DISCLOSER and D will become the UNDERSTANDER, etc.

An important thing to tell them is that this exercise of talking to someone is probably like something they've done many times before, even though they may or may not know the other person well. Also tell them not to worry about the time, they probably won't have time to finish the discussion. They should not try to solve anyone's problems here or give them the answer. It will be difficult for them, but try to tell them to sit back and relax and talk with each other as they might rap with a friend..

To them: In sum, there are 2 difficult things to do.

- 1) be as open and genuine in this group situation,
- 2) be understanding of someone you don't know that well and communicate that understanding.

You may not be satisfied with your behaviour in the group because of the time limits and the situation itself, but I hope that your interest in this new experience outweighs the discomfort.

The final step, after everyone has had the chance to be both a DISCLOSER and an UNDERSTANDER, that is the group will be asked to describe its members on the rating scales that you will give them. At this point the procedure ends.

APPENDIX 8

CORRELATIONAL MATRIX OF PRE AND POST IJS SCORES
AND PRE AND POST SPECIFIC RI SCORES

	N = 30	PRE		POST	
		IJS	SP RI	IJS	SP RI
P R E	IJS	1.000	.810	.278	.337
	SP RI	.810	1.000	.240	.220
P O S T	IJS	.278	.240	1.000	.774
	SP RI	.337	.220	.774	1.000

APPENDIX 9

Correlations between Peer - Trainer, Peer-Self
and Self-Trainer on variables Empathy, Openness
and Warmth of the GAIT

N = 30

Variable	Peer/Trainer	Peer/Self	Self/Trainer
Empathy	.15	.39	.08
Openness	.19	.25	.23
Warmth	-.30	.44	-.14