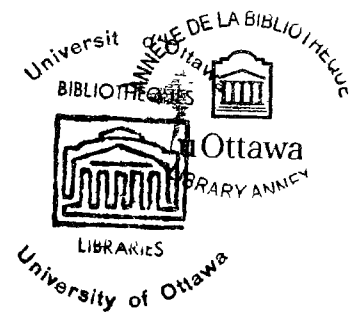


A COMPARISON OF TWO TRAINING APPROACHES,
ROLE PLAYING AND AUDIO TRAINING,
ON THE COMMUNICATION OF
EMPATHIC UNDERSTANDING

by Donald B. Boulet

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



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CURRICULUM STUDIORUM

Donald B. Boulet was born March 8, 1946, in St. Boniface, Manitoba. He received his Bachelor of Arts degree from the University of Manitoba, Winnipeg, Manitoba in 1967, and a Master in Psychology from the University of Ottawa, Ottawa, Ontario, in 1970. The title of his interim report was "Comparison of Three Approaches to Systematic Empathy Training on the Communication of Empathic Understanding".

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INTRODUCTION

The purpose of the research was to compare the effects of two different approaches to systematic empathy training in an attempt to identify the approach most likely to promote higher levels of empathic understanding in a dyadic relationship. The problem was first studied in a pilot project and this research attempted to replicate that study.

Following Rogers'¹ 1957 statement where he underscored the importance of empathic understanding, unconditional positive regard and genuineness, research in the past decade has indicated the importance of these dimensions in a therapeutic relationship. Of the three dimensions, however, empathy has obtained the most consistent support: clients of therapists offering high levels of empathic understanding showed greater gain than clients of therapists low on this dimension.

Guided by these results, Truax and Carkhuff² developed a new training program that integrated the didactic and

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

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

experiential approach. They selected as their training goals those counselor qualities which differentiated successful and unsuccessful counselors in the "Wisconsin Project".³ In 1969, Carkhuff⁴ re-defined and elaborated the program referred to as systematic training.

Research evidence indicated that systematic training was an effective training program in increasing the level of empathic functioning of the trainees. However, in many studies, only a written criterion of empathy was used. It is questionable whether the written level of empathic functioning is indeed an accurate reflection of the level of empathic functioning in a live interpersonal interaction. Since effective functioning in the helper role is the goal of training, one of our main concerns should be to assure a minimal level of empathic functioning in that role. This concern led us to pose the following question: is there a method of training which is more likely to increase the functioning in the helping role? More specifically: does the method of role playing which offers practice in the helping role increase the trainee's level of empathic functioning in a

3 Carl R. Rogers, Eugene Gendlin, Charles Truax and Donald Kiesler, editors, The Therapeutic Relationship with Schizophrenics, Madison, Wisconsin, University of Wisconsin Press, 1967, xix-625 p.

4 Robert Carkhuff, Helping and Human Relations, Vol. I, New York, Holt, Rinehart and Winston, 1969, xix-298 p.

dyadic relation?

Thus, this research not only attempts to add to the growing list of studies regarding the effects of systematic training but also attempts to explore the effects of different training methods on the communication of empathic understanding.

The first chapter presents a review of the literature related to the stated problem. The second chapter gives a description of the sample, instruments, procedures and ends with a statement of the hypotheses. In the third chapter, the results will be presented and discussed. This will be followed by a concise summary of the results, conclusions and recommendations for further research.

CHAPTER I

REVIEW OF THE LITERATURE

The goals of the first chapter are to review the research dealing with systematic empathy training and situate the present study in that context. The chapter will be divided into four sections: 1) discussion of the concept of empathy and supporting research evidence; 2) elaboration on the proposed training programs for beginning counselors with emphasis on Carkhuff's systematic training; 3) presentation of research evidence supporting the effectiveness of systematic training; and finally, 4) the formulation of hypotheses.

1. Concept of Empathy and Research Evidence.

Many authors believe that counseling involves more than having a knowledge of counseling theory or an intellectual understanding of the client. In order to help, a counselor must know his client "emotionally" and as Greenson¹ states, it is this "emotional knowing" that is often referred to as empathy.

In this first section, an attempt will be made to cover the various conceptualizations of empathy as found in

¹ Ralph Greenson, "Empathy and its Vicissitudes", in International Journal of Psychoanalysis, Vol. 41, 1960, p. 418.

the psychoanalytic and client-centered writings. There will be obviously no attempt to be exhaustive, but an endeavour will be made to define and clarify the concept as well as present the research evidence supporting the importance of empathic understanding in a therapeutic relationship.

Although very little was written on the concept of empathy in the psychoanalytic literature, in recent years, a number of analysts have endeavoured to clarify the concept and have stressed its advantages as well as its dangers in the therapeutic process. Hinsie and Campbell define empathy as:

... an intellectual understanding of what is inherently foreign to our own ego in other people. (Freud, S.) Empathy is thus a form of identification: it may be called an intellectual identification in contrast to affective identification.²

Greenson, another psychoanalyst, writing on empathy states:

... to empathise means to share, to experience the feelings of another person. This sharing of feeling is temporary. One partakes of the quality and not the degree of the feelings, the kind and not the quantity. It is primarily a preconscious phenomenon. The main motive of empathy is to achieve an understanding of the patient.³

2 L. Hinsie and R. Campbell, Psychiatric Dictionary, Oxford University Press, New York, 1960, in R. Fox and P. Goldin, "The Empathic Process in Psychotherapy: A Survey of Theory and Research", in Journal of Nervous and Mental Disease, Vol. 138, No. 4, 1964, p. 323.

3 Ralph Greenson, Op. Cit., p. 418.

He also differentiates empathy from sympathy, imitation and mimicry, and identification, pointing out that sympathy contains the element of condolence, agreement or pity; imitation and mimicry are conscious phenomena and limited to external behavior characteristics of a person, while identification is essentially unconscious and permanent and its aim is to overcome anxiety, guilt or object loss.⁴

Fox and Goldin make the following statement:

It appears that empathy involves a temporary affective identification with another person in order to understand him.⁵

Fox and Goldin identify three phases of empathy. We will enumerate them first then explain them: 1) the first phase is experiencing the client's feelings; 2) the second is submitting these feelings to critical scrutiny; and 3) the third, the communication to the client. Kagan⁶ also includes three components in the empathy process: 1) the ability to perceive the client's feelings; 2) the interpretation to oneself of the client's feelings; and 3) the communication of this final personal interpretation of the perceived feelings

4 Ralph Greenson, Op. Cit., p. 418.

5 R. Fox and P. Goldin, Op. Cit., p. 324.

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

back to the client. As will be shown later, Rogers, as well as Truax and Carkhuff define empathy as a twofold process. They emphasize the perception of the feeling and the communication of this perception to the client but they do not speak of the scrutiny or interpretation phase as such.

To come back to the three phases of empathy as elaborated by Fox and Goldin, the first phase, the experiencing of the client's feelings, begins with an identification.

However as Cooper states, it is not an identification proper:

... an identification proper, i.e., a permanent modification within the ego, does not occur, but rather the person temporarily feels at one with the object or with part of the object while maintaining his individuality.⁷

Utilizing the concept of "participant-observer" as elaborated by Sullivan, it can be said that while identification is taking place, the therapist is participating in the client's feelings. Because of the dangers of becoming overly involved and losing oneself in the client's world, or also because the projection, which will occur, may not be the same as the client's feelings, there is a necessity for the second phase, the critical scrutiny.

Critical scrutiny refers to:

⁷ Lowell Cooper, "Empathy: A Developmental Model", in Journal of Nervous and Mental Disease, Vol. 151, No. 3, 1970, p. 173.

... the testing of the feeling against the reality of all the analyst's knowledge of the patient: the patient's experiences, modes of behavior, memories, fantasies, resistances, defenses, dreams, associations and the like.⁸

It is during the critical scrutiny phase that the therapist regains the position of observer. There is an objectification or separation of the client's feelings. This occurs at an automatic and preconscious level: "thus, critical scrutiny provides for detachment from the experiences of the object and serves to ensure the separate identity of the analyst and the patient".⁹

The therapist following the process of critical scrutiny may judge that the projected feeling is a valid experience of the client and offers a communication which is appropriate in dosage, timing, and tact.¹⁰

The client-centered school has placed central importance on the counselor's empathic ability. Rogers,¹¹ in 1957, hypothesized six conditions as being necessary and sufficient for constructive personality change. These conditions were:

8 R. Fox and P. Goldin, Op. Cit., p. 324.

9 Idem, ibid., p. 326..

10 Idem, ibid., p. 325.

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

1. two people in a psychological contact;
2. the client is in a state of incongruence;
3. the therapist is congruent;
4. the therapist experiences unconditional positive regard for the client;
5. the therapist experiences and communicates an empathic understanding of the client's internal frame of reference;
6. the communication of empathy and unconditional positive regard is to a minimal degree achieved.

Rogers defined empathy as:

... to sense the client's private world as if it were your own, but without ever losing the "as if" quality - this is empathy, and this seems essential to therapy. To sense the client's anger, fear, confusion as if it were your own, yet without your own anger, fear, or confusion getting bound up in it... When the client's world is this clear to the therapist, and he moves about in it freely, then he can both communicate his understanding of what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware.¹²

In Rogers' conception, empathy involves 1) the ability of the counselor to sense or feel what the client is feeling. This is often referred to as the counselor's ability to assume the internal frame of reference: "to perceive the world as he sees it, to perceive the client himself as he is seen by himself, to lay aside all perceptions from the external frame of reference while doing so";¹³ 2) the ability of the counselor

¹² Carl Rogers, Op. Cit., p. 99.

¹³ Idem, Client-Centered Therapy, Boston, Houghton Mifflin, 1951, p. 29.

to communicate this sensitivity to the client.

Rogers also emphasizes the importance of maintaining an "as if" quality so that the counselor does not get "bound up" in the client's internal frame of reference as if it were his own. Here he appears to hint at the phase of critical scrutiny as elaborated by Fox and Goldin, where, as we mentioned, the counselor in the process of submitting the feelings to a critical scrutiny regains the observer role and objectifies the client's feelings. However, Rogers appears only to caution the therapist about losing himself in the internal frame of reference of the client but he does not explicate the process as such. That Rogers views empathy as a twofold process is definitely emphasized in the following statement:

... to sense the patient's confusion, his fear, his anger, or his rage as if it were a feeling you might have (but which you are not currently having) is the essence of the perceptive aspect of accurate empathy. To communicate this perception in a language attuned to the patient that allows him more clearly to sense and formulate his confusion, his fear, his rage or anger is the essence of the communicative aspect of accurate empathy.¹⁴

Truax and Carkhuff also refer to these two aspects of empathy:

14 C. Rogers, (Ed.) et al., The Therapeutic Relationship and Its Impact, Madison, University of Wisconsin Press, 1967, p. 104.

Accurate empathy involves more than just the ability of the therapist to sense the client's or patient's "private world" as if it were his own. It also involves more than just his ability to know what the patient means. Accurate empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings.¹⁵

Thus empathy appears to be a form of trial or temporary identification whereby the therapist assumes the internal frame of reference of the client, that is, he steps into the other person's "shoes" and views his world from his vantage point while still remaining objective. By this intense focussing, the therapist is able to perceive what the client is feeling and attempts a communication that is attuned to the client's current emotional state.

The effect of this communication is that the client perceives that he is understood. He thus feels freer to explore his feelings and to express ideas about himself and his environment as it becomes more and more apparent that he is accepted. Thus empathy allows the client to feel understood and accepted and thereby assists in the building of the relationship between the counselor and the client which is seen as the cornerstone of the therapeutic process.

The communication of empathy appears crucial since a person can have an understanding and even actually a sensitive

¹⁵ C. Truax and R. Carkhuff, Toward Effective Counseling and Psychotherapy, Chicago, Aldine Press, 1967, p. 46.

and accurate understanding of another person without making an accurate empathic response. However, it appears that if empathy is to have a therapeutic effect it must be communicated. But this accurate empathic response is dependent on the understanding:

In short, you have to understand to be able to make an accurately empathic response, but the absence of an accurately empathic response tells us nothing about the depth, extent or accuracy of the understanding.¹⁶

This conception that an empathic response presupposes an empathic understanding is similar to the distinction that Carkhuff¹⁷ makes between discrimination and communication. He states clearly that discrimination is a necessary but not sufficient condition for communication. His research has shown that among low-level functioning communicators, discrimination and communication are unrelated; discrimination is as likely to be relatively high as it is to be relatively low. However, among high-level functioning communicators, discrimination scores are high. Thus a high-level functioning communicator is a high-level discriminator but a high-level discriminator is not necessarily a high-level communicator..

16 C. Truax and K. Mitchell, "Research on Certain Therapist Interpersonal Skills in Relation to Process and Outcome", in Allan Bergin and Sol Garfield, (Ed.), Handbook of Psychotherapy and Behavior Change, New York, Wiley, 1971, p. 319.

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

We now focus our attention on the research evidence which seems to confirm the importance of empathic understanding in the therapeutic relationship. Rogers, as stated earlier, in 1957, underscored the importance of empathic understanding, unconditional positive regard, and congruence. Rogers' statement served to emphasize the role of these three conditions and also served as an impetus to further theoretical formulation and research:

While few researchers believed that any three therapist characteristics would in fact be either necessary and sufficient to account for the therapist's contribution to patient outcome, Rogers' recent theoretical formulation proved to be the major stimulus for research in this area.¹⁸

Indeed, the "Wisconsin Project",¹⁹ a four year study of psychotherapy with schizophrenics, undertaken by Rogers, Gendlin, Truax and Kiesler, was an attempt to test Rogers' original hypotheses that patients will get better to the extent that the therapist is genuine, empathic, and shows unconditional positive regard. Since many authors have reviewed the research relating the core conditions to outcome, our intent, here, is to refer to those reviews rather than repeat the study of each research on this topic.

The findings of the "Wisconsin Project" indicated that patients of therapists offering high levels of non

18 C. B. Truax and R. R. Carkhuff, Op. Cit., p. 80.

19 Carl Rogers, (Ed.) et al., Op. Cit., p. xix-625.

possessive warmth, genuineness, and accurate empathic understanding showed significantly greater positive gain than patients of therapists offering low levels of these three interpersonal skills.²⁰ Carkhuff and Truax²¹ and Truax and Mitchell²² reached basically the same conclusions in their review. Matarazzo in her review of the research on the teaching and learning of psychotherapeutic skills states:

The above research is cohesive and nearly unanimous in suggesting that the conditions of warmth, accurate empathy and genuineness are important, although not the only variables in determining depth of patient exploration and therapy outcome.²³

With regard more specifically to empathy, Bergin in his survey of psychotherapy research makes this interesting comment:

Acknowledging the past confusion, contradiction involved in studies of empathy, it is suggested that the recent data summarized at Chicago [...] Wisconsin [...] and Kentucky [...], offer promising leads. Analyses of recorded therapist behavior and ratings by clients of their therapists during the process of treatment have yielded consistently positive relationships between empathic understanding and outcome.²⁴

20 Carl Rogers, (Ed.) et al., Op. Cit., p. 91.

21 C. Truax and R. Carkhuff, Op. Cit., p. 80-143.

22 C. Truax and K. Mitchell, Op. Cit., p. 299-344.

23 Ruth Matarazzo, "Research on the Teaching and Learning of Psychotherapeutic Skills", in Allan Bergin and Sol Garfield, (Ed.), Op. Cit., p. 900.

24 Allan Bergin, "Some Implications of Psychotherapy Research for Therapeutic Practice", in J. T. Hart and T. M. Tomlinson (Ed.), New Directions in Client-Centered Therapy, Boston, Houghton Mifflin, 1970, p. 264.

Although there are controversies, some contradictory results, definite flaws in research design, and at times conclusions that are not totally supported by the data, one is justified in concluding that these conditions: empathy, non possessive warmth, and genuineness and more specifically for this research, empathy, are important in a therapeutic relationship.

2. Proposed Training Programs.

Due to the importance of empathy and more specifically the importance of its communication in a therapeutic relationship, a number of training programs have been proposed (Truax, Carkhuff, and Douds²⁵ "Integrated Didactic-Experiential Approach", Kagan's²⁶ "Interpersonal Process Recall", Ivey's²⁷ "Microcounseling" and Carkhuff's²⁸ "Systematic Training") to

25 C. Truax, R. Carkhuff and J. Douds, "Toward an Integration of the Didactic and Experiential Approaches to Training in Counseling and Psychotherapy", in Journal of Counseling Psychology, Vol. 11, 1964, p. 240-247.

26 N. Kagan, I. Krathwahl, and Farguhar, IPR - Interpersonal Process Recall: Stimulated Recall by Videotape. Research Report No. 24, East Lansing, Michigan State University, Bureau of Educational Research Services, 1965.

27 Allan Ivey, Microcounseling, Innovations in Interviewing Training, Springfield, Illinois, Charles C. Thomas, 1971, xxi-206 p.

28 R. R. Carkhuff, The Development of Human Resources, New York, Holt, Rinehart and Winston, 1971, xviii-422 p.

assist the beginning counselor acquire facilitative interviewing skills, prior to his involvement in actual counseling situations. These training programs are attempts to bridge the gap between theory and practice, between the classroom and the counseling session, between knowing what to do and having the skill to do it. We might also add that many of these authors were concerned with "safe practice" in counseling:

Many are concerned about "unleashing" the beginning therapist on the first client [...] Full of anxieties, trying to remember a list of do's and don'ts, the beginning interviewer is often most ineffective. While not all interviewers or therapists go through this experience, most would admit that awkward early sessions happen all too often.

As a result of this confusion clients are lost and sometimes never return to another therapist [...]

Similarly, interviewers may be injured by their first session or sessions.²⁹

Ivey further states that other professions concerned with "safe practice" have introduced relevant training prior to actual encounters with the "real thing".

One can think of link trainers for aircraft pilots, rehearsals for actors, cadavers for medical students, and the moot court for lawyers. The airline stewardess serves real meals in a mock cabin to real people. However, teachers, counselors and interviewers usually learn their skill on the firing line of the classroom therapy session or job interview.³⁰

29 Allan Ivey, Op. Cit., p. 9.

30 Idem, ibid., p. 4.

In counselor training, programs referred to earlier were attempts to remedy the situation by assisting the beginning counselor in acquiring some of the basic skills of counseling as he goes about learning the difficult task of becoming a therapist. One such program, the "Integrated Didactic-Experiential Approach" was elaborated by Truax, Carkhuff, and Douds in 1964 at the University of Arkansas. Since this program led directly to Carkhuff's "Systematic Training" this thesis will study it more extensively.

In their training program, Truax, Carkhuff, and Douds selected as their training goals those counselor qualities which differentiated successful from unsuccessful counselors in the "Wisconsin Project". As stated earlier, a number of studies generated by the project indicated that patients of therapists offering high levels of empathy, warmth, and genuineness showed significantly greater positive gains than patients of therapists offering low levels of these facilitative dimensions.

The Truax et al., program involved eight stages which are described as follows:

1. students were given an extensive reading list followed by a "theory" examination;
2. students spent 25 hours listening to tapes of therapists offering high, medium, and low levels of the facilitative conditions to increase their response repertoire;
3. students rated excerpts from these tapes on the scales of "Accurate Empathy", "Non Possessive Warmth",

- and "Genuineness". They thus learned to operationally discriminate between the specific levels of each of the three core conditions;
4. students were given empathy training. Essentially, this involved presenting a series of tape-recorded patient statements to a group of trainees. One trainee was randomly called upon to reformulate the essential communication both in terms of feeling and content. The response was then rated by himself and his fellow trainees. Training in warmth of tone was added as soon as empathy level was satisfactory;
 5. outside of class, the trainees were put in a dyadic situation and alternated playing therapist and client roles. This role-playing was tape-recorded and rated by the trainee, thus critically evaluating his attempts at offering the core dimensions. Selected samples were also rated by experienced raters thus providing a standard comparison of his own ratings;
 6. once the trainee had attained the minimal levels of the core dimensions, he was given experience with a large number of single therapeutic interviews, actual interviews but limited to one encounter. These were single interviews with the goal of establishing a "good therapeutic relationship" and facilitating "deep client self exploration". Interviews were tape-recorded and samples were played back and rated by the trainee, his peers and supervisors;
 7. once the trainee had achieved minimal levels of core conditions with a variety of clients in single interviews and had demonstrated an ability in facilitating moderately high levels of client self-exploration, clients were assigned to him for continuing therapy. Again interviews were tape recorded and periodic samples were evaluated by his supervisors;
 8. on the sixth week of the program, quasi-group therapy was initiated with the students to conclude the training program.³¹

The Truax et al., program borrows heavily from a training program that Rogers³² proposed in 1957. This program could

31 C. Truax, R. Carkhuff and J. Douds, Op. Cit., p. 240-247.

32 Carl Rogers, "Training Individuals to Engage in the Therapeutic Process", in C. R. Strother, editor, Psychology and Mental Health, Washington, D.C., American Psychological Association, 1957, p. 76-92.

be termed "experiential learning". In 1957, he proposed a program in six successive stages: 1) student listens to tape-recorded interviews of experienced therapists; 2) role-playing the therapist role; 3) observing live interviews; 4) participating in a group experience; 5) conducting individual therapy under supervision and 6) undergoing personal therapy. Rogers felt that experiential learning could best occur in a facilitative relationship between student and supervisor:

... [Rogers] was the first to emphasize that the student-therapist's attitudinal, experiential learning can take place only in a facilitative environment such as that which the therapist provides for his patient [...] The supervisor must model these behaviors (empathy, unconditional positive regard and genuineness) for his student and create a "facilitative" atmosphere for experiential learning.³³ (parentheses by this author)

The Truax et al. program also emphasized the facilitative atmosphere between the student and his supervisor, but they went further than Rogers in emphasizing the acquisition of specific skills prior to involvement in actual counseling. Their training program was much more graduated and systematic and dealt with specific skills based on the findings of previous research. Also they elaborated a research program to evaluate the effectiveness of their training program. This endeavor at that time was quite innovative.

33 Ruth Matarazzo, Op. Cit., p. 898.

Carkhuff³⁴ in 1969 redefined and elaborated the training model presented by Truax et al. In this thesis the Carkhuff. et al. training model will be referred to as systematic training. Furthermore a distinction will be made between systematic training and the integrated didactic-experiential approach even though this distinction is not usually made in the literature. The reason for such a distinction is that Carkhuff excludes from his program the extensive reading list and examination, the tape listening, the internship or training under supervision, as well as the quasi-group therapy experience. In essence he has retained stages three, four, and five of the integrated approach which are the didactic teaching and use of the rating scale(s), communication training via audio-recorded patient statements, and communication training via role-playing. However, in his training model, Carkhuff not only operationalized empathy, and incorporated warmth in the dimension of respect, but also extended the program to include the dimensions of concreteness or specificity of expression, and the action-oriented dimensions of confrontation and immediacy.

Systematic training as proposed by Carkhuff whether it includes all the dimensions mentioned above or a single dimension, such as empathy, is broken down essentially into

34 Robert Carkhuff, Op. Cit., 1969.

two phases: discrimination and communication. In discrimination training, once the trainees are given didactic information regarding the chosen facilitative condition, they are initiated in the use of the rating scales of that condition. The trainees are thus not only given an operational definition of the condition under study but also develop the ability to discriminate between different levels of helper functioning as well as being provided with a tool to judge their functioning. The communication training, where the trainees are called upon to formulate responses, proceeds in two stages. In the first phase, trainees respond to audio-tape patient statements while in the second phase, the trainees respond in a role-playing situation.

The present research attempts to utilize the systematic training approach as elaborated by Carkhuff but with regard to only one dimension, empathic understanding.

3. Research Evidence of Systematic Training.

In this section, the research evidence supporting the effectiveness of systematic training as elaborated by Carkhuff will be presented. An important distinction should be made at this point. In this review, the author's interest is in those studies which deal specifically with the effectiveness of systematic training with regard to empathic understanding. However, there are two types of studies in this

area: 1) studies where training is offered in empathy and some other facilitative condition(s) such as respect, genuineness, etc... and 2) studies where training focuses exclusively on empathic understanding.

Since the present concern is with training in empathic understanding exclusively, the distinction stated above will, to some extent, dictate the manner in which these studies will be reported. With regard to the first type of studies, only the global conclusions which pertain to empathy will be reported. As for those studies dealing with empathy training exclusively, they will be reviewed individually.

- a) General conclusions from global studies evaluating systematic training in empathic understanding.

Truax, Carkhuff, and Douds in proposing their training program also initiated a research program to evaluate the effectiveness of their training program. Since then a number of experimental studies utilizing pre- and post-testing with or without control groups have been reported in the literature. Three general conclusions can be drawn from these studies:

1. a number of studies have indicated that a systematic training program can be successfully implemented, demonstrating higher trainee levels of empathic functioning following training. The effectiveness of training people in a relatively short period of time (from 20 hours to 100 hours) has been demonstrated with various populations

both sophisticated and unsophisticated in the psychotherapeutic field: clinical psychologists in training,^{35,36} dormitory counsellors,³⁷ teacher counselors,³⁸ teachers in training,^{39,40} nurses,^{41,42}

35 C. Truax and R. Carkhuff, "Training in Counseling and Psychotherapy: an Evaluation of an Integrated Didactic and Experiential Approach", in Journal of Consulting Psychology, Vol. 29, No. 4, 1965, p. 333-336.

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

37 B. Berenson, R. Carkhuff and P. Myers, "The Interpersonal Functioning and Training of College Students", in Journal of Counseling Psychology, Vol. 13, 1966, p. 444-446.

38 R. Carkhuff, "The Prediction of the Effects of Teacher Counselor Education: the Development of Communication and Discrimination Indexes", in Counselor Education and Supervision, Vol. 8, 1969, p. 265-272.

39 David Berenson, "The Effects of Systematic Human Relations Training upon the Classroom Performance of Elementary School Students-teachers", in Journal of Research and Development in Education, Vol. 4, No. 2, 1971, p. 70-85.

40 Thomas J. Hefele, "The Effects of Systematic Human Relations Training upon Student Achievement", in Journal of Research and Development in Education, Vol. 4, No. 2, 1971, p. 52-69.

41 Daniel W. Kratochvil, "Changes in Values and in Interpersonal Functioning of Counselor Candidates", in Counselor Education and Supervision, Vol. 8, No. 1, 1969, p. 104-107.

42 Benoît Charbonneau, "Un entraînement systématique à un comportement verbal empathique dans un contexte bilingue", Unpublished Doctoral Dissertation, University of Ottawa, Ottawa, 1974, xvii-209 p.

- parents,⁴³ guidance counselors,⁴⁴ undergraduate students,⁴⁵ and psychiatric in-patients.^{46,47} All but two of these studies, the Truax and Carkhuff and the Berenson, Carkhuff, and Myers studies used Carkhuff's Scale for Measurement of Empathic Understanding⁴⁸ to evaluate the trainees' level of empathic functioning in real or standardized interviews and/or to written responses on Carkhuff's Index of Communication.⁴⁹
2. A second conclusion: systematic training has been found to result in significantly higher levels of empathy functioning when compared to a group therapy experience or to a "no training" control group.^{50,51}

43 Robert Carkhuff and Ralph Bierman, "Training as a Preferred Mode of Treatment of Parents of Emotionally Disturbed Children", in Journal of Counseling Psychology, Vol. 17, No. 2, 1970, p. 157-161.

44 Robert Carkhuff and James Martin, "Changes in Personality and Interpersonal Functioning of Counselors-in-training", in Journal of Clinical Psychology, Vol. 24, 1968, p. 109-110.

45 Thomas R. Collingwood, "The Effects of Large Group Training in Facilitative Interpersonal Communication", in Journal of Clinical Psychology, Vol. 25, No. 4, 1969, p. 461-462.

46 Richard Pierce and James Drasgow, "Teaching Facilitative Interpersonal Functioning to Psychiatric In-patients", in Journal of Counseling Psychology, Vol. 16, No. 4, 1969, p. 295-298.

47 Raphael L. Vitalo, "Teaching Improved Interpersonal Functioning as a Preferred Mode of Treatment", in Journal of Clinical Psychology, Vol. 27, 1971, p. 166-171.

48 Robert Carkhuff, Helping and Human Relations, Vol. I, p. 315-317.

49 Idem, ibid., p. 94-99.

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

51 Raphael L. Vitalo, Op. Cit., p. 166-171.

3. A third conclusion: systematic training appears to be dependent on two important dimensions: 1) the level of empathic functioning of the trainer and 2) the initial level of functioning of the trainees.⁵² Generally speaking, the higher the level of trainer functioning, the greater the possible trainee gains, since the trainees improve in relation to the level of functioning of the trainers.

- b. Studies dealing specifically with systematic training in empathic understanding.

In reviewing the literature, it became evident that a number of authors had attempted to increase the level of empathic functioning of trainees applying methods other than systematic training. Gregg⁵³ employed sensitivity training as a method of increasing the communication of empathy. Flapan,⁵⁴ Myers,⁵⁵ Rastatter⁵⁶ have all studied the effects

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

53 D. Gregg, "Investigation of the Development of Empathic Communication through a Sensitivity Training Experience", Doctoral Dissertation, Bethlehem, Pa., Lehigh University, 1968.

54 Mark H. Flapan, "A Study to Determine Effective and Reproducible Conditions for Increasing Empathy in Marital Relationship", Unpublished Doctoral Dissertation, Sociology, University of Chicago, 1957.

55 Clara Myers, "Experiment in the Development and Measurement of Empathy in Social Work Students", Unpublished Doctoral Dissertation, St. Louis, Washington University, 1966.

56 Charles J. Rastatter, "The Effect of Counselor and Client Role-playing in Counselor Training on the Level of Counselor Responses", Unpublished Doctoral Dissertation, University of Arizona, 1969.

of role-playing on empathy and Goldstein and Goedhart⁵⁷ the effect of modeling and role-playing on empathy. For the purpose of this research, only those studies employing the systematic empathy training approach will be reported.

Vander Kolk⁵⁸ at the State University of New York at Buffalo studied the effects of systematic empathy training with non-professionals. The goal of this study was to compare systematic training with the traditional training method and a "no treatment" control group. He employed a pre-post control group design. The Carkhuff Scale for Measurement of Empathic Understanding was used by judges to rate the subjects' written empathic responses to Carkhuff's Index of Communication. These are two instruments which will also be used in the present study. Following forty-eight hours of training, the results indicated that the experimental group receiving systematic empathy training demonstrated significantly greater change than the traditional teaching and control groups. Furthermore, education, race, age, and experience were not found to be related to constructive change in interpersonal skills.

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

58 Charles Vander Kolk, "Development in Interpersonal Skill in Relation to Methods of Training Nonprofessional Counselors", Unpublished Doctoral Dissertation, State University of New York at Buffalo, 1971.

In a similar study, but employing a larger number of outcome criteria, Kalisch⁵⁹ studied the effect of systematic empathy training with students in nursing. She used a pre-post control group design. The experimental group received empathy training while the control group was subjected to lectures and discussions on human behavior. The classes for all groups lasted twelve and one half hours over a six-week time span. Truax's nine-point Accurate Empathy Scale⁶⁰ was used to rate the subjects' written empathic responses (pre-post-test design) with audiovisual standardized helpee stimulus expressions as prepared by Strupp and Jenkins.⁶¹ Six other criteria were used but they do not relate to the present study.

A one-way analysis of variance was utilized to analyze change scores for both groups from the pre-test and post-test on the Accurate Empathy Scale. The results indicated that the students being subjected to the experimental treatment improved significantly (.01 level). These gains were also maintained in the six-week follow-up test, whereas the control

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

60 Carl Rogers, et al., Op. Cit., p. 556-568.

61 H. Strupp and Joan Jenkins, "Development of Six Sound Motion Pictures Simulating Therapeutic Situations", in Journal of Nervous Diseases, Vol. 136, 1963, p. 317-328.

made no significant gains. Kalisch concludes that systematic empathy training is successful in increasing empathy and thus lends support to previous findings.⁶²

In a third study, Eicke⁶³ at the University of Alabama evaluated the effects of a short-term communication training program (six hours) and arrived at the same conclusions. However, his subjects, graduate students in counseling, were more sophisticated than in the two previously mentioned studies. He also chose a pre-post control group design and assessed the subjects' empathic functioning by administering the Index of Communication split (odd-even) for pre- and post-testing. The judges rated the counselors' written responses on Carkhuff's five-point Scale for Measurement of Empathic Understanding. The results indicated a significant difference between the experimental and control group on empathy in favor of the experimental group. His conclusion supported, once again, the effectiveness of the systematic training program to increase the level of empathic functioning and in this study, more specifically, in a relatively short period of time.

62 B. Kalisch, Op. Cit., p. 206.

63 Francis Eicke, "A Study of the Effect of Communication Training on the Level of Empathic Understanding and Facilitation of Counselors", Unpublished Doctoral Dissertation, University of Alabama, 1971.

Boulet and Bourbonnais,⁶⁴ in a pilot study, also studied the effects of systematic empathy training on graduate students in psychology. Using a time-series quasi-experimental design, the trainees were subjected to five administrations of the Index of Communication, two prior to training with a two-week interval period between administrations, one following discrimination training, and two post-training administrations again with a two-week interval between administrations. Carkhuff's five-point Scale for Measurement of Empathic Understanding was used to assess the trainees' empathic functioning. Results indicated that the level of communication in the final two administrations was significantly greater (.001 level) than administrations one and two. Despite repeating several administrations of the same form of the Index of Communication and the lack of control group, the authors nevertheless, concluded that the systematic training approach was a promising method for increasing the level of empathic functioning.

The four studies mentioned above have all measured changes in empathy through written responses to helpee standardized stimulus expressions and all four studies appear to support the systematic training approach as a method for increasing empathic functioning. However, the interesting

64 D. Boulet and Y. Bourbonnais, Op. Cit.

question arises as to whether the subjects would maintain the same level of empathic functioning in a real or standardized interview. The ultimate goal of training is a minimal level of empathic functioning in a face to face helper-helpee relationship.

Verrill,⁶⁵ at the University of Wisconsin, employed the standard interview as a measure of training effectiveness. The purpose of her study was to experimentally assess the effectiveness of a systematic empathy training program with graduate counselor-trainees as well as compare systematic training to a program of assigned readings on empathy and a no-treatment control group. Using a post-test-only control group, subjects were randomly assigned to one of three groups with the exception of the sex variable; she wanted the same number of males and females in each group. In view of the small number of subjects in each group, the logic of this procedure is questionable, since it could interfere with the principle of randomization. In such a case, it might have been preferable to have had a pre-test permitting a covariance analysis to determine the equivalence of groups before conducting the experiment.⁶⁶

65 Eleanor Verrill, "An Experimental Assessment of Accurate Empathy Training with Counselors-in-preparation", Unpublished Doctoral Dissertation, University of Wisconsin, 1969.

66 Benoît Charbonneau, Op. Cit., p. 18-19.

The training lasted six weeks. Following the treatment, subjects conducted a counseling interview which was tape-recorded. These tapes were rated for accurate empathy as measured by Truax's nine-point Accurate Empathy Scale. A one-way analysis of variance revealed no statistically significant differences although the trends were in the hypothesized direction, that is, the experimental group receiving empathy training were more empathic than the experimental group given reading assignments on empathy and the "no treatment" control group.

It is unfortunate that Verrill did not evaluate her subjects' performance on a written paper and pencil test, because it is highly possible that significant differences would have been found on the written test but not in the standardized interview, since the standardized interview appears to be a more demanding criterion.

Charbonneau,⁶⁷ at the University of Ottawa, did employ both the Index of Communication and the standard interview as measures of empathy. The purpose of the study was to investigate the effect of systematic empathy training on the written and verbal empathic behavior of bilingual student nurses as expressed in their first language, French, and their second language, English. The problem was studied in

67 Benoît Charbonneau, Op. Cit., 1974, xvii-209 p.

two repeated experiments. He used a pre-post control group design. The experimental groups received eighteen hours of systematic empathy training, while the control groups were exposed to lectures and discussions on human behavior and communication, also lasting eighteen hours. Carkhuff's Scale for Measurement of Empathic Understanding was used by judges to rate the subjects' 1) written empathic responses to the Indice de Communication, version bilingue, administered as pre- and post-tests; 2) excerpts taken from a standard interview conducted after the training.

Analyses of co-variance and variance were used to test the significance of the obtained differences. The results indicated that the experimental group exposed to systematic empathy training offered significantly higher levels of written and verbal empathy in their first language, French, than the control group. Also the experimental groups offered significantly higher levels of written empathy in their second language, English, than the control group. The results in the standard interview were significant (at the .01 level) in the first experiment but not in the second.

The important feature of Charbonneau's results was that significant differences were obtained on both the written and verbal measures of empathy when subjects were functioning in French. Based on these findings, it can be stated that the Index of Communication can be an accurate indication

of the level of empathic functioning in the helping role. However, as will be seen in the next section, the initial level of trainee functioning is an important variable to consider.

The six studies dealing specifically with systematic empathy training leads to the following conclusions:

1. that it is possible to increase an individual's empathic functioning;
2. that the systematic training program has been particularly effective in doing so;
3. and in a relatively short period of time (six to forty-eight hours);
4. with both sophisticated and unsophisticated populations;
5. the gains were maintained in a six-week follow-up;
6. and finally education, race, age, and previous experience were not significantly related to constructive change in interpersonal skill.⁶⁸

4. Statement of Problem.

In the review of studies dealing specifically with systematic empathy training, a number of studies evaluated the training effectiveness via the written test. In essence, the subjects were asked to formulate written responses to standard helpee stimulus expressions presented to them either in a written, audio, or audio-visual format. The responses were then rated for empathy using either Truax's nine-point, or Carkhuff's five-point rating scale. One of the serious

⁶⁸ Benoît Charbonneau, Op. Cit., p. 24.

limitations in evaluating the effectiveness of training via the written test is that it is not the habitual mode of responding to a client. The ultimate goal of training would appear to be whether or not the trainee can function effectively in the helping role, and the outcome criteria should attempt to measure this functioning. The authors who have used the Index of Communication to evaluate their training program appear to have assumed that the subject's functioning on the written test was a fairly accurate indication of his functioning in the helping role.

This question, whether the Index of Communication is an accurate indication of the individual's level of functioning in the helping role, is somewhat ambiguous and difficult to answer. It appears that the initial level of trainee functioning is an important variable to take into account. Carkhuff, in discussing Greenberg's and Antonuzzo and Kratochvil's studies dealing with the Index of Communication and the helping role, stated that there appears to be discrepancies between the functioning of high- and low-level communicators:

The results of the low-level communicators were variable; that is, they were relatively high on one index and low on another, almost as if they had specialties in functioning. On the other hand, the high-level communicators tended to be consistent across all indexes.⁶⁹

69 Robert R. Carkhuff, Op. Cit., p. 108.

Carkhuff also added that the high-level communicators tended to receive higher ratings in the interview situation:

... there is in general some tendency for the written responses of high-level functioning helpers to receive lower ratings than the verbal responses of these helpers in interaction with a helpee in the helping role. The high-level helpers are much more spontaneous and accurate in their responses when they have the feedback of the helpee's behavior in person.⁷⁰

Dubois⁷¹ also found similar results. The counselors, when functioning in French, their mother tongue, received higher ratings for the interview situation than for the Index of Communication.

However, such is not the case for the low-level communicator. He may perform well on the Index of Communication but perform poorly when cast in the helping role. Thus depending on the criterion used, misleading conclusions may be made regarding the effectiveness of training. For example, based on the results of the Index of Communication, it may be concluded that the training was quite effective. Furthermore, it may be incorrectly assumed that their score on the Index of Communication was a reflection of their level of functioning in the helping role. However, had the subjects been cast

70 Robert Carkhuff, Op. Cit., p. 109.

71 Gilles Dubois, "Communication de l'empathie et facilité verbale", Unpublished Doctoral Dissertation, University of Ottawa, 1973, p. 95.

in the helping role, totally different results could have been obtained.

It would appear that if a choice must be made between the Index of Communication and the standard interview to evaluate the effectiveness of training based on the goal of training, effective functioning in the helping role, the interview should be selected as the outcome criterion. Along this line of thought, Carkhuff states: "...if the conditions are available, casting prospective helpers in the helping role appears to be the preferred method of assessing communication".⁷²

Since effective functioning in the helping role is the goal of training and since many of the subjects to be trained are initially low-level communicators, the concern must be with increasing their level of functioning in the helping role. Carkhuff, in discussing the type of program, makes the following statement regarding training:

If one wants trainees to function effectively in the helping role they must be given plenty of practice in the helping role. If one wants the trainees to learn to communicate effectively they must be given practice in communication. In particular, in relation to the low-level functioning trainees, if one does not do so, they will be functioning at levels commensurate with the clients and patients whom they are treating and thus will have nothing to offer.⁷³

72 Robert Carkhuff, Op. Cit., p. 105.

73 Idem, "Critical Variables in Effective Counsellor Training", in Journal of Counseling Psychology, Vol. 16, No. 3, 1969, p. 243.

In a study by Carkhuff, Collingwood, and Renz,⁷⁴ eighteen undergraduate students in psychology were given an exclusive didactic experience in discrimination training for sixteen hours. Prior to training, the subjects were administered the Index of Communication and the Index of Discrimination. Following training, they were readministered these two tests as well as cast in the role of helper. The results indicated a significant gain ($p < .05$) in discrimination but only a minimal, non-significant change in communication. A control group could have strengthened their conclusion which was: with discrimination training alone there will be little or no generalization to communication with low-level functioning trainees. This study was a first indication that low-level functioning trainees learn only what they are taught.

Since discrimination training alone results in changes in discrimination only, similar results might be expected depending on whether the focus is on audio-training, defined as responding to audio-recorded helpee statements, or on role-playing training, defined as casting the trainee in the role of helper. It would then be expected that those receiving role-playing would function at higher levels in the standard

74, R. Carkhuff, T. Collingwood, and L. Renz, "The effects of Didactic Training upon Trainee Level of Discrimination and Communication", in Journal of Clinical Psychology, Vol. 25, No. 4, 1969, p. 460-461.

interview than those receiving audio-training, since they would have gained experience and practice in the helping role. Role-playing could prove to be an effective technique to increase the level of functioning of low-level communicators.

a) Rationale of Role-playing.

Role-playing, pioneered by J. L. Moreno as a technique of psychotherapy, has since been used in a number of settings: hospitals, classrooms, home, industry, psychotherapy, child guidance clinics, etc... and for varying purposes: improving interpersonal and intercultural relations, changing attitudes and behaviors, stimulating group participation, involvement in training and interests in academic subjects, developing spontaneity, personnel selection and diagnostic technique, decision-making process, training in human relation skills, etc.... The interest in role-playing in this research will be exclusively as a training technique. However, before elaborating its rationale, an attempt will be made to distinguish between role-playing, sociodrama, and psychodrama since these three are closely related and often confused.

Levit and Jennings,⁷⁵ discussing the distinction between the three concepts, state that role-playing is a "general term referring to the spontaneous acting out of roles in the context of human relations situations". Role-playing is seen as a part of both sociodrama and psychodrama, two methods developed by J. L. Moreno, since both use role-playing extensively. Both psychodrama and sociodrama require players and audience to assist the players in interpreting their roles. In sociodrama, role-playing focuses on the problem of the group, while psychodrama is role-playing with emphasis on an individual problem; an individual acts out his own problem. Levit and Jennings in making the distinction state:

A crucial difference between psychodrama and sociodrama is the greater emphasis upon the private or personalized world of some individual in the former, and the greater emphasis on what is common in the social roles of many individuals in the latter.⁷⁶

It can be seen that role-playing, which is used in psychodrama and sociodrama, is a more general term referring to the "spontaneous acting out of roles". Along the same

⁷⁵ Grace Levit and Helen Jennings, "Learning through Role-playing", in Warren Bennis, Kenneth Benne and Robert Chin (Ed.), The Planning of Change, New York, Holt, Rinehart and Winston, 1964, p. 706-710.

⁷⁶ Idem, ibid., p. 706-707.

line, Corsini and Cardone⁷⁷ view role-playing as an inclusive term for spontaneous action techniques.

Many definitions of role-playing have been offered but essentially it can be defined as a make-believe process whereby the individual for a limited time will act out "as if" the acted-out situation was real.⁷⁸ The important dimension of role-playing from which many of its advantages flow, is the "as if" quality. The individual acts "as if" the situation were real but it is not. It has realism but it is not real. This allows the individual to experiment with different ways of behaving without the risks involved in an actual incident.

In using role-playing for training purposes, one member of the group plays the part of helpee, identifying himself with a real or imagined person and responding in terms of the role he is playing. One of the other members of the group plays the role of helper. The remainder of the group observes. When the session ends, there is a general discussion centered on the helper. The question now arises: what is it about this situation that makes role-playing such a promising educational method?

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

78 Idem, ibid., p. 6.

Corsini, in a chapter on role-playing theory, lists three characteristics as the unique values of role-playing; they are simultaneity, spontaneity, and veridicality. Simultaneity he defines as "the occurrence at the same time of several events"⁷⁹ referring to the thinking, feeling, and acting modes of the individual. Because role-playing involves the individual holistically, it reveals the individual's modes of thinking, feeling, and acting. Role-playing being a close representation of real life behavior, it presents the group with a picture of how the individual behaves in real life situations. Corsini states:

In role-playing, not only do these three elements of thinking, feeling and acting occur at the same time, but, due to the summing effect of each on the other, they tend to be heightened-exaggerated-forced to fuller limits. The whole becomes more than the sum of its parts. The simultaneity of thinking, feeling, and acting tends to create total involvement. The person acts as a fully functioning totality because of the simultaneous functioning of these three dimensions, each reinforcing the other.⁸⁰

The second element, spontaneity, has to do with the individual's creativity. Corsini defines spontaneity as "the ability to respond adequately to a new situation or to respond in a new and adequate way to an old situation".⁸¹ The individual when facing a new situation in role-playing must do

79 R. Corsini and S. Cardone, Op. Cit., p. 12.

80 Idem, ibid., p. 13.

81 Idem, ibid., p. 201.

something, he has to improvise, react. In this process he is creating. Corsini states that "if a person's spontaneous reaction is appropriate and good, he has learned something on his own. He learns in the process of reacting".⁸² Corsini views spontaneity as learning while in a situation devoid of threat. Because the situations are made up, the role-player can allow himself to be spontaneous and experiment with different ways of behaving without the risks, dangers or threats involved in real situations and thus learn new and more effective behaviors.

The third characteristic, veridicality, refers to "the truthfulness or subjective reality of role-playing".⁸³ In other words, veridicality refers to the extent to which role-playing can become psychologically real. Corsini, to explain this concept, gives the example of the simulated cockpit. If a pilot were placed in such an apparatus while asleep, on awakening he might think he were in a real aircraft. Corsini states: "While this apparatus is actually safely on the ground, perhaps in the basement of a building, nevertheless it has veridicality because it has verisimilitude. It seems real to the pilot."⁸⁴ In the same sense,

82 R. Corsini and S. Cardone, Op. Cit., p. 13.

83 Idem, ibid., p. 202.

84 Idem, ibid., p. 16.

role-playing can become a psychologically real experience. The person acting a role that is unreal for him can and very often does break through the artificial façade and gets emotionally involved and actually begins to behave as he does in real life.

To summarize, according to Corsini, simultaneity, spontaneity, and veridicality are the three major theoretical elements that contribute to role-playing's effectiveness. From this theoretical rationale flow several advantages of role-playing as a training technique which have been stressed by a number of authors. An attempt will be made to summarize those advantages most often mentioned.

The single most important value of role-playing is that since it takes place in a training group context, the trainees can experiment with new ways of behaving without the risks involved in an actual incident. In fact, the trainee can get practice and experience of facing problems probably as close as possible to the actual problems he will meet but without the real penalties that this may entail. The situation has realism but it is not real as Klein⁸⁵ states, and also the trainee is not playing "for keeps". As a result, he is freer to try new behaviors.

⁸⁵ Allan E. Klein, How to Use Role-Playing Effectively, New York, Association Press, 1959, p. 11.

A second advantage of role-playing is that it provides a bridge from "talking about" interpersonal relations to "actually handling" them. The emphasis is on demonstrating how the trainee would handle an interview situation rather than talking about how he would do it. Bavelas⁸⁶ makes an interesting statement in this regard:

Role-playing has the advantage of emphasizing "showing" how you would do something rather than "telling" how you would do it. Many individuals who "talk a good game" are woefully inadequate when it comes to performing the actions they describe so glibly.⁸⁷

Closely related is the feature of role-playing as "active participation in the situation". The trainee may not only learn the "right" answer but he has an opportunity to test his understanding of a problem and try new ways of behaving. In the traditional classroom situation, the individual does not have this opportunity to apply this new knowledge. In role-playing, he may practice what he has learned until it becomes second nature, a part of himself.

A fourth advantage is that through taking roles of helpee as well as helper, the trainee can become sensitized to the reactions of helpees. It allows the trainee to step into the person's "shoes" and thus provides him with the

86 Alex Bavelas "Role-playing and Management Training", in Group Psychotherapy, Vol. 1, No. 2, 1947, p. 183-191.

87 Idem, ibid., p. 185.

opportunity to experience directly the effects of various techniques, in our case, the effect of empathic understanding on self-exploration.

A fifth advantage is that role-playing not only involves learning by doing but also includes "observational learning". The trainees who observe have a chance to see the performance of their fellow trainees and thus can eliminate errors from their own performance. They learn by observing others.

Finally, role-playing is an excellent technique to deal with the transfer of learning. There is believed to be considerable "carry over" from the training situations to real life situations, since what the trainee is doing in role-playing closely resembles the real-life situations.

Based on its theoretical rationale and its numerous potential advantages, role-playing appears to be a promising training technique.

5. Summary and Hypotheses.

In this first chapter, the concept of empathy was defined and clarified. Some of the research evidence supporting its importance in a therapeutic relationship was presented. The training programs proposed by various authors to assist the beginning counselor acquire facilitative interviewing skills were discussed. The emphasis was given to

Carkhuff's systematic training program. This led to the research evidence supporting the effectiveness of systematic empathy training. Finally a rationale for role-playing was presented.

Based on the results of previous research and based on the rationale of role-playing, the following question was raised: would role-playing training significantly increase the level of functioning of low-level communicators in the helping role? This problem was first studied in a pilot project.⁸⁸ The author compared four groups, a no-treatment control group, two audio-tape training groups having a differential time exposure, and a role-playing group. It was hypothesized that: a) based on the results of similar research systematic empathy training would be effective in increasing the level of empathy functioning of the experimental groups as measured by the Index of Communication; b) based on the rationale of role-playing, the experimental group, exposed to role-playing, would show significantly greater gains in empathy than the two experimental groups receiving audio-tape training, and the no-treatment control group, as measured by the standard interview.

⁸⁸ Donald Boulet, "Comparison of Three Approaches to Systematic Empathy Training on the Communication of Empathic Understanding", Unpublished Interim Report, University of Ottawa, 1974, x-143 p.

The subjects, twenty-eight undergraduate students at the University of Ottawa, were randomly assigned to one of four groups: a no-treatment control group (n=7); an experimental group I receiving twelve hours of audio empathy training (n=5); an experimental group II receiving twelve hours of empathy training plus an additional nine hours of audio empathy (n=8); an experimental group III receiving twelve hours of audio empathy training plus nine hours of role-playing (n=8).

Post-training level of empathic functioning was assessed using both written responses to Carkhuff's Index of Communication and verbal responses in a counseling interview with a standard helpee. Each helper's written and verbal responses were rated for empathy by two trained judges using Carkhuff's Empathic Understanding in Interpersonal Processes: A Scale for Measurement.

A one factor, four level analysis of variance was used to test the significance of the differences on the Index of Communication. When the overall test yielded a significant F value, post hoc procedures using the Newman-Keuls technique were applied to locate the source of the difference. The same procedure was repeated for the standard interview.

The results on the Index of Communication indicated that the three experimental groups who received one form or

another of systematic empathy training obtained higher and significantly different results than the no-treatment control group ($p=.001$). However, no significant differences were found between the three experimental groups compared to one another.

The results in the standard interview indicated that the role playing group obtained significantly higher empathy scores than the no-treatment control group ($p=.01$) and the audio-training I group ($p=.05$). However, no significant difference was found between the role-playing group and the audio-training II group. Also audio-training II was found to offer significantly higher levels of empathy than the no-treatment control group ($p=.05$). No significant difference emerged when audio-training II was compared to audio-training I.

Although the results did not support conclusively that role-playing was a more effective training method when preceded by audio-training I than audio-training II when preceded by audio-training I in increasing the level of empathic functioning in the helping role, a trend in that direction was indicated.

The present study attempts to replicate the findings of the pilot study. However, certain methodological changes were introduced in an attempt to tighten the design. These changes will be explained in the next chapter.

To determine whether systematic empathy training is effective in increasing the level of functioning and whether in fact role-playing training will significantly increase the level of functioning of low-level communicators in the helping role, the following chapter presents a description of an experiment designed to answer these questions. Also included are the specific null hypotheses to be tested statistically.

CHAPTER II

EXPERIMENTAL DESIGN

This second chapter gives a detailed description of the procedures used to study the problem under question and test the stated hypotheses. It describes 1) the instruments used to measure empathy; 2) the sample; 3) the rating procedure; 4) the procedures; 5) the experimental treatments; 6) and finally, the null hypotheses and the statistical methods employed in the analysis of the data.

1. Description of instruments used to measure empathy.

In this, the scale used to operationalize the concept of empathy, as well as the Index of Communication and the standard interview will be described.

a) Empathy Scale.

Empathy involves the ability to perceive the client's feelings and to communicate this understanding to the client. As stated in the first chapter, Carkhuff defines it as:

... the ability to recognize, sense, and understand the feelings that another person has associated with his behavioral and verbal expressions, and to accurately communicate this understanding to him.¹

¹ Robert R. Carkhuff, Development of Human Resources, New York, Holt Rinehart and Winston, 1971, p. 266.

Gardner,² after reviewing three methods of measuring empathy (client ratings, therapist ratings and ratings by outside judges) concluded that the third method appeared to be the most valid. In this study, the outside judge method was chosen. The choice of the scale was done according to the theoretical definition of empathy just cited. Two scales were then available: Truax and Carkhuff's³ Accurate Empathy Scale and Carkhuff's⁴ revised Empathic Understanding in Interpersonal Processes: A Scale for Measurement. The former is a nine-point scale while the latter is a five-point scale but with the possibility for mid-point ratings which, thus, becomes a nine-point scale: levels 1, 2, 3, 4, 5 on the Carkhuff scale would correspond to levels 1, 3, 5, 7, and 9 on the Truax and Carkhuff scale. Here, the Carkhuff scale was chosen as the operational definition of empathy since it is much simpler to use and understand as opposed to Truax's scale.

At level three, the helper's communication is essentially interchangeable with the helpee's communication in

2 Gail Gardner, "The Facilitative Relationship", in Bernard Berenson and Robert Carkhuff (editors), Sources of Gain in Counseling and Psychotherapy, New York, Holt, Rinehart and Winston, 1967, p. 284-301.

3 Charles Truax and Robert Carkhuff, Toward Effective Counseling and Psychotherapy, Chicago, Aldine Press, 1967, p. 47-57.

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

terms of feeling and meaning. It is termed as the minimal level of empathic functioning since the helper neither adds nor subtracts from the helpee's verbalization. Levels one and two are referred to as subtractive responses indicating that the helper's response does not attend or detracts significantly (level 1) or subtracts noticeable affect (level 2) from the communication of the helpee. Levels four and five are referred to as additive responses indicating that the helper's response adds noticeably (level 4) or significantly (level 5) to the feelings and meaning of the helpee's expression. Carkhuff's scale can be found in Appendix 1.

One difficulty in using Carkhuff's scale was the absence of concrete examples to illustrate the different levels. Dubois⁵ and Charbonneau,⁶ faced with the same problem, prepared a number of examples to illustrate the five levels of the scale. These same examples were used in this study to train the judges. The illustrations, both in French and English, can be found in Appendix 2. With regard to the validity of the scale, one must depend on the face validity

5 Gilles Dubois, "Communication de l'empathie et facilité verbale", Unpublished Doctoral Dissertation, University of Ottawa, 1973, viii-151 p.

6 Benoît Charbonneau, "Un entraînement systématique à un comportement verbal empathique dans un contexte bilingue", Unpublished Doctoral Dissertation, University of Ottawa, 1974, xvii-209 p.

and research evidence showing predictable relationships to therapeutic outcome. The Truax Accurate Empathy Scale, from which Carkhuff's scale was devised, was validated by a number of studies in counseling and psychotherapy.^{7,8} Two studies specifically will be reviewed.

Truax⁹ in a study involving fourteen schizophrenic patients seen in individual psychotherapy reported two correlations: 1) a correlation between accurate empathy and case outcome, and 2) a correlation between diagnostic evaluations and accurate empathy. He reported a correlation of +.77 ($p < .01$) between accurate empathy as measured by the Accurate Empathy Scale and case outcome, as measured by the Final Outcome Criterion (which included psychological test change data, diagnostic evaluations of personality change, and a measure of time actually spent in the hospital since initiation of therapy). The second outcome criterion was based on the blind evaluations (Rorschach and MMPI given before therapy and late in therapy) by two experienced psychologists of the

7 Carl R. Rogers, et al. (ed.), 9th Therapeutic Relationship and its Impact, Madison, University of Wisconsin Press, 1967, xix-625 p.

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

9 Idem, "Effective Ingredients in Psychotherapy: An Approach to Unravelling the Patient-Therapist Interaction, I", in Counseling Psychology, Vol. 10, No. 3, 1963, p. 356-263.

degree of change in personality functioning. The correlation between the level of accurate empathy offered by the therapist and the diagnostic evaluations of constructive personality change was +.48.

In a second outcome study but with hospitalized patients in group psychotherapy Truax, Carkhuff, and Godman¹⁰ evaluated the relationship between accurate empathy, unconditional positive regard, and therapist genuineness with constructive personality change as measured by the MMPI administered pre- and post-therapy. Results indicated significant differences on the PT Scale ($p < .05$), the SC Scale ($p < .05$), and the Welsh Anxiety Index obtained from the MMPI ($p < .05$). The authors suggested that accurate empathy in group psychotherapy primarily affected anxiety level and schizophrenic symptomatology.

A number of other studies^{11,12,13} using the Truax Accurate Empathy Scale have consistently shown that clients

10 Charles B. Truax, Robert Carkhuff, and Frank Godman, "Relationship between Therapist-Offered Conditions and Patient Change in Groups Psychotherapy", in I. of Clinical Psychology, Vol. 21, No. 3, 1965, p. 327-329.

11 Carl Rogers, et al., (ed.), Op. Cit.

12 Charles B. Truax and Robert Carkhuff, Toward Effective Counseling and Psychotherapy, p. 83-95.

13 Charles B. Truax and Kevin Mitchell, "Research on Certain Therapist Interpersonal Skills in Relation to Process and Outcome", in Allan Bergin, and Sol Garfield, Handbook of Psychotherapy and Behavior Change, New York, Wiley, 1971, p. 299-344.

of therapists offering high levels of accurate empathy show greater gain and constructive personality change than do clients of therapists low on accurate empathy.

With regard to the validity of the Carkhuff scale, Carkhuff states:

This scale (Empathic Understanding in Interpersonal Processes: A Scale for Measurement) is derived in part from "A Scale for the Measurement of Accurate Empathy", which was validated in extensive process and outcome research on counseling and psychotherapy, [...] and in part from an earlier version that had been validated in extensive process and outcome research on counseling and psychotherapy [...]. In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy and education.¹⁴

Thus Carkhuff does not provide direct validating evidence of this revised scale. The validity is dependent on the validity of previous scales. However, Carkhuff's intent in presenting the new revised scale was to reduce ambiguity and increase reliability, two problems often mentioned in the literature. Thus in selecting Carkhuff's scale for this study, the author gained in clarity and reliability but lost in direct validating evidence.

The reliability of the scale can be determined by correlating different rater ratings on the scale for the same sample of excerpts. Truax and Carkhuff reported such

¹⁴ Robert R. Carkhuff, Helping and Human Relations, Vol. II, New York, Holt, Rinehart and Winston, 1969, p. 315.

correlations for twenty-eight studies involving a wide variety of therapist and patient populations with coefficients ranging from .43 to .95 depending on the study and the judges using the original scale. A number of studies using the Carkhuff scale yielded similar results.¹⁵

b) Index of Communication.

In this study, two means were used to obtain empathy ratings: the Index of Communication and the standard interview. In both cases, empathy was measured by outside judges using Carkhuff's Empathic Understanding in Interpersonal Processes: A Scale for Measurement.

The Index of Communication¹⁶ was developed by Carkhuff as an attempt to facilitate the selection of future helpers who would benefit the most from training. The author stated:

Thus, the best single device for selecting individuals who will function effectively in the helping role is an index of the level of communication of these individuals. Those who communicate at high levels are best equipped to help persons in need. With the proper training such individuals can learn to communicate even more.¹⁷

15 Robert Carkhuff, The Development of Human Resources, xviii-422 p.

16 Idem, Helping and Human Relations, Vol. I, p. 94-99.

17 Idem, ibid., p. 93.

Although casting the individual in the helping role is often the preferred mode of assessing communication, a serious difficulty is the wide differences in the interviews and the lack of standardization. In an attempt to circumvent these difficulties, a brief standardized index was proposed composed of sixteen client stimulus expressions to which the prospective helper was asked to respond. Carkhuff stated it appears to be "an economical and efficient means of obtaining a good index of functioningⁱⁿ/the helping role".¹⁸

i) Description.- As stated above, the Index of Communication is composed of sixteen client stimulus expressions; these are verbalizations by a helpee, (a person requesting help), of feeling and content in different problem areas. The subject taking the test is asked to formulate responses to each of the sixteen excerpts in a way that will be most helpful to the helpee. These responses can then be rated on different dimensions. In this study, the responses were rated for empathy only, using Carkhuff's scale.

The sixteen stimulus expressions attempt to represent three affective states: depression-distress, anger-hostility, and elation-excitement, and five different problem areas--

¹⁸ Robert Carkhuff, "The Prediction and the Effects of Teacher-Counselor Education: the Development of Communication and Discrimination Indexes", in Counselor Education and Supervision, Vol. 8, 1969, p. 270.

social-interpersonal, educational-vocational, child-rearing, sexual-marital, and confrontation of helper. In addition, there is one silence to which the subject must respond.

(See Table I.)

ii) Validity.- Carkhuff bases the validity of his instrument on direct and indirect evidence. The indirect evidence is provided by comparing the mean level of functioning as determined by the Index of Communication with the mean as determined by the standard interview with similar populations. Carkhuff states that the two means are quite similar. For instance, the mean level of functioning for the general population is about 1.5 on a five-point scale whether assessed by the Index of Communication or the standard interview; while the mean for trained-experienced counselors is about 3.0 again whether assessed by the Index of Communication or the standard interview.^{19,20}

Two unpublished studies reported by Carkhuff,²¹ offer more direct evidence. A study by Greenberg established a "close relation" among the following three conditions: 1) responding in a written form to the Index of Communication;

19 Robert Carkhuff and Bernard Berenson, Beyond Counseling and Psychotherapy, New York, Holt, Rinehart and Winston, 1967, p. 9.

20 Robert Carkhuff, Helping and Human Relations, Vol. I, p. 101.

21 Idem, ibid., p. 108-109.

Table I.^a

Index of Communication; Description: Affect and Problem

Problem	Affect		
	Depression- Distress	Anger- Hostility	Elation- Excitement
Social-interpersonal	Excerpt 1	Excerpt 2	Excerpt 3
Educational-vocational	Excerpt 4	Excerpt 5	Excerpt 6
Child-rearing	Excerpt 7	Excerpt 8	Excerpt 9
Sexual-Marital	Excerpt 10	Excerpt 11	Excerpt 12
Confrontation of helper	Excerpt 15	Excerpt 16	Excerpt 13
Silence		Excerpt 14	

^a Robert Carkhuff, Helping and Human Relations, Vol. I, New York, Holt, Rinehart and Winston, 1969, p. 99.

2) responding verbally to the Index of Communication; and 3) responding in the helping role (standard interview). Carkhuff concluded that "this research established that both written and verbal responses to helpee stimulus expressions are valid indexes of assessments of the counselor in the actual helping role".²² A second study by Antonuzzo and Kratochvil again established a "close relation" between: 1) the verbal or recorded presentation of the excerpts and the written responses and 2) the written presentation of excerpts and the written responses. Unfortunately, Carkhuff failed to explain what he meant by "close relation" except to say that it was a high and significant correlation.

In a number of studies reported by Carkhuff,²³ he stated that the results indicated that the Index of Communication was a good predictor of both degree of change and level of functioning following training. Also in a pilot study by Carkhuff,²⁴ he reported a Spearman rank-order correlation of +.89 between the levels of communication derived from written responses by helpers to the Index of Communication and derived from verbal responses by helpers when cast

²² Robert Carkhuff, Helping and Human Relations, Vol. I, p. 108.

²³ Idem, ibid., p. 104-108.

²⁴ Idem, "The Prediction and the Effects of Teacher-Counselor Education: the Development of Communication and Discrimination Indexes", p. 265-272.

in the helping role with standard clients prior to training. We should note, however, that the study involved only eight subjects. Carkhuff, nevertheless, concluded:

... that indexes of communication are the best predictors of level of functioning in the helping role as a consequence of training. The ratings of responses to client stimulus expressions offers promise in developing a standardized, economical and efficient means of assessing present level of functioning in the helping role as well as a means for selecting prospective helpers.²⁵

Finally, a factor analysis of the communication responses indicated a principle factor accounting for approximately two-thirds of the variability. This would appear to suggest that the sixteen excerpts are measuring essentially the same variable.²⁶

The Index of Communication, however, does have its limitations: it is written and this is not the habitual mode of responding to a client. Also in the written response, valuable information is lost, such as the tone of voice, the rate of delivery, etc....

Aware of both its advantages and limitations, the Index of Communication was chosen as a means of measuring empathy. The eight odd excerpts of the Index of Communication

25 Robert Carkhuff, "The Prediction and the Effects of Teacher-Counselor Education: the Development of Communication and Discrimination Indexes", p. 271.

26 Idem, Helping and Human Relations, Vol. I, p. 102-103.

were administered to all subjects prior to training while the eight even excerpts following training. These responses were then rated by the outside judges on Carkhuff's five-point scale. A copy of the Index of Communication can be found in Appendix 3.

c) Standard Interview.

A second means of measuring the level of empathy offered by the subjects participating in this research was to cast them in the helping role. Two possibilities were open to us for post-testing: either use real patients, or standard helpees, that is, students given a mental set to explore themselves. The author excluded the former for the following reasons: 1) all subjects were university students and had little or no previous experience in the helping relations field, the author thus felt that there could be a potential danger for real patients; 2) the great differences among real patient problems. It was thought that a student population playing the role of clients in a standardized manner would be more homogeneous.

The method of casting the helper in the helping role either with real or standard clients, is considered to be the preferred mode of assessing the helper's level of functioning.

This process, while time consuming, is extremely effective. Indeed, if the conditions are available, casting prospective helpers in the helping role appears to be the preferred method of assessing communication.²⁷

To assess the level of empathy offered in a standard interview with standard helpees involved recruiting a number of volunteers to play the role of client, giving them standardized directives prior to the interview and randomly assigning them to the subjects participating in the study who have also been given standardized directives. At this point, a description of the helpees used in the pre-test and post-test will be given. The respective directives given to both the helpees and helpers will be described in section four of this chapter.

i) Description of helpees.- For the pre-test, twenty-three undergraduate students at the University of Ottawa, twelve females and eleven males, volunteered to serve as helpees. These twenty-three students were randomly assigned to the thirty-two helpers. Nine of the helpees, five females and four males were interviewed twice by two different helpers but on two separate evenings. This was necessary when it was impossible to recruit thirty-two helpees.

For the post-test, thirty-two helpees, seventeen females and fifteen males, volunteered to serve as helpees. Of

²⁷ Robert Carkhuff, Helping and Human Relations, Vol. I, p. 105.

these thirty-two, nine had participated in the pre-test two weeks previously. The thirty-two helpees were randomly assigned to the thirty-two helpers. None of the nine helpees who had previously participated in the pre-testing were assigned to the same helpers in the post-testing.

The two interviews lasted thirty minutes and were tape recorded. From these tape recorded interviews, outside judges were to rate the level of empathic functioning of the helpers. This procedure will be explained in section 3 of this chapter.

2. Description of Sample.

Thirty-two students at the University of Ottawa accepted to participate in a study in human relations. Fourteen were counselors in various student residences on campus, six were standby residence counselors, and twelve were orientation counselors.

Two of the trainers involved in the study had met with the residence counselors and requested their collaboration in a research program. They were simply told that the project was in the area of human relations; that they should be willing to give up to twenty-two hours distributed over a period of one month; that they would be contacted shortly to organize a first meeting to discuss a time schedule. Two weeks later, fourteen residence counselors and six standby

counselors met to schedule three, three-hour meetings. Each subject selected three, three-hour training blocks which coincided with his time schedule. This phase of the training will be described later in section four.

During this time, the list of the orientation counselors at the University of Ottawa was obtained from the Student Services' Office. The orientation counselors of various faculties were contacted by telephone, informed of the research project and requested to present themselves at the Guidance Centre of the University of Ottawa to select three, three-hour blocks. From a pool of 25 subjects, 12 volunteered to participate in the study.

All thirty-two subjects were given nine hours of training followed by two hours of pre-testing. This procedure will be described in section four of this second chapter. Prior to the testing, the thirty-two subjects were randomly assigned to one of three groups: eleven to the no-treatment control group, ten to audio-training and eleven to role-playing. There were seventeen females and fifteen males. The distribution according to the three groups was the following: control group, six females and five males; audio-training, five females and five males; and role-playing: six females and five males. The control group consisted of seven orientation counselors, three residence counselors and one standby residence counselor; the audio-training group

consisted of two orientation counselors, four residence counselors and four standby residence counselors; and the role-playing group consisted of three orientation counselors, seven residence counselors and one standby residence counselor. Although this latter distribution is uneven, it was assumed that the different counselors did not differ on the criterion measures.

3. Rating Procedure.

In this section, the training of the judges will be described, as well as the procedures used to select the excerpts from the standard interview, and the rating of both verbal and written empathy responses.

a) Training of Judges.

The task of training judges for the purpose of this study was greatly facilitated by the work of Dubois²⁸ and Charbonneau²⁹ since the author selected two of the judges previously trained by them. The training program elaborated by Dubois and Charbonneau will be described in detail because of its relevancy to the present research.

28 Gilles Dubois, Op. Cit., p. 70-77.

29 Benoît Charbonneau, Op. Cit., p. 52-61.

Dubois and Charbonneau selected clinically naive subjects to serve as raters. Fourteen high school teachers volunteered their services. Based on the Index of Discrimination³⁰ and the English Placement Test³¹ (a language test was required since the judges were basically French-speaking but were also to be called upon to rate English excerpts) six subjects were eliminated. The Index of Discrimination is composed of the same stimuli as the Index of Communication. There are sixteen expressions by helpes of problems, and in response to each expression there are four possible helper responses. The rater taking the test is asked to rate each response on the five-point scale. It is then possible to compare the subjects' ratings with those provided by Carkhuff.

The eight remaining raters were given the following training:

1. presentation of theoretical material related to empathy and discussion of it.
2. presentation and explanation of Carkhuff's five-point empathy scale with audio illustration in French and English;
3. review of five-point scale; discussion of possible sources of error in ratings (Guilford) and practice rating;

30 Robert Carkhuff, Helping and Human Relations, Vol. I, p. 114-123.

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

4. practice rating: retest on Index of Discrimination; rating of twenty excerpts. Three days later, retest on same excerpts.

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

5. discussion by the judges of ratings given in section 4;
6. rating of 10 new excerpts;
7. discussion;
8. rating of 30 excerpts in blocks of ten;
9. discussion.

The test-retest reliabilities for the four judges were .50, .59, .74, and .58; the inter-judge reliability for judges one and two was .73 and for judges three and four was .72. At this point the two pairs of judges were presented with the material for rating for the two respective studies.

The two judges selected for this study were those used in Charbonneau's study. The inter-judge reliability reported for the Index of Communication was .71 with intra-judges reliabilities of .83 and .75. These same two judges had established rate-rerate reliabilities of .81 and .79 respectively with a .88 inter-judge reliability in a study reported by Boulet and Bourbonnais.³²

³² Donald Boulet and Yvon Bourbonnais, "A Systematic Approach to the Learning of Communication of Empathic Understanding", Paper presented at the 1973 CGCA Convention in Winnipeg, Manitoba.

Since these two judges had demonstrated their abilities as raters, the training program involved only reacquainting them with the five-point empathy scale. However, since they were to rate both written and verbal responses, the training program was broken down into two phases: written and verbal.

To prepare them for the rating of written responses, they were presented with a number of written responses to each of the sixteen excerpts of the Index of Communication. Both judges would ascribe a rating which was then discussed. Once they had made some 240 judgements and had demonstrated adequate agreement in their ratings, they were assigned to the written material. Following this, they were trained for the verbal responses. They initially listened to the illustrations of the five levels of functioning prepared by Dubois and Charbonneau. They were then requested to rate a number of verbal excerpts followed by a discussion. Again once they had demonstrated an adequate agreement in their ratings, they were assigned to the tape-recorded excerpts for rating.

b) Selection of Excerpts.

Although it would have been ideal to have the judges rate the total interview, this appeared prohibitive both in terms of time and expense. It was then necessary to select excerpts from the interviews. Based on a number of studies

undertaken by Kiesler, Klein, and Mathieu³³ and Carkhuff and his associates³⁴ on segment length and segment location, Carkhuff proposed the following procedures:

- a) It is usually most efficient to employ samples of the briefest duration (approximately two minutes);
- b) Random or predesignated means of sampling or a combination of both (for example, random selection within designated periods) will increase the probability of securing representative excerpts;
- c) Excerpts from late within the individual session as well as from later sessions within the total counseling program should be included if at all possible;
- d) Excerpts should include at a minimum a helpee-helper-helpee interaction.³⁵

In this study four two-minute excerpts (two from the pre-test and two from the post-test) including at a minimum a helpee-helper-helpee interaction were randomly selected in the middle and final third of each interview. In those cases where a helpee-helper-helpee interaction did not take place, another excerpt meeting this requirement was randomly selected in that third of the interview. A total of 128 excerpts was selected in this manner.

33 M. Klein, D. Mathieu, E. Gendlin and K. Kiesler, The Experiencing Scale, A Research and Training Manual, Vol. I, Madison, Wisc., Wisconsin Psychiatric Institute, 1969, p. 31-40.

34 Robert Carkhuff, Helping and Human Relations, Vol. II, p. 223-244.

35 Idem, ibid., p. 228.

c) Rating.

The 128 excerpts, once identified, were copied from the original interviews onto a master tape. These excerpts were then coded, randomized, and presented to the judges for rating. Forty-eight excerpts were randomly selected and presented to the two judges for re-rate so as to determine their intra-judge reliabilities.

The 512 responses of the thirty-two subjects to the sixteen excerpts on the Index of Communication were randomized according to excerpt; that is, all responses to excerpt one were randomized and presented to the judges for rating. The same procedure was followed for all sixteen excerpts. One hundred and ninety-two or twelve responses per excerpt were randomly selected and presented to the two judges for re-rate in order to determine their intra-judge reliabilities for the written responses.

The judges indicated by an X their rating on a visual (printed) scale. (Appendix 4) Each response was rated on a separate sheet so as to avoid the judge from being influenced by the previous rating. The judges worked in separate rooms and determined their own time schedule within a set deadline. They were also given the following guidelines:

1. ratings tend to become unreliable when raters work for more than two consecutive hours without a break;

2. it is usually preferable that a rater work not more than four to five hours per day;
3. raters should not discuss their ratings with one another.

The raters were given no detail of the research design nor the goal of the study. They knew only that empathy was one variable under study.

4. Description of Treatment given to the Experimental and Control Groups.

- a) Pre-experimental Training.

In this section, a description of the pre-experimental training will be given.

Prior to the study per se, the thirty-two subjects were given nine hours of empathy training. This pre-experimental training was undertaken for three major reasons: 1) all thirty-two subjects were to receive the same initial nine hours of audio-training which will be described later in this section; 2) it permitted the author to eliminate one group and thereby assure a larger number of subjects in each group; 3) to assure an equal number of subjects in each group. With regard to point number 2, in the author's Interim Report, the design called for four groups:

a control group receiving no treatment;

experimental group I, receiving audio-training I;

experimental group II, receiving audio-training I plus audio-training II; and

experimental group III receiving audio-training I plus role-playing.

Since this study was concerned with the effects of the second phase of training on the communication of empathy, experimental group I in the Interim Report became the no-treatment control in this study. With regard to point number 3, in choosing to randomly assign the subjects to the three groups following the first phase of training once the subjects were involved and committed to the project, there was a greater likelihood of losing fewer subjects and assuring an equal number of subjects in each group.

A room regularly employed for training purposes was used for training. The pre-experimental empathy training involved a total of nine hours broken down into three, three-hour training sessions.

Three trainers were responsible for the training. All three had experience in counseling and could be considered high functioning counselors. The author was the main trainer, having had previous experience with systematic empathy training. His assistants were two Ph.D. students who had assisted the author in previous training.

The pre-experimental empathy training referred to as audio-training I will now be described. Essentially, it consisted of two elements: i) discrimination training; ii) communication training via audio-taped stimuli. The communication training itself was broken down into three parts. In the first part, trainees were provided with transcripts of

recorded stimulus expressions and paper and pencil; in part two, trainees were provided with paper and pencil and in part three, audio stimulus only.

i) Discrimination training.- In this first phase, the concept of empathy was introduced. All trainees were invited to share with the group their understanding of the concept: what empathy meant for them. In the process, the concept was defined, clarified, and its importance and role in a helping relationship stressed.

The trainees were then introduced to Carkhuff's Empathic Understanding in Interpersonal Processes: A Scale for Measurement. Each of the five points of the scale was defined and illustrated by the trainers. Following this, the trainees were called upon to discriminate between different levels of empathic functioning. A tape-recorded client stimulus expression was played to the group. The main trainer then read out a possible helper response which the trainees rated on the five-point empathic scale. They indicated their rating on paper. All trainees then read aloud their rating which was discussed by the members of the group. The role of the trainers, at this point, was to underline the important aspects mentioned by the trainees during their discussion and to indicate other aspects which might have been omitted. The trainees rated some thirty responses in this manner. A total of three hours was devoted to

discrimination training alone. At this point, the trainees deviated, in general, no more than .5 from the ratings ascribed by the trainers.

Though discrimination training is only one phase in the total training program, it does serve many important functions: it helps to clarify the concept of empathy, provides the trainee with a variety of examples at different levels of functioning, provides models to imitate or avoid, as well as provide a repertoire of responses. It finally provides a useful tool to judge their performance in the next phase of training, communication.

ii) Communication training.- It involves the formulation of interchangeable responses to pre-recorded client statements, and its goal is to improve the trainee's empathic functioning. For the purposes of this study, communication training was broken down into three phases: 1) trainees were provided with paper, pencil and transcript of recorded client statements; 2) trainees were provided with paper and pencil only--no transcripts; 3) audio stimulus only--trainees responded verbally. With regard to phase one, the trainees listened to the audio-taped excerpt as a group, and following the excerpt, trainees were allotted time to write down on paper an empathic response. At this early stage in training, they could refer themselves to the transcript to assist them in formulating their response. Each trainee read out his

response which was then rated by his fellow trainees including the trainee himself and the trainers. As Carkhuff states: "this provides a basis for a shaping process based upon the immediate feedback".³⁶ Two hours were allotted to this phase of the program.

During phase two, trainees again listened to audio-taped excerpts and wrote down their empathic responses. However, they were to do so without the help of the transcripts. Thus slowly assisting them to refine their listening skills in order to respond adequately. Again the same rating procedure as described above was used. Two hours were also allotted to this phase of the program.

Finally, during phase three, trainees again listened to the pre-recorded excerpts as a group and following the excerpt one trainee was called upon to verbally formulate an empathic response which was rated in the same manner as before. Here not only was the trainee to listen attentively to the helpee's expression, but also he was to respond immediately. Thus the trainee was progressively taught to respond accurately and immediately to client stimulus expressions. This phase also lasted two hours.

As stated earlier, these nine hours of audio training I were given to all thirty-two subjects by the same

³⁶ Robert R. Carkhuff, Helping and Human Relations, Vol. I, p. 201.

three trainers.

b) Training given to Experimental Group Two.

Following the pre-experimental empathy training, experimental group one was subjected to an additional nine hours of audio communication training referred to as audio-training II. The ten trainees in this group were divided into two groups of five. The three trainers alternated between the two groups. The purpose of forming smaller groups was to permit each trainee to gain as much practice as possible in communicating verbal empathy. Thus, instead of responding at every tenth helpee statement, he would now respond at every fifth excerpt thus providing him/her with twice the amount of practice.

Audio-training II was not simply a repetition of the previous nine hours but a continuation of audio-training I. The trainees were called upon to respond immediately and verbally to recorded helpee stimulus expressions. As in audio-training I, each response was rated on the empathy scale by the trainees and trainers.

c) Training given Experimental Group Two.

Experimental group two was subjected to nine hours of role-playing. The eleven trainees were divided into two groups of five and six respectively. Again the three trainers

alternated between the two groups. The purpose of forming smaller groups was to allow the trainees to gain as much practice as possible in communicating empathy when cast in the role of helper. One member of the group played the part of helpee, identifying himself with a real or imagined person and responded in terms of the role he played. One of the other members of the group played the role of helper. The remainder of the group observed. The role-playing lasted between five to ten minutes. Following the role-playing, the two participants as well as the group and the trainers evaluated the helper's empathic functioning. The focus was on the helper at all times and the goal of role-playing was to allow the trainees in the role of helper to respond empathically to the helpee. At all times, the other trainees in addition to the trainers, provided the helper with ratings of how well they thought he performed. The ratings gave the helper feedback as to what levels of empathy he had offered the helpee.

Each trainee played the role of helpee three times and helper three times. It should be mentioned however, that the trainees playing the role of helpee initially preferred to talk about problems involving someone else but the more they accepted role-playing the more personal the problems and feelings became. However, at all times the focus of attention was on the helper's and not the helpee's performance.

Whatever benefit accrued to the trainee in the role of helpee during the role-playing was simply a by-product of the role-playing situation. The goal of role-playing at all times was to present the trainees with the opportunity to practice the communication of empathy when cast in the role of helper.

d) Treatment given to the Control Group.

The control group received the initial nine hours of pre-experimental empathy training. However, in the experimental phase proper, the eleven subjects in this group received no training. They were tested at the same time as the other twenty-two subjects.

This completes our description of the treatments given the three groups.

5. Procedures.

A pre-test post-test control group design was used to test the hypotheses under study. This model offered the advantage of verifying the equivalence of groups following the pre-experimental training as well as comparing the groups following the various treatments taking into consideration their initial performance.

Only the testing procedures followed for the pre-test will be described since the same procedures were repeated for the post-test. The pre-measure consisted of administering

the eight odd excerpts of the Index of Communication and conducting a thirty-minute interview with a standard helpee. To control for the order of presentation of these two tasks, that is, to eliminate any possibility that task I could influence positively or negatively task II, subjects in each group were randomly assigned to the Index of Communication or the standard interview as task I. In effect, this meant that while half of the subjects in each group were responding to the Index of Communication (referred to as Group A) the other half were conducting their interviews (referred to as Group B). The order was then reversed in the second half of the testing.

The eight odd excerpts of the Index of Communication were administered to Group A. Their responses were recorded on standard 8½ x 4 sheets of paper. In the meantime, Group B was waiting to conduct their interviews. The standard helpees were randomly assigned to individual counseling rooms, all equipped with tape recorders. The helpers were then randomly assigned to the standard helpees for the thirty minute interview. Prior to the interview, the standard helpees met in one room while the helpers met in a separate room. The helpees were given the following directives:

You will be meeting shortly with a counselor. We ask you to share your feelings about things that are important to you which can help him/her to get a better understanding of you and your feelings. The interview will be tape-recorded, however, whatever

is said by you and the counselor during the interview is strictly confidential and will be used exclusively for research purposes.

The helpēes were then shown to their respective counseling rooms.

In the meantime, the helpers were given the following directives:

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

The helpers were then shown to their respective counseling rooms and introduced to the helpee. Thirty minutes later, the examiner walked into the room and indicated the end of the interview. The helpēes were remunerated for their assistance while the helpers returned to the waiting room for a rest.

Following the rest, Group A was given the instructions for the interview while Group B was administered the eight odd excerpts of the Index of Communication.

The same procedures were repeated two weeks later for the post-testing. All thirty-two subjects were retested on the Index of Communication and standard interview. However, this time, they responded to the eight even excerpts of the Index of Communication.

It would have been desirable to add three other groups to whom the pre-test would not have been administered in an attempt to control the effect of interaction between the pre-test and the treatments on the post-test results. However, the number of subjects participating in the study did not permit it.

6. Null Hypotheses, Statistics and Summary.

In this last section, the null hypotheses will be stated and the statistical procedures used to verify them will also be described.

The first set of hypotheses are related to the effects of the pre-experimental empathy training and are as follows:

1. There are no significant differences among the three groups (control, audio-training II and role-playing) in the mean level of empathy offered as measured by the eight odd excerpts of the Index of Communication;
2. There are no significant differences among the three groups (control, audio-training II and role-playing) in the mean level of empathy offered as measured by the standard interview.

In order to test for significant differences between the pre-test means of the three groups on the Index of Communication and the standard interview, a multivariate analysis of variance will be performed using Jeremy Finn's

multivariate program.³⁷ The multivariate, univariate and step-down F-ratios will be reported. To exclude chance findings, a conventional level of significance ($p \leq .01$) will be used as the basis for the rejection of the null hypotheses.

The second set of hypotheses refer to the post-test data and relate to the effects of the various training methods on written empathy and are as follows:

3. There is no significant difference between audio-training II and the control group in the mean level of empathy offered as measured by the Index of Communication;
4. There is no significant difference between the role-playing group and the control group in the mean level of empathy offered as measured by the Index of Communication;
5. There is no significant difference between the role-playing group and the audio-training II group in the mean level of empathy offered as measured by the Index of Communication.

The third set of hypotheses refer to the post-test data and relate to the effects of the various training methods on verbal empathy and are as follows:

6. There is no significant difference between the audio-training II group and the control group in the mean level of empathy offered as measured by the standard interview;
7. There is no significant difference between the role-playing group and the control group in the

37 Jeremy Finn, Multivariate-Univariate and Multivariate Analysis of Variance, Covariance, and Regression: a Fortran IV program, Buffalo, State University of New York at Buffalo, Version 4, June, 1968, ii-109 p.

mean level of empathy offered as measured by the standard interview;

8. There is no significant difference between the role-playing group and the audio-training II group in the mean level of empathy offered as measured by the standard interview.

In order to test for significant differences between the means of the three groups on the Index of Communication and in the standard interview, a multivariate analysis of variance will be performed using Jeremy Finn's multivariate program. The multivariate, univariate and step-down F-ratios will be reported. A level of significance of .01 will also be used for the rejection of the null hypotheses. When the step-down test yields a significant F value, post hoc procedures using the Tukey HSD technique will be applied to locate the source of the difference.

In summary, this second chapter presented the instruments, the rating procedures, the subjects, the various treatments offered the experimental and control groups and the procedures followed.

In the next chapter, the results will be presented and discussed.

CHAPTER III

PRESENTATION AND DISCUSSION OF RESULTS

In this chapter, the results will be presented and discussed. Before coming to the statistical results themselves, however, it seems appropriate to consider the reliability of the judges.

1. Reliability of Judges.

Two types of reliabilities will be reported: first, the inter-judge reliability which refers to the agreement between the two judges' ratings, and secondly, the intra-judge reliability which refers to the consistency with which the same judge ascribes a rating to the same excerpt in two different time periods. The inter- and intra-judge reliabilities will be reported for both the Index of Communication and the standard interview.

Table II (see p. 83) indicates the intra- and inter-judge reliabilities for the Index of Communication. The intra-judge reliability was calculated by means of the Pearson correlation on 192 items. They are .88 and .83 for the two judges respectively. Since the judges used were the

Table II.

Intra- and Inter-judge Reliabilities (Pearson and Ebel) for the Index of Communication.

Reliability	Judges	\bar{r} N=192
I N T R A	I	.88
	II	.83
I N T E R		N=512 .94

same as in the Charbonneau¹ study, the coefficients will be reported in relation to his. The coefficient of .88 for judge I exceeds the one this judge obtained in Charbonneau's study which were .73 for the French excerpts, .76 for the English excerpts and .75 for the total excerpts--French and English combined. Except for five subjects, English was the language spoken in this study. The coefficient of .83 for judge II is almost identical to the one this same judge obtained in Charbonneau's study which were .83 for the French excerpts, .79 for the English excerpts and .83 for the total excerpts--French and English combined.

The inter-judge reliability was calculated by means of the Ebel intraclass reliability as reported by Guilford.² Based on 512 items, it was .94. Again this coefficient exceeds by far the ones reported by Charbonneau using the same judges. He reported inter-judge reliabilities of .75 for the French excerpts, .68 for the English excerpts and .71 for the total excerpts--French and English combined. This suggests a marked increase in the judges' reliability attributed to retraining and practice.

1 Benoît Charbonneau, "Un entraînement systématique à un comportement verbal empathique dans un contexte bilingue", Unpublished Doctoral Dissertation, University of Ottawa, Ottawa, 1974, p. 79-83.

2 J. P. Guilford, Psychometric Methods, New York, McGraw Hill, 1954, p. 395-397.

Table III indicates the intra- and inter-judge reliabilities for the standard interview. The intra-judge reliability was calculated using the Pearson correlation on 48 excerpts. They were .86 for judge I and .83 for judge II. The coefficient of .86 for judge I was similar to the one he obtained in Charbonneau's study: .75 for French excerpts, .81 for English excerpts and .80 for the total excerpts--French and English combined. The coefficient of .83 for judge II exceeded by far the one this same judge had obtained in Charbonneau's study which were: .65, .59 and .64 respectively.

The inter-judge reliability (Ebel) for the standard interview was .87 based on 128 excerpts. This coefficient exceeded those obtained in Charbonneau's study using the same judges: .77 for the French, .78 for the English and .78 for the total excerpts--French and English combined.

The coefficients reported compared favorably not only to those obtained in Charbonneau's study using the same judges, but also to the inter-judge reliabilities reported by Traux and Carkhuff.³ In 28 studies reviewed, they reported inter-judge reliabilities (Ebel) varying from .43 to .95. Therefore, it was assumed that the judges employed in this study reached acceptable levels of reliability.

³ C. Truax and R. Carkhuff, Towards Effective Counseling and Psychotherapy, Chicago, Aldine Press, 1967, p. 45.

Table III.

Intra- and Inter-judge Reliabilities (Pearson and Ebel) for the Standard Interview.

Reliability	Judges	r N=48
I N T R A	I	.86
	II	.83
I N T E R	N=128	.87

2. Presentation of Results.

In this section, the results on the two measures used in this study, the Index of Communication and the standard interview, for the three groups will be presented.

- a) Pre-test results obtained on the eight odd excerpts of the Index of Communication by the three groups.

The thirty-two individual scores obtained on the eight odd excerpts of the Index of Communication for the three groups can be found in Appendix 5. These individual scores are the sum of the eight ratings given by the two judges on the Index of Communication.

Although thirty-two subjects participated in the study, our statistical analysis was based on thirty subjects only. Two subjects, one from the control group and another from the role playing group were randomly eliminated from our statistical analysis so as to have an equal number of subjects (n=10) in each group.

Before reporting the results on the pre-test for the three groups, a test of order-effect was undertaken. In section five of chapter two, it was stated that the design provided for a control for the order of presentation of the two tasks (Index of Communication and standard interview) by assigning an equal number of subjects (n=5) from each group

to task A (Index of Communication) followed by task B (standard interview) while an equal number of subjects (n=5) from each group was assigned to task B (standard interview) followed by task A (Index of Communication).

The null hypothesis for this analysis read as follows:

There is no significant difference between Group A assigned to Index of Communication followed by standard interview, and Group B assigned to standard interview followed by Index of Communication in the level of written empathy offered as measured by the Index of Communication.

The individual scores obtained on the Index of Communication for these two groups can be found in Appendix 6.

Table IV (see p. 89) presents the means and standard deviations for the two groups; Group A obtaining a mean of 40.77 and a standard deviation of 4.29, and Group B a mean of 39.17 and a standard deviation of 5.99. A t-test revealed that the means were not significantly different (.01), and an F-ratio to test the significant difference between the two variance estimates was also not significant. Thus, the null hypothesis of no difference between the two groups was not rejected. Since the order of presentation of the two tasks did not significantly affect the results obtained on the Index of Communication, the scores of the individuals belonging to these two groups were combined according to the respective treatment group to which they belonged: control (n=10), audio II (n=10), and role-playing (n=10).

Table IV.

Mean Scores on the Index of Communication (CI), Administered before or after the Standard Interview (SI).

	Group A CI administered First	Group B CI administered Second	diff.	t	$F=S_1^2/S_2^2$
N	15	15			
M	40.77	40.80	1.63	.84	
σ	4.29	4.29	-1.70		1.95

$$t_{.99}(28) = 2.76$$

$$F_{.99}(14,14) = 3.70$$

Table V (see p. 91) summarizes the mean and standard deviation on the Index of Communication for the three groups. The mean for the control group was 40.64 and a standard deviation of 4.60; for audio-training II, 38.05 and 6.99 respectively; and for the role-playing group 41.25 and 3.29 respectively. In order to test for significant differences between these means, a multivariate analysis of variance was calculated and will be reported in the next section once the scores in the standard interview are presented.

b) Pre-test Results obtained in the Standard Interview by the Three Groups.

The thirty-two individual scores obtained in the standard interview for the three groups can be found in Appendix 7. These individual scores are the sum of the two ratings given by the two judges.

Here again, the statistical analysis was based on thirty subjects. The same two subjects eliminated in the analysis of the Index of Communication were also eliminated in the analysis of the standard interview.

A test of order effect in the standard interview was calculated. The null hypothesis read as follows:

There is no significant difference between Group A assigned to the Index of Communication followed by the standard interview and Group B assigned to the standard interview followed by the Index of Communication in the level of empathy offered as measured by the standard interview.

Table V.

Summary of Means and Standard Deviation
on the Index of Communication for the
Three Groups (Pre-test).

Group	N	Mean	Standard deviation
Control	10	40.64	4.60
Audio II	10	38.05	6.99
Role-play	10	41.25	3.29

The individual scores obtained in the standard interview for the two groups can be found in Appendix 8.

Table VI (see p. 93) presents the means and standard deviations for the two groups: Group A obtained a mean of 6.77 and a standard deviation of 1.75, and Group B, 6.40 and 1.57 respectively. A t-test revealed that the means were not significantly different ($p < .01$), and an F-ratio to test the significant difference between the two variance estimates was also not significant. Thus, the null hypothesis of no difference between the two groups was not rejected. Since the order of presentation of these two tasks did not significantly affect the results obtained in the standard interview, the scores of the individuals belonging to these two groups were combined according to the respective treatment groups to which they belonged: control ($n=10$), audio II ($n=10$) and role-playing ($n=10$).

Table VII (see p. 94) summarizes the means and standard deviations in the standard interview for the three groups. The mean for the control group was 6.65 and a standard deviation of 1.81, for audio II 6.50 and 1.60 respectively, and for the role-playing group 6.60 and 1.70 respectively.

As stated previously, in order to test for significant differences between the means of the three groups on the Index of Communication and in the standard interview, a multivariate analysis of variance was performed using Jeremy

Table VI.

Mean Scores in the Standard Interview (SI), Administered before or after
the Index of Communication (CI)

	Group A SI Administered First	Group B SI Administered Second	diff.	t	$F=S_1^2/S_2^2$
N	15	15			
M	6.77	6.40	.33	.603	
σ	1.75	1.57	.18		1.24

$$t_{.99}(28) = 2.76$$

$$F_{.99}(14,14) = 3.70$$

Table VII.

Summary of Means and Standard Deviations in the
Standard Interview for the Three Groups (Pre-test).

Group	N	Mean	Standard deviation
Control	10	6.65	1.81
Audio II	10	6.50	1.60
Role-play	10	6.60	1.70

Finn's⁴ multivariate program.

Table VIII (see p. 96) summarizes the multivariate analysis of variance on the Index of Communication and the standard interview for the three groups. This table shows an F-ratio for the multivariate test of equality of mean vectors to be 0.5162 which is less than 3.72 corresponding to $F_{.99}(4,52)$. The null hypotheses one and two which stated that there were no significant differences among the three groups in their mean level of empathy as measured by the standard interview and the Index of Communication prior to training was, therefore, not rejected. It would then appear that the three groups were equivalent prior to training.

c) Post-test Results obtained on the Eight Even Excerpts of the Index of Communication by the Three Groups.

The thirty-two individual scores obtained on the eight even excerpts of the Index of Communication for the three groups can be found in Appendix 9. These individual scores are the sum of the eight ratings given by the two judges on the Index of Communication.

Here again, the statistical analysis was based on thirty subjects. The same two subjects eliminated in the

⁴ Jeremy Finn, *Multivariate-Univariate and Multivariate Analysis of Variance, Covariance, and Regression: A Fortran IV Program*, Buffalo, State University of New York at Buffalo, Version 4, June 4, 1968, ii 109 p.

Table VIII.

Multivariate Analysis of Variance for Pre-test Comparing the Mean Vectors,
Composed of the Index of Communication and Standard Interview,
for the Three Groups.

Source		df.		Multivariate F-ratio			Level of Significance
Groups		4,52		0.5162			p < .7242
	MS	df.	Uni.F.	Level of Significance	Step-down F-ratio	df.	Level of Significance
Standard interview	0.0583	2	0.02	<0.9802	0.0201	2,27	<0.9802
Index of Communication	28.9337	27	1.07	<0.3561	1.0320	2,26	<0.3705

analysis of the pre-test data were also eliminated in the analysis of the post-test data.

Table IX (see p. 98) summarizes the means and standard deviations on the Index of Communication for the three groups. The mean for the control group was 37.65 and a standard deviation of 5.14; for audio II a mean of 40.50 and a sigma of 7.25; and for the role-playing group 41.05 and 4.83 respectively. In order to test for significant differences between these means, a multivariate analysis of variance was performed and will be reported in the next section once the scores in the standard interview are presented.

d) Post-test Results Obtained in the Standard Interview by the Three Groups.

The thirty-two individual scores obtained in the standard interview for the three groups can be found in Appendix 10. These individual scores are the sum of the two ratings given by the two judges.

Table X (see p. 99) summarizes the means and standard deviations in the standard interview for the three groups. The mean for the control group was 6.15 and a standard deviation of .67; for audio II 6.10 and .74 respectively; and for the role-playing group 8.05 and .96 respectively.

In order to test for significant differences between the means of the three groups on the Index of Communication

Table IX.

Summary of Means and Standard Deviations on the
Index of Communication for the three groups
(Post-test).

Group	N	Mean	Standard Deviation
Control	10	37.65	5.14
Audio II	10	40.50	7.25
Role-play	10	41.05	4.83

Table X.

Summary of Means and Standard Deviations on the
Standard Interview for the Three Groups (Post-test).

Group	N	Mean	Standard Deviation
Control	10	6.15	.67
Audio II	10	6.10	.74
Role-play	10	8.05	.96

and in the standard interview, a multivariate analysis of variance was performed using Jeremy Finn's⁵ multivariate program.

Table XI (see p. 101) summarizes the multivariate analysis of variance on the Index of Communication and the standard interview for the three groups. This table shows an F-ratio for the multivariate test of equality of mean vectors to be 7.79 which was greater than 3.72 corresponding to $F_{.99}(4,52)$.

Since the observed multivariate F-ratio of 7.79 was greater than 3.72, $F_{.99}(4,52)$, the experimental data contradicted the hypothesis of no-treatment effect. However, the multivariate F indicated only that there were significant differences among the group mean vectors, which was composed of both the standard interview and the Index of Communication scores. That is, the multivariate F-ratio did not indicate whether the group differences were on both criteria or only on a single criterion, nor did it indicate specific inter-group differences. Therefore, the univariate F-ratios and the step-down F-ratio were calculated, and are also included in table XI.

Since the univariate F's do not take into consideration the interdependence between the standard interview and the Index of Communication, they are not considered as valid

5 Jeremy Finn, Op. Cit.*

Table XI.

Multivariate Analysis of Variance for Post-test Results Comparing the Mean Vectors, Composed of the Index of Communication and Standard Interview, for the Three Groups.

Source	df.		Multivariate F-ratio		Level of Significance		
Groups	4,52		7.79		p < .0001		
	MS	df.	Uni.F.	Level of Significance	Step-down F-ratio	df.	Level of Significance
Standard interview	12.36	2,27	19.45	<.0001	19.45	2,27	<.0001
Index of Communication	33.31	2,27	0.98	<.39	0.62	2,26	<.55

as the step-down F-ratios which do consider such interdependence.

The step-down F-ratio for the standard interview was 19.45 which was greater than 5.49 corresponding to $F_{.99}(2,27)$. Thus it would appear that the three groups differed in their level of empathic functioning as measured by the standard interview. The step-down F-ratio for the Index of Communication was 0.62 which was less than 5.53 corresponding to $F_{.99}(2,26)$. It would appear, then, that the three groups did not differ in the mean level of written empathy offered as measured by the Index of Communication. Therefore, hypothesis three, four, and five were not rejected.

To summarize, the global analysis of the data (multivariate analysis of variance) indicated that there were significant differences in the group mean vectors as indicated by the multivariate F-ratio of 7.79. The step-down F-ratios, more specifically, indicated that the differences among the groups were due only to differences in the standard interview. Since the step-down test for the standard interview stated only that significant differences existed among the three groups, post-hoc procedures using the Tukey (HSD) technique described by Kirk⁶ were applied to locate

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

the source of differences.

Table XII (see p. 104) presents the Tukey (HSD) test for significance of differences between pairs of group means in the standard interview. The results indicated significant differences between the role-playing group and the no-treatment control group ($p \leq .01$) and the role-playing group and audio-training II ($p \leq .01$), both in favor of the role-playing. Null hypothesis seven and eight which stated that there were no significant differences between the role-playing group and the no-treatment control group (hypothesis 7) and between the role-playing group and audio-training II group (hypothesis 8) in their level of verbal empathy offered as measured by the standard interview, were therefore rejected. No significant difference was found between audio-training II group and the no-treatment control group; null hypothesis six which stated that there was no significant difference between these two groups in their mean level of verbal empathy as measured by the standard interview was, therefore, not rejected. It would, then, appear that the difference between the mean of the role-playing group with the means of the control group and audio-training II group contributed to the overall significance of F.

Table XII.

Tukey HSD Test for Significance of Difference
Between Pairs of Group Means
in the Standard Interview.

Group		Control	Audio II	Role-play
	M	6.15	6.10	8.05
Control			.05	-1.90*
Audio II				-1.95*
Role-play				

* $HSD_{q.01,27} = 1.13$

3. Discussion of Results.

This section begins with a summary of results followed by a discussion of these results.

a) Summary of Results.

The effect of the order of presentation of the two tasks, standard interview and Index of Communication was tested. The t-test on the mean scores for the standard interview, administered before or after the Index of Communication was not significant, nor was the t-test on the mean scores for the Index of Communication administered before or after the standard interview. These results permitted the combining of the scores of the thirty individuals according to their respective treatment groups.

The global analysis of the pre-test data (multivariate analysis of variance) indicated that there were no significant differences in the group mean vectors, composed of the scores in standard interview and the Index of Communication, as indicated by the multivariate F-ratio of 0.5162. The null hypotheses one and two which stated that there were no significant differences among the three groups were, therefore, not rejected.

The global analysis of the post-test data (multivariate analysis of variance) indicated that there were significant differences in the group mean vectors, comprised

of the standard interview and the Index of Communication, as indicated by the multivariate F-ratio of 7.79. The step-down F ratios, more specifically, indicated that the differences among the groups were due only to differences in the standard interview. Null hypothesis three, four, and five which stated that there were no significant difference among the three groups in the mean level of written empathy were, therefore, not rejected.

Tukey's HSD test for significance of difference between pairs of group means in the standard interview revealed that the role-playing group offered significantly higher levels of verbal empathy than the no-treatment control group and the audio-training II group. These findings led to the rejection of null hypotheses seven and eight. No significant difference was found between the audio-training II group and the no-treatment control group. Null hypothesis six was, therefore, not rejected.

b) Discussion of null hypotheses one and two.

The first two hypotheses referred to the level of empathic functioning (written and verbal) of the three groups prior to training. The statistical analysis revealed no significant differences in the mean level of functioning of the three groups. On the basis of this finding, it then appeared that the three groups were equivalent.

Table XIII (see p. 108) recalculates the pre-test means of the three groups following nine hours of pre-experimental empathy training (audio-training I) on the Index of Communication and the standard interview so as to reflect the mean level of empathy offered by the three groups on Carkhuff's five-point scale. The combined mean for the three groups was 2.50 which was almost identical to the mean (2.45) of experimental group I receiving twelve hours of audio-training I obtained in Boulet's⁷ pilot project. The combined mean of 2.50 also compared favorably to those obtained in previous studies (Pierce and Drasgow,⁸ M=2.53 with inpatients; Charbonneau,⁹ M=2.56 with nurses functioning in French and M=2.43 with the same nurses functioning in English). It would then appear that the three groups following only nine hours of training were functioning at a level commensurate to those receiving eighteen or more hours of training on the written measure of empathy.

The combined mean for the three groups in the standard interview was 1.65 which was again similar to the mean

7 Donald Boulet, "Comparison of Three Approaches to Systematic Empathy Training on the Communication of Empathic Understanding", Unpublished Interim Report, Ottawa, 1974, p. 108.

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

9 Benoît Charbonneau, Op. Cit., p. 150-151.

Table XIII.

Pre-test Means of the Three Groups on the Index of Communication and Standard Interview on Carkhuff's Five-point Scale.

	<u>Index of Communication</u>		<u>Standard Interview</u>	
	<u>1</u> Mean on eight items x 2 judges	<u>2</u> Mean on five-point scale	<u>1</u> Mean on two excerpts x 2 judges	<u>2</u> Mean on five-point scale
Control	40.64	2.54	6.65	1.66
Audio II	38.05	2.38	6.50	1.63
Role-play	41.25	2.58	6.60	1.65

experimental group I obtained ($M=1.57$) in the pilot study. However, such was not the case when the combined mean of the three groups in this study was compared to the standard interview mean obtained in the two previously mentioned studies (Pierce and Drasgow, $M=2.35$; Charbonneau, $M=2.57$ nurses functioning in French and $M=2.33$ functioning in English). This was not unexpected, however, since it was the author's contention that audio-training I would not prepare the trainees adequately when cast in the role of helper in a live interpersonal interaction. This point will be returned to later in the discussion of hypothesis six.

At this point, however, the important finding was that the three groups in this study were functioning at or about the same level of empathy as its equivalent group in the pilot study.

c) Discussion of null hypotheses three, four and five.

The second set of hypotheses referred to the differential effect of training as measured by the Index of Communication. The statistical analysis revealed no significant differences among the three groups. This indicated that the two experimental groups offered about the same level of written empathy as the control group, despite the additional nine hours of either audio-training or role-playing experience they received. It would appear then that the additional nine

hours of training had little effect on these two groups' post-test empathy score. These results were in the predicted direction.

Table XIV (see p. 111) recalculates the post-test means of the three groups on the Index of Communication and standard interview so as to reflect the mean level of empathy offered by the three groups on Carkhuff's five-point scale.

The control group which received no additional training other than the pre-experimental audio-training I obtained a mean score of 2.35 on the written post-test. The mean post-test written score for the audio-training II group (2.50) which received nine additional hours of audio-training indicated a minor increase of .15 when compared to the control group. The role-playing group also indicated a slight but non-significant increase.

When viewing systematic empathy training globally, audio-training I is viewed as the first phase in the total training program. It will be recalled from the description of systematic training in section 5 of chapter two that the trainees' responses were gradually shaped to offer higher and higher levels of empathic understanding, initially in simple situations (tape-recorded statements), and later in more complex situations (role-playing).

Table XIV.

Post-test Means of the Three Groups on the Index of Communication and Standard Interview on Carkhuff's Five-point Scale.

	<u>Index of Communication</u>		<u>Standard Interview</u>	
	<u>1</u> Mean on eight items x 2 judges	<u>2</u> Mean on five-point scale	<u>1</u> Mean on two excerpts x 2 judges	<u>2</u> Mean on five-point scale
Control	37.65	2.35	6.15	1.54
Audio II	40.50	2.50	6.10	1.53
Role-play	41.05	2.57	8.05	2.01

In audio-training I, the trainees responded to tape-recorded helpee statements. Since responding empathically was, relatively speaking, a new mode of responding for most participants, they were initially provided with aids to assist them: paper, pencil, and transcripts of helpee statements. Gradually these aids were removed and in time they responded verbally to helpee statements. The final goal of audio-training I was to have the participants respond verbally at level three to tape-recorded statements. On the basis of the post-test results for the control group on the Index of Communication, it seemed that this phase of the training program accomplished its goal. The trainees were functioning near the 2.5 level which seemed an acceptable level at this point in the training program.

However, the additional nine hours of training given to the two experimental groups appeared to add very little in terms of written empathy over and above what had already been contributed to by audio-training I.

The post-test means of the three groups in this study (control, $M=2.35$; audio-training II, $M=2.50$; and role-playing, $M=2.57$) were almost identical to the post-test means of the three equivalent groups (audio-training I, $M=2.45$; audio-training II, $M=2.50$; and role-playing, $M=2.50$) in the pilot project.

d) Discussion of null hypotheses six, seven and eight.

The third set of hypotheses referred to the differential effect of training as measured by the standard interview. The results indicated that the role-playing group offered significantly higher levels of verbal empathy than the control group ($p=.01$) and the audio-training II group ($p=.01$). However, no significant difference was found in the level of verbal empathy offered when the audio-training II group and the control group were compared to one another. This latter hypothesis will be discussed first.

The results in the standard interview appeared to indicate that nine additional hours of training, audio-training II, did not appear to prepare the trainees sufficiently for the standard interview since the mean level of functioning of that group (1.53) was not significantly different compared to the mean level of functioning of the control group (1.54). Both groups, though, offered substantially lower levels of empathic understanding in the standard interview than they did on the Index of Communication (see table XIV). At this point, an analysis of the two outcome criteria, the Index of Communication and the standard interview, may assist in the interpretation of these findings.

The Index of Communication consists of sixteen excerpts which are calculated to cut across different helpee feelings with different helpee problem areas. The three

different affects--depression, anger, and elation cut across five different problem areas. The Index of Communication is in reality a cross section of some of the affects and problems encountered in a counseling situation. Since each excerpt presents only one affect in relation to one problem area, this affect tends to stand out more readily since it has been isolated. Also the Index of Communication is a written test with no time limit, thus, the subject can read and re-read the excerpts until he has grasped the message to his satisfaction. Finally, he can also take all the necessary time desired to formulate his response.

This appears to be an easier task than the one required in the standard interview. Here the affects have not been isolated; they do not stand out so obviously. In fact, the affects are often lost or hidden behind a barrage of words. The helpee's task, here, appears much more complex. First, he must perceive or identify the affect which, as stated, is often hidden behind the words of the helpee. He must then respond immediately and spontaneously to the helpee. He does not have the benefit of the delayed response found in the Index of Communication. We might also add that in the standard interview, being an interpersonal situation, the helper must not only cope with the helpee's affective state but also his own. Generally speaking, the helpee's affective state would be expected to interfere to a greater extent with

his ability to respond empathically in the standard interview than on the Index of Communication. All these factors taken into consideration suggest that the standard interview would be a more demanding and complex situation to cope with.

Over and above the preceding considerations, may also be added that audio-training consists essentially of responding to tape-recorded statements very similar to those found in the Index of Communication, so that this phase of training was related more to responding to the Index of Communication than in the standard interview. In view of those considerations, it was then not surprising to observe moderately high levels of functioning for the two groups (control and audio-training II) on the Index of Communication. However, when both were cast in the helpee role, the standard interview, neither group was prepared to handle the complex task since the audio-training was not meant specifically for this type of task.

It would then appear that neither group, the control group receiving the pre-experimental audio-training I, nor the audio-training II group receiving the pre-experimental training, plus an additional nine hours of audio-training, were able to generalize from the audio situation to the live interpersonal interaction. This conclusion coincides with

similar conclusions reported by Carkhuff.¹⁰ He stated that with regard to low level trainees, generalizations to other situations cannot be expected. They appear to learn only what they are taught. If they are taught to communicate empathy from tape statements, they will learn this but will not generalize this to live interactions. The implication with low level trainees is that they must be given considerable practice in the helping role if one wants them to communicate effectively in that role.

Once again, the post mean of the control group (M=1.54) and the audio-training II group (M=1.53) were similar to the post-test means of their equivalent groups (audio-training I group, M=1.58, and audio-training II group, M=1.72) in the pilot project.

The results in the standard interview also indicated that the role-playing group offered significantly higher levels of verbal empathy than the control group and the audio-training II group ($p=.01$). The question that then arises is: to what do we attribute these differences? It would be difficult to establish a clear and certain causal relationship between these observed differences and a very specific factor. However, the experimental method which

¹⁰ Robert Carkhuff, "Critical Variables in Counselor Training", in Journal of Counseling Psychology, Vol. 16, No. 3, 1967, p. 243.

was used does permit us to see a probable link between the observed differences and the difference between the experimental treatments. Since the groups were treated in the same manner with the exception of the experimental treatments, it would appear reasonable to attribute these significant differences to the difference between the treatments.

It would then appear that role-playing preceded by the pre-experimental audio-training I was more effective in producing changes in the live interpersonal interaction than audio-training I alone or an additional nine hours of audio-training. Role-playing appears to have the advantage of offering the trainees the opportunity to practice their newly acquired skill in a situation very similar to the actual helping situation. These results seem to indicate that in the second phase of systematic empathy training, role-playing can be more effective in producing higher levels of empathic functioning than additional audio-training.

This conclusion should be interpreted within the limits of the experimental conditions of this study for it would be difficult to ignore the presence of certain confounding variables.

The first confounding variable could be the effect of interaction between the pre-test and the experimental treatments to produce the difference on the post-test. Ideally this could have been controlled for by adding three

other control groups not subjected to the pre-test administration. However, the small number of subjects participating in the study did not permit it.

A second confounding variable more likely to be operating was the lack of precision of the instruments used to measure empathy. More specifically, the inter- and intra-judge reliabilities. These reliabilities, though judged to be comparable to those reported by others in similar studies, remained imperfect. It is then difficult to ignore the margin of error which could then affect the results.

Another variable which was impossible to control for totally was the contamination effect between the groups' during the administration of the experimental treatments. Thus, outside the training sessions, it is possible that the subjects of the various groups met and shared specific information regarding the nature of the treatments. However, judging from the reaction of the subjects following the study, it is unlikely that this was a widespread occurrence. Also judging from the cooperation of all subjects, regardless of the treatment group to which they belonged, it is unlikely that the possible contamination influenced their motivation, or their attitude towards these treatments.

Finally, the Rosenthal¹¹ effect, the experimenter's bias as an unintended determinant of experimental results, could be another confounding variable. The investigators were aware that their expectation could affect the results of the research. To minimize its effect at the time of testing, the investigators attempted to convey to all subjects that they expected them to be as understanding as possible. Ideally, of course, it would have been preferable to have employed trainers who had not been told the purpose of the study. However, this precaution was too prohibitive in terms of cost. Another precaution would have been to employ, as data collectors, research assistants who had not been told the purpose of the research. Unfortunately, this procedure never occurred to us at the time of the study.

One last question remains to be answered: to what extent are the statistically significant gains in the standard interview qualitatively significant? In other words, are the observed differences following the experimental treatments qualitatively meaningful?

In order to appreciate the qualitative value of a gain, it is necessary to refer to the empathy scale itself. Level one functioning on the scale is described as follows:

¹¹ Robert Rosenthal, "The Psychology of the Psychologist", in Lloyd L. Ruch, Psychology and Life, Glenview, Illinois, Scott, Foresman, 1967, p. 645-652.

The verbal and behavioral expressions of the first person either do not attend to or detract significantly from the verbal and behavioral expressions of the second person(s). The first person does everything but express that he is listening, understanding or being sensitive to even the feelings of the other person...¹²

At level two the helpee subtracts noticeable affect from the communications of the second person:

The person may communicate some awareness of obvious surface feelings of the second person, but his communications drain off a level of the affect and distort the level and meaning.¹³

Level three functioning is stated to be the minimal level of functioning. The helper's response is essentially interchangeable with the helpee's expressions both in terms of feeling of meaning. In short, the helper neither adds nor subtracts from the helpee's statement.

In this study, the thirty-two trainees following the pre-experimental audio-training I were functioning at or about level one and a half in the interview situation. In other words, almost one and a half levels away from the minimally facilitative level. Following training, the control group and audio-training II group were still functioning at the same level--indicating in the case of the audio-training II group that the additional training did not alter their

¹² Robert Carkhuff, Helping and Human Relation, Vol. II, New York, Holt, Rinehart and Winston, 1969, p. 315-316.

¹³ Idem, ibid., p. 316.

level of functioning in the interview situation. However, the role-playing group though still below the minimal level of facilitative functioning, did, nevertheless, demonstrate a gain: half a level on the empathy scale. Thus this group went from detracting significantly or not attending to communicating some awareness of obvious feelings but subtracting affect. Stated differently, the role-playing group went from not expressing much empathy to beginning to express empathic understanding.

To summarize, in this chapter the reliability of the judges which was found to be acceptable and comparable to those reported in other studies was presented, as well as the results obtained on the Index of Communication and the standard interview. This led to the rejection or non rejection of the null hypothesis. Finally, the results were interpreted.

In the section to follow, a concise summary of the results, conclusions and recommendations for further research will be presented.

SUMMARY AND CONCLUSIONS

The goal of this research was to compare the effects of two training methods in promoting higher levels of empathic understanding. The problem was studied in a pilot project and this thesis attempted to replicate that study.

The subjects who participated were thirty-two volunteer student counselors (residence and orientation counselors) at the University of Ottawa, randomly assigned to one of three groups: control, audio-training II and role-playing. The level of empathy offered by the participants was evaluated by two trained judges using Carkhuff's five-point Empathic Understanding in Interpersonal Processes: A Scale for Measurement. These judges rated the level of written empathy as measured by the Index of Communication and the level of verbal empathy as measured by the standard interview. A pre-post control group design was used.

The results on the Index of Communication indicated no significant differences among the three groups in the level of written empathy offered following the experimental treatments. This finding was identical to the one obtained in the pilot project.

The results in the standard interview indicated that the role-playing group obtained significantly different empathy scores than the control group ($p=.01$) and the

audio-training II group ($p=.01$). However, no significant difference was found between the audio-training II group and the control group. Again, these findings were almost identical to those obtained in the pilot project. They indicated that, in the second phase of systematic empathy training, role-playing could be more effective in producing higher levels of empathic functioning in the helping role than additional audio-training.

Although these results were promising and in the predicted direction, these conclusions must, nevertheless, be delimited. First, the study was limited by its population--thirty-two volunteers, student counselors at the University of Ottawa. Strictly speaking, these conclusions are applicable only to a similar population: university students volunteering to participate in a study on empathy.

Also, the study is limited by the criteria of empathy used: written responses to standard stimulus expressions and excerpts of standard interviews. Other factors limiting the findings of this study were: the amount of training time (nine hours of pre-experimental training and nine additional hours for the two experimental groups), the methods of training, and finally, the level of facilitative functioning of the three trainers.

However, these limitations do not eliminate the importance of this study. The results do, in fact, indicate

that empathy can be increased using various training methods and secondly that role-playing preceded by audio-training I can be a more effective training method to increase the level of empathy offered in a live, interpersonal interaction.

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

1. Compare the effects of role-playing and micro-counseling in increasing the level of empathic understanding;
2. Study the long term effect of systematic empathy training by administering a post-test six months later;
3. Study the effects of varying levels of empathy on helpee self-exploration;
4. Study the trainer level of facilitative functioning in increasing the trainee's level of empathic functioning.

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APPENDIX 1

CARKHUFF'S EMPATHY SCALE

EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES:
A SCALE OF MEASUREMENT¹

Level 1

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

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

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

Level 2

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

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

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

Level 3

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

¹ Robert R. Carkhuff, Helping and Human Relations: A Primer for Lay and Professional Helpers, Vol. 2, New York, Holt, Rinehart and Winston, 1969, p. 315-317.

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

Level 4

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

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

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

Level 5

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

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

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

APPENDIX 2

ILLUSTRATIONS OF CARKEHUFF'S SCALE

EXEMPLES DES CINQ NIVEAUX DE FONCTIONNEMENT:
ILLUSTRATION DE L'ECHELLE D'EMPATHIE DE CARKHUFF¹

Ces exemples ont été préparés par Gilles E. Dubois et Benoît Charbonneau pour faciliter la compréhension des cinq niveaux de fonctionnement empathique de l'échelle d'empathie de Carkhuff² et pour faciliter l'entraînement des juges.

NIVEAU I

Extrait I

- C.: After three years of working my head off, and finally, the graduation on Sunday.
T.: Please, I'm sure you haven't worked that hard. (skeptical)
C.: Well, eh, maybe not, but... I've worked hard.

Extrait II

- C.: I don't know what stops me from quitting right now.
T.: You should control yourself better; after all, he's the boss. (authoritative and paternalistic)
C.: Yes...but...Oh I guess you're right.

Extrait III

- C.: Pensez-vous pouvoir m'aider?
T.: Vous ne devriez pas mettre en doute ma compétence. J'ai étudié 3 ans dans ce domaine. (offusqué, indigné, défensif)
C.: Ce n'est pas ce que je voulais faire mais..eh, je me demande.

Extrait IV

- C.: Après trois semaines de vacances, je me sens comme un homme neuf; une semaine de plus aurait été mieux.
T.: Comptes-toi chanceux d'avoir des vacances, moi je ne peux pas en prendre. (un peu irrité)
C.: Oui...c'est vrai...je pense que vous avez raison.

1 Benoît Charbonneau, "Un entraînement systématique à un comportement verbal empathique dans un contexte bilingue, Unpublished Doctoral Dissertation, University of Ottawa, Ottawa, p. 170-194. (Reproduced with the permission of the author)

2 See Appendix 1 for a copy of this scale.

NIVEAU IIExtrait I

- C.: The week has been very good. Things are really coming along well.
 T.: You seem in better spirit than last week.
 C.: Yes.

Extrait II

- C.: Y'a pas d'autre mot, deux heures de cours comme ça, ça m'emmerde.
 T.: Tu sembles déçu des cours.
 C.: Peut-être, mais je suis surtout en maudit contre les professeurs.

Extrait III

- C.: He would like me to go out steady but I don't know if I should.
 T.: Going out steady is a serious decision. It is a good thing for you to think about it.
 C.: Yes this is what my mother is telling me.

Extrait IV

- C.: Des fois j'ai l'impression que tout ce que je fais, je le fais pour faire plaisir à mes parents.
 T.: C'est difficile pour un enfant de ne pas tenir compte de ses parents. (ton un peu intellectualisant)
 C.: Oui, mais...moi j'aimerais ça être plus indépendante.

NIVEAU IIIExtrait I

- C.: Depuis trois jours j'ai l'impression de perdre les pédales. Tellement d'ouvrage que je ne sais plus où donner de la tête.
 T.: Il y a tellement de choses qui arrivent ensemble que tu te demandes comment tout mettre ensemble.
 C.: Oui, tout arrive en même temps...

Extrait II

- C.: I've been nervous and depressed for the past two weeks and I just don't know why.
 T.: You are puzzled at the way you have been feeling lately.
 C.: I don't know what's happening to me.

Extrait III

- C.: I am so disappointed; I thought I could have confidence in him.
 T.: It is difficult for you to realize that he is not as trustworthy as you thought.
 C.: After all we've been through together...

Extrait IV

- C.: I really don't know what it's going to give me to tell you all this.
 T.: You are sort of wondering if I can be of any help to you.
 C.: You see it is difficult to talk to a stranger.

Extrait V

- C.: Les choses vont mal; à l'école, avec mon amie; tout semble rater, je ne sais plus ce que je veux, où je vais.
 T.: Ça tourne pas rond dernièrement et tout ça, ça te rend un peu confus.
 C.: C'est mêlé, je ne sais plus où donner de la tête.

Extrait VI

- C.: J'ai mon voyage, je pars pour deux mois.
 T.: Deux mois de répit ça va faire du bien, hein?
 C.: Oui, j'ai travaillé très dur depuis quelques mois...

NIVEAU IVExtrait I

- C.: When I see the number of unemployed graduates, I question my decision to go to university next September.
 T.: Finding yourself with a diploma and no job would sort of give reason to your parents who oppose this project.
 C.: You're damn right, that's the last thing on earth I'd want.

Extrait II

- C.: Oui, mais je ne voudrais pas les blesser.
 T.: Tu ne voudrais pas leur faire de peine parce que ça peut créer des problèmes de faire de la peine aux gens.
 C.: Oui. Ils peuvent réagir de drôle de façon, ils pourraient peut-être se tourner contre moi.

Extrait III

- C.: Quand vous vous voyez sur un lac tranquille, pas de bruit, sauf la nature, ça vous donne une sensation intérieure...
 T.: De calme, de paix, de sérénité; ce sont des sentiments passionnants et neufs pour toi je pense.
 C.: C'est vrai, c'est incroyable combien j'ai changé dernièrement, je ne me reconnais plus.

Extrait IV

- C.: I've made three job applications to date. I hope one of them works.
 T.: You're anxious to get answers and if they were all negative it would really put you down.
 C.: I guess I'd feel like crawling.

NIVEAU VExtrait I

- C.: C'est curieux, depuis quelque temps j'ai de la difficulté à être affectueux avec ma plus vieille. (ton hésitant, lent)
- T.: Peut-être est-ce plus embarrassant, même menaçant d'être affectueux avec elle depuis que tu sens qu'elle est devenue femme. (ton intense, lent, chaleureux)
- C.: Oui, c'est ça; peut-être parce que j'ai peur qu'elle interprète mal ceci.

Extrait II

- C.: Father, he's o.k., he's a nice guy. He just sits tight while mother nags everybody, she's a problem.
- T.: Mother is the problem but maybe you would like father to stand up to her a bit more and start solving the problem... (slow, warm) and maybe you resent him a bit for not doing so (intense and tentative)
- C.: It's the first time I think about this, but I think I'd like him to be more a man.

Extrait III

- C.: Oui, mais je ne veux pas les blesser.
- T.: Tu ne veux pas leur faire de peine; peut-être crains-tu qu'eux t'en fassent en retour; peut-être as-tu le besoin qu'ils continuent à t'accepter, à t'aimer. (doux, intense, chaleureux)
- C.: Je n'avais pas pensé à ça; je sens que je ne peux me passer d'eux et c'est probablement pour ça que je fais tout pour ne pas les blesser.

Extrait IV

- C.: (coughing, moving around in chair, sighing)
- T.: It seems difficult for you to talk about this...maybe you wonder if it's worth taking a chance. You say to yourself: "Will he really understand, will he really care, will he still like me afterwards?" (intense, warm, gently)
- C.: Yes, I guess this is what I'm afraid of...to lose one more friend.

APPENDIX 3

INDEX OF COMMUNICATION

INDEX OF COMMUNICATION¹

In the following pages, the same person will present to you 16 different problems. This person comes to you in time of need. She could be a student, a friend, a patient, etc... The helpee's expressions can easily come in the first contact or first few contacts; however, do not attempt to relate any one expression to a previous expression. Consider them separately. Formulate your response in a way that will be most helpful.

EXCERPT I:

I don't know if I am right or wrong feeling the way I do. But I find myself withdrawing from people. I don't seem to socialize and play their stupid little games any more. I get upset and come home depressed and have headaches. It all seems so superficial. There was a time when I used to get along with everybody. Everybody said, "Isn't she wonderful? She gets along with everybody. Everybody likes her." I used to think that was something to be really proud of, but that was who I was at that time. I had no depth. I was what the crowd wanted me to be - the particular group I was with.

EXCERPT II:

I love my children and my husband and I like doing most household things. They get boring at times but on the whole, I think it can be a very rewarding thing at times. I don't miss working, going to the office every day. Most women complain of being just a housewife and just a mother. But, then, I wonder if there is more for me. Others say there has to be. I really don't know.

¹ Robert R. Carkhuff, Helping and Human Relations, Vol. I, New York, Holt, Rinehart and Winston, 1969, p. 94-104.

EXCERPT III:

Sometimes I question my adequacy of raising three boys, especially the baby. I call him the baby - well, he is the last. I can't have any more. So I know I kept him a baby longer than the others. He won't let anyone else do things for him. If someone else opens the door, he says he wants Mommy to do it. If he closes the door, I have to open it. I encourage this. I do it. I don't know if this is right or wrong. He insists on sleeping with me every night and I allow it. And he says when he grows up he won't do it any more. Right now he is my baby and I don't discourage this much. I don't know if this comes out of my needs or if I'm making too much out of the situation or if this will handicap him when he goes to school - breaking away from Mama. Is it going to be a traumatic experience for him? Is it something I'm creating for him? I don't worry more about my children than I think most mothers do.

EXCERPT IV:

It's not an easy thing to talk about. I guess the heart of the problem is sort of a sexual problem. I never thought I would have this sort of problem. But I find myself not getting the fulfillment I used to. It's not enjoyable - for my husband either, although we don't discuss it. I used to enjoy and look forward to making love. I used to have an orgasm but I don't anymore. I can't remember the last time I was satisfied. I find myself being attracted to other men and wondering what it would be like to go to bed with them. I don't know what this means. Is this symptomatic of our whole relationship as a marriage? Is something wrong with us?

EXCERPT V:

Gee, those people! Who do they think they are? I just can't stand interacting with them anymore. Just a bunch of phonies. They leave me so frustrated. They make me so anxious. I get angry at myself. I don't even want to be bothered with them anymore. I just wish I could be honest with them and tell them all to go to hell!! But I guess I just can't do it.

EXCERPT VI:

They wave that degree up like it's a pot of gold at the end of the rainbow. I used to think that, too, until I tried it. I'm happy being a housewife; I don't

care to get a degree. But the people I associate with, the first thing they ask is: "Where did you get your degree?" I answer: "I don't have a degree." Christ, they look at you like you are some sort of a freak, some backwoodsman your husband picked up along the way. They actually believe that people with degrees are better. In fact, I think they are worse. I've found a lot of people without degrees that are a hell of a lot smarter than these people. They think that just because they have degrees they are something special. These poor kids that think they have to go to college or they are ruined. It seems that we are trying to perpetuate a fraud on these kids. If no degree, they think they will end up digging ditches the rest of their lives. They are looked down upon. That makes me sick.

EXCERPT VII:

I get so frustrated and furious with my daughter. I just don't know what to do with her. She is bright and sensitive, but damn, she has some characteristics that make me so on edge I can't handle it sometimes. She just... - I feel myself getting more and more angry! She won't do what you tell her to. She tests limits like mad. I scream and yell and lose control and think there is something wrong with me - I'm not an understanding mother or something. Damn! What potential! What she could do with what she has. There are times she doesn't use what she's got. She gets by too cheaply. I just don't know what to do with her. Then she can be so nice and then, boy, she can be as ornery as she can be. And then I scream and yell and I'm about ready to slam her across the room. I don't like to feel this way. I don't know what to do with it.

EXCERPT VIII:

He is ridiculous! Everything has to be done when he wants to do it, the way he wants it done. It's as if nobody else exists. It's everything he wants to do. There is a range of things I have to do - not just be a housewife and take care of the kids. Oh no, I have to do his typing for him, errands for him. If I don't do it right away, I'm stupid - I'm not a good wife or something stupid like that. I have an identity of my own, and I'm not going to have it wrapped up in him. It makes me... - it infuriates me! I want to punch him right in the mouth. What am I going to do? Who does he think he is anyway?

EXCERPT IX:

I finally found somebody I can really get along with. There is no pretentiousness about them at all. They are real and they understand me. I can be myself with them. I don't have to worry about what I say and that they might take me wrong, because I do sometimes say things that don't come out the way I want them to. I don't have to worry that they are going to criticize me. They are just marvelous people! I just can't wait to be with them! For once I actually enjoy going out and interacting. I didn't think I could ever find people like this again. I can really be myself. It's such a wonderful feeling not to have people criticizing you for everything you say that doesn't agree with them. They are warm and understanding, and I just love them! It's just marvelous.

EXCERPT X:

I'm really excited! We are going to California. I'm going to have a second lease on life. I found a marvelous job! It's great! It's so great I can't believe it's true - it's so great! I have a secretarial job. I can be a mother and can have a part-time job which I think I will enjoy very much. I can be home when the kids get home from school. It's too good to be true. It's so exciting. New horizons are unfolding. I just can't wait to get started. It's great!

EXCERPT XI:

I'm so pleased with the kids. They are doing just marvelously. They have done so well at school and at home; they get along together. It's amazing. I never thought they would. They seem a little older. They play together better and they enjoy each other, and I enjoy them. Life has become so much easier. It's really a joy to raise three boys. I didn't think it would be. I'm just so pleased and hopeful for the future. For them and for us. It's just great! I can't believe it. It's marvelous!

EXCERPT XII:

I'm really excited the way things are going at home with my husband. It's just amazing! We get along great together now. Sexually, I didn't know we could be that happy. I didn't know anyone could be that happy. It's just marvelous! I'm just so pleased, I don't know what else to say.

EXCERPT XIII:

I'm so thrilled to have found a counsellor like you. I didn't know any existed. You seem to understand me so well. It's just great! I feel like I'm coming alive again. I have not felt like this in so long.

EXCERPT XIV:

No response. (Moving about in chair.)

EXCERPT XV:

Gee, I'm so disappointed. I thought we could get along together, and you could help me. We don't seem to be getting anywhere. You don't understand me. You don't know I'm here. I don't even think you care for me. You don't hear me when I talk. You seem to be somewhere else. Your responses are independent of anything I have to say. I don't know where to turn. I'm just so... - doggone it... - I don't know what I'm going to do, but I know you can't help me. There just is no hope.

EXCERPT XVI:

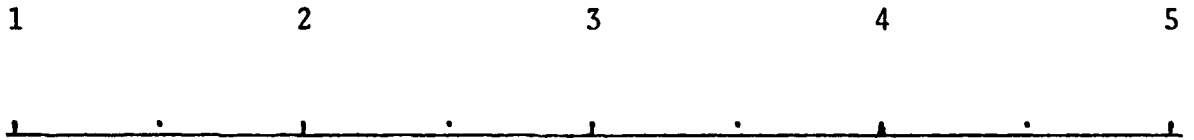
Who do you think you are? You call yourself a therapist! Damn, here I am spilling my guts out and all you do is look at the clock. You don't hear what I say. Your responses are not attuned to what I'm saying. I never heard of such therapy. You are supposed to be helping me. You are so wrapped up in your world you don't hear a thing I'm saying. You don't give me the time. The minute the hour is up you push me out the door whether I have something important to say or not. I - uh - it makes me so goddamn mad!

APPENDIX 4

SPECIMEN OF THE RATING SCALE

SPECIMEN OF THE RATING SCALE

No. de l'extrait: _____ Initiales du juge: _____



APPENDIX 5

PRE-TEST INDIVIDUAL SCORES OBTAINED BY THE
THIRTY-TWO SUBJECTS ACCORDING TO GROUPS ON
THE INDEX OF COMMUNICATION

Pre-test Individual Scores Obtained by the Thirty-two Subjects According to Groups on the Index of Communication.

Group	Subject	Score on Index of Communication
Control	1	43.0
	2	34.0
	3	39.0
	4	42.5
	5	43.0
	6	31.0
	7	41.0
	8	45.0
	9	41.5
	10	45.0
	11	40.0
Audio-Training II	12	38.5
	13	41.0
	14	22.5
	15	31.5
	16	46.5
	17	40.5
	18	44.0
	19	38.0
	20	43.0
	21	35.0
Role-playing	22	38.5
	23	41.5
	24	46.5
	25	30.5
	26	36.0
	27	42.0
	28	44.0
	29	38.0
	30	45.0
	31	40.0
	32	41.0

APPENDIX 6

INDIVIDUAL SCORES OBTAINED BY THE THIRTY SUBJECTS
ON THE INDEX OF COMMUNICATION ADMINISTERED
BEFORE OR AFTER THE STANDARD INTERVIEW

Individual Scores Obtained by the Thirty Subjects
on the Index of Communication Administered
Before or After the Standard Interview.

Group	Subject	Score on Index of Communication
Group A: Index of Communication administered first	1	43.0
	7	41.0
	8	45.0
	9	41.5
	10	45.0
	12	38.5
	15	31.5
	16	46.5
	19	38.0
	21	35.0
	22	38.5
	24	46.5
	28	44.0
	29	38.0
31	40.0	
Group B: Index of Communication administered second	2	34.0
	4	42.5
	5	43.0
	6	31.0
	11	40.5
	13	41.0
	14	22.5
	17	40.5
	18	44.0
	20	43.0
	23	41.5
	26	36.0
	27	42.0
	30	45.0
32	41.0	

APPENDIX 7

PRE-TEST INDIVIDUAL SCORES OBTAINED BY THE
THIRTY-TWO SUBJECTS ACCORDING TO GROUPS IN
THE STANDARD INTERVIEW

Pre-Test Individual Scores Obtained by the
Thirty-two Subjects According to Groups in
The Standard Interview

Group	Subject	Score in Standard interview
Control	1	7.0
	2	7.0
	3	4.5
	4	6.5
	5	4.0
	6	5.5
	7	7.0
	8	9.0
	9	5.5
	10	5.0
	11	10.0
Audio-training II	12	4.0
	13	6.5
	14	6.0
	15	4.0
	16	8.0
	17	5.5
	18	8.5
	19	7.5
	20	7.5
	21	7.5
	Role-playing	22
23		4.0
24		7.0
25		6.5
26		7.0
27		5.5
28		8.0
29		5.0
30		7.0
31		10.0
32		5.5

APPENDIX 8

INDIVIDUAL SCORES BY THE THIRTY SUBJECTS IN
THE STANDARD INTERVIEW ADMINISTERED BEFORE
OR AFTER THE INDEX OF COMMUNICATION

Individual Scores by the Thirty Subjects in
the Standard Interview Administered Before
or After the Index of Communication.

Group	Subject	Score in Standard interview
Group A: standard interview administered first	1	7.0
	7	7.0
	8	9.0
	9	5.5
	10	5.0
	12	4.0
	15	4.0
	16	8.0
	19	7.5
	21	7.5
	22	7.0
	24	7.0
	28	8.0
Group B: standard interview administered second	29	5.0
	31	10.0
	2	7.0
	4	6.5
	5	4.0
	6	5.5
	11	10.0
	13	6.5
	14	6.0
	17	5.5
	18	8.5
	20	7.5
	23	4.0
26	7.0	
27	5.5	
30	7.0	
32	5.5	

APPENDIX 9

POST-TEST INDIVIDUAL SCORES OBTAINED BY THE
THIRTY-TWO SUBJECTS ACCORDING TO GROUPS ON
THE INDEX OF COMMUNICATION

Post-test Individual Scores Obtained by the
Thirty-two Subjects According to Groups on
the Index of Communication

Group	Subject	Score on Index of Communication
Control	1	41.0
	2	33.5
	3	39.0
	4	34.0
	5	43.0
	6	28.5
	7	36.5
	8	46.0
	9	38.0
	10	40.5
	11	35.5
Audio-training II	12	38.5
	13	44.5
	14	29.5
	15	26.5
	16	46.0
	17	39.5
	18	48.0
	19	46.5
	20	42.5
	21	43.5
Role-playing	22	43.0
	23	38.5
	24	44.5
	25	41.5
	26	30.5
	27	44.5
	28	44.0
	29	35.0
	30	43.0
	31	43.0
	32	44.5

APPENDIX 10

POST-TEST INDIVIDUAL SCORES OBTAINED BY THE
THIRTY-TWO SUBJECTS ACCORDING TO GROUPS IN
THE STANDARD INTERVIEW

Post-test Individual Scores Obtained by the
Thirty-two Subjects According to Groups in
the Standard Interview

Group	Subject	Score in the standard interview
Control	1	6.0
	2	6.0
	3	5.5
	4	6.0
	5	7.0
	6	7.5
	7	6.0
	8	6.0
	9	5.0
	10	6.0
	11	6.0
Audio-training	12	7.0
	13	7.5
	14	6.5
	15	6.0
	16	5.5
	17	5.5
	18	6.0
	19	6.0
	20	6.0
	21	5.0
Role-playing	22	8.0
	23	6.5
	24	9.0
	25	7.0
	26	7.0
	27	7.5
	28	8.0
	29	7.5
	30	9.5
	31	9.0
	32	8.5

APPENDIX 11

ABSTRACT OF

A Comparison of Two Training Approaches,
Role Playing and Audio Training,
On the Communication of
Empathic Understanding

ABSTRACT OF

A Comparison of Two Training Approaches,
Role Playing and Audio Training,
On the Communication of
Empathic Understanding¹

The purpose of the research was to compare the effects of two different approaches to systematic empathy training in an attempt to identify the approach most likely to promote higher levels of empathic understanding in a dyadic relationship. The problem was first studied in a pilot study and this research attempted to replicate that study.

The problem was studied with thirty-two volunteer, student counselors (residence and orientation counselors) at the University of Ottawa. The subjects were randomly assigned to one of three groups: a control group receiving nine hours of pre-experimental empathy training (n=11); an experimental group I receiving the pre-experimental training plus an additional nine hours of audio-training (n=10); and an experimental group II receiving the pre-experimental training plus nine hours of role-playing (n=11).

A pre-post control group design was used. The level of empathic functioning was assessed using both written responses to Carkhuff's Index of Communication and verbal

¹ Donald B. Boulet, Doctoral Dissertation presented to the School of Graduate Studies of the University of Ottawa, 1974, x-160 p.

responses in a counseling interview with a standard helpee. Each helper's written and verbal responses were rated for empathy by two trained judges using Carkhuff's Empathic Understanding in Interpersonal Processes: A Scale for Measurement.

A multivariate analysis of variance was performed to test for significant differences between the pre-test means of the three groups on the Index of Communication and standard interview. The multivariate, univariate and step-down F ratios were reported. When the overall tests yielded significant F values, post hoc procedures using the Tukey HSD technique were applied to locate the source of the difference. The same procedure was repeated for the post-test means of the three groups.

The pre-test results indicated no significant differences among the three groups in their mean level of written and verbal empathy offered.

The post-test results in the standard interview indicated that the role-playing group obtained significantly higher empathy scores than the control group ($p=.01$) and the audio-training II group ($p=.01$). No significant difference was found between the audio-training II group and the control group. With regard to the Index of Communication, no statistically significant differences were found between the three groups.

These results supported the findings of the pilot project indicating that, in the second phase of systematic empathy training, role-playing appears to be more effective in increasing the level of empathic functioning in the helping role.