LEVEL OF ELICITED CLIENT EMPATHY IN THE THERAPEUTIC RELATIONSHIP AND SELF - MOTHER IDENTIFICATION

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LESLEY DARGIN

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ABSTRACT

LEVEL OF ELICITED CLIENT EMPATHY IN
THE THERAPEUTIC RELATIONSHIP AND
SELF-MOTHER IDENTIFICATION

by Lesley Dargin

The relationship between ratings of empathy and selected client self-report variables was investigated by studying segments from the third interviews of tape-recorded therapy sessions. The clients were college students seeking psychotherapy.

Based upon the literature on psychotherapeutic process, learning theory, and interpersonal theories of psychology which suggest that "empathy" is a learned trait, the following hypotheses were presented:

1. Clients scoring low on the Truax Accurate Empathy Scale, patient-therapist-patient (PTP) units, are likely to reveal a wide discrepancy on Self-Mother indices of similarity on the Leary Interpersonal Check-List (ICL).

2. Clients scoring high on the Truax Accurate Empathy Scale will tend to perceive their mothers as being (a) less dominant and (b) more loving, as measured by the ICL, than will those scoring low on accurate empathy.

3. The relative validity of the Barrett-Lennard Relationship Inventory (Empathy Scale), a self-report measure of empathic communication will be checked against the Truax Scale. Truax (1966) argued that a questionnaire approach to the study of process variables is highly economical yet has questionable validity and is not likely to be reliable. It is proposed that Truax's assertions hold true.

Hypothesis 1 was not supported. Hypothesis 2 was not borne out by the data gathered from the female sample. Yet, among male clients high empathizers tended, directionally though not significantly, to view their mothers as being (a) less dominant and (b) more loving than did the low empathizers. This finding is consistent with Hypothesis 2. Hypothesis 3 was significantly supported. Finally, an unexpected finding of this study is that there appears to exist a positive and significant relationship between the traits of empathic competency and distrust among female clients. A positive yet non-significant correlation between these variables was found among the males. Replications of this study are necessary in order that confirmations of these latter findings may be provided.

It can be speculated that the lack of support for hypothesis 1 was, in part, a function of sampling errors. Limited variability in gross levels of identification may

have obfuscated any true relationships that may exist between degree of Self-Mother identification and empathy.

Though directional support was provided for Hypothesis 2 by the pilot male clients, significant support may be realized through the study of a larger male sample. Given that the females tended not to identify with their mothers, it is possible that they had difficulty discerning their feelings toward the same. The lack of support for Hypotheses 2a and 2b among the female clients may be reflective of this speculation.

Support for Hypothesis 3 confirms Truax's argument that self-report measures are not valid instruments in the study of process variables.

To

My Folks

LEVEL OF ELICITED CLIENT EMPATHY IN THE THERAPEUTIC RELATIONSHIP AND SELF-MOTHER IDENTIFICATION

By

Lesley Dargin

A THESIS

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CHAPTER I

INTRODUCTION

The importance of the interactional process in therapy, as contrasted to the didactic, has been stressed in the psychotherapy literature. An involved communicative relationship between therapist and client is frequently perferred in order to maximize therapeutic effectiveness (Kell and Mueller, 1966; Fromm-Reichmann, 1950; Rogers, 1967). In discussing the need for an intense relationship, Kell and Mueller (1966) note that, "at those decisive times where the counseling relationship is intense and the client's confrontation reaches into the depths of his conflicts, we have noted not only that a client's conflicts are most active and clear, but that the conflicts are experienced and expressed in a compressed way." Further, working with schizophrenic clients, Rogers (1967) found that it is possible for the client to control, to an extent, the therapist expressions of warmth and concern. Summarily, many of the facilitating components of an involved and helpful therapeutic relationship have been tentatively isolated and defined. Thus, the importance of "empathy"—the comprehension of the breadth and intensity of another's feelings and

the communication of that comprehension—on the part of the therapist, has been emphasized (Katz, 1963; Halpern and Lesser, 1960; Rogers, 1951). Rogers (1967) describes therapist empathy as the sensing of the inner world and personal meanings of the client "as if" they were the therapist's own. In underscoring the "as if" quality of therapist empathy, he cautions counselors against confusing the private meanings of the client with their own. A distinct and continuous differentiation should be made between the two phenomenological spheres.

Yet, little is known about the psychogenesis of empathic abilities. Variously, though, the development of an accurate ability to empathize has been suggested as forming a foundamental prerequisite for normal psychological adjustment (Fromm-Reichmann, 1950; Goodman, 1952; Halpern, 1960; Norman and Ainsworth, 1954; Sullivan, 1953) and as an unreliable predictor of such adjustment (Rosenman and Drenner, 1967).

Still, the quantity of research concentrating on the relative necessity of empathic competence on the part of the client, has been limited. Rogers (1967) alludes to this possible necessity quite indirectly and, perhaps, unintentionally. He argues that clients who <u>perceive</u>, early in the counseling relationship, the qualities of congruence, unconditional positive regard, and empathy, as

expressed by the therapist, later show more change than those who do not.

The present study focuses on the variable of client empathy and one of its possible antecedent or correlate factors, identification. More specifically, an examination of the unique quality of empathic communication between therapist and client is attempted. Further, the relative validity of the Barrett-Lennard Relationship Inventory (Empathy Scale), a self-report measure of empathic communication, is checked against the Truax Accurate Empathy Scale, a content analysis measure.

REVIEW OF THE LITERATURE

Defining Empathy

Barrett-Lennard (1962) defines the process of empathic understanding as the experiencing of the process and content of another's awareness in all its aspects. However, he does not implicate that sensory elements may be involved in this experiencing. Katz (1963) argues that empathy, though a difficult construct to define, is the reliving in oneself of the imitative responses of another person. He stresses the idea that the empathic ability is an imitative one which is a response to the stimulus of another's verbal and emotive output. Katz does not describe the qualitative nature of the transmitting or sensing process. Nor, does he propose that empathic understanding requires a matching of sensory experiences as does Barrett-Lennard. Rather, he argues that a sort of cognitive-emotive process, only, is needed. Luszki (1951), also, discredits the notion that empathic communication stimulates neurological or physiological changes in the empathizer. Simultaneously, though, he attempts to delineate the interactional elements of the empathic communication. Empathy, he posits, revolves around 1) one's ability to judge how another person feels about

himself and 2) an ability to assess one's feelings he, himself, has. Thus, according to Luszki (1951), insight, on the part of the empathizer, is a necessary prerequisite for maximal accuracy in the assessment of another's feelings.

There has been some challenge to the construct validity of empathy. Kurtz and Grummon (1972) were unable to establish such validity but failed to determine whether this was due to empathy scale variables or, to the status of the rater (judge or client). Kerr and Speroff (1954) argue for the inclusion of "predictive empathy" in defining the variable of empathic competency. Still, Rogers (1967) found that the level of process that the client engaged in, in one study, was significantly related to the judges' Accurate Empathy ratings of the therapists. Finally, Truax (1972) notes that the AE does not merely measure some indefinable "global good." He quotes a study conducted by Shapire (1968) which helped confirm the notion of construct validity for empathy. Shapiro found, in studying the correlations between AE ratings made by trained counselors and people untrained in therapeutic systems, that the AE measures what people generally think of as "understanding."

In studying the actual or supposed sequence of empathic development, Sullivan (1953) noted that mothers appear to have an ability to transmit feelings of anxiety or anger to their infants. That is, the infant may be

attuned to emotional fluctuations in his mother. He predicted, however, that some researchers may be inclined to disregard, or dismiss entirely, the plausibility of the existence of an apparent non-verbal communicative link (beyond tactile sensations) between the mother and her infant because of its "mystic" connotations. Escalona (1945), in observing prison mothers did, nevertheless, find support for Sullivan's contention that there is an empathic link between the nurturing one and the infant. She noted in working with formerly imprisoned mothers that on the days they visited the parole officers, their children became upset. In the same vein, Mowrer (1960), on the development of empathy, postulates that a modeling effect may be operative in the genesis and maturation of empathic competencies. According to Mowrer's theory, subject A provides the model and experiences the reinforcements for his activities. Subject B, then, "both experiences some of the same <u>sensory</u> consequences of A's behavior as A experiences it" and also, "intuits" A's feelings of either pleasure or displeasure. Applying Mowrer's learning theory approach to the mother-infant relationship, the mother, as a nurturing model, can act, experience reinforcements for her actions and transmit her satisfaction or dissatisfaction to her young child. The child then can, because of his awareness of the fluctuations in the nurturing one,

selectively choose to either immediately imitate or cognitively record her actions.

Other learning theorists have stressed the importance of the perceived similarity between model and observer in increasing "empathic responsiveness" (Bandura, 1969). Stotland, et. al. (1966) argue that this empathic responsiveness is directly related to the degree of self-stimulation "involving imaginal representation of aversive or pleasurable consequences." Further, Berger (1962), though possibly underestimating the value of facial cues in empathic responsiveness (Bandura, 1969), asserts that the observer, again, responds emotionally on the basis of his presumed knowledge of the model's affective experiences.

Client Empathy

In surveying the literature, the present author found that relatively little support was offered for the primacy of the notion of client empathy. On the issue of empathy, generally, the major import is on therapist variables. This deficiency is partly accounted for by the belief held by many researchers that, not withstanding the value of the interactional aspects of the relationship, it is the therapist who primarily and almost exclusively controls its facilitating or deteriotative conditions (Bergin and Garfield, 1971). As previously mentioned, Rogers (1971)

observed that clients can effect the expression of therapist variables. The client variable is an important though neglected one. Luszki (1951), in recognizing that client empathy tends to correlate positively with self-insight, confirmed the importance of the client variable in general. Dymond (1948), in performing some of the pioneering clinical research on the concept of empathy, asserts that empathy may, as Luszki (1951) implied, be one of the underlying mechanisms upon which insight is based. She defined insight as, "the understanding of the self-other patterns of roles which the individual has incorporated and which form the basis of his expectations of others." She made use of the TAT in analyzing the correlation between insight and empathy. Further, Goodman (1952), in addition to noting the existence of a high positive correlation between insight and empathy, found that perceptual distortion (interpersonal) correlates negatively with both insight and empathy. Halpern (1960) states that empathy is a tool for the therapist but a goal for the client. In one study of a student nurse population, Halpern (1955) noted that empathic competence ascends as the similarity between the empathizer and the other increases. Also, self-satisfaction on the part of the empathizer facilitates his empathic accuracy (Halpern, 1955). Finally, Katz (1963) contends that clients may be distinguished from "normals" by the former's deficiencies in empathic communication.

Characteristically, he insists, clients tend to have extreme levels of empathy (either too high or too low) which interfere with their interpersonal relationships. The poor empathizer, he adds, probably has considerable difficulty in grasping the meanings behind communicated expressions of feeling or concern.

Sex Variables

Though Garfield (1971), in a review of several studies which deal with the impact of the sex variable in the therapeutic relationship, found the consensus on its import to be inconclusive, Cartwright (1955) in a study of the clients seen at the University of Chicago Counseling Center, noted that males tend to require more counseling hours than do females. The differential times spent in therapy, according to the sex of the client, was significant but lost much of its significance when contrasted to the importance of the other outcome variables. It appears, therefore, that males may express fewer feelings early in therapy, or, that they may perceive fewer therapist offered conditions of warmth, unconditional positive regard, and empathy. Still, Ruderman (1955) found that, in general, there appears to exist no sex differences in levels of empathic competence. Nevertheless, she observed 249 boys and girls in her research and did not study college or adult populations. Alexander and Abeles

(1969), in a study of sex differences and dependency among clients, found, at the Michigan State University Counseling Center, that males there did not differ significantly from females in the dependency variable. Fuller (1963) argues that counselor sex does not seem to have an important effect on outcome. Yet, in administering the Kelley and Fiske Relationship Index to college students, he discovered that females expressed more feelings than did male clients in both the intake and first therapy interviews. He held the therapist variables of sex and client variable of presenting problem constant. Relating the sex-differential findings to quality of empathic communication, Cartwright and Lerner (1963) ascertained that, in the initial therapeutic sessions, therapists tend to have higher empathy scores with opposite-sexed clients than with those of the same sex. Related to outcome, the researchers noted that those same-sexed clients who did improve were perceived by the experienced therapists, early in the counseling relationships, as being very much like themselves. Further, those opposite-sexed clients who improved were judged, by the inexperienced therapists, early in the counseling sessions, to be very different from themselves. Therefore, a client-sex by counselor-experience interaction, on the empathic variable, was noted.

Therapist Experience and Competency

In regard to the element of therapist experience, Bergin and Garfield (1971), after an extensive review of the available literature on the subject, concluded that regardless of the therapist's training or theoretical orientation his ability to be genuine, warm, and empathic was most crucial in determining his potential effectiveness on the outcome measures. In view of the fact that so much of the available literature on therapist experience is confounded by the tendency of workers to partial out several important interactional effects, in its study, Bergin and Garfield (1971) assert that the evidence on therapist experience is inconclusive. However, Mullen (1969) found support for the hypothesis that inexperienced therapists may reach low levels of empathy to which the experienced therapists never descend. Beery (1970), though finding that experienced therapists offer higher absolute levels of Roger's proposed "core" facilitative conditions (warmth, empathy, congruence, and positive regard), also discovered that experienced therapists and inexperienced therapists, alike, are not unconditional in offering positive regard to friendly as opposed to hostile clients. In this instance, clients were found to effect the expression of therapist variables.

There have been other situations reported in which

clients operated on certain process variables rather independently of the therapist's interventions. Holder, Carkhuff, and Berenson (1967) reported that, in one study on the experimental manipulation of process variables, high-functioning "clients" were found to perform at high levels of self-exploration regardless of the level of expression of the therapist variables of empathy, warmth, concreteness, or genuineness. Six naive college students, previously found to operate at either extremely high or extremely low levels of the above mentioned variables in a helping situation, served as "clients." Each client was seen by an experienced therapist who, in the space of the therapeutic hour, offered Hi-Lo-Hi responses, sequentially, in twenty minute segments each. The therapists effected the "Lo" periods by withholding their best responses, though not offering negative responses, either. The level of self-exploration of the low-functioning clients was determined by the level of therapist-offered conditions. Also, the high-functioning clients explored their personalities at a depth that was significantly greater than that of the low-functioning clients. Piaget, Carkhuff, and Berenson (1967) attempted to replicate and expand these findings. By exposing four high-functioning clients and four low-functioning clients to one high-functioning and one moderate-functioning therapist, they found that, during

the initial interview, the therapist determines the level of therapist-offered conditions. In this study the counselors lowered their levels of positive regard, empathy, self-disclosure, and genuineness in the middle of the therapeutic hour. The findings by the researchers generally confirmed the results reported by Holder, Carkhuff, and Berenson (1967) with the added findings that both low- and high-functioning clients declined in level of self-exploration when seen by the moderate-functioning therapist. The authors mentioned, however, that the high-functioning clients operated at levels of self-exploration relatively independent of therapist-offered conditions. In reporting these findings, though, they caution that the client may, during periods of longer therapeutic interaction, effect the level of therapist-offered conditions. Cannon and Pierce (1968), studying six neuropsychiatric patients (schizophrenic reaction), found that low and moderate conditions of therapist-relationship variables actually caused a decline in the level of client self-exploration of these low-functioning patients.

Finally, Rogers (1971) feels that it is the experienced therapist who can offer more facilitative core conditions.

Systems of Content Analysis and Self-Report Data

The system of content analysis has been described by Marsden (1965) as being a "research technique for the systematic ordering of the content of communication processes." Interactional processes are divided into units and coded. The value of this system of process analysis lies in the fact that the interactional processes of therapeutic sessions can be studied in an approximately quantifiable manner. What is more, Truax (1966) found that very reliable content ratings are arrived at whether only the therapist's statements are analyzed or client-therapist units are studied as a whole. Truax used 50 samples (10 each for 5 different subjects) in arriving at his conclusion. The middle and later sessions were analyzed in order to check the reliability of content analysis instruments.

On the other hand, the validity of self-report data in personality research typically has been held in question by several workers. Allport (1937) contends that subjects can easily falsify their answers on "paper and pencil" tests of personality. With the popular interest in psychological phenomena and research rampant today, possibly resulting in more sophisticated testees, Allport's argument weighs heavily. Nevertheless, many "paper and pencil" tests do have internal validity scales. The accuracy of the scales themselves, of course, varies with the specific nature and construction of

the personality inventory under question. While agreeing with the preceeding notion, Bergin (1971) adds that adjective checklists in particular tend to be valuable in the assessment of change, in addition to other variables, depending upon the inventory. Finally, Bernreuter (1935) states that statistically, "the traits posited by questionnaires have a real existence and are not the result of chance factors." Hunt, et. al. (1944) conclude that credibility is lent to self-report instruments by the pre-standardization procedures undertaken before their general release.

Sampling

Kiesler, Mathieu, and Klien (1964) tape-recorded interviews with 7 neurotics, 7 hospitalized schizophrenics, and 7 normals in an effort to determine the effects of segment length on the variance of inter-rater reliabilities. An early interview (1 of the first 5) and a late interview (1 of the last 5) for each subject was selected for study. Two-, 4-, 8-, and 16-minute segments were judged according to Gendlin's Experiencing Scale. The authors found that the length of the time segment recorded does not effect inter-rater reliabilities. Further, the "Experiencing" ratings given to the recorded sessions did not vary, significantly, as a function of the length of the time segment studied. However, it was pointed out by the authors

that the absolute level of Experiencing ratings correlated positively with the length of the time segment sampled. Thus, with the Experiencing Scale, they feel that cross-time segment comparisons tend not to be reliable in the study of process variables. Yet, equal-time segments of any length (2-, 4-, 8-, or 16-minutes) are comparable.

Despite, the problem of time-segment location in studying process variables does exist. Conceivably, because of the factors of increased acquaintance and interactional ease, over the course of a single therapeutic hour or across the duration of the therapeutic encounter, a given variable may be more frequently expressed in one segment as opposed to another. Conversely, increased anxiety on the part of the client, as more defensive material is dealt with, may produce a variance in the expression of that same variable in either the same or opposite direction. Karl and Abeles (1969) question the commonly held assumption that process variables are randomly distributed over the therapeutic hour. They found the expression of certain interactional variables, for example, hostility and avoidance, to be more frequent in certain 10-minute segments than in others. The authors conceded that random sampling techniques may appropriately be used when analyzing tapes for Rogerian factors. Nevertheless, they feel that an investigation of Freudian process variables can, perhaps, be better conducted par

specific segment location methods. In any case, they feel that a general formula for the representative location of process variables is not forthcoming.

CHAPTER II

EXPERIMENTAL HYPOTHESES

The level of client empathic abilities is operationally defined in the present study by scores obtained on the Truax Accurate Empathy Scale (1961), patient-therapist-patient units. Object and process of client identification (character trait) is herein defined and measured by self-other (Level 11-C) coordinates and discrepancies obtained by the client on the Leary Interpersonal Check-List (1957) quartiles.

The hypotheses presented in this paper are based primarily upon Sullivan's (1953) initial interpersonal-developmental theory of infant-mother communicative patterns (empathy). Further elaboration upon Sullivan's theory is provided by Mowrer's (1960) learning theory approach concerning the genesis and maturation of empathic competencies. However, no attempt will be made to either substantiate, confirm, or disprove Mowrer's hypothesis concerning the involvement of sensory processes in empathic communication.

Finally, ideally, the non-directive therapeutic relationship is fundamentally enhanced by its nurturant qualities. Rogers (1967) argues that the therapist's feeling

of positive regard for his client, ". . . means that he prizes his client, as a person, with somewhat the same quality of feeling that a parent feels for his child, prizing him as a person regardless of his particular behavior at the moment."

On the basis of the preceeding rationale, the following hypotheses are presented:

Hypothesis I: Clients scoring low on the Truax Accurate Empathy Scale, patient-therapist-patient (PTP) units, are likely to reveal a wide discrepancy on self-mother indices of similarity on the Leary Interpersonal Check-List (ICL). This expectation is primarily grounded on the basis of Sullivan's theory on infant-mother communicative patterns. A secondary source of theoretical justification for this hypothesis is, again, to be found in Mowrer's (1960) contention that a modeling effect is operative in the development and mastery of empathic abilities.

Hypothesis II: Clients scoring high on the Truax Accurate Empathy Scale will tend to perceive their mothers as being (a) less dominant and (b) more loving, as measured by the ICL, than will those scoring low on the Truax scale. This hypothesis is based upon evidence gathered by Guerney, Stover, and DeMeritt (1968) which suggests that highly empathic mothers tend to be more accepting of their children's

feelings than are mothers who are low in empathic abilities. They found low empathic mothers to be more critical and withdrawn in their communications with their children. The level of empathic communication between the mother and her child tended to correlate .73 with reflective verbal behavior toward the same, as well.

Hypothesis III: The relative validity of the Barrett-Lennard Relationship Inventory (Empathy Scale), a self-report measure of empathic communication, will be checked against the Truax Scale. Truax (1966) argued that a questionnaire approach to the study of process variables in the therapeutic relationship is highly economical yet slightly valid and poorly reliable. Truax (1966) found the Barrett-Lennard Scale to correlate very poorly with his own on both PTP and TPT communicative units of empathy. It is predicted that Truax's assertions hold.

CHAPTER III

METHOD

Source of Data

The cases used in the present study were selected from the research library of the Michigan State University Counseling Center. The clients seen at the Center are from the general student population (though primarily undergraduates) of the University. The therapists at the Counseling Center include practicum students, interns, social workers, counseling specialists, and Ph.D. psychologists, with varying degrees of experience. After an initial intake interview, clients are assigned to individual therapists on the basis of the therapist's desire to work with the particular presenting problem under question.

The clients asked to participate in the Center's research activities were requested to complete a battery of tests after the first interview and after selected future interviews. Tape-recordings of the interviews were also made.

Selection of Cases

Thirty-three individual cases are used in the present study. Thirty-three tape-recorded sessions representing

portions of the treatment duration of twenty-three female and ten male clients are analyzed. Segments from the third interview of each case are studied for content level of empathic communication (PTP units). A completed form of the Barrett-Lennard Relationship Inventory and the Leary Interpersonal Check-List (Self-Mother) is included with each case.

Female clients were chosen as the primary subjects of the present study since it is hypothesized that client empathy correlates positively with self-mother identification. However, according to traditional developmental theories of identification, males are more likely to identify with their fathers than are females.

Coding Procedures

The taped segments were judged, as to level of empathic communication, by two trained judges. The PTP units were coded according to the content analysis procedure outlined by Truax (1961). There are nine possible stages or levels of empathic communication in a dyad (Truax, 1961). A rater's aid (Appendix A) was used in conjunction with the AE in order to adapt it to a client population.

Discrepancies or similarities in self-mother identification were ascertained by scores on the Leary Interpersonal Check-List (ICL). The ICL contains 128 items. There are eight global items which are descriptive of sixteen

interpersonal traits or variables. The ICL is constructed such that for any one of the personality variables there are four descriptive levels of intensity as to its applicability. One level is checked by the respondent on each Check-List, Self, as well as Mother, for each interpersonal variable. The items are presented in alphabetical order and the client is asked to check the intensity of the variable that best describes the interpersonal behavioral trait for the subject under consideration. An ICL score is obtained by totalling the intensity scores for each of the eight personality types. Further, a Dominance (DOM) and a Loving (LOV) score were each obtained by the formula found in Leary (1957). Both DOM and LOV scores were converted to standard scores on the basis of normative data collected at the Counseling Center by Mueller (1967). (DOM, LOV) coordinates were plotted on the ICL grid for both Self and Mother. The length of the line between the coordinates that describe Self, and Mother, served as the measure of identification between the client and his mother. An index for converting the discrepancies between coordinates into numerical values is also found in Leary (1957).

The Empathy Scale is derived from the Barrett-Lennard Relationship Inventory. The Inventory was developed in an effort to measure both the client's and the therapist's

perceptions of the presence of Roger's five interactional variables. Both client and therapist forms are available for the Inventory as a whole and for the Empathy Scale.

Descriptive therapeutic interaction items on the Empathy Scale are checked by the client on a -3 to +3 value continuum to indicate degree of applicability. Specifically, there are sixteen statements on the Empathy Scale. Eight of the sixteen statements are reflective of positive empathic understanding (+E) and eight are indicative of negative empathic understanding (-E). The respondent expresses his perceptions of the intensive presence offering (by the other) of the interactional variables by assigning a number (-3, -2, -1, or +1, +2, +3) to each statement.

An Empathy score is found by summing the values assigned to each statement. High values on the +E statements and low values on the -E statements result in relatively high Empathy scores.

Scoring Reliability

The judges scoring the Truax Accurate Empathy Scale were first pre-trained on selected recorded segments from tapes other than the sample tapes. A further measure of interjudge reliability was ontained by the application of Ebel's (1951) formula for the estimation of the reliability of ratings. Ebel's formula was applied to a selected number of the sample case recordings.

Reliability and Validity of Instruments

In the development of the Relationship Inventory (Barrett-Lennard, 1962), five judges agreed 100% on the classification of an item as either + or - except in four cases. Three of the four items upon which perfect agreement was not obtained were discarded from the Inventory. The fourth item was included because the dissenting judgment was actually a vote for the neutrality of the item. Yet, Barrett-Lennard notes that, at the point of the initial validation procedures, the obtained validation was "indirect" as the variables defined therein were operationally defined for the first time. That is, further validation studies are needed. Truax (1966) found the Relationship Inventory (Empathy Scale) to correlate poorly with the Accurate Empathy Scale.

In contrast, the Leary Interpersonal Checklist (1957) tends to receive high reliability and validity ratings (Armstrong, 1958 and LaForge and Suczek, 1955).

The Truax Scale, also, has been found to have a high degree of reliability (Marsden, 1965). Further, Truax (1966) discovered, in studying TPT units, that knowledge of the total TPT interaction does not significantly effect the therapist-only ratings made by the judges.

CHAPTER IV

RESULTS

Rater Reliability

Prior to attempting to establish a reliability rating for the sample tapes, the two raters (one a M.A. candidate and the other a Ph.D. applicant) first pre-trained on a number of non-sample therapy tape-recordings. After an acceptable degree of inter-rater proficiency and reliability was established, the sample tapes were rated.

Eleven of the twenty-three female-client cases were rated. The reliabilities obtained on these ratings were high (Table 2). The author, one of the judges, then proceeded to rate the twelve remaining female-client cases and ten pilot male cases.

A subsequent reliability check with the first judge revealed, on inspection, a low inter-reliability to be existent on the ten pilot male cases. It is thought that since one of the judges actually began treating clients during this latter rating period (of male sample clients), she may have developed a differential sensitivity to the rating process.

Calculations based upon Pearson product-moment

Table 1

Inter-Judge Interval Ratings of Client Empathy*

Variable	Rater	Tape Footage 100 M	100 D	200 M	200 D	300 M	300 D	400 M	400 D	Average M	Average D
Case	Females										
801		1	2	3	2	2	2	4	4	2.50	2.50
803		4	3	4	4	4	4	3	3	3.75	3.50
808		3	1	3	1	3	3	3	3	3.00	2.00
812		2	2	2	3	3	3	4	4	3.75	3.00
817		2	4	2	3	4	4	4	4	3.00	3.75
818		5	6	4	5	4	5	4	7	4.25	5.75
820		3	3	4	3	3	2	4	4	3.50	3.00
824		5	4	5	4	4	4	5	4	4.75	4.00
825		6	6	5	4	6	6	6	7	5.75	5.75
828		4	4	4	3	3	3	3	3	3.50	3.50
829		4	4	4	4	5	4	5	4	4.50	4.00
	Males										
804		5	4	6	3	6	1	5	1	5.50	2.25
815		3	3	3	4	3	3	3	3	3.00	3.25
831		5	1	5	2	4	2	5	2	4.75	1.75
832		5	5	5	3	4	3	3	3	4.25	3.50
834		6	4	6	5	4	3	4	6	5.00	4.50
842		5	2	5	3	4	2	4	2	4.50	2.25
843		3	1	3	1	4	1	4	2	4.50	2.25
855		4	3	5	3	4	2	5	2	4.50	2.50
861		6	2	5	2	-	2	-	2	(5.50)	2.00
875		3	2	5	2	6	1	6	3	5.00	2.00

*Truax Accurate Empathy Scale.

Table 2

Inter-Rater Reliabilities on Sample Female-Client Tape-Recordings

Sum of Squares	
For raters	0.10
For cases	19.86
For total	23.61
For error	3.66
Mean Square	
For cases	1.99
For error	0.37
Reliability of ratings	0.69
Reliability of average ratings	0.82

correlations were used to test the hypotheses presented in this study.

Hypothesis I

Hypothesis I predicted that clients who score low on the Truax Accurate Empathy Scale, patient-therapist-patient (PTP) units, are likely to reveal a wide discrepancy on Self-Mother indices of similarity on the Leary Interpersonal Check-List (ICL). A correlational analysis was conducted in order to examine this hypothesis. The results are presented in Table 3 (Self-Mother Discrepancy on the ICL). The primary results for the female clients are inconclusive as the correlational coefficient approached 0 ($p = .05$; d.f. = 21; $r = .05$). The results obtained with the pilot male clients (Table 3) are also inconclusive as the coefficients, though directionally opposed to those of the females, approached 0 ($p = .05$; d.f. = 8; $r = -.05$).

However, in an attempt to approach this hypothesis from a different perspective, weighted counselor-client discrepancies on the Barrett-Lennard Relationship Inventory (RI) were inspected. These discrepancies may provide possibly obtuse, though definitely variant, measures of client empathy. The greater discrepancies were regarded as being more representative of low empathic abilities (client). The preceeding measures were correlated with

Self-Mother Discrepancy scores (ICL). Table 4 indicates that among the males sampled a trend in support of Hypothesis I (r = .30) was noted. In the same table, no such trend was observed among the female clients (r = .01). Again, a sex-by-sex (client) directional correlation difference was evidenced.

Hypothesis II

Hypothesis II predicted that those clients who score high on the Truax Accurate Empathy Scale will see (as measured by the ICL) their mothers as being (a) less dominant and (b) more loving than will those scoring low on the Truax scale. Table 3 indicates that support, in the form of a positive correlational trend (r = .52) between Mother Lov and Truax Accurate Empathy may exist for Hypothesis I among males. Table 3 reflects no support for this notion from among the female subjects (r = .07). Considering the variable of Mother Dom, the male clients provided evidence for the support of Hypothesis IIa in Table 3 (r = .21). The female clients offered no support for this notion (Table 3, r = .06).

Hypothesis III

Hypothesis III predicted that the Empathy Scale of the Barrett-Lennard Relationship Inventory (RI) would

Table 3

Relationships Between Truax Accurate Empathy (AE) Scores (Client) and Selected Other Variables

Variable	AE Scores Male N=10	AE Scores Female N=23
Self-Mother Discrepancy on the Interpersonal Check-List	-.04	.05
Client Perceptions of Therapist-Offered Empathy (Barrett-Lennard)	-.18	.04
Counselor-Client Discrepancy on Perception of Level of Therapist-Offered Empathy (Barrett-Lennard) Weighted + or -	.26	.02
Counselor Perceptions of Therapist-Offered Empathy (Barrett-Lennard)	-.04	-.09
Mother Lov	.52	.07
Mother Dom	-.21	.06
Self Lov	-.44	-.42*
Self Dom	.12	-.04

*Significant at .05 level.

Table 4

Relationships Between Cojnselor-Client Discrepancies (C-C Dis.) on Perception of Therapist-Offered Empathy (Weighted + or -) and Selected Other Variables

Variable	C-C Dis. (Weighted + or -) Male N=10	Female N-23
Self Lov	.23	.42*
Mother Lov	-.44	.26
Self-Mother Discrepancy on the Interpersonal Check-List	-.30	.01

*Significant at .05 level.

correlate poorly with the Truax Accurate Empathy Scale (AE).

Absolute counselor-client discrepancy scores on the RI, contrasted to AE scores, tend to strongly support this hypothesis. Table 3 reveals an almost 0 correlation to exist between the preceeding variables for both male ($r = .03$) and female ($r = .08$) subjects.

Weighted counselor-client discrepancy scores on the RI also approached a 0 correlation with the Truax AE, in support of this hypothesis, among female clients (Table 3, $r = .02$). The male subjects revealed a trend that is counter, though insignificantly so, to this hypothesis (Table 3, $r = .26$).

In contrasting the results obtained on the Client form of the Barrett-Lennard to those of the Truax AE, further support for this hypothesis was provided by both the female (Table 3, $r = .04$) and male (Table 3, $r = -.18$) subjects. The absolute value of .18 obtained by the males is below the arbitrary absolute trend value of .20 and does not evidence a counter trend to the hypothesis.

CHAPTER V

DISCUSSION

Hypothesis I

The present study did not find a relationship between Truax determined ratings of client accurate empathy and the client's reported conscious level of identification with his mother.

Sampling

Female Clients

It can be speculated that the lack of support for this hypothesis was, in part, a function of sampling errors. More specifically, the limited variability in gross levels of identification may have obfuscated any true relationships that may exist between degree of Self-Mother identification and empathy. For example, an examination of Table 5 (Self Lov: Mother Lov) suggests that females did not perceive themselves to be similar to their mothers in interpersonal operations. Also, in only five cases of twenty-three did they place themselves into the same interpersonal quadrants (ICL) as they placed their mothers. In both of these cases Self and Mother were depicted as scoring low on the ICL

Table 5

Relationships Between Self Lov and Selected Other Variables

Variable	Self Lov	
	Male	Female
Mother Lov	-.37	.04
Self-Mother Discrepancy on the Interpersonal Check-List	-.00	-.08

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variable of Lov and high on its corresponding interactive variable of Dom.

Since the base line of variability is so limited for the independent measure of Self-Mother identification, the actual usefulness of linear sampling measures in examining this hypothesis may be questioned. It is possible that a true J or U shaped function exists between the variables of empathic ability and Self-Mother identification. It is probable that this sample correlation represents the base of a true U function. To the extent that this speculation is accurate, valid results may be obtained through the study of a larger sample. Statistically it is possible that the variance on gross levels of Self-Mother identification in such a sample would increase to the point where graduations approaching finite extremes (as limited by the ICL) in identification would occur. Such a sample would reflect a more realistic correlation between the variables hypothesized than does the present sample.

Male Clients

This hypothesis was unconfirmed by a sample of the pilot study males. Table 5 (Self Lov: Mother Lov) indicates that variances in level of Self-Mother identification exists among the males. Still most of the pilot study males did not place themselves, descriptively, into the same ICL quadrants as they placed their mothers.

A significant correlation between the variables hypothesized may be realized through the study of a larger sample partialed out in terms of identifiers and dis-identifiers.

Same-Sex Parental Models and Psychological Adjustment

One may suppose that a proportionate number of Self-Mother identifications would be evidenced through the study of a larger female sample. Weiner (1970) infers that a lack of same-sex parental identification is often found among college-age clientele:

> Although an adolescent's strong identification with the parent of the same sex may not always ensure his good adjustment, particularly if the parent identified with has adjustment problems of his own, the failure to establish and/or report parental identifications of some sort is likely to be associated with psychological disturbance and not with normal adjustment. (p. 60)

It is possible that the females sampled failed to identify with their mothers because either (1) their mothers inconsistently rewarded any imitative or novel behavioral patterns and thus failed to establish themselves as reward dispensing models or (2) that the fathers of the females were more stable, across time, than the mothers and also were more rewarding models. It has been observed that children do tend to imitate the "reward dispensing" or more powerful parent (Bandura and Walters, 1964). Further, girls

are more likely to establish cross-sex parental identifications because of the model's ability to reward positively and his strength than are males.

With regard to the issue of consistency, Sullivan (1953), defining consistency as "the repetition of a particular pattern of events," avers that an accumulative pattern of parental inconsistencies may be partially responsible for childhood problems from infancy onward. Some of the father's rewarding qualities, nevertheless, may stem from his assumption of sex-role appropriate (masculine) behaviors. Similarly, the mother's relative strength may depend upon the degree to which she has integrated typically feminine behaviors. Interestingly, Heilbrun (1964) and Heilbrun and McKinley (1962), in studying a sample of 108 college girls, found the relatively poorly adjusted girls to demonstrate more "masculine personality patterns" and to view their mothers as being more authoritarian than did the better adjusted girls. Also, they found instances of strong maternal identification to be coincidental with factors of psychological disturbance. Integrating the above findings, it is speculated that a tendency toward positive Self-Mother identification for the female child, when the model is "masculine," inconsistent, and maladjusted, may be commensurate with a tendency toward severe psychological disturbance. This conclusion is

speculative in nature as evidence for maternal inconsistency was neither sought nor verified in the present study. The fact that the female clients dis-identified with their mothers may be expressive of a basic orientation in the child to strive for security. It is commonly expected that a female child will identify with a female model. Yet, when the female model is maladjusted a more healthy mode of adjustment may be achieved by identifying with a well adjusted masculine model. Rogers (1971) argues that until a child introjects the values of his society he prefers experiences which, "maintain, enhance, or actualize his organism." It may be speculated that the females may have attempted to "maintain" their organisms by rejecting possibly maladjusted maternal models.

Returning to the basic question regarding "empathy," these findings and speculations are not adverse to Mowrer's (1960) postulation that empathic abilities are developed and perfected by way of a modeling system. It is proposed that in the absence of a rewarding relationship with the mother, elements of an interpersonal orientation of distrust may become prominent in the child's personality. Erickson (1950) has expounded on the importance of trust in infant-mother relationships and its relationship to later psychological adjustment. It is possible that an orientation of distrust in the child may later affect his ability to empathize.

This supposition leads directly into a consideration of Hypothesis II.

Hypothesis II

This hypothesis predicted that those clients who score high on the Truax Accurate Empathy Scale (AE) would perceive their mothers as being (a) less dominant and (b) more loving than would those scoring low on the scale.

Perception of Mother as Dominant and Client Empathy

As the primary thrust of this hypothesis was supported in terms of a directional relationship among the males, it should also be remembered that they were more able to identify with their mothers either positively (Self Dom: Mother Dom, $r = .32$) or oppositionally (Table 5, Self Lov: Mother Lov, $r = -.37$) than were the females. Sensitivity in male clients may, consequently, be related to feelings of identification with their mothers on the dimension of strength in its lesser states. It is worthy of note, however, that the males seen at the MSU Counseling Center are more pathological in terms of their adjustment modes (Alexander, 1967) than are the females. Thus, in combined reference to this fact and the conclusions drawn in the discussion of Hypothesis I, it is probable that they made less of a shift away from a possibly maladjusted maternal model than did the females.

There was no statistically significant correlation ($r = .06$) for the female clients between Truax Accurate Empathy scores and Mother Dom. This is in contradiction to Hypothesis IIa. Yet, a base level of variability in identification, on the variable of Dom across the female sample was not present. Any possible statistical relationship between AE scores and Mother Dom may have been precluded.

Perception of Mother as Loving and Client Empathy

Hypothesis IIb was in the direction of support (Table 3, Mother Lov: Truax Accurate Empathy, $r = .52$) as provided by the male clients. The more empathic males, as hypothesized, tended to report their mothers to be more nurturant (high ICL Lov) than did the males judged to be low in empathic abilities. Still, it is questionable as to whether or not these same high empathy males viewed themselves as being nurturant and trusting. Table 3 suggests that they did not. That is, distrustful males tend to be empathic.

Hypothesis IIb predicted that clients scoring high on the Truax Accurate Empathy Scale would perceive their mothers as being more loving than those who do not. This hypothesis was not supported by a study of the female sample. The female client may have had a poor object relationship with her mother and, as a result of rejecting a conscious identification with her may have difficulty in discerning

her feelings toward her as well. This rationale may account for the almost zero correlation (r = .07) that exists between AE scores and Mother Lov, as a reported variable, for the females.

Distrust and the Psychogenesis of Empathic Competencies

The above ratiemale figures prominently, as well, in the observation that to a statistically significant degree, the distrusting females were judged to be more accurate empathizers (Truax Accurate Empathy Scale) than were the more trusting females. In the absence of maternal identification, or, possibly, consistency, elements of distrust in one's character may predispose one toward attaining the higher levels of empathic compentencies. This postulation supports Leary's (1957) assertion that distrustful people are "painfully sensitive" to feelings of hostility, rejection, and arrogance in others. He adds that they perceive others with hostile skepticism.

Thus, a modification of Mowrer's (1960) learning theory regarding the genesis of empathic abilities, as it applies to the distrustful personality may appropriately be that: Subject A provides the model and experiences the reinforcements for his activities. Subject B, then, "both experiences some of the same sensory consequences of A's behavior as A experiences it" (Mowrer, 1960), and also,

"intuits" A's feelings of either pleasure or displeasure. Alternately, A either rewards or punishes B for the expressions of A's behaviors and other novel responses. Subject B is confused because of A's inconsistent patterns, and becomes anxious as he "intuits" that A may be ready to respond to his (B's) behaviors. In the mother-child relationship this model may be as follows: the mother, as an inconsistently punishing and nurturing one, transmits an awareness of her feelings of satisfaction or dissatisfaction of her actions to her young child. The child, because of his awareness of the inconsistent fluctuations in the mother, can selectively choose to either immediately imitate or cognitively record her actions. When the child does imitate the actions of the inconsistent mother he is unpredictably either punished or rewarded. He experiences anxiety and distrust as a result and, thereafter, in his attention to the alterations in mood of the mother, anticipates her actions with anxiety. This modification of Mowrer is accomplished by an incorporation of Leary's (1957) statement that distrustful clients expect that, "loving feelings in themselves or in others are the prelude to anxiety and rejection. The reflexes of bitter distrust resolve this dilemma very nicely." Leary thus asserts that distrustful clients tend to feel that anxiety and rejection follow the expression of loving feelings. It is therefore possible

that distrustful people base this expectation upon previous experiences with their mothers. That is, their mothers may have combined nurturance with strong rejection and punishment.

The expectation of inconsistency in terms of punishment and nurturance may lead the child to dichotomize many of his feelings. He may come to expect either complete acceptance or complete rejection; hateful anger or ingratiating kindness in his relations with others. To the extent that he rarely experiences either extreme he probably increases his attention to covert communications and, his lack of trust in those communications. Extreme examples of this covert awareness, with distortion, are evidenced in the interpersonal perceptual frameworks of many schizophrenics. Katz (1963) states that they have an "uncanny ability" to empathize with others while at the same time distorting the meanings of the messages they receive. Thus, the more seriously disturbed distrustful people are not "accurate empathizers" as defined by Truax (1966).

Client Empathy and Therapeutic Relationship

Finally, the elements of client empathy have ramifications in the therapeutic setting. A significant positive relationship (Table 5) was shown by the females in this study between perceptions of self as being distrustful and a tendency to agree with the predominantly male therapists

on their level of offered empathy. In addition, among the females there was a positive, though slight and statistically insignificant, trend (Table 5) for "perception of mother as distrustful" to correlate with "agreement with predominantly male counselors on reported level of offered empathy." It appears that there may be some slight justification for the speculation that the same females who view their mothers as distrustful also perceive the therapist's empathy. Possibly, as suggested earlier in discussions of cross-sexual role identification patterns in females, these clients may have developed "masculine only" (male only) trusting sets related to their empathizing. Still, there is no evidence of a statistical nature that confirms that distrustful females are the <u>same</u> females who tend to view their mothers as distrustful. The tendency for distrusting male clients to perceive (agree with) the therapist's stated level of offered empathy, though also positive in direction, was not significant. However, a strong trend was revealed (Table 4, $r = -.44$) for those males who reported their mothers to be high on Lov (ICL) to agree with the therapists on the variable under question. This finding that the females were significantly better able to agree with the male therapists confirms the findings of Cartwright and Lerner (1963) which suggested that, during the initial therapeutic sessions, therapists tend to have higher empathy scores with opposite-sexed

clients. This relationship may be a function of both counselor and client needs. Yet, it is possible, as Cartwright (1955) ascertained, that males require more counseling hours than do females: that males perceive less of the therapists empathy, regardless of counselor sex. However, as the correlation between Mother Lov and perception of therapist-offered empathy was strongly positive, though not significant, among the males, there is reason to believe that the male clients are more attuned to emotional fluctuations in females than to males. This speculation and rationale is basically in accord with Hypothesis I of this study.

Hypothesis III

This hypothesis sought to examine the validity of the Barrett-Lennard Relationship Inventory (RI) against the Truax Accurate Empathy Acale (AE).

The variable of "client perceptions of therapist offered empathy" was taken to be an indirect measure of client empathy, as measured by the RI. Though it may be argued by some that the RI was not designed to examine the empathic competencies of the client, it is felt that those same abilities would be called upon by him in the reporting of "the other's" actions in an intense and involved helping relationship. Nevertheless, as demonstrated by Table 3,

the RI, on this measure of client empathy, "client perceptions of therapist-offered empathy," correlated insignificantly with the Truax AE Scale, for both male and female clients. The correlate value for the male clients was -.18, below the arbitrary level of even a slight trend relationship level of ±.20, for a N of 10. The corresponding value for the females was only .02, a near zero correlate.

The females overrated the therapists (judged them to be higher in empathy than they themselves did) almost as frequently as they underrated them. Though extreme scores may have diminished any true relationships, statistically, it is also apparent that the adequacy of a self-report measure to describe the emotional intensity of an ongoing therapeutic relationship should be questioned. Client factors such as a disappointment at the ongoing rate of progress or, conversely, an exaggerated and unrealistic appreciation for that rate because "someone is finally listening" may influence the client's report. Thus, the immediacy of the ongoing therapeutic situation coupled with the client's perspective on his long range therapeutic goals, could effect his reported perceptions of the counselor's empathic efficacy.

However, though the Truax AE Scale is not based upon self-reports, it too is somewhat limited in efficiency by the client's "defensiveness" (Truax, 1961). That is,

Truax cites the problem of client defensiveness as being an obstacle in the effective analysis of PTP units. When under stress, the client may move to a discussion of tangential matters. Truax adds that the problem of defensiveness is minimized on the part of the therapist because of his training (Truax, 1961). In regard to the RI, it would be expected that though the counselor's own biases may interfere with his self-reports of offered empathy, the relative anonymity of the therapist's identity (for research purposes), combined with his training in empathic communications, may somewhat offset the subjectivity of his report. The discrepant score that lies between the reports of the client and the therapist, on the RI, should reduce the magnitude of some of the problems that are, quite likely, inherent in the quality of self-report data concerning an immediate relationship.

Still, a comparative analysis of counselor-client discrepancy scores (weighted) on the Barrett-Lennard Relationship Inventory (Empathy Scale), in relation to the Truax scale, did not show a significant correlation to exist between the two for the female clients (Table 3, $r = .02$). A slight trend relationship ($r = .26$) was shown for the males. To a degree, therefore, those males who tended to disagree with their therapist on his level of offered empathy, also received higher Truax AE ratings. It is significant

that these males underrated the therapist on the RI (70% of clients) more frequently than did the females. These findings may be reflective, once more, of the more pathological nature of the male clients seen at the MSU Counseling Center, in relation to the females seen there. Also, these findings focus on the need for further validations of the Empathy Scale of the RI.

SUMMARY

The relationship between ratings of empathy and selected client self-report variables was investigated by studying segments from the third interviews of tape-recorded therapy sessions. The clients were college students seeking psychotherapy.

Based upon the literature on psycotherapeutic process, learning theory, and interpersonal theories of psychology which suggest that "empathy" is a learned trait, the following hypotheses were presented:

1. Clients scoring low on the Truax Accurate Empathy Scale, patient-therapist-patient (PTP) units, are likely to reveal a wide discrepancy on Self-Mother indices of similarity on the Leary Interpersonal Check-List (ICL).

2. Clients scoring high on the Truax Accurate Empathy Scale will tend to perceive their mothers as being (a) less dominant and (b) more loving, as measured by the ICL, than will those scoring low on accurate empathy.

3. The relative validity of the Barrett-Lennard Relationship Inventory (Empathy Scale), a self-report measure of empathic communication will be checked against the Truax Scale. Truax (1966) argued that a questionnaire approach to the study of process variables is highly economical

yet has questionable validity and is not likely to be reliable. It is proposed that Truax's assertions hold true.

Hypothesis I was not supported. Hypothesis II was not borne out by the data gathered from the female sample. Yet, among male clients high empathizers tended, directionally though not significantly, to view their mothers as being (a) less dominant and (b) more loving than did the low empathizers. This finding is consistent with Hypothesis II. Hypothesis III was significantly supported. Finally, an unexpected finding of this study is that there appears to exist a positive and significant relationship between the traits of empathic competency and distrust among female clients. A positive yet non-significant correlation between these variables was found among the males. Replications of this study are necessary in order that confirmations of these latter findings may be provided.

It can be speculated that the lack of support for Hypothesis I was, in part, a function of sampling errors. Limited variability in gross levels of identification may have obfuscated any true relationships that may exist between degree of Self-Mother identification and empathy.

Though directional support was provided for Hypothesis II by the pilot male clients, significant support may be realized through the study of a larger male sample. Given that the females tended not to identify with their

mothers, it is possible that they had difficulty discerning their feelings toward the same. The lack of support for Hypotheses IIa and IIb among the female clients may be reflective of this speculation.

Support for Hypothesis III confirms Truax's argument that self-report measures are not valid instruments in the study of process variables.

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APPENDICES

APPENDIX A

TRUAX ACCURATE EMPATHY SCALE

Table 6

Truax Accurate Empathy Ratings (Client)

Variable		Tape Footage 100	200	300	400	Average
Case	**Females**					
801		2	2	2	4	2.50
803		3	4	4	3	3.50
808		1	1	3	3	2.00
812		2	3	3	4	3.00
817		4	3	4	4	3.75
818		6	5	5	7	5.75
820		3	3	2	4	3.00
823		2	3	4	3	3.00
824		4	4	4	4	4.00
825		6	4	6	7	5.75
827		1	1	1	2	1.25
828		4	3	3	3	3.25
829		4	4	4	4	4.00
830		3	3	4	3	3.25
835		2	1	1	2	1.50
838		1	1	3	4	2.25
845		2	3	3	3	2.75
846		4	4	4	5	5.25
848		3	4	3	2	3.00
849		4	3	4	5	4.00
856		2	3	4	5	3.50
858		2	3	2	3	2,50
859		2	2	3	2	2.25
	Males					
804		4	3	1	1	2.25
815		3	4	3	3	3.25
831		1	2	2	2	1.75
832		5	3	3	3	3.50
834		4	5	3	6	4.50
842		2	3	2	2	2.25
843		1	1	1	2	1.25
855		3	3	2	2	2.50
861		2	2	2	2	2.00
875		2	2	1	3	2.00

*Informal Aid to AE—Client Ratings

Level	Client Response
1	Client goes off on a tangent, ignoring the therapist's statement.
2	Client partially answers or addresses himself to the therapist's question or statement.
3	Client "fully" addresses himself to the therapist's statement.
4	Client fully addresses himself to the therapist's statement. Shows some feeling.
5	Client fully addresses himself to the therapist's statement with a more intense feeling than a 4 rating.
6	Client fully addresses himself to the therapist's statement with a more intense feeling than a 5 rating but shows no insight.
7	Client fully addresses himself to the therapist's statement with a very intense feeling and some insight.
8	Client fully addresses himself to the therapist's statement with a more intense show of feeling than under rating 7. Shows more insight than under a 7 rating.
9	Client fully addresses himself to the therapist's statement. Shows more insight than under an 8 rating. More feelings expressed by client than under an 8.

*Used by raters in conjunction with the Truax AE in order to adapt the scale to a client population. Major reliance upon Truax's AE, however.

A SCALE FOR THE MEASUREMENT OF ACCURATE EMPATHY

Charles B. Truax

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A SCALE FOR THE MEASUREMENT OF ACCURATE EMPATHY[1]

Charles B. Truax

Psychotherapy Research Group
Psychiatric Institute
University of Wisconsin

The present scale is a refinement of a scale described elsewhere (The process of group psychotherapy: relationships between hypothesized therapeutic conditions and intrapersonal exploration. Psychol. Monogr., 1961, 75, No. 7, Whole No. 511). It was designed to be used with tape recorded interviews, but can also be used with motion picture recordings, video tape recordings, live observations, and, with only slight loss in reliability, to typescripts of psychotherapy interactions. This scale and its immediate predecessors have been used on psychotherapy interaction units involving as little as two therapists and one client statements and as much as four minutes of continuous therapist-client interaction. The present scale was designed to be used with therapist responses occurring in both individual and group psychotherapy, and to be used by both professional and lay persons.

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[1]The author is indebted to Shirley Epstein and Edward Williams for suggestions and additions to the Revised Scale.

The scale is an attempt to define nine degrees of accurate empathy, beginning with an almost complete lack of empathy and continuing to a level where the therapist unerringly responds to the client's full range of feeling and recognized each emotional nuance and deeply hidden feeling.

General Definition

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

It is not necessary—indeed it would seem undesirable—for the therapist to share the client's feelings in any sense that would require the therapist to feel the same emotions that the client feels. It is instead an appreciation of those feelings and a sensitive awareness of those feelings. It also, at deeper levels of empathy, involves an understanding of patterns of human feelings and experiencing so as to sense feelings present in the client which are only partially revealed. From the therapist's experience

and knowledge of patterns of human feelings and experiencings he can communicate what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware.

At a high level of accurate empathy the message "I am with you" is unmistakenly clear—the therapist's remarks fit in just right with the client's mood and content. The therapist's responses not only indicate a sensitive understanding of the obvious feelings, but serve to clarify and expand the client's awareness of his own feelings or experiences. This is communicated not alone by the language appropriate to the client, but also by the total voice qualities which unerringly reflect the seriousness and depth of feeling. The therapist's intent concentration upon the client is evident so that he is continuously aware of the client's shifting emotional content and can shift his own responses to correct for language or content errors in his own communications when he is not "with" the client.

At a low level of accurate empathy the therapist may be off on a tangent of his own or may have ministerpreted what the patient is feeling, and, at a very low level may be so preoccupied and interested in his own intellectual interpretations that he is scarcely aware of the client's "being." The therapist at this low level of accurate empathy may be even disinterested in the client, or may

have his focus of attention on the intellectual content of what the client says rather than what the client "is" during the moment and so ignores, misunderstands or does not attempt to sense the client's current feelings and experiences. At a low level of empathy the therapist is doing something other than "listening," "understanding," or "being sensitive;" he may be evaluating the client, giving advice, sermonizing, or simply reflecting upon his own feelings or experiences. Indeed, he may be accurately describing psychodynamics to the patient—but in a language not that of the client, or at a time when these dynamics are far removed from the current feelings of the client, so that it takes on the flavor of a teacher-pupil interaction.

9 - POINT SCALE

Stage 1

Therapist seems completely unaware of even the most conspicuous of the client's feelings. His responses are not appropriate to the mood and content of the client's statements and there is no determinable quality of empathy, hence, no accuracy whatsoever. The therapist may be bored and disinterested or actively offering advice but he is not communicating an awareness of the client's current feelings.

Example 1:

C: Sir, are you ready? (earnestly)

T: What about? (mumbled)

C: I want one thing to know—us—is it or is it not normal for a woman to feel like that, like I felt—degraded—one thing right after the other from Sunday on—or is it a lesson? (sadly; dramatically) Is it immature to feel like this—is really maturity—what it says in the books, that one has to understand the other person—is a woman supposed to give constantly and—be actually humiliated? (intensely, though softly)

T: If she asks for it. (casually)

C: If she asks for it. (registering surprise) Did I ask for it? (testily)

T: Well, I don't know; I doubt—I don't think you did. (mechanically)

Example II:

C: I wonder it it's my educational background or if it's me.

T: Mhm.

C" You know what I mean.

T: Yeah.

C: (Pause) I guess if I could just solve that I'd know just about where to hit, huh?

T: Mhm, mhm. Now that you know, a way, if you knew for sure, that your, your lack, it that's what it is—I can't be sure of that yet (C: No) is really so, that it, it might even feel as though it's something that you just couldn't receive, that it, if, that would be it?

C: Well—I—I didn't, uh, I don't quite follow you—clearly.

T: Well (pause), I guess, I was, I was thinking that—that you perhaps thought that, that if you could be sure that, the, uh, that there were tools that, that you didn't have, that, perhaps that could mean that these—uh—tools that you had lacked—way back there in, um, high school (C: Yah) and perhaps just couldn't perceive now and, ah. . . .

C: Eh, yes, or I might put it this way, um (pause). If I knew that it was, um, let's just take it this way—If I knew that it was my educational background, there would be a possibility of going back.

T: Oh, so, I missed that now, I mean now, and uh. . . .

C: and really getting myself equipped.

T; I see, I was—uh—I thought you were saying in some ways that um, um, you thought that, if, if that was so, you were just kind of doomed.

C: No, I mean. . . .

T: I see.

C: Uh, not doomed. Well let's take it this way, um, as I said, if, uh, it's my educational background then I could go back and, catch myself up.

T: I see.

C: And come up.

T: um.

Stage 2

Therapist shows a degree of accuracy which is almost negligible in his responses, and then only toward the client's most obvious feelings. Any emotions which are not so clearly defined, he tends to ignore altogether. He may be correctly sensitive to obvious feelings and yet misunderstand much of what the client is really trying to say. By his response he may block off or may misdirect the patient. Stage 2 is distinguishable from State 3 in that the therapist ignores feelings rather than displaying an inability to understand feelings.

Example I:

C: You've got to explain so she can understand (T: Mhm, mhm, in bored tone) without—uh—giving her the impression that she can get away with it, too. (excitedly)

T: Well, you've got a job satisfying all the things that—seem important, for instance being consistent, and yet keeping her—somewhat disciplined and telling her it's good for her. (conversationally)

C: There's where the practical application of what we have just mentioned comes into being. (laughs)

T: Mhm, mhm. (sounding bored)

C: And when it's a theoretical plan (T: Mhm) it's beautiful! (shrilly) (T: Mhm—mhm) but—

T: (Interrupting) Something else about it that I feel really dubious about (banteringly) what you can really do on the practical level (inquiringly) I sometimes say that's what—we're most encouraged about, too. (mumbling)

C: (Chiming in loudly) Yes—uh—there are many—uh problems in our lives in the practical application of—trying to be consistent. (informatively)

Example II:

C: It seems that recently, uh, we, uh, set up our program for the next year, and, uh, outlined it, and concurred it by phone and all of this stuff, and I sent him a letter, a concurring letter, a letter to concur his phone call. I want him to send me a concurring letter to the letter that I concurred from to make more triply sure that I didn't—what's going on. So, I don't know what, uh, what's going on, what's going on in this guy's head. (T: Mhm) 'Cause, uh, I assume at the outset then that this is a (T: Mhm) guy that reacts normally to acts, normally. Then, when a person does have something that is supposed to, or that he was going to be especially secretive about, (T: Mhm) that does have a definite meaning. Not a type that just promotes himself to . . . out of proportion like . . . let's say, uh, say a certain general. Perhaps, uh, this fellow likes servants.

T: Maybe you're saying that . . . I mean, what I see you doing is, uh, escaping, considering . . . letting a—a justification . . . for . . . your feeling of anxiety in this situation.

C: (Interrupting) Yeah, well, uh, I'm trying to figure out just how . . . well, just kind of what the outcome would be, what day do you think (Therapist attempts to interject some comment, but client does not yield) I could go on with the delusions of trying to be a fortune teller, which I can't . . . (T: Mhm) . . . I can't stand that.

T: Then, I heard you say something else, uh, right at the beginning, I suppose this was, that, uh, there it was a hot day, and you didn't think there was, you know, there was any calls coming downstairs.

C: Well, I . . . I would like to try to figure that out for myself, the feeling I . . . I sort of get the feeling, you know, of . . . of getting to be triply sure, you know. Perhaps this is what I meant to convey here.

T: Well, uh . . . I don't know whether you really said this, but it's . . . you conveyed it to me, anyhow. And, I perceived the notion that, uh . . . you were feeling this way and, uh, sore and so on, and along comes this phone call and this situation. . . .

C: Mhm.

T: . . . to which, immediately, you respond with anxiety—

C: Yah.

T: . . . which, umh, you then felt was, uh, an indication of the insecurity of your level of confidence. . . .

C: Yah.

T: . . . in yourself . . . . . I'm very frank!

Stage 3

Therapist often responds accurately to client's more exposed feelings. He also displays concern for the deeper, more hidden feelings, which he seems to sense must be present, though he does not understand their nature. The therapist seems to assume the presence of deep feelings, although he does not sense their meaning to this particular patient.

Example I:

C: I'm here, an' uh—I guess that maybe I'll go through with it, and (nervous laugh) I'll have to—there's no use—

T: (Interrupting) You mean you're here—you mean you're right here—I wasn't sure when you said that (C: well. . .) whether you meant you were—I guess you mean you wer in—this is your situation. (stumbling)

C: (Interjecting) I'm in—I'm in—I'm in the stage of suffering—well, yes, I'm here too because of that. (T: murmurs Mhm after every other word or so) An'—uh (sighs audibly) but, I can see where—uh—

T: (Filling in) You feel it's—you feel it's a pretty tough situation to be in? (inquiringly)

C: Sometimes I do, sometimes I don't. (casually)

Example II:

C: Now that you're . . . know the difference between girls; I think they were about 9 to 8 years old and, uh, they were just like dolls, you know, and (laughs) uh, I used to spend a lot of time with 'em. I used to go over there and would spend more time with these kids than what I would with . . . .

T: Mhm, hm.

C: But nobody ever told me why I was dragged in here. And I own my own place, I have my, my . . . and my farm, I think I still own them. Because that, there was a little mortgage on it. And, uh (pause), my ex-wife but I don't see how in the world they could change that.

T: Mhm, hm.

C: But they sold my livestock and, uh, I, I worked with horses, and they sold them all, and ah . . . .

T: I think probably, should I cross this microphone? (noises)

C: And then I had a bunch of sheep.

T: Mhm, hm.

C: And they sold that stuff off, and the social worker, Mrs. L. says to me, she says that uh, she says I was ill when I was brought in here.

T: Mhm, hm.

C: And that, which I know that I was not ill. Now, I'll tell you what she might've meant in what way I was ill. Now I'll tell 'ya, I 'batched it out there on the farm and I maybe just didn't get such too good food at the time. Now, whether she wanted to call that ill, or whether she wanted to call it mentally ill, that she didn't say.

T: Mhm, hm.

C: But she says I was ill, well, they could put that I was sick that I didn't have the right kind of food because I gained quite a bit of weight after I was brought in here.

T: Mhm, hm.

C: And she wouldn't give me any explanation and then I got mad at her . . . .

T: Mhm, hm.

C: . . . and of course I told her off. Then I asked her if she, they kept from me for a long time that my stock was sold and I thought quietly, anyhow, I says, I won't give my work . . . .

Stage 4

Therapist usually responds accurately to the client's more obvious feelings and occasionally recognizes some that are less apparent. In the process of this tentative probing, however, he may anticipate feelings which are not current to the client, as well as misinterpreting some present feelings. Sensitivity and awareness of the therapist are present but he is not entirely "with" the patient in the current situation or experience. The desire and effort to understand are both present but accuracy is low. It is distinguishable from Stage 2 in that the therapist does occasionally recognize feelings that are less apparent. Also the therapist may seem to have a theory about the patient and may even know how or why the patient feels a particular way, but the therapist is definitely not "with" the patient—they are not together. In short, the therapist may be diagnostically accurate, but not empathically accurate in his sensitivity to the current feeling state of the patient.

Example I:

C: If—if—they kicked me out, I—I don't know what I'd do—because (T: Mhm) I—I—I am really dependent on it. (stammering)

T: Even though you hate this part—you—say, "MY GOD, I—I don't think I could—possibly exist without it either." (C: Mhm) And that's even the—that's the worst part of it. (gently)

C: (Following lengthy pause) Seems that (catches breath) sometimes I—uh—the only thing I want out of the hospital—'s tuh have everyone agree with me (T: Mhm, hm) that's—I—I—I guess that if (catches breath) everybody agreed with me—that everybody'd be in the same shape I was. (seriously, but ending with nervous laughter)

T: Mhm, well, this is sort of like—uh—feeling about the friend who—didn't want to do what I wanted to do; that—even here—if you agreed with me—this is what I want because if you don't agree with me, it means you don't like me or something. (reflectively)

C: Mmmmm (thoughtfully) it means that I'm wrong! (empathically, quick breathless laugh)

Example II:

C: —You know, I'll bet you tell that to all the girls. And when we would have oh, go out for department, frequently had parties and picnics and that sort of thing, and I knew his wife and, and, children and, uh there, there was no affair. It was, and, as a matter of fact, I, that was at the time that I had an affair with A. (T: Mhm) I didn't need a man because I had one. (T: Mhm) Now I, I don't think when I was living in that city and working for the welfare department that even though I hadn't been having an affair with A, I don't think that I would at that time had had an affair with B. (T: Mhm) I really don't.

T: One of the impressions I have (name) is that you, ah, your guilt feelings are way out of proportion—to what uh, they should be. In some ways you've got some really, ah, ah, victorian attitudes that you apply to yourself. . . .

C: (Interrupting therapist) Well, I had an affair with a man and had an illegitimate baby and then go right ahead and have an affair with another married—

T: (Interrupting client) I'm not talking about that here. That's, that's serious. I mean, maybe you were indiscrete. Maybe uh, you were uh, you took chances that you shouldn't have taken, uh, what I'm saying is, uh, you have sexual feelings, you're going to have sexual feelings. It's a part of you because you're a person and, an . . . .

C: (Interrupting) But I didn't used to have them doctor!

T: (Therapist going right on) You want to, and you're going to want to find expression for them. And ah, and most people in your circumstance would find expression for them. And wouldn't have to feel so terribly guilty about it, as you do—they wouldn't have to go around hating themselves afterwards like you do. You've got built into yourself a good whip somewhere, (name), you whip yourself (pause) I'm saying that compared to what most people in your circumstance, uh, what their feelings are like—

Stage 5

Therapist accurately responds to all of the client's more readily discernable feelings. He shows awareness of many feelings and experiences which are not so evident, too, but in these he tends to be somewhat inaccurate in his understanding. The therapist may recognize more feelings that are not so evident. When he does not understand completely this lack of complete understanding is communicated without an anticipatory or jarring note. His misunderstandings are not disruptive by their tentative nature. Sometimes in Stage 5 the therapist simply communicates his awareness of the problem of understanding another person's inner world. Stage 5 is the mid-point of the continuum of accurate empathy.

Example I:

C: I gave her her opportunity (T: Mhm) and she kicked it over. (heatedly)

T: Mhm—first time you ever gave her that chance, and—she didn't take it? (inquiring gently)

C: No! She came back and stayed less than two weeks. (T: Mhm) A little more than a week—and went right straight back to it. (shrilly) (T: Mhm) So that within itself is indicative that she didn't want it. (excitedly)

T: Mhm, mhm—it feels like it's sort of thrown—right up in your face. (gently)

C: Yah—and now I would really be—crawling (T: Mhm) if I didn't demand some kind of assurances—that, that things was over with. (firmly)

T: Mhm, mhm, it would be—pretty stupid to—put yourself in that—same position where it could be sort of—done to you all over again. (warmly)

C: Well, it could be—yes! I would be very stupid! (shrilly) (T: Mhm) Because if it's not him—it might be someone else. (emphatically)

Example II:

C: Uh, it's really a store window there, uh, in Milwaukee.

T: Uh, huh. But this had been your idea, and you'd suggested it and them, lo and behold it comes out as—

C: Well, uh, you see, I have to investigate the contract I signed with the company, you know, these companies have to have a contract whereby they have rights to all patents and, and, copyrights uh, for uh, for so—so long a time after you leave the company, you know (T: Yeah) and uh, in other words, uh (talk together here).

T: So you might have been all right in doing this but you're not really sure about that. You'd have to investigate that.

C: I'd have to investigate that and some other ideas I'd given them.

T: Uh, huh. And I know too, that, that this is another sign of how, another indication of how many things there were—that you need to track down. The drug was just one, this is just another, the movie camera, and (C: Mhm) and there are probably a number of others too.

C: Well, all those other ideas (T: talks simultaneously with client here) even before they . . . when the, when the rocket uh, was fired by a balloon the first time; I remember, uh, that, right after, uh, this time, that I had gotten into that trouble, I started a little office over in Peckatonica and, and, uh, I submitted to the department of uh, well, the National Inventors Council, that one particular idea. Well then, I just wrote in, an, asking uh, for a little recognition on it. (T: Mhm) And of course, it was one of those ideas, like most of mine that any, anybody will think of and not many people will do anything about, you know (T: Mhm) and uh. . . .

Stage 6

Therapist recognizes most of the client's present feelings, including those which are not readily apparent. Sometimes, however, he tends to misjudge the intensity of these veiled feelings, with the result that his responses are not always accurately suited to the exact mood of the client. In content, however, his understanding or recognition includes those not readily apparent. The therapist deals with feelings that are current with the patient. He deals directly with what the patient is currently experiencing although he may misjudge the intensity of less apparent feelings. Often the therapist, while sensing the feelings, is unable to communicate meaning to these feelings. The therapist statements contain an almost static quality in contrast to Stage 7 in the sense that the therapist handles those feelings that the patient offers but does not bring new elements to life. He is with the client but does not encourage exploration. His manner of communicating his understanding is such that he makes of it a finished thing.

Example I:

T: You're sort of—comparing—things you do, things you have done—with what it would take to be a priest—is that sort of—the feeling? (very gently)

C: (Following long pause) I don't know. (meekly)—(lengthy pause)

T: Suppose we mean right now feeling real guilty? (softly)

C: (Sighs audibly) Real small. (very softly—protracted silence) I can't see how I could feel any different—other than—feeling small or bad (T: Mhm) guilty. (softly)

T: Things you've done just—so totally wrong to you—totally bad—you can't help sort of—hating yourself for it? (assuming client's tone) Is that the sort of quality? (very gently; almost inaudibly)

C: (Following pause) And yet right now I feel as though I want to laugh—be gay (T: Mhm) I don't feel anything else. (monotonously)

T: (Speaking with client) Right at this—at this moment? (C: Mhm) So—it's too much to really—feel—very miserable and show it? (inquiringly)

C: Yeah, yeah (urgently) I—I—don't want to show it anyway. (haltingly)

Example II:

C: —gained a lot of weight, I'm way overweight, just the last couple of years, the more I, put on a lot of weight—I, well I did weigh around 160-165, now I weigh a little over 200; about 208 pounds or so. I really am overweight.

T: Mhm. You feel like (C: Yeah) you've got 40 pounds too much and you don't feel too good.

C: That's right. I washed medicine glasses for a little over three months this last summer so I, I feel like it right now, but some job, like that, that was—wasn't too hard, I could do it. (T: Mhm) I done that four times a day and it'd take me about—oh half an hour, three-quarters of an hour each time I done it, to wash, see to wash the medicine glasses first. All the different ones that that medicine. They give out medicine four times a day. I done that from, oh, the middle of May until the last part of August.

T: So you're saying, well you're well enough to, to do some work.

C: Yeah, I went off—they wanted me to go on lawn detail last year but I didn't, I hardly feel that—I went out and shovelled snow last winter, just a day or two. If the work isn't too hard, I think I could do it all right. Now that really, that was really a nice good job for me, that washing glasses—I should've kept with that but uh, but, oh I made the beds sometimes, about twelve, or, something like that . . . sometimes I mop the floor.

T: Mhm. Then you do feel well enough to, to do that sort of work (C: Yeah) around here in your saying . . . . You don't feel well enough or you don't really want to—

C: Well I don't really know, I wouldn't really be well enough to; I have to take medicine all the time and everything, to keep my nerves calmed, and uh. . . .

Stage 7

Therapist responds accurately to most of the client's present feelings. He shows awareness of the precise intensity of most underlying emotions. However, his responses move only slightly beyond the area of the client's own awareness, so that feelings may be present which are not recognized by the client or therapist. The therapist moves on his own to more emotionally laden material. The therapist may communicate simply that the patient and he are moving towards more emotionally significant material. Stage 7 is distinguishable from Stage 6 in that often the therapist response is a kind of pointing of the finger toward emotionally significant material with great precision in the direction of pointing.

Example I:

C: Th—the last—several years—it's been the other way around—I mean he'll say, 'Well let's—go do this or that,' and—and I—sometimes I actually wanted to, but I'd never go because—I feel like I'm getting my little bit of revenge or something. (voice fades at the end)

T: By God, he owed it to you, and—if he didn't come through, you'll just punish him now (C: Yah) now it's too late or—something. (very softly)

C: (Laughingly) Yah—that's—uh—that's just the way I—uh—now it's too late—It's your turn to take your medicine now. (assuming therapist's tone)

T: Mhm—I'm gonna treat you like—you've treated me. (pause) Uh—

C: Mhm . . . it's pretty—that's a—pretty childish way to think, but—I know uh—if I went home tomorrow, I'd do it tomorrow—if I had the chance. (defiantly) If—

T: (Interrupting and overtalking client) One part of you could say, 'Well, this is stupid and childish 'cause I—I want to be with him,'—and yet—another part says, 'No, you gotta make him pay for it—you want him dangling there now.' (gently)

Example II:

(Long silence)

T: Are you interested in knowing any more about that or any more about your dreams or about anything else that has seemed important to you here in the hospital?

C: Oh no, the last few months I haven't felt like having any recreation at all, I don't know why, it just doesn't appeal to me. And last night I almost had to force myself to go on a talent show.

T: Mm, Mhm. Just feel as though something like this, you just feel, oh, gosh, I'm not interested. (C: Mhm)

C: I used to go to all the dances when I first came here, but now I don't care to now.

T: You sort of feel that even with things that at first you were quite interested in, now they seem less and less interesting.

C: Mhm.

T: I guess you're saying you don't quite know why that is but, uh, it seems that way.

C: Mhm.

Stage 8

Therapist accurately interprets all the client's present, acknowledged feelings. He also uncovers the most deeply-shrouded of the client's feeling areas, voicing meanings in the client's experience of which the client is scarcely aware. Since he must necessarily utilize a method of trial and error in the new uncharted areas, there are resulting minor flaws in the accuracy of his understanding, but inaccuracies are held tentatively. He moves into feelings and experiences that are only hinted at by the client and does so with sensitivity and accuracy. The therapist offers specific explanations or additions to the patient's understanding so that not only are underlying emotions pointed to, but they are specifically talked about. The content that comes to life may be new but it is not alien. While the therapist in Stage 8 makes mistakes, mistakes do not have a jarring note, but are covered by the tentative character of the response. Also the therapist is sensitive to his mistakes and quickly alters or changes his response in mid-stream, indicating that he more clearly knows what is being talked about and what is being sought after in the patient's own explorations. The therapist reflects a togetherness with the patient in tentative trial and error exploration. His voice tone reflects the seriousness and depth of his empathic grasp.

Example I:

C: I'm getting real worried—be—because—I don't know just what I'm gonna have to face. (Insistently; raising voice to overtalk therapist who attempts to interject comment) I mean I can't even find—find what I'm gonna have to—uh—fight. (last word barely audible)

T: It must be something—pretty—God-awful terrible—and yet you don't even know what it is. (gently)

C: No—uh—I mean—someone could tell me that—I don't have enough confidence—uh—mmm—and I know I've—uh—I've always been afraid of—uh—physical violence—and—uh. . . .

T: (Interjects) That you've always been afraid of—being hurt—and I sort of sense, too, it's—being hurt by people—uh—that—physical violence like a—uh—train crashing in isn't frightening with you. (gently)

C: No-uh (reflectively)

T: That a fight with people is upsetting: (softly)

C: Yah! (forcefully and registering surprise) I—I think I'm—uh—afraid—uh, uh—I'm afraid of ever losing—uh I think—not so much because of—uh the physical pain—but—the idea that—I lost and uh, everybody knows it. (haltingly)

T: The idea that someone beat you (C: Mhm) that you were weak or something. (very gently)

Example II:

T: The way she wanted me and I was always terribly afraid that she wouldn't put up with me, or would put me out, out (C: Yeah) I guess I can get something else there, too, now I was always afraid that she didn't really care.

C: I still think that though. (T: Mhm) 'Cause I don't know for sure.

T: Mhm. And don't really know for sure whether she cares or not.

C: (Pause) She's got so many other, uh, littler kids to think about. (T: Mhm) That's why—

T: Maybe she likes them better or—

C: No, it's not that, I think she likes us all. (T: Mhm) (pause) I think seein' that I'm the, I'm the black sheep but, uh, the only one that served time (T: Mhmm) and, that—'n got in the most trouble. (T: Mhm) Seein' that I hurt her so much, that's why I think she's starting ta—she just don't care for me anymore.

T: You believe, maybe because I have hurt her so much, maybe she's fed up with me, maybe she's gotten to the point where she just doesn't care.

(Long pause)

T: Mhm—this would be—just—terrible—uh—a man wouldn't cry, a grown-up wouldn't cry. (almost tearfully) (C: Yeah) . . . or at least— (leaves thought suspended)

C: (Filling in for T) At least without an apparent reason (T: Mhm) (long pause) an'—uh—an'—I—I don't have—an apparent reason (emphatically)

T: —it wouldn't only be weak, but—be crazy or something. (very gently)

C: (Chiming in) Yeah! (very positively)

Example II:

T: —I s'pose, one of the things he was saying there was, I may seem pretty hard on the outside to other people but I do have feelings.

C: Yeah, I've got feelings. But most of 'em I don't let 'em off.

T: Mhm. Kinda hide them. (C: faintly - Yeah)

(Long pause)

C: I guess the only reason that I try to hide 'em, is, seein' that I'm small, I guess I got to be a tough guy or somethin'.

T: Mhm.

C: That's the way I, think I people might think about me.

T: Mm. Little afraid to show my feelings. They might think I was weak, 'n take advantage of me or something. They might hurt me if they—knew I could be hurt.

C: I think they'd try, anyway.

T: If they really knew I had feelings, they, they really might try and hurt me.

(Long pause)

C: I guess I don't want 'em to know that I got 'em.

T: Mhm.

C: 'Cause then they couldn't if they wanted to.

T: So I'd be safe if I, if I seem like a, as though I was real hard on the outside. If they thought I was real hard, I'd be safe.

APPENDIX A

Revised version used in a study of
"Personality and Performance Correlates of
Empathic Understanding in Psychotherapy"
by Allen E. Bergin and Sandra Solomon

The material reproduced below are merely guidelines derived from the original scale which were used by the raters in evaluating recorded therapist responses.

Truax Scale Points	Bergin-Solomon Points	
1	1	Inaccurate responses to obvious feelings.
2	2	Slight accuracy toward obvious feelings. Ignores the deeper feelings.
-	3	Slight accuracy toward obvious feelings. Concern with deeper feelings but inaccurate with regard to them.
3	4	Often accurate toward obvious feelings. Concern with deeper feelings and occasionally accurate with regard to them.
4	5	Often accurate toward obvious feelings. Concern with deeper feelings and fairly often accurate with regard to them although spotted by inaccurate probing.
5	6	Always accurate toward obvious feelings. Frequently accurate toward deeper feelings although occasionally misinterpreting them.
6	7	Always accurate toward obvious feelings. Frequently accurate toward the content but not the intensity of deeper feelings.

Truax Scale Points	Bergin-Solomon Points	
7	8	Always accurate toward obvious feelings. Frequently accurate toward deeper feelings with regard to both content and intensity of feeling but occasionally misses the mark of depth of intensity. May go too far in direction of depth.
8	9	Always accurate toward obvious feelings. Almost always accurate toward deeper feelings with respect to both content and intensity but may occasionally hesitate or err though correct well.
9	10	Always accurate toward obvious feelings and unerringly accurate and hesitant toward deep feelings with regard to both content and intensity.

APPENDIX B

A Schematic Presentation of

A Scale for the Measurement of Accurate Empathy[1]

Richard A. Melloh
University of Florida

Level of Client Feelings Perceived and Reflected by the Therapist	Degrees of Therapist Accuracy in the Perception of Client Feelings at the Stages of the AE Scale								
	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6	Stage 7	Stage 8	Stage 9
Present Obvious Feelings	ignores	under-stands poorly	often accurate	usually accurate	accurate	accurate	accurate	accurate	unhesitating flawless accuracy
Veiled Feelings		ignores	senses but under-stands poorly	accuracy very low but trying	sensitive but some-what in-accurate tentative interpre-tation	accurate toward content but not intensity	accurate	accurate	
Preconscious Feelings						ignores	a precise pointing toward	Sensitive trial and error ex-ploration	

This scheme is intended to facilitate the training of raters in the use of the scale.

APPENDIX B

BARRETT-LENNARD RELATIONSHIP INVENTORY (EMPATHY SCALE)

Table 7

Therapist Empathy: Barrett-Lennard Relationship Inventory

	Client Form Empathy			Counselor Form Empathy			Counselor-Client Weighted Discrepancy
	+	-	Total	+	-	Total	
Case							
801	9	-14	23	14	-12	26	-3
803	9	-7	16	10	-10	20	-4
808	13	-9	22	13	2	11	11
812	17	-17	34	1	0	1	33
817	-2	-5	3	7	-6	13	-10
818	13	-12	25	7	-3	10	15
820	10	-16	26	9	-9	18	8
823	9	5	14	0	-16	16	-2
824	0	6	-6	14	-9	23	-29
825	15	-10	25	18	-15	33	-8
827	-10	5	-15	11	-7	18	-33
828	7	-3	10	6	-2	8	2
829	3	-1	4	10	-8	18	-14
830	10	-14	24	23	-24	47	-23
835	16	0	16	12	0	12	4
838	12	-9	21	18	-16	34	-13
845	13	-9	22	11	-9	20	2
846	-6	-4	-2	-6	-9	3	-5
848	18	-16	34	6	4	2	32
849	14	-11	25	8	-11	19	6
856	12	-13	25	5	-4	9	16
859	5	-3	8	-1	2	-3	11
804	-7	-13	6	5	-3	8	-2
815	11	-5	16	12	-16	28	-12
831	9	6	3	8	-5	13	-10
832	-9	0	-9	16	-13	29	-38
834	16	-19	35	5	-2	7	28
842	15	-7	22	4	-2	6	16
843	-2	7	9	17	-19	36	-25
855	12	-6	18	13	-6	19	-1
861	6	-7	13	-3	-4	1	12
875	-1	-1	0	6	-4	10	-10

RELATIONSHIP INVENTORY—CLIENT FORM

(Please do not write your name on this form. It will be coded anonymously and your answers used for research purposes only.)

Below are listed a variety of ways that one person could feel or behave in relation to another person. Please consider each statement with respect to whether you think it is true or not in your present relationship with your therapist. Mark each statement in the left margin according to how strongly you feel it is true or not true. Please mark every one. Write in +1, +2, +3; or -1, -2, -3, to stand for the following answers:

+1: I feel that it is probably true, or more true than untrue.

+2: I feel it is true.

+3: I strongly feel that it is true.

-1: I feel that it is probably untrue, or more untrue than true.

-2: I feel it is not true.

-3: I shrongly feel that it is not true.

1. _____He tries to see things through my eyes.

2. _____He understands my words but not the way I feel.

3. _____He is interested in knowing what my experiences mean to me.

4. _____He nearly always knows exactly what I mean.

5. _____At times he jumps to the conclustion that I feel more strongly or more concerned about something than I actually do.

6. _____Sometimes he thinks that I feel a certain way, because he feels that way.

7. _____He understands me.

8. _____His own attitudes toward some of the things I say, or do, stop him from really understanding me.

9. _____He understands what I say, from a detached, objective point of view.

10. _____He appreciates what my experiences feel like to me.

11. _____He does not realize how strongly I feel about some of the things we discuss.

12. _____He responds to me mechanically.

13. _____He usually understands all of what I say to him.

14. _____When I do not say what I mean at all clearly he still understands me.

15. _____He tries to understand me from his own point of view.

16. _____He can be deeply and fully aware of my most painful feelings without being distressed or burdened by them himself.

RELATIONSHIP INVENTORY—COUNSELOR FORM

(Please do not write your name on this form. It will be coded anonymously and your answers used fro research purposes only.)

Below are listed a variety of ways that one person could feel or behave in relation to another person. Please consider each statement with respect to whether you think it is true or not in your present relationship with your client. Mark each statement in the left margin according to how strongly you feel it is true or not true. Please mark every one. Write in +1, +2, +3; or -1, -2, -3, to stand for the following answers:

+1: I feel that it is probably true, or more true than untrue.

+2: I feel it is true.

+3: I strongly feel that it is true.

-1: I feel that it is probably untrue, or more untrue than true.

-2: I feel it is not true.

-3: I strongly feel that it is not true.

1. _____I try to see things through his eyes.

2. _____I understand his words but not the way he feels.

3. _____I am interested in knowing what his experiences mean to him.

4. _____I nearly always know exactly what he means.

5. _____At times I jump to the conclusion that he feels more strongly or more concerned about something than he actually does.

6. _____Sometimes I think he feels a certain way, because I feel that way.

7. _____I understand him.

8. _____My own attitudes toward some of the things he says, or does, stop me from really understanding him.

9. _____I understand what he says from a detached, objective point of view.

10. _____I appreciate what his experiences feel like to him.

11. _____I do not realize how strongly he feels about some of the things we discuss.

12. _____I respond to him mechanically.

13. _____I usually understand all of what he says to me.

14. _____When he does not say what he means at all clearly I still understand him.

15. _____I try to understand him from my own point of view.

16. _____I can be deeply and fully aware of his most painful feelings without being distressed or burdened by them myself.

APPENDIX C

LEARY INTERPERSONAL CHECK LIST

Table 8

Raw Dom and Lov Scores (Conscious Self and Mother) Obtained on the Interpersonal Check-List (ICL)

Variable	Self Dom	Self Lov	Mother Dom	Mother Lov
	ICL Scores—Females			
801	+5.9	+5.9	+2.8	+9.4
803	-9.6	0.0	+8.9	-23.3
808	-7.4	-1.2	+10.7	-11.7
812	-1.1	+21.9	-0.3	+20.9
817	-0.7	-6.1	+15.9	+0.1
818	-19.7	17.5	3.7	9.3
820	10.2	3.8	-10.0	18.4
823	-4.7	5.3	3.6	-4.4
824	7.4	1.8	5.7	-2.4
825	14.2	-17.3	12.5	-7.5
827	10.2	-6.2	4.8	3.2
828	-5.0	15.2	8.6	9.8
829	4.1	1.9	7.8	6.6
830	0.8	11.4	-1.4	-9.2
835	8.2	3.8	-8.8	16.0
838	-18.5	-1.3	9.6	-12.0
845	-11.3	1.9	-1.2	-1.0
846	-1.4	-7.4	-4.1	18.9
848	-2.0	6.6	2.6	6.6
849	-1.0	8.6	-7.6	11.0
856	-25.6	-3.0	-5.5	3.5
858	-9.4	16.6	12.0	-13.2
859	-0.4	7.8	7.2	-2.8
	ICL Scores—Males			
804	-2.9	-9.3	19.3	-3.3
815	0.0	-6.1	5.4	1.4
831	-11.5	-7.1	-15.7	7.7
832	6.3	-6.1	0.7	12.5
834	8.8	0.0	5.1	6.3
842	-14.0	13.8	8.7	-3.1
843	7.0	8.6	6.1	-6.7
855	-9.3	8.4	-5.1	8.5
861	-15.6	3.4	10.2	-6.6
875	7.2	13.2	2.9	-0.5

Table 9

Standardized Dom and Lov Scores (Conscious Self and Mother) on the ICL and Measured Discrepancy (Self-Mother)

Variable	Self		Mother		Discrepancy
	Dom	Lov	Dom	Lov	
Case					
801	1.09	0.34	-0.29	0.75	4.50
803	-1.16	0.53	0.07	-3.07	13.00
808	-0.84	-0.70	1.00	-1.71	6.70
812	0.07	2.69	-0.80	2.10	3.50
817	0.13	-1.42	1.85	-0.33	6.50
818	-2.02	-2.04	-0.15	0.74	10.60
820	1.71	0.03	-2.38	1.81	14.50
823	-0.45	0.25	-0.16	-0.86	3.70
824	1.30	-0.30	0.18	-0.63	3.70
825	2.29	-3.11	1.30	-1.22	6.80
827	1.71	-1.44	0.03	0.03	5.40
828	-0.50	1.70	0.65	0.80	4.60
829	0.82	-0.25	0.52	0.42	2.40
830	0.35	1.14	-0.98	-1.42	9.20
835	1.42	0.03	-2.19	1.52	12.20
838	-2.50	-0.72	0.82	-0.46	10.60
845	-1.40	-0.25	-0.95	0.75	3.50
846	-0.03	-1.61	-1.42	1.86	12.00
848	-0.06	0.44	-0.33	0.42	1.50
849	0.08	0.74	-1.99	0.94	6.50
856	-3.49	-0.97	-1.65	0.06	6.70
858	-1.13	1.91	1.21	-1.89	14.20
859	0.17	0.62	0.43	-0.67	4.20
		Males			
804	-0.32	-0.42	2.92	-0.80	10.50
815	0.11	-0.96	0.26	-0.19	2.50
831	-1.59	-0.11	-2.23	0.60	3.10
832	0.16	-0.96	-0.63	3.30	13.80
834	1.41	-0.10	0.21	0.43	4.20
842	-1.96	1.86	0.90	-0.76	12.10
843	1.14	1.12	0.40	-1.21	7.70
855	-1.26	1.09	-1.74	0.71	2.00
861	2.42	0.38	1.18	-1.12	4.80
875	1.17	1.77	-0.21	-0.43	8.20

APPENDIX C

THE INTERPERSONAL CHECK LIST—FORM IV

1. Able to give orders
2. Appreciative
3. Apologetic
4. Able to take care of self

5. Accepts advice readily
6. Able to doubt others
7. Affectionate and understanding
8. Acts important

9. Able to criticize self
10. Admires and imitates others
11. Agrees with everyone
12. Always ashamed of self

13. Very anxious to be approved of
14. Always giving advice
15. Bitter
16. Bighearted and unselfish

17. Boastful
18. Businesslike
19. Bossy
20. Can be frank and honest

21. Clinging vine
22. Can be strict if necessary
23. Considerate
24. Cold and unfelling

25. Can complain if necessary
26. Cooperative
27. Complaining
28. Can be indifferent to others

29. Critical of others
30. Can be obedient
31. Cruel and unkind
32. Dependent

33. Dictatorial
34. Distrusts everyone
35. Dominating
36. Easily embarrassed

37. Eager to get along with others
38. Easily fooled
39. Egotistical and conceited
40. Easily led

41. Encouraging to others
42. Enjoys taking care of others
43. Expects everyone to admire him
44. Faithful follower

45. Frequently disappointed
46. Firm but just
47. Fond of everyone
48. Forceful

49. Friendly
50. Forgives anything
51. Frequently angry
52. Friendly all the time

53. Generous to a fault
54. Gives freely of self
55. Good leader
56. Grateful

57. Hard-boiled when necessary
58. Helpful
59. Hard-hearted
60. Hard to convince

61. Hot-tempered
62. Hard to impress
63. Impatient with others mistakes
64. Independent

65. Irritable
66. Jealous
67. Kind and reassuring
68. Likes responsibility

69. Lacks self-confidence
70. Likes to compete with others
71. Lets others make decisions
72. Likes everybody

73. Likes to be taken care of
74. Loves everyone
75. Makes a good impression
76. Manages others

77. Meek
78. Modest
79. Hardly ever talks back
80. Often admired

81. Obeys too willingly
82. Often gloomy
83. Outspoken
84. Overprotective of others

85. Often unfriendly
86. Oversympathetic
87. Often helped by others
88. Passive and unaggressive

89. Proud and self-satisfied
90. Always pleasant and agreeable
91. Resentful
92. Respected by others

93. Rebels against everything
94. Resents being bossed
95. Self-reliant and assertive
96. Sarcastic

97. Self-punishing
98. Self-confident
99. Self-seeking
100. Shrewd and calculating

101. Self-respecting
102. Shy
103. Sincere and devoted to friends
104. Selfish

105. Skeptical
106. Sociable and neighborly
107. Slow to forgive a wrong
108. Somewhat snobbish

109. Spineless
110. Stern but fair
111. Spoils people with kindness
112. Straightforward and direct

113. Stubborn
114. Suspicious
115. Too easily influenced by friends
116. Thinks only of self

117. Tender and soft-hearted
118. Timid
119. Too lenient with others
120. Touchy and easily hurt

121. Too willing to give to others
122. Tries to be too successful
123. Trusting and eager to please
124. Tries to comfort everyone

125. Usually gives in
126. Very respectful to authority
127. Wants everyone's love
128. Well thought of

129. Wants to be led
130. Will confide in anyone
131. Warm
132. Wants everyone to like him

133. Will believe anyone
134. Well-behaved