

THE RELATIONSHIP BETWEEN COUNSELING
PROGRESS AND EMPATHIC UNDERSTANDING

Thesis for the Degree of Ph. D.

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William Morris Lesser

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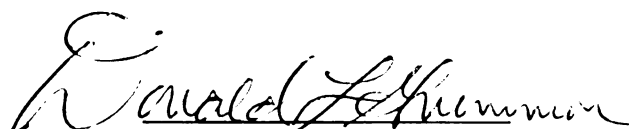
THE RELATIONSHIP BETWEEN COUNSELING PROGRESS
AND EMPATHIC UNDERSTANDING

presented by

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By

William Morris Lesser

AN ABSTRACT

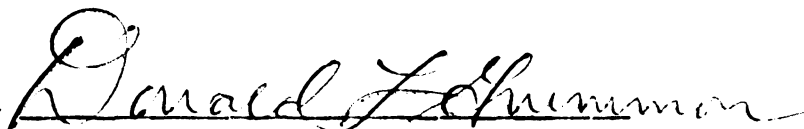
Submitted to the School for Advanced Graduate Studies of
Michigan State University of Agriculture and
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DOCTOR OF PHILOSOPHY

Department of Psychology

1958

Approved

A handwritten signature in cursive script, reading "Donald L. Johnson". The signature is written in dark ink and is positioned to the right of the word "Approved".

This study was designed to explore the relationship between counselor understanding of his client and counseling progress. An integral part of the research was the analysis of certain client-counselor variables, some of which had been previously viewed outside of the counseling process.

The major test procedures used were Q-sorts, an Empathic Understanding Scale and a Felt Similarity Scale. Rank order correlation was the primary statistical means used to determine the various relationships. T-tests were also computed to determine the significance of the difference between various findings.

Variables such as similarity, various perceptions of similarity, prediction and refined empathy were related to each other, and to the criterion measures of counseling progress and empathic understanding. The two criterion measures were also related to each other.

The population consisted of 11 counselors and 22 of their clients undergoing personal counseling at the Michigan State University Counseling Center.

In general the stated hypotheses of this study were not supported. It was found that counselor empathic understanding as herein measured was unrelated to counseling progress. This raised some questions concerning the generally accepted notion of the value of empathic understanding, especially since the client group on the whole showed positive counseling movement.

It was also found that similarity between client and counselor self-perceptions was negatively related to counseling progress. However, correct awareness of similarity was positively related to counseling progress which suggests that the counselor is able to overcome the negative effects of similarity in the counseling process when he correctly perceives this similarity. Contrary to views of Fiedler an overestimation of similarity was not related to counseling progress. Empathic understanding was not related to similarity, to correct awareness of similarity, or to overestimation of similarity.

Counselor ability to correctly predict his client's self-perception was also found to be unrelated to counseling progress but was positively related to the client's feeling of his counselor's empathic understanding. Results of other research findings concerning ability to predict were found to be generally contradictory of each other, however.

The refined empathy score of Bender and Hastorf was found to be positively related to counseling progress but unrelated to empathic understanding. This finding suggests that care be used in eliminating the effects of projection or of assumed similarity when considering one's ability to predict the responses of another.

The results of this study must be considered as tentative due to the relatively small population involved.

However, question is raised concerning some of the generally accepted notions concerning empathic understanding, similarity between persons, and the ability to predict another's responses. It is felt that further research is necessary to either support or refute the findings of the present study. Consistency in research designs and in use of terms is needed to make all of the studies in this area comparable.

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Special thanks are due to Dr. Donald L. Grummon, chairman of the writer's doctoral committee, who made available untold hours and exerted much effort in the development, the progress, and the completion of this study.

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CHAPTER I

BACKGROUND OF THEORY AND RESEARCH

Introduction

It is the purpose of this investigation to explore certain of the elements which seem to be involved in the process of the counselor "understanding" his client. More specifically this study will be concerned with the relationship between these elements of understanding and counseling progress.

One of the factors to be considered is that of similarity between counselor self-perception and client self-perception. Further exploration in this study will be concerned with the factor of correctness of prediction of the client's self-perception by the counselor. Consequent to the information gathered concerning these two factors, this study will deal with the further question of which is more closely related to understanding and to counseling progress--similarity or correctness of prediction, or some combination of the two. Finally this investigation will attempt to study

various indices of perception of similarity by the counselor and their relationship to understanding and to counseling progress.

Theoretical Viewpoints

Similarity

Adams says, "Any experience or mental process in another organism can be inferred from structure, situation, history, and behavior only when a similar experience or mental process is or has been invariably associated with similar structure, situation, history and behavior in oneself; and the probability of the inference will be proportional to the degree of the similarity" (1, p. 244).

David Bakan (4) feels that the ability to understand others must stem from the fact that people in general are pretty much alike. It is this, he feels, that permits us to have general laws in psychology. "And insofar as we are alike we might be able to 'understand' one another by referring each other's expressions to our own experiences; and by some process which, we will say, is very much like the logical process of inference, we predict and thereby control the

behavior of the other person" (4, p. 658). Bakan further says that the clinical psychologist must find which experiences within himself he is to refer the given item of behavior which he observes in others. He thinks that there are some things which the client says that "matter" more to the clinician than do other things, and as the flow of conversation takes place, a vast variety of experiences within the clinician come to be referred to in this complex relationship.

Taft (59) points out that some theorists feel that one learns to know others by observations and inferences deriving from the introjection of the behavior of others. This point of view appears to be quite similar to that of Bakan's. Taft himself feels that judges can better describe and understand other people if the background of the judge and of the subject are similar since the judge then ". . . has the advantage of being readily able to use appropriate norms for making his judgment" (59, p. 20).

Feeling for Another

Cottrell and Dymond (11) emphasize Mead's work with self and role theory as a contribution to how one individual understands another. "Mead has contributed

the insight that genuine communication takes place only when the actor or communicator can take the role of the other and respond to his gestures in that role" (11, p. 356).

Steinmetz says that given the motive to understand the other person, to get along with the other person, one must have a "Psychological perception of the other person . . ." (56, p. 332). He emphasized that to understand another person a true feeling for that person is necessary. In other words the person who is to truly understand and communicate with another must be able to fully comprehend and feel what the other is saying so that he himself can then respond to this person. This ability for empathic response would seem to be basic in all communicative processes and essential in the development of the self.

Several others hold this same point of view and some, such as Sullivan, Mead, and Horney feel that the self is made up of reflected appraisals from others. "Hence the child experiences himself and appraises himself in terms of what the parents and others close to him manifest" (60, p. 214).

Subjectivity

The point of view that one must give of himself, so to speak, in order to understand another is held by Rollo May (43). He thinks of this in terms of "objectivity" and "subjectivity." To be objective, according to May, does not mean to be less of a person, that is impersonal or disinterested about truth or happiness or welfare. "Objectivity is the capacity to affirm the growth and development of the other person (if one is doing therapy) or scientific research (if one is doing research) as more important than one's own prejudices or needs or wishes" (43, p. 39). Objectivity is not opposite to subjectivity but it is an attitude, a way of behaving which undercuts this dichotomy. One, therefore, cannot arrive at meaningful truth about persons by a method which in itself involves ruling out all personal elements.

May discusses Albert Schweitzer's feelings about Bach's music. Schweitzer says that the art of the objective artist is not impersonal but on the contrary is superpersonal. One cannot rule himself out when he is dealing with the problems of others but one must value the potentialities of the other person so that one can affirm them as much as his own interests.

Wyatt (64) discussing the self experiencing of the psychotherapist, affirms that the therapist is a human being while doing therapy and is not a robot. Furthermore, this humanness is the therapist's chief asset, his only vehicle for understanding another person, according to Wyatt. "In its (psychotherapy) subjective aspect the therapist experiences himself as an instrument, sensing, feeling-in, intuitively anticipating as well as weighing and organizing data, tuned to the therapeutic effort" (64, p. 82). At one and the same time, the therapist must experience himself and must respond subjectively to a variety of emotional stimuli and must respond to the feelings of the client. The therapist, says Wyatt, must be himself, must permit his own feelings and needs to enter into the situation, enter into the understanding of the other person.

Carl Rogers, summing up his own feelings after many years as a psychotherapist says, "The better therapist I have become (as I believe I have), the more I have been vaguely aware of my complete subjectivity when I am at my best in this function" (51, p. 267). The therapist cannot be a stick, a wall, a mirror. The therapist truly must be someone who gives his all, gives of himself completely.

It would therefore seem that one must be open to his own feelings and experiences if he is to be aware of the

feelings and experiences of another--if he is to be "understanding."

Insight

Dymond (13) notes that ". . . there have been suggestions from several different sources that empathy may be one of the underlying processes on which our understanding of others is built" (13, p. 127). She further states that "It would seem that the ability to feel and describe the thoughts and feelings of others, (empathy) is accompanied by a better understanding of the relationships one has with others, (insight)" (12, p. 232). Conversely, Dymond feels that those who are less able to take the role of others lack insight into their own interpersonal relations. Thus she suggests that there is a positive relationship between one's understanding of himself and his understanding of others. She feels that a lack of insight into one's own self-pattern is based upon a lack of empathic ability. Empathy, according to Dymond, may be defined as the imaginative transposing of one's self into the thinking, feeling, and acting of another. Insight is, therefore, a product of this empathic process, and insight into others appears to be dependent upon the ability to take the role of others.

Projection

Dymond feels, however, that there is another side to the relationship between empathy and understanding. She believes that prediction of others may be based on projection and thus runs the risk of distortion. "Projection seems to be an antithetical process to empathy since projection involves the attribution of one's own wishes, attitudes, and behavior to some thing, or some one other than the self" (14, p. 344). However, does not this statement seem to be contrary to that which she has previously stated? "To put one's self into the self of the other," "to truly understand the other"--does this not, to a large extent, depend on the ability to project one's own feelings and attitudes truly into the other?

Normal quotes Overstreet as saying that ". . . empathy . . . signifies the imaginative projection of one's own consciousness into an object or person outside oneself . . . we then enter imaginatively into his life and feel it as if it were our own. Although our bodily separateness remains, we effect a psychic identification. We stop being an outsider, and become an insider" (44, p. 283).

Dymond quotes Koestler as saying that empathy can be projection or introjection. ". . . both are metaphors referring to the experience of partial identity between the subject's mental processes and those of another with the

resulting insight into the other's mental state and participation in his emotions" (14, p. 344).

It seems to this writer that the confusion which has apparently arisen with regard to "projection" is the result of inconsistent use of the term among varying writers.

Projection as originally defined by Freud is a defense mechanism. "A person is projecting when he ascribes to another person a trait or desire of his own that would be painful for his ego to admit. Since the act of projecting is an unconscious mechanism, it is not communicated to others nor is it even recognized as a projection by the person himself. Projection in the Freudian sense, therefore, represents a misperception or a false perception. The fault or the unsavory desire or trait is still in the person's unconscious; it is not in the person or object on whom the projection is made" (2, p. 3).

Van Lennep (61) feels that this afore-mentioned concept of projection has today been broadened so that it is now used to include ". . . all kinds of utterances and expressions of the subject as far as they are personal and not decided by the rules of his society" (61, p. 149). He further points out that the distinction between these two usages has been made by Sears, but unfortunately few have

followed Sears' example. This distinction is between motivationally determined perception and projection in the sense of attributing characteristics to others. On the one hand there is the expression of emotions and ideas, real self-expression; on the other hand there is projection as originally defined by Freud as a defense mechanism.

Since the term projection is used in these varying ways, it is necessary that one be careful when examining apparently differing points of view. Oftentimes what appears as disagreement is really a differing use of the same term.

Consequently it is clear that projection, in the Freudian sense, can result in a distorted view of the other person and, instead of empathy, one could have a lack of understanding.

This point is taken up by Strupp who quotes Fromm-Reichmann as saying that ". . . because of the inter-relatedness between the psychiatrist's and the patient's interpersonal processes and because of the interpersonal character of the psychotherapeutic process itself, any attempt at intensive psychotherapy is fraught with danger, hence unacceptable, where not preceded by the future psychiatrist's personal analysis" (58, p. 197). This is a point of view held by some, but certainly not

by all in the field. However, it certainly suggests that an understanding of oneself would help to better understand another. Since projection as defined psychoanalytically could be a major hindrance in the process of empathy or understanding, it seems necessary that one be aware of the possible distortions in this process.

Thus the question is raised: "Do people empathize better with those who are relatively similar to themselves?" If so, what is the role played by projection of the non-psychoanalytic type? There are those who feel that man can only understand what he has already experienced and that this prior experiencing is vital in the empathic process. ". . . without empathy a man cannot make an accurate diagnosis and he can best empathize with those whose responses resemble his own" (30, p. 449).

Research

In an attempt to see how some have investigated certain of the afore-mentioned theoretical points of view, the examination of research approaches of various workers in the field seems warranted.

Empathy Test

In order to measure the ability to understand or empathize with another Dymond, in 1949, constructed a test

of empathy (13). This test was comprised of four parts. Each part contains the same six items. In Part One the subject rates himself on a five point scale for each of the items. In Part Two the subject rates another person on the same scale. In Part Three the subject rates another person as he thinks this person would rate himself. In Part Four the subject rates himself as he thinks this other person would rate him. Fifty-three subjects--29 females and 24 males--took part in this experiment. This class of 53 was broken into five groups of seven persons each and three groups of six persons each. Each group met once a week to work on a class project. Each subject did all four ratings after his group had met three times. It was found that there was a higher than chance (.01 level) correct score in terms of predictability. This procedure was repeated after the groups had had eight meetings. A slight but insignificant improvement was found with time. It was found, however, that although no difference was found between males and females on the first testing, females were better predictors the second time. It was also found that those groups which functioned less smoothly did somewhat worse the second time than the groups that functioned better.

Dymond then took the five highest empathizers (predictors) and gave them T.A.T.'s. She found, in

general, that the highest empathizers took the role of, or empathized with, the story characters while the low empathizers did not do this. She then had each subject rate himself as to whether he was empathic or not, and she found a poor correlation between this self-rating and the subject's ability to predict, for low empathizers, but a good correlation for the high empathizers. "It seems that those whose empathic ability is high, as measured by this test, have better insight into the fact that they are high, than those who are low have into the fact that they are low" (13, p. 132). Dymond therefore presents evidence for her view that self-insight and the ability to understand others are positively related.

Factors in Understanding

A study was conducted by Sears (53) in which fraternity brothers rated themselves and each other on a number of traits, e.g., stinginess. Sears found that if one had insight into his own trait he attributed less of it to others. "Subjects lacking insight into their own possession of a trait assigned more extreme ratings to others on that trait than did subjects possessing insight" (53, p. 161). This lends further support to Dymond's contention that self-insight and accurate perception, or understanding, of others are positively related.

In a later study, in 1950, Dymond (14) tried to relate personality with empathy. She administered her four part empathy test to a class and found that females were more easily predictive than were males. She further found that it was more difficult to predict a person who had low empathy as measured by the empathy test than a person who had high empathy as measured by this test. She also found that those whose self conception agreed well with the concept others had of him were able to take the role of others as measured by the empathy test. Thus Dymond once again found a positive relationship between insight and the ability to understand others.

These subjects were each then given the T.A.T., the Rorschach, the Wechsler-Bellevue, and the California Ethno-Centrism Test. Dymond found that the low empathizers were rigid, functioned best on an abstract level and poorest in concrete situations especially when dealing with other people, ^{for} were more responsive to promptings from within than from without, ^{the} were impulsive, ^{had} were infantile, ^{they} possessed little sensitivity and tact, ^{had} had difficult family lives, ^{they} mistrusted others, were afraid of being hurt, were ego-centric, were dominating, and were insecure. The high empathizers, as a group, were just the opposite on all counts. She thus did find a relationship between the ability to empathize, as shown by her test, and various

personality descriptions. It would seem from these results that the ability to empathize would be found only in certain kinds of people, and tends to be associated with feelings of freedom of self-expression, of being open to experience, etc.

Lindgren and Robinson (39) revised Dymond's test method slightly and got some similar and some different results. The conflicting results led them to conclude: "This raises the question of whether the test measures the tendency of individuals to respond to an interpersonal situation in terms of cultural norms rather than empathic promptings" (39, p. 176). Thus Dymond's "Empathy Test" has not been completely validated and work must continue in this area.

The suggestion by Lindgren and Robinson that prediction may be somewhat related to cultural expectations is noted also by Gage (27). He suggests that generalized stereotyped responses expected of all people, plus stereotyped responses expected of certain sub-groups, e.g., male or female, in addition to one's own expected responses all affect one's prediction of another person. His view therefore is that individual and cultural factors are both important in the process of understanding.

Bender and Hastorf (5) have done work which is similar to that of Dymond's. They feel that social perception

involves the awareness of the motivation of others. The adequacy of this perception depends upon the capacity to perceive and to be aware of the purpose of other organisms. They performed a study in which the subjects were 46 psychology students. These students filled out three scales: The Minnesota Inventory of Social Behavior, The Ascendence Submission Study (Form for Men), and the Study of Motives. Each person in the class filled out the same scales as he thought one or two others in the class, whom he knew well, would fill them out. The results were as follows:

1. Low positive correlation between obtained and predicted scores.
2. No consistency in the ability to predict others on each of the three scales.
3. The most difficult scale for predicting was the Study of Motives. This suggested to Bender and Hastorf that the subjects seemed to be projecting their own feelings on this scale.

The authors explained the inconsistency of results by the fact that people generally need be concerned not with predicting other's thoughts and feelings and attitudes, but only with another's behavior. They therefore felt that the novelty of the task may have had a deterrent effect upon the subjects. *It may be that so severe a measure

might be better suited to 'test' clinical psychologists" (5, p. 560). Thus the element of task familiarity is suggested as a factor in "understanding."

Refined Empathy

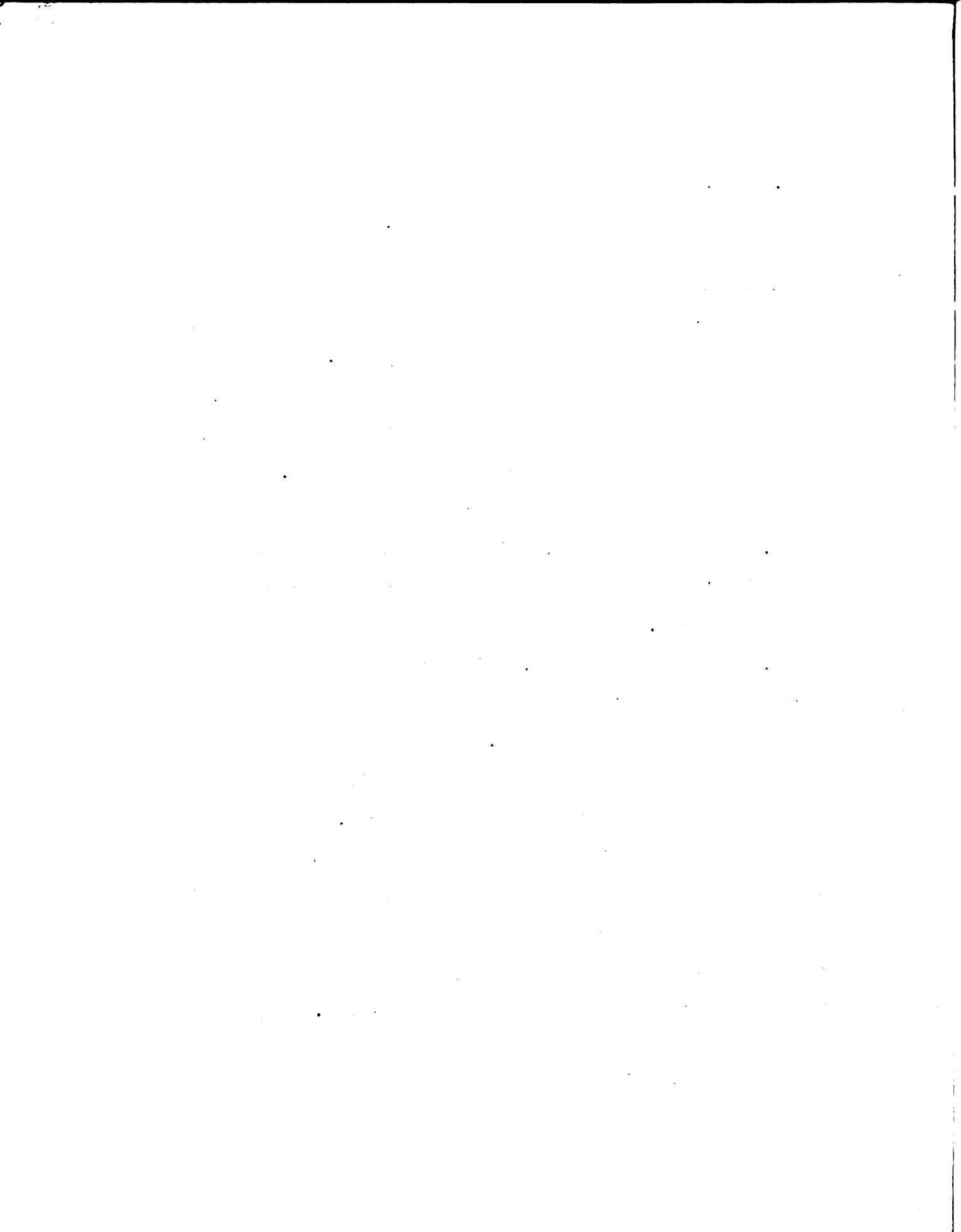
In 1952, these same authors, Hastorf and Bender (31) attempted to isolate projection from empathy. Fifty subjects were given the Allport Vernon Study of Values, and each subject chose another person whom he knew well, and predicted his Allport Vernon Study of Values. Two deviation scores were obtained:

1. An empathy score, which was the difference between the subject's prediction score and the actual score of the predicted person.

2. A projection score, which was the difference between the subject's own score and that which he predicted for the other person.

The total difference scores were arrived at by summing the item by item deviation scores.

The basic question here was: "In attempting to predict the responses of another person, well known to the predictor, was the prediction closer to the responses of the person predicted for (empathy) or was it closer to the predictor's own score (projection)" (31, p. 575)? The method used to answer this question was the subtraction of the subject's "empathy score" from his "projection



score." It was found that 28 of the subjects were "projectors," 20 were "empathizers," and two were about similar in projecting and empathizing. Comparing their subjects' responses to the responses of those whom they predicted, in the extreme cases, ". . . brings forth the fact that the ten 'projectors' are significantly (.02 level) more similar to their associates than are the ten 'empathizers'" (31, p. 575). Despite making this latter statement, however, the authors still felt that they had to correct for projection in measuring empathy, or else, they say, it does not make psychological sense. They conclude by saying that "The results of this study emphasize the fact that part of the successful prediction of another person's responses may be due to projection rather than empathy (and that a refined measure of empathic ability will approximate more adequately the psychological aspects of empathy when it is defined as 'transposing oneself into the thinking, feeling, and acting of another and so structuring the world as he does')" (31, p. 576)! The parentheses are this writer's because he feels that the second half of the statement does not follow from the first half. Although they admit that "projection" may be an important factor in "empathy," in understanding another person, they cannot accept this possibility. They continue to cling

to the idea that "projection" is bad, that it is something to be avoided, even if it is of value. It appears that these authors assume that similarity must result in projection (as a defense mechanism). In view of the literature which affirms the value of similarity it is felt by this writer that Hastorf and Bender have taken a stand which is too extreme and too inflexible.

Bender and Hastorf (6), in 1953, reaffirm their earlier point of view. "Our contention has been that if a subject and his associate are highly similar, the subject who projects would be given spurious credit for empathic ability" (6, p. 503). At this time they administered a 42 item form concerning feelings and attitudes to 50 students. These subjects each then predicted the responses of four friends, who also filled out the form. A projection score, a raw empathy score, a similarity score, and a refined empathy score were obtained. Results showed that there was a high correlation between the raw empathy score and the actual similarity between the two subjects, but that refined empathy (empathy minus projection) was independent of the similarity between the two subjects. Positive correlation was also found between projection and raw empathy, while negative correlation was found between projection and refined empathy. Moderate correlation between raw and

refined empathy ". . . indicates the importance of differentiating between the two measures" (6, p. 504). These results are not very startling, however, since projection is defined by the authors as overlap between prediction and similarity, and the method of obtaining raw and refined empathy involves the addition or subtraction of projection. The presence or absence of a correlation between these scores of empathy and the projection score is therefore actually pre-determined, or built into these scores.

Gage and Cronbach (28), too, point out that Bender and Hastorf's correction procedure for obtaining "refined empathy" results in cancelling out those items in which the predictor is actually similar to those whom he is predicting. "Clearly, Bender and Hastorf did not arrive at a measure of accuracy independent of AS (assumed similarity) and RS (real similarity)" (28, p. 416). These authors further show that individual differences in prediction are more strongly determined by differences in accuracy of prediction than by differences in assumed similarity. They believe that one's ability to predict or to understand another person depends upon the degree of favorability toward the other plus the predictor's implicit personality theory which is based upon his own prior experiences. Thus Gage and Cronbach suggest that

positiveness of one's feeling toward another plus the effects of one's background and one's resulting view of people combine to produce understanding.

In 1955, Hastorf, Bender, and Weintraub (32) re-examined the "refined empathy" score. They found that subjects marked a questionnaire for themselves and for those whom they predicted according to patterns of response. It was further found that a relationship was manifest between a person's patterns of response and his choice of the type of associate whose questionnaire he predicted. "The patterns of response, previously unperceived, act through the scoring system to influence to a large extent the refined empathy score. A subject receives a high refined empathy score, not necessarily because of his empathic ability, but because of his pattern of response and the pattern of response of the associate whom he chooses" (32, p. 343). Thus, the so-called "refined empathy" score is ". . . still an unsatisfactory measure of empathic ability" (32, p. 343).

Similarity

Halpern (30), using 38 female nursing students, had each of these subjects respond to the GAMIN with a "yes" or "no" response, prohibiting doubtful responses. Each of these subjects later predicted five other people, two of

whom were most similar to herself, two least similar, and one in the middle. Each subject also indicated if she was pleased with herself or not on each of the personality characteristics of the GAMIN. Results were as follows:

1. More accurate predictions were made for those who were similar to the subjects than those dissimilar.
2. Greater predictive accuracy was found on those items which the subject and the person whom she predicted marked similarly than on items they marked differently.
3. A greater accuracy of prediction occurred on those items with which the subject was pleased with herself, than on those with which she was dissatisfied with herself.
4. There was no difference in accuracy of prediction between those who were similar to the subject and those dissimilar to the subject on items which the subject and the person whom she predicted marked differently (nonconcordant items).
5. There was no correlation between the ability to predict on nonconcordant items and the overall ability to predict.

Thus a greater predictive accuracy was obtained for those subjects who were generally similar to the predictee and where similarity occurred only in certain items or areas. In discussing these results, Halpern feels that they were not necessarily due to conscious attribution of one's feelings to others, but that a subject might more easily recognize feelings and patterns of behavior in others if he has experienced them himself. It would seem

to the present writer that it matters little how we explain these results, that is, whether it is projection, attribution, or recognition. The important thing would seem to be that this phenomenon does occur, that similarity between people is related to their understanding of the other.

Normal (44) compared the relationships among acceptance-rejection, self-other identity, insights into the self, and the realistic perceptions of others by the use of a rating scale. The difference between the rating a person gave to himself, and the median of his ratings of three other persons was called self-other identity. The difference between the rating a person gave to himself and the median rating of him by three other persons was called insight. Normal then found positive correlations between self-other identity and insight, and between self-other identity and a realistic perception of others. As a result of these findings which link perception of self and perception of others, he concludes: "There is an entire gestalt of personality with the related concept of self, conceptions of others, and the self-other concept so intimately intertwined that it is quite difficult to speak of one facet without considering the others" (44, p. 232).

A further study of the effect of similarity upon

prediction was conducted by Notcutt and Silva (45). Sixty-four married couples were each given a self rating scale and were also asked to predict for their spouses. The predictions were significantly greater than chance.

"Successes were greater on items subjects rated themselves similarly" (45, p. 37). This tends to confirm the view as stated earlier that others are judged by analogy with ourselves, and the less valid the analogy the less accurate is the judgment. In other words, people are better judges of those like themselves.

Wolf and Murray (63) had five judges meet with subjects, each in 45 minute group sessions, and each subject was marked on 40 personality variables. These were then discussed within the group many times and initial and final group ratings by majority vote were obtained for each subject. Each judge then marked himself and the other judges on the 40 personality variables, and a score for each judge was an average of his own rating and the ratings of the other four judges of him. These average scores for each judge were compared with the way he marked the 15 subjects. Some contrast was found--that is, if one was high in a trait, the tendency was to mark the subjects low and visa versa. Each judge's rating of every other judge was compared with the average group rating of each judge and it was found that in six out of

ten cases it supported ". . . the proposition that a judge is most accurate when judging a person who resembles himself, and least accurate when judging a person who is different" (63, p. 358). According to the author "The best explanation seems to be the common one: that a man can only understand what he has already experienced. One might hazard the statement that without empathy a man cannot make an accurate diagnosis and he can best empathize with those whose response resemble his own" (63, p. 358). These results therefore tend to support the results of other studies in which similarity seems to aid predictability. It further implies that similarity of response suggests similarity of background, and results in greater ability for understanding.

This latter view is expressed also by Hollingshead and Redlich (33) in terms of psychiatrist treatment. "All too often, psychotherapy runs into difficulties when the therapist and patient belong to different classes. In these instances, the values of the therapist are too divergent from those of the patient, and communication becomes difficult between them" (33, p. 345). The authors point out that the psychiatrists whom they interviewed were irritated, as a group, by their lower class patients' inability to think in their terms. Hollingshead and Redlich feel that this social class

distance leads to a lack of understanding between therapists and patients. They believe that this is a major reason why neurotic patients in the two lower classes of the group they studied dropped out of treatment much faster than those in the higher classes.

Realizing the extended meaning these findings might have, the writers caution that ". . . the values of therapist and patient need not be alike or even similar; they merely cannot be too far apart socially and psychologically unless the therapist has a real and sympathetic understanding of the patients' class culture" (33, p. 347).

In effect, it appears that the findings of Hollingshead and Redlich are in agreement with those of many others herein mentioned who feel that similarity of experiences, and of social and psychological make-up between persons are important factors in the ability to understand the other. They have carried their work beyond the usual relationships studied, and into the area of psychotherapy.

Fiedler (19), in 1950, using a Q-sort of 75 statements, had trained judges rate the relationship between therapists and clients after listening to a number of tapes. He found that despite the school from which the therapist came, that is, psychoanalytic, nondirective, or Adlerian, experts of each of these schools showed empathic under-

standing of the patient, that is, were sensitive to the patient's feelings, while, Fiedler claims, nonexperts were swayed more by their own needs. Fiedler (20) lists three main dimensions for describing patient-therapist relationships:

1. The therapist's ability to communicate with and to understand the patient.
2. The emotional distance of the therapist toward the patient.
3. The status of the therapist in relation to the patient.

In a later study, Fiedler (21) had one patient do a self sort, and 22 therapists then attempted to predict this patient's Q-sort. The therapists also did a self sort and an ideal self sort. Four correlations were then obtained.

1. Patient and therapist self sort.
2. The therapist self sort and his patient prediction Q-sort.
3. The therapist ideal self sort and the patient's self sort.
4. The therapist ideal self sort and his prediction of his patient's sort.

Fiedler claims:

1. That the therapist's overestimation of the patient's similarity to the therapist means that the therapist wants the patient to be more like him (the therapist), than he (the patient) really is. Fiedler feels that in this case the therapist shows an empathic attitude, that he accepts another as being like himself, and understands his feelings.

2. Seeing the patient as different than oneself means the therapist has a negative attitude towards the patient.
3. Seeing the patient as more like the therapist's ideal self, than the patient's true self, means the therapist perceives the patient as being better adjusted than he really is, and suggests to Fiedler that the therapist will then demand more of the patient.
4. Seeing the patient as less like his own ideal means seeing the patient as relatively helpless, and thus the therapist must support the patient.

Supervisors then rated the therapists as to their ability. The results were that good therapists, as rated by their supervisors, showed (1) rather than (2), and (3) or (4) less than (1). Thus, "good" therapists saw their patients as being similar to themselves, and, inferentially, used this similarity to advance the therapeutic process. X
These findings and views by Fiedler certainly appear to support the ideas of Hollingshead and Redlich (33) as afore-mentioned.

A further study of patient-therapist relationships was done by Fiedler and Senior (25). These authors feel that each of the two persons in a therapeutic situation is X
unconsciously, and in part consciously, aware of the other's feelings. *It is the hypothesis of the investigation that the attitudes which one of the two participants had toward himself and toward the other person will be meaningfully related to the attitudes held by the second

person" (25, p. 446). Fifteen therapists and one patient per therapist, comprised the subjects in this study. Each person did a self sort and an ideal self sort, and each sorted as he thought the other half of his pair, that is therapist or patient, had sorted himself.

Fiedler and Senior (25) here define self satisfaction as the correlation between the self and the ideal self; prediction as the correlation between predictive sort and the other person's self sort, real similarity as the correlation between the patient and therapist self sorts, real similarity to the ideal as the correlation between one person's ideal and the other's self sort, unwarranted assumed similarity as the overestimation of similarity by the statistical method of squared differences. Unwarranted assumed similarity to the ideal is defined by a statistical method of finding one person's overestimation of the other's adjustment. A high unwarranted assumed similarity, by the therapist, suggests to these authors that ". . . the therapist sees the patient as a person with whom he can identify, whom he can understand, like or respect; this presumably is indicative of a good therapeutic relationship" (25, p. 448).

Therapeutic competence was then found via supervisor's rankings. Results of this study showed:

1. Better therapists, as ranked by their supervisors, are better able to predict their patients self sort than are poorer therapists.
2. Better therapists are not as self-satisfied as poorer therapists.
3. The better therapist is seen by the patient as more ideal than he really is.
4. The more self-satisfied the therapist, the poorer predictor he is.
5. "The greater the similarity of the therapist to the patient's ideal, the less the therapist tends to like, or empathize with, his patients" (25, p. 449).

Among other things these results suggest that actual similarity between a therapist and a client is a less important factor in therapist understanding than the therapist's feeling of similarity. Furthermore a close relationship between the therapist's ideal self and the client's real self seems to result in less understanding on the part of the therapist. It appears to this writer that Fiedler and Senior are implying that there is a perception on the part of the therapist of his own self and ideal self concepts, and of the client's self and ideal self concepts. Consequently, it seems that the therapist's feelings about himself, his client, and the total situation are of more importance than the reality of himself, his client and the situation.

The results of this study by Fiedler and Senior are in part similar to the results of an unpublished study by Isaacs, Fiedler, and Fiske (35) in 1950 at the University of Chicago. These authors feel that errors in understanding of patients do not necessarily arise from the clinician wrongly attributing his own self concepts to the patient, nor from the direct similarities or differences between patient and clinician, nor from the degree of self satisfaction of the clinician. "The errors of prediction are suggested as arising on the one hand, in those areas where the diagnostician has dissatisfactions with himself; and on the other hand, from the diagnostician being unable to accept that his own ideal and the patient's self may be similar in some ways" (35, p. 5). Thus the possibility of the patient being like the therapist's ideal seems to be threatening at some level, and seems to interfere with the therapist's understanding of his patient. "It seems likely to us that the similarity of the patient to the ideal self of the clinician, is seen by the clinician as a threat. As clinicians, we apparently are able to accept patients as either similar or different when compared to the way in which we look upon ourselves; and we apparently can accept the patient as different from our ideal self. However, we seem to have difficulty accepting the patient as similar to our ideal self" (35, p. 4).

If this be true, then a "good" therapist must be aware of himself completely, of his self-concept, and of his ideal picture of himself. This finding could be considered as indirect support for Fromm-Reichmann's and Strupp's (58) point of view that therapists should themselves have personal analysis before they do any therapy.

Fiedler independently states ". . . , we find that good therapists see their patients as more like themselves . . . and that good therapists assume their patients to be more similar to themselves than to their ideals" (23, p. 307). In a later paper, Fiedler (24) indicates that he feels that "assumed similarity" by the therapist for his patient suggests a positive attitude by the therapist towards that patient. "When we believe that a person thinks and feels as we do, our attitudes toward him tend to be friendly and positive" (24, p. 143). Hence, Fiedler feels, better therapists seem to have a warmer feeling and more liking for their clients than do their less competent colleagues. With this redefinition and perception of "assumed similarity," Fiedler is able to show why "good" therapists saw their patients as being similar to themselves, and how this affected the therapeutic relationship.

Clinical Training and Experience

In addition to the afore-mentioned research findings and views concerning the effect of similar background, similar modes of response, and felt similarity upon the ability to predict and understand others, there has been a good deal of thought and study given to the factors of clinical training and experience and their effect upon understanding. As was previously seen, Fiedler (19) found that experts, i.e., therapists with much training and experience, were more sensitive and effective as therapists than non-experts, despite the theoretical school of thought to which they belonged.

Concern about the effect of experience in those who make clinical predictions led Luft (41) to perform a study in which he presented case conference summaries to clinicians and non-clinicians. Each then had to predict how the patient would respond to a questionnaire (STDCR), which the patient had filled out. No significant difference was found between the 30 clinicians and the five physical scientists who were subjects in this study. Each of 28 physical scientists and 66 clinicians then read a one hour diagnostic interview with two different patients, and then predicted the questionnaire and also a sentence completion test. Again, no significant difference was found between the two groups. "The results suggest that there is no direct relationship between clinical training

and the ability to predict verbal behavior of an individual" (41, p. 758). Horrocks and Nagy contend, however, that ". . . the ability to make a diagnosis from case study data is only moderately related to ability to choose acceptable remedial measures" (34, p. 145). Consequently, as Luft points out, his results do not ". . . necessarily mean that both groups are equally able to handle or apply their understanding for therapeutic purposes" (4, p. 758).

Luft also found, though with no consistent trend, that different clinical specialists on a psychiatric team (clinical psychologists, psychiatrists, and social workers) have a different understanding of the same case material. Thus, although there was little overall difference in prediction for the three clinical groups, there were sub-area differences in prediction. That is, each of the clinicians seemed to understand a different aspect of the same person. The fact that no consistent trend occurred suggests that the application of knowledge to each case tends to be highly unique. "This would tend to support the notion that two clinicians could disagree with each other yet both could be correct" (40, p. 18).

Gage (26), too, believes that there is an element of uniqueness in understanding. As he puts it, "One kind of perceiver may be more accurate than another, but only for a certain kind of perceiver" (26, p. 129). Therefore

every empathic situation differs from every other one. Consequently, one must look closely at both members of a predictive pair to see the mutual effect of each upon the other, in order to understand the uniqueness of the total situation.

Sommer, Mazo, and Lehner (55) played a tape of a therapy hour from which they deleted the therapist comments and the client's direct replies to these comments. The patient's tape was divided into 12 meaningful statements of about one minute each. Each subject (therapist) responded after each segment to the question: "What has this patient told you?" Subjects were nine clinical psychology trainee graduate students and ten therapists, both clinical psychologists and psychiatrists. Half the group were told the story that the patient had just returned from a situation where she had become upset and fainted. The judges' responses were examined on the basis of descriptive or interpretative responses and also on the basis of seven content categories e.g., the patient's dynamics, behavior in therapy, etc. "Experienced therapists were found to make significantly more interpretative responses than trainees, but no differences were found between these two groups on any of the seven content categories used. Analysis of the possible effect of prior clinical information about the patient yielded no significant differences" (55, p. 136).

Strupp (58), in another study in this same general area, found no highly significant differences between one group of experienced, analyzed therapists and one group of unanalyzed therapists, in responding to printed patient's statements in the areas of suicide threats, schizoid productions, and transference reactions. He did find though, that analyzed therapists were more active than unanalyzed ones. By analysis of covariance, length of experience was rule out as an artifact.

Reid and Snyder (47) had one clinical psychologist and 14 graduate students in clinical psychology taking a nondirective counseling course at Ohio State University listen to a counseling tape and note the feeling tone of 40 statements. Secondly, four selections totalling 104 items were presented to these subjects who were asked to name or describe the feeling underlying these 104 items. All the responses were then placed into a number of groups, under which various names for feelings would fit. For example, under guilt would be self-blame, shame, guilt, etc. No complete agreement was found on the labeling of feelings, which led to the conclusion that "It would seem highly probable that it is the rule rather than the exception for more than one feeling to be present in a counselee's statement" (47, p. 132).

The professor's ranking of each subject as to how good or bad a therapist he was then was correlated with the agreement of the subject's feeling responses with the modal response of all subjects.

1. A moderate positive correlation was found, that is, the better therapist tends to find the more important feeling that is present, more than does the poorer therapist.
2. The good therapists also had a higher agreement among themselves than did the poor therapists.
3. It was also found that the most experienced and trained therapists developed ". . . a relatively individual pattern in the feelings they find important" (33, p. 134). In other words, certain therapists find certain feelings more often than other feelings and this is the case with the more experienced and better therapists.
4. It was also found that good therapists were able to find more feelings than poorer therapists, that is, poorer therapists had a more limited range of feelings which they discovered.

The results of these last few studies (26, 40, 41, 47, 55, 58) suggest that therapist ability to understand another person is, to some extent at least, related to clinical experience, type of training, and to whether or not the therapist has been in therapy himself.

MacFarlane (42) attempted to study a number of the afore-mentioned--type of training, personality factors, relationship between two persons--in a diagnostic interview

situation. After this initial interview had taken place, the patient sorted statements concerning his experiences about the interview, his self-picture at the time of the interview, and his perception of the interviewer's reactions in the interview. The interviewer also did all these sorts, as he thought the interviewee would do them, and the relationship between prediction and actual sorting was considered as a measure of empathic understanding.

"Empathic understanding is the process of perceiving the thinking, feeling, striving, and acting of another, of being able to see him as he sees himself, and to see the world as he sees it. It involves a person's being able to see himself as the other sees him and this includes an awareness of the reaction he produces in the other person. He should be able to perceive how the other person experiences and structures the relationship between them" (42, p. 36).

One group of interviewers included five psychiatrists, three clinical psychologists, and four social workers, while the second group of interviewers was composed of four clinical psychology trainees. The members of this second group each saw four patients, and each of the trainees and their patients also filled out the revised Allport-Vernon-Lindzey Scale of Values, and the Cattell, Saunders, and Stive Sixteen Personality Factor Questionnaire.

Although the results were not statistically significant MacFarlane found a trend that predictive accuracy increased with increasing clinical experience. No difference was found relating to type of clinical experience, i.e., psychiatric, social work, psychological, or trainee. ". . . the ability to predict the responses of patients is unrelated to clinical specialty or length of experience" (42, p. 91).

A most interesting finding in this study was that interviewers were able to predict significantly better how the patient felt the interviewer reacted and how the patient perceived the interview than how the patient was feeling in the interview. Thus the interviewers seemed to be more aware of the relationship, of their effect upon the interviewee, and of the impression they made upon the interviewee, and less aware of the actual self-experience of the patient in the situation. The fact that this was a diagnostic interview may account for this latter finding, since the interviewer may have been more alert to factual information and to his own reactions to these facts, and less alert to the client's affective presentation of these facts. The present writer would indeed be amazed if similar results were obtained in therapy interviews.

No significant relationship was found between values and empathic understanding, but certain of the measured



personality traits did seem to be related to understanding. More empathic understanding was found when the interviewee and the interviewer did not differ greatly in "independent self-sufficiency," when they both enjoyed being with people in "social companionship," when both possessed some "altruistic love of others," when there was little difference between them in "surgent-desurgent" characteristics, and where there was little difference in "tension or anxiety level" between them. Since, MacFarlane feels, there was relatively little difference in anxiety level among the interviewers, any difference in this respect between interviewer and interviewee must come from differing tension levels in the interviewee. Hence, he feels that, ". . . as the patient is less anxiety-laden empathic understanding of him is easier" (42, p. 124).

Conclusion

It thus seems from the studies herein reviewed that there appears to be little consistency or agreement concerning the factors which enter into empathic understanding. Some say that clinical experience and training are necessary and important factors. Others refute the importance of these elements. Some claim that similarity of response and background enter into the process of understanding. Others feel that felt similarity rather than true similarity is of most importance. Still others

feel that similarity hinders true understanding of others.

There will be an attempt made in the present study to examine several of these factors. Similarity in self-concept, correctness of awareness of similarity, and ability to predict the other person's self-perception are the major aspects of understanding which will be examined. The relationship between understanding and progress in personal counseling will also be reviewed.

CHAPTER II

HYPOTHESES TO BE TESTED

Introduction

As seen from the review of the literature herein presented, several studies have dealt with the role of similarity between persons in understanding the other person. In addition some work has been done which compares "good" and "poor" therapists, as rated by their supervisors, in ability to predict their client's self-descriptions, and in similarity (both real and felt) to their clients. However, there is no work known to this writer which has compared variables of ability to predict and similarity with regard to a therapist's ability to achieve counseling progress with a particular client.

The present study, therefore, will attempt to study whether any relationships exist between the counseling progress of particular clients and counselor empathic understanding of these clients, between each of these measures and client-counselor similarity (both real and felt), and between each of these measures and counselor ability to predict these clients' self-concepts.

Generally this study will be exploratory in nature in an attempt to further the knowledge of the process of counseling, and to study measures previously viewed outside of the counseling process. The results of previous research have suggested certain hypotheses however.

Hypotheses

I. Counseling progress is positively related to the counselor's empathic understanding of his client.

II. Counseling progress and empathic understanding are each positively related to the degree of similarity between the client's and the counselor's self-concepts.

III. Counseling progress and empathic understanding are each positively related to the counselor's ability to correctly predict his client's self-concept.

IV. Counseling progress and empathic understanding are each more closely related to a measure which combines the degree of client-counselor self-concept similarity and the counselor's ability to predict the client's self-concept than to either of these measures alone.

V. Counseling progress and empathic understanding are each more closely related to the counselor's ability to predict the client's self-concept than to a measure which subtracts the client-counselor self-concept similarity from the counselor's ability to predict the client's self-concept.

VI. Counseling progress and empathic understanding are each positively related to:

- A. the counselor's feeling of similarity to his client;
- B. the counselor's overestimation of the similarity between himself and his client;
- C. the counselor's correct awareness of the client-counselor self-concept similarity.

CHAPTER III

PROCEDURES

Measuring Instruments

Q-Technique

"Q-technique" as described by Stephenson (57) will be the major test procedure used in this study. This technique requires a subject to order a number of descriptive statements into a quasi-normal distribution along a continuum from "least like" to "most like." Thus a person may be asked to sort a sample of self-referent statements into a normal distribution along the continuum from "least like" to "most like" as he feels these statements describe himself. He could then be asked to sort these statements as they describe his "ideal self," the person he would most like to be.

The correlation between these two sorts can then be computed to obtain a coefficient which expresses the similarity of an individual's self-estimate and his ideal-self-estimate. Furthermore, two different persons may be asked to sort these statements to describe how each feels about himself, and a correlation may be computed in order to arrive at a measure of the degree to which these two

individuals are alike in terms of their self-perceptions. Kell points out that this technique ". . . permits of correlation between persons as variables rather than between tests as is usual in other correlational techniques" (37, p. 16).

The universe of self-referent statements used in this study was developed by Butler and Haigh (8) for use in the University of Chicago Counseling Center Research (52). The authors first obtained 100 self-referent statements from actual therapeutic protocols. They then had their subjects sort these statements into a normal distribution of nine piles on the scales "like me" to "unlike me" and "like-ideal" to "unlike-ideal."

Butler and Haigh felt that a discrepancy between the self-concept and the ideal-concept reflected self-dissatisfaction in an individual and they further felt that this would diminish as a result of counseling. "Our basic hypothesis is, then, that a reduction of self-ideal discrepancies is a consequence of the self-concept and the ideal-concept coming to rest on a broader base of available experience than before" (8, p. 58). They further believe that, with counseling, the self-concept will change more than the ideal-concept, although the ideal-concept can be expected to change to some extent as well.

The subjects of their study were some of the subjects in a larger research program at the University of Chicago Counseling Center. Butler and Haigh's group consisted of 25 clients who had completed six or more counseling interviews, and for whom follow-up tests after the completion of counseling were available.

Their findings appear to confirm the hypothesis that a more improved group of clients exhibits a greater decrease in self-ideal discrepancies than a group of less improved clients or a group of controls. "In our opinion the results discussed here indicate that low correlations between self and ideal are based on a low level of self-esteem related to a relatively low adjustment level and that a consequence of client-centered counseling for the clients in this study was, on the average, a rise in the level of self-esteem and adjustment" (8, p. 75).

Empathic Understanding

A second test procedure used in the present study is a measure of empathic understanding as obtained by the use of an "Empathic Understanding Scale." The 12 statements of this scale were obtained by first formulating 16 statements from many listed by Fiedler (23) as being characteristic of therapeutic relationships, as being characteristic of "expert" therapists, and as being characteristic of most conducive therapeutic treatment.

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Four judges, all graduate students in the Department of Psychology at Michigan State University, and including this writer, rated each of these statements as to whether or not it was an example of "empathic understanding." Empathic understanding was defined as "the imaginative transposing of oneself into the thinking, feeling, and acting of another and so structuring the world as he does." On this basis, 12 of the 16 statements were rated by all four judges as depicting empathic understanding, and these constituted the Empathic Understanding Scale.

Two forms of the scale were then devised so that each counselor could rate himself and could be rated by his client. Rating was along a seven point continuum from "most" to "least."

Felt Similarity

A scale which would measure counselor feelings of similarity towards each of his clients was needed. Since this writer found no such scale already in existence it was necessary to construct a scale especially for the present research. To accomplish this, a seven item scale of "Felt Similarity" was devised.

Rating of each item was along a seven point continuum from "most" to "least."

Reliability

The results of the scales used in the present study were analyzed in order to determine whether the present client and counselor groups marked these scales in a consistent manner. The Odd-Even Test Reliability Technique along with the Spearman-Brown Prophecy Formula was used to estimate the reliability of the ratings of these scales by the present subjects. Table 1 shows that the reliability for each of the scales is beyond .90. It may therefore be considered that these measuring instruments are reliable, i.e., have been consistently marked by the clients and counselors in the present study.

TABLE 1
RELIABILITY COEFFICIENTS OF SCALES USED

Scale	Reliability Coefficient
Empathic understanding-cl	.95
Empathic understanding-co	.92
Felt Similarity	.91

Operational Definition of Terms

1. Counseling Progress is the amount of change between client initial self sort:ideal sort correlation and client final self sort:ideal sort correlation.

2. Empathic Understanding is to be measured in two ways:

- A. the mean score obtained by the counselor on the Empathic Understanding Scale as he is rated by his client;
- B. the mean score obtained by the counselor on the Empathic Understanding Scale as he rates himself.

These two measures will be referred to hereafter respectively as Empathic Understanding-C1 and Empathic Understanding-Co.

3. Similarity is the correlation between client initial self sort and counselor self sort. This will be considered as a measure of client-counselor self-concept similarity.

4. Prediction is the correlation between the client's initial self sort and the counselor's predictive sort of the client. This will be considered as a measure of counselor ability to predict his client's self-concept.

5. Similarity plus Prediction is a measure which adds a counselor's rank in the group on prediction to his rank in the group on similarity. This measure will be considered as an index of the total effect of the two single measures.

6. Prediction minus Similarity is a measure which subtracts a counselor's rank in the group on similarity

from his rank in the group on prediction. This measure will be considered as an index of the resultant effect of removing the effect of similarity from the effect of prediction.

7. Felt Similarity is a counselor's mean rating on the Felt Similarity Scale.

8. Correct Awareness of Similarity is a measure which subtracts the ranked similarity measure from the ranked felt similarity measure. The sign of the discrepancy will not be considered. This will be considered as a measure of counselor correct awareness of similarity.

9. Overestimation of Similarity is a measure which subtracts the ranked similarity measure from the ranked felt similarity measure. The sign of the discrepancy will be considered. A positive discrepancy is indicative of counselor overestimation of client-counselor similarity. A negative discrepancy is indicative of counselor underestimation of client-counselor similarity.

Subjects

Eleven counselors on the staff of the Michigan State University Counseling Center were involved in this study. Eight of these 11 counselors possessed the degree of Doctor of Philosophy in Psychology or in Counseling, from four different universities--Chicago, Michigan State,

Minnesota and Pennsylvania State. The other three counselors were actively working towards the Ph.D. at Michigan State University.

Of the eleven counselors, nine were male and two were female. The eight Ph.D. counselors varied in age from 30 to 47 years, while the three non-Ph.D. counselors ranged in age from 24 to 34 years.

The eight Ph.D. counselors possessed 750 to 8000 hours of experience in personal-adjustment counseling. All eight possessed many more hours of counseling experience with problems which were of a more academic and vocational nature than of a personal-adjustment nature. The three non-Ph.D. counselors had from 40 to 250 hours of experience in personal-adjustment counseling. They too possessed many more hours of vocational and academic counseling experience.

Seven of the eight Ph.D. counselors had from 15 to 225 hours of personal counseling themselves, while two of the three non-Ph.D. counselors had 25 to 50 hours of personal counseling.

In terms of theoretical orientation to counseling, two of the Ph.D. counselors and two of the non-Ph.D. counselors called themselves "Rogerian." Three of the Ph.D. counselors and one non-Ph.D. counselor considered themselves "Eclectic." One Ph.D. counselor was

"Sullivanian," and two were "Rogerian-Analytic." Actually **almost** all of the counselors in this study had basic training along "Rogerian" lines, and all practiced varying aspects of Rogerian and Analytic therapy.

Twenty-two clients served as subjects in this study. All of these clients were "self-referred," that is, they came to the Counseling Center of their own accord. Each client had difficulties of a personal-social nature which were disturbing him and about which he desired and sought out professional counseling assistance. More specifically, the range of presenting problems was quite wide. These included acute anxiety attacks, continual inability to study or to work, difficulty in attention and concentration, difficulties in marital relations, and generalized fears and anxieties concerning adequacy and worth.

Fifteen of these clients were males and all 15 were students at Michigan State University. These men ranged in age from 18 to 31 years. Two of the men were freshman, three were sophomores, four were juniors, two were seniors, and four were graduate students. Nine of these men were single and six were married.

Seven females, ranging in age from 18 to 27 years, comprised the remainder of the subjects of this study. One of these females was a freshman, two were sophomores, and two were seniors. The other two females were the wives of students. One of these latter two females was

a high school graduate, while the other was a college graduate. Neither was going to school at the time of this study. The female college graduate was the wife of one of the male graduate students in this study.

Each of the 11 counselors saw one to five of the clients. More specifically, four counselors saw one client each; five counselors saw two clients each; one counselor saw three clients; and one counselor saw five clients.

At the time of completion of data collection these clients had reached varying stages in counseling. To have waited until all subjects had completed counseling before final data collection might have taken too long to make this study practical. In addition this study was not formulated in an attempt to evaluate the effectiveness of completed counseling. The goal was to relate individual counseling progress to other measures such as counselor empathic understanding and client-counselor similarity. It was therefore decided that certain practical time limitations would determine when final data collection would take place.

Hence, 11 of the clients had terminated counseling while 11 were still continuing when final data collection occurred. Four of the 11 subjects who had terminated counseling did so by simply not returning for further

counseling appointments although they did return to complete the research. The other seven terminated clients ended counseling in accordance with their counselors.

Seven of the terminated clients had had anywhere from three to seven hours of counseling while the other four had had nine to 12 counseling hours.

At the time of final data collection ten of the continuing clients had had nine to 12 hours of counseling while one had had six counseling hours.

Therefore, seven of the eight clients who had had from three to seven hours of counseling had terminated, while ten of the 14 clients who had had nine to 12 counseling hours were continuing.

Collection of Data

Initial Collection

Four basic steps were necessary for the initial collection of the data for this study.

1. Each counselor on the staff of the Michigan State University Counseling Center was asked to sort 100 self-referent statements, to describe himself as he saw himself, along a continuum from "least like" to "most like" himself. (See listing of Self-referent Statements and Self sort Instructions in Appendix).

2. Each new client who came to the Counseling Center and who, it appeared, would return for at least three personal counseling hours was asked to participate in the study.

- A. Each counselor was asked to notify this writer of all new clients after he had seen the client for the first time. (See Memo to Bill Lesser in Appendix).
- B. This writer then contacted each client to request his participation and to make an appointment to see him before his second counseling hour. (See Request Form and Subject Availability Form in Appendix).
- C. All counselors were immediately notified as to which of their clients had agreed to participate in the study. (See Memo to Counselors in Appendix).

3. The client was seen after his first counseling hour to obtain from him a sort of the 100 statements describing the way he saw himself and describing his ideal person, the person he would most like within himself to be. (See Self Sort and Ideal Sort Instructions in Appendix).

4. The counselor of each new client was asked to sort these same 100 statements as he felt the client would sort

them to describe himself. This predictive sort was obtained some time between the first and second counseling hour with the client. (See Predictive Sort Instructions in Appendix).

Final Collection

The final data collection for each client took place at whichever of the following three periods occurred first for him

1. at the termination of counseling;
2. at the end of 12 counseling hours;
3. during the second week of June, 1958, regardless of whether or not the client had terminated counseling or had had 12 counseling hours. This was necessary because the end of the school term occurred one week after this time and it was necessary to set this time for completion of the data collection.

The steps necessary for collection of the final data were as follows:

1. The client was again asked to sort the same 100 statements to describe the way he saw himself and his ideal person.

2. The client was asked to rate his counselor on the Empathic Understanding Scale. (See Client Rating Scale of Empathic Understanding in Appendix).

3. The counselor was asked to rate himself on the Empathic Understanding Scale. (See Counselor Rating Scale of Empathic Understanding in Appendix).

4. The counselor was asked also to rate himself on the Felt Similarity Scale. (See Felt Similarity Scale in Appendix).

Means of Analysis of Data

I. The relationship between counseling progress and empathic understanding was obtained by a rank order correlation between the measures of counseling progress and:

- A. Empathic understanding-cl;
- B. Empathic understanding-co.

II. The relationship between similarity and counseling progress and between similarity and empathic understanding was obtained by a rank order correlation between the measures of similarity and:

- A. Counseling progress;
- B. Empathic understanding-cl;
- C. Empathic understanding-co.

III. The relationship between prediction and counseling progress and between prediction and empathic understanding was obtained by a rank order correlation between the measures of prediction and:

- A. Counseling progress;
- B. Empathic understanding-cl;
- C. Empathic understanding-co.

IV. The relationship between felt similarity and counseling progress and between felt similarity and empathic understanding was obtained by a rank order correlation between the measures of felt similarity and:

- A. Counseling progress;
- B. Empathic understanding-cl;
- C. Empathic understanding-co.

V. Correct awareness of similarity was computed for each counselor by subtracting the rank of his similarity measure from the rank of his felt similarity rating. The sign of this discrepancy was ignored since absolute closeness between real similarity and counselor feeling of this similarity was desired. The obtained discrepancy between ranks was considered as the measure of correct awareness of similarity.

VI. The relationship between correct awareness of similarity and counseling progress and between correct awareness of similarity and empathic understanding was obtained by a rank order correlation between the measures of correct awareness of similarity and:

- A. Counseling progress;
- B. Empathic understanding-cl;
- C. Empathic understanding-co.

VII. Overestimation of similarity was computed for each counselor by subtracting the rank of his similarity measure from the rank of his felt similarity rating. The sign of this discrepancy was considered in order to measure whether the counselor overestimated or underestimated the real similarity between himself and his client. A positive discrepancy between ranks was considered as an overestimation of similarity, while a negative discrepancy between ranks was considered as an underestimation of similarity.

VIII. The relationship between overestimation of similarity and counseling progress and overestimation of similarity and empathic understanding was obtained by a rank order correlation between the measures of overestimation of similarity and:

- A. Counseling progress;
- B. Empathic understanding-cl;
- C. Empathic understanding-co.

IX. To determine whether counseling progress and empathic understanding were each more closely related to similarity plus prediction than to either of these measures alone, the following procedure was used:

- A. the ranks of similarity and of prediction were summated for each counselor;
- B. these sums of ranks were then ranked for the total group;

- C. a rank order correlation was obtained between these ranks (ranks of sum of ranks) and:
 - 1. Counseling progress;
 - 2. Empathic understanding-cl;
 - 3. Empathic understanding-co.
- D. The resulting rank order correlation coefficients were then tested, by the use of a test for the difference between correlations of correlated samples (46, p. 419), to see if they differed significantly from the previously computed rank order correlation coefficients between:
 - 1. Similarity and:
 - a) Counseling progress;
 - b) Empathic understanding-cl;
 - c) Empathic understanding-co.
 - 2. Prediction and:
 - a) Counseling progress;
 - b) Empathic understanding-cl;
 - c) Empathic understanding-co.

X. To determine whether counseling progress and empathic understanding were each more closely related to prediction than to prediction minus similarity, the following procedure was used:

- A. the rank of similarity was subtracted from the rank of prediction for each counselor;
- B. the resulting discrepancies between ranks were then ranked for the total group;
- C. a rank order correlation was obtained between these ranks (ranks of discrepant ranks) and:
 - 1. Counseling progress;
 - 2. Empathic understanding-cl;
 - 3. Empathic understanding-co.
- D. The resulting rank order correlation coefficients were then tested, by use of a test for the difference between correlations of correlated samples (46, p. 419) to see if they differed significantly from the previously computed rank order correlation coefficients between prediction and:
 - 1. Counseling progress;
 - 2. Empathic understanding-cl;
 - 3. Empathic understanding-co.

CHAPTER IV

RESULTS AND DISCUSSION

Before the various obtained relationships may be presented and evaluated, it would seem necessary to investigate the criterion measure of counseling progress. Did the group of clients herein investigated make significant counseling progress?

Three means of analyzing these results were used in this study. The first method used is that of the Sign Test (16). Of the 22 clients in the present group, 17 made positive counseling movement (self:ideal correlation increased) while five clients showed negative movement (self:ideal correlation decreased). According to the Sign Test movement for the total group is positive and significant at the .02 level of confidence.

The second method used to determine the progress of the group was the t-test between the means of two matched groups (15). The initial and final self:ideal correlations were converted to z, and the resulting t between the means of z for the two groups was 2.692. Table 2 indicates that this difference is statistically significant beyond the .02 level of confidence.

TABLE 2

DIFFERENCES BETWEEN SELF AND IDEAL Q-SORT CORRELATIONS

Client Q-Sort Correlations	\bar{r}^a	\bar{z}	SE betw. Means	t
Initial self sort:initial ideal sort	.24	.25	.08	2.692*
Final self sort:final ideal sort	.43	.46		
Initial self sort:final self sort	.64	.76	.08	3.974***
Initial ideal sort:final ideal sort	.79	1.07		

*Denotes significance at .02 level of confidence.

***Denotes significance at .001 level of confidence.

^aMean r equivalent of mean z scores. All statistical analyses were done with z scores.

Thirdly the measure of counseling progress itself (i.e., the difference between initial and final self:ideal correlations after conversion to z) was tested to see if it differed significantly from zero (46). Table 3 shows that the resulting t-test is statistically significant beyond the .01 level of confidence.

Therefore it can be concluded with confidence that according to the measure herein used, the present client group did make significant counseling progress. These results are in complete accord with the findings of Butler and Haigh (8).

TABLE 3

DIFFERENCES OF COUNSELING PROGRESS AND OF SELF SORT
AND IDEAL SORT CORRELATIONS FROM ZERO

Client Q-Sort Measures	r^a	z	SD	SEM	t
Counseling Progress	.21	.21	.29	.06	3.39**
Initial self sort: final self sort	.64	.76	.19	.04	19.56***
Initial ideal sort: final ideal sort	.79	1.07	.23	.05	21.84***

**Denotes significance at .01 level of confidence.

***Denotes significance at .001 level of confidence.

^aMean r equivalent of mean z scores. All statistical analyses were done with z scores.

The present findings also confirm Butler and Haigh's results that the self-concept changes more than the ideal-concept after counseling. After conversion to z , a t -test between the initial and final self sort correlation and the initial and final ideal sort correlation proved to be significant beyond the .001 level of confidence (Table 2, p. 64). Thus, although both the self-concept and the ideal-concept showed significant change, the self-concept changed significantly more than did the ideal-concept.

The initial hypothesis of this study states that counseling progress is positively related to empathic understanding of a client by his counselor.

A view commonly held in the fields of counseling and psychotherapy asserts that a counselor (therapist) must be able to understand and empathize with his client. This is a major part of the philosophy of Rogers (50) and is also emphasized by others, e.g., Rollo May (43). Fiedler (20) notes that a therapist's ability to understand his patient is an important dimension in good patient-therapist relationships.

The results of the present study do not support this hypothesis, however. According to Table 4 counseling progress is not significantly related to empathic understanding as rated by either the client or the counselor. As a matter of fact, although the obtained correlations are not statistically significant they do suggest a possible negative relationship between counseling progress and empathic understanding. This finding is certainly not supportive of commonly held views.

TABLE 4
RELATIONSHIP BETWEEN COUNSELING PROGRESS
AND EMPATHIC UNDERSTANDING

Measure	Rho	p
Empathic understanding-cl	-.291	.21
Empathic understanding-co	-.292	.21

Further support for this finding results from an examination of those clients who had terminated counseling at the time of final testing, and those clients who were still continuing counseling at the time of final testing. The procedure used was that developed by White (16) for determining the significance of the difference between two sets of observations which are ranked together. The results of this test show that the terminated clients made significantly (.05 level of confidence) more counseling progress than did the continuing clients. However, client and counselor ratings of empathic understanding were significantly higher for the continuing than for the terminated clients (.03 and .04 levels of confidence respectively). Thus the sub-group of clients who made less counseling progress was better "understood" than was the sub-group which made more counseling progress.

An examination of Table 5 shows that the mean ratings by clients and counselors on the Empathic Understanding Scale were significantly beyond the mid-point of the scale. These scales were therefore not marked "in the middle." It may be further concluded that the client and counselor groups generally rated the counselors high on empathic understanding although there was variability of ratings within the groups.

TABLE 5

DIFFERENCES BETWEEN MEAN EMPATHIC UNDERSTANDING SCALE
SCORES AND MID-POINT SCALE SCORES

Scale	M	Mid- point	SD	SEM	t
Empathic understanding-cl	5.76	4.00	.71	.155	11.355***
Empathic understanding-co	5.33	4.00	.72	.158	8.418***

***Denotes significance at .001 level of confidence.

The client group on the whole tended to rate the counselor group as exhibiting more empathic understanding than the counselor group felt it exhibited, however. Table 6 shows that the t-test (between the means of non--correlated samples) (46, p. 409) between these two groups is significant at the .07 level of confidence. Although this is not statistically significant (.05 level used for significance) it is close enough that it bears consideration.

TABLE 6

DIFFERENCE BETWEEN CLIENT AND COUNSELOR RATINGS
OF EMPATHIC UNDERSTANDING

Scale		SE betw. Means	t	p
Empathic understanding-cl	5.76			
		.221	1.946	.07
Empathic understanding-co	5.33			

A rank order correlation between empathic understanding-cl and empathic understanding-co is .178 which is not significant, however. It therefore appears that client and counselor perceptions of empathic understanding differ to a considerable extent.

The second hypothesis of the present study asserts that similarity of self-concept between clients and counselors is positively related to the client's counseling progress and to the counselor's empathic understanding of his client.

Table 7 shows that similarity has a significant negative relationship to counseling progress, and is unrelated to client and counselor ratings of empathic understanding.

TABLE 7

RELATIONSHIP BETWEEN SIMILARITY AND COUNSELING
PROGRESS, EMPATHIC UNDERSTANDING,
AND PREDICTION

Measure	Rho	p
Counseling progress	-.378	.05*
Empathic understanding-cl	-.027	.90
Empathic understanding-co	-.218	.35
Prediction	.046	.85

*Denotes significance at .05 level of confidence.

Hypothesis III states that the counselor's ability to correctly predict his client's self sort is positively related to counseling progress and to the counselor's empathic understanding of his client.

Table 8 shows that prediction is unrelated to counseling progress and to empathic understanding-co, but is positively related to empathic understanding-cl.

TABLE 8

RELATIONSHIP BETWEEN PREDICTION AND COUNSELING
PROGRESS AND EMPATHIC UNDERSTANDING

Measure	Rho	p
Counseling progress	-.124	.60
Empathic understanding-cl	.481	.03*
Empathic understanding-co	-.062	.80

*Denotes significance at .03 level of confidence.

These findings do not support Fiedler and Senior's (25) results which indicate that "better" therapists (as ranked by their supervisors) are better able to predict their patient's self sort than are poorer therapists. Varied findings concerning prediction have left this area completely unsettled at the present time, however.

Although Table 9 shows that the ability to predict their client's self sort was found to be significantly different from zero for the total counselor group, it appears from the results shown in Table 8 that this ability is unrelated to counseling progress but is somehow manifested to the clients as empathic understanding.

TABLE 9
DIFFERENCE OF PREDICTION FROM ZERO

Measure	\bar{r}^a	\bar{z}	SD	SEM	t	p
Prediction	.33	.34	.20	.04	8.50	.001*

***Denotes significance at .001 level of confidence.

^aMean r equivalent of mean z scores. All statistical analyses were done with z scores.

A further aspect of prediction which bears looking into is its relationship with similarity. Several writers, including Halpern (30) and Notcott and Silva (45), claim that people who are similar to each other are better able to predict each other's responses to various measures. These writers, however, used nurses who were classmates and knew each other fairly well (30) and married couples (45) as their subjects. One wonders whether the possible effects of the closeness of the relationships may be of at least as much importance as similarity upon the ability to predict.

In the present study, prediction took place after the first hour of counseling. As seen from Table 7 (p. 69) the correlation between similarity and prediction is nil ($Rho = .046$). Thus the effect of similarity between client and counselor upon prediction of the client's self sort after one hour of counseling seems to be vastly different than the effect of similarity between friends or spouses upon prediction.

Hypothesis IV asserts that a combination of similarity plus prediction would be more closely related to counseling progress and to empathic understanding, than would either similarity or prediction by themselves.

This hypothesis was formulated upon the assumption that similarity and prediction would each be positively related to counseling progress and to the two measures of counselor empathic understanding. Since this basic assumption was not upheld it would be surprising if Hypothesis IV were substantiated. As will be shown, this hypothesis was not upheld.

The results of Table 10 show that there is no significant relationship between similarity plus prediction and counseling progress, and between similarity plus prediction and empathic understanding. Comparing these results with those of Tables 7 and 8 (pp. 69 and 70)

it appears that the combination of the two measures (similarity and prediction) results in a single measure which lies somewhere between the two parts that make it up. The two individual measures thus seem to cancel each other out when they are combined.

TABLE 10

RELATIONSHIP BETWEEN SIMILARITY PLUS PREDICTION
AND COUNSELING PROGRESS AND
EMPATHIC UNDERSTANDING

Measure	Rho	p
Counseling progress	-.220	.32
Empathic understanding-cl	.194	.37
Empathic understanding-co	-.208	.33

Table 11 shows that the correlations with the combined measure do not differ significantly from the correlations with similarity and prediction alone. Therefore, since the basic assumption underlying Hypothesis IV was not upheld the hypothesis was not validated.

Hypothesis V rested upon the same assumption as Hypothesis IV. This hypothesis states that the removal of similarity from prediction would result in a measure (prediction minus similarity) which would be less closely

TABLE 11

DIFFERENCE SCORES BETWEEN SIMILARITY PLUS PREDICTION CORRELATIONS
AND SIMILARITY AND PREDICTION CORRELATIONS^a

	Similarity plus Prediction and		
	Counseling Progress	Empathic Under- standing-Cl	Empathic Under- standing-Co
Counseling progress and Similarity Prediction	1.5167 -1.0330	xxxx xxxx	xxxx xxxx
Empathic understanding-cl and Similarity Prediction	xxxx xxxx	1.5552 -1.5727	xxxx xxxx
Empathic understanding-co and Similarity Prediction	xxxx xxxx	xxxx xxxx	.0709 -.7479

^aNone of the obtained differences reached statistical significance.

related to counseling progress and to the two measures of empathic understanding than would prediction.

The results of Table 12 indicate that prediction minus similarity is positively related to empathic understanding-cl, and is unrelated to counseling progress and to empathic understanding-co.

TABLE 12
RELATIONSHIP BETWEEN PREDICTION MINUS SIMILARITY
AND COUNSELING PROGRESS AND
EMPATHIC UNDERSTANDING

Measure	Rho	p
Counseling progress	.128	.60
Empathic understanding-cl	.377	.05*
Empathic understanding-co	.177	.41

*Denotes significance at .05 level of confidence.

Table 13 shows that these correlations do not differ significantly from the correlations between prediction and counseling progress, and between prediction and the two measures of empathic understanding. Since the basic assumption of Hypothesis V was not upheld, the results did not substantiate this hypothesis.

TABLE 13

DIFFERENCE SCORES BETWEEN PREDICTION MINUS SIMILARITY CORRELATIONS
AND PREDICTION CORRELATIONS^a

Prediction and	Prediction minus Similarity and		
	Counseling Progress	Empathic Under- standing-cl	Empathic Under- standing-Co
Counseling progress	.6684	xxxx	xxxx
Empathic understanding-cl	xxxx	-.3271	xxxx
Empathic understanding-co	xxxx	xxxx	.6247

^aNone of the obtained differences reached statistical significance.



Fiedler (21) and Fiedler and Senior (25) have claimed that there is another side to the relationship between similarity and understanding and good therapy. They feel that therapist overestimation of his similarity to his client is indicative of a liking of and a feeling for the client and that this will result in more understanding of the client. They further assert that this unwarranted assumed similarity (25, p. 448) is indicative of good therapists and hence of a good therapeutic relationship. The role of feelings of similarity in the counseling process is thus raised.

Hypothesis VI of the present study is therefore an outgrowth of the aforementioned view. This hypothesis states that felt similarity, overestimation of similarity and correct awareness of similarity are each positively related to counseling progress and to empathic understanding.

Table 14 shows that felt similarity and overestimation of similarity are not related to counseling progress. Correct awareness of similarity, however, is positively related (beyond .05 level of confidence) to counseling progress.

Due to the findings with overestimation of similarity it was felt that use of Fiedler's unwarranted assumed similarity in the present study would be in order. Thus

TABLE 14

RELATIONSHIP BETWEEN INDICES OF PERCEIVED SIMILARITY
AND COUNSELING PROGRESS AND
EMPATHIC UNDERSTANDING

Measure	Perceived Similarity					
	Felt Similarity		Overestimation of Similarity		Correct Awareness of Similarity	
	Rho	p	Rho	p	Rho	p
Counseling progress	-.150	.53	-.136	.60	.446	.05*
Empathic understanding-cl	.326	.14	-.233	.30	.064	.75
Empathic understanding-co	.229	.30	-.368	.05*	-.059	.77

*Denotes significance at .05 level of confidence.

unwarranted assumed similarity was computed according to Fiedler's method (21) and it was found to be unrelated to counseling progress, as seen from Table 15. This finding is consistent with that found between overestimation of similarity and counseling progress in the present study.

TABLE 15

RELATIONSHIP BETWEEN UNWARRANTED ASSUMED SIMILARITY
AND COUNSELING PROGRESS AND
EMPATHIC UNDERSTANDING

Measure	Rho	p
Counseling progress	.078	.73
Empathic understanding-cl	.090	.70
Empathic understanding-co	-.083	.73

It must be remembered that whereas Fiedler used supervisor judgment of "good" therapists the present study used a more objective criterion of counseling progress of individual clients. In this setting, counselor overestimation of similarity and unwarranted assumed similarity between himself and his client was not conducive to counseling progress.

A very marked consistency appears with regard to the relationships of each of the two measures of counselor empathic understanding with felt similarity, overestimation

of similarity, correct awareness of similarity, and unwarranted assumed similarity. As seen from Tables 14 and 15 (pp. 78 and 79), felt similarity is not significantly related to empathic understanding but a suggestion of a positive relationship is indicated; overestimation of similarity is negatively related to empathic understanding-co, and is not significantly related to empathic understanding-cl although a negative relationship is suggested; correct awareness of similarity is unrelated to the two measures of empathic understanding; and unwarranted assumed similarity is unrelated to empathic understanding (cl and co).

These results suggest that the correctness of similarity feelings, although apparently effective in the counseling process are not perceived by either client or counselor as empathy. Since, however, empathic understanding and counseling progress are unrelated (even tend to a negative relationship) this finding is not completely startling.

Another aspect of these relationships should also be noted here. It was found that in terms of the present Q-sort items the clients and counselor groups seemed to possess similar self-concepts, as seen from Table 16. However, as seen from Table 17, the counselor group rated the Felt Similarity Scale significantly below the mid-point ratings of that scale. It thus appears that the

counselor group, although significantly similar to the client group, felt generally dissimilar to this group.

TABLE 16
DIFFERENCE OF SIMILARITY FROM ZERO

Measure	r^a	\bar{z}	SD	SEM	t	p
Similarity	.26	.27	.25	.05	5.40	.001***

***Denotes significance at .001 level of confidence.

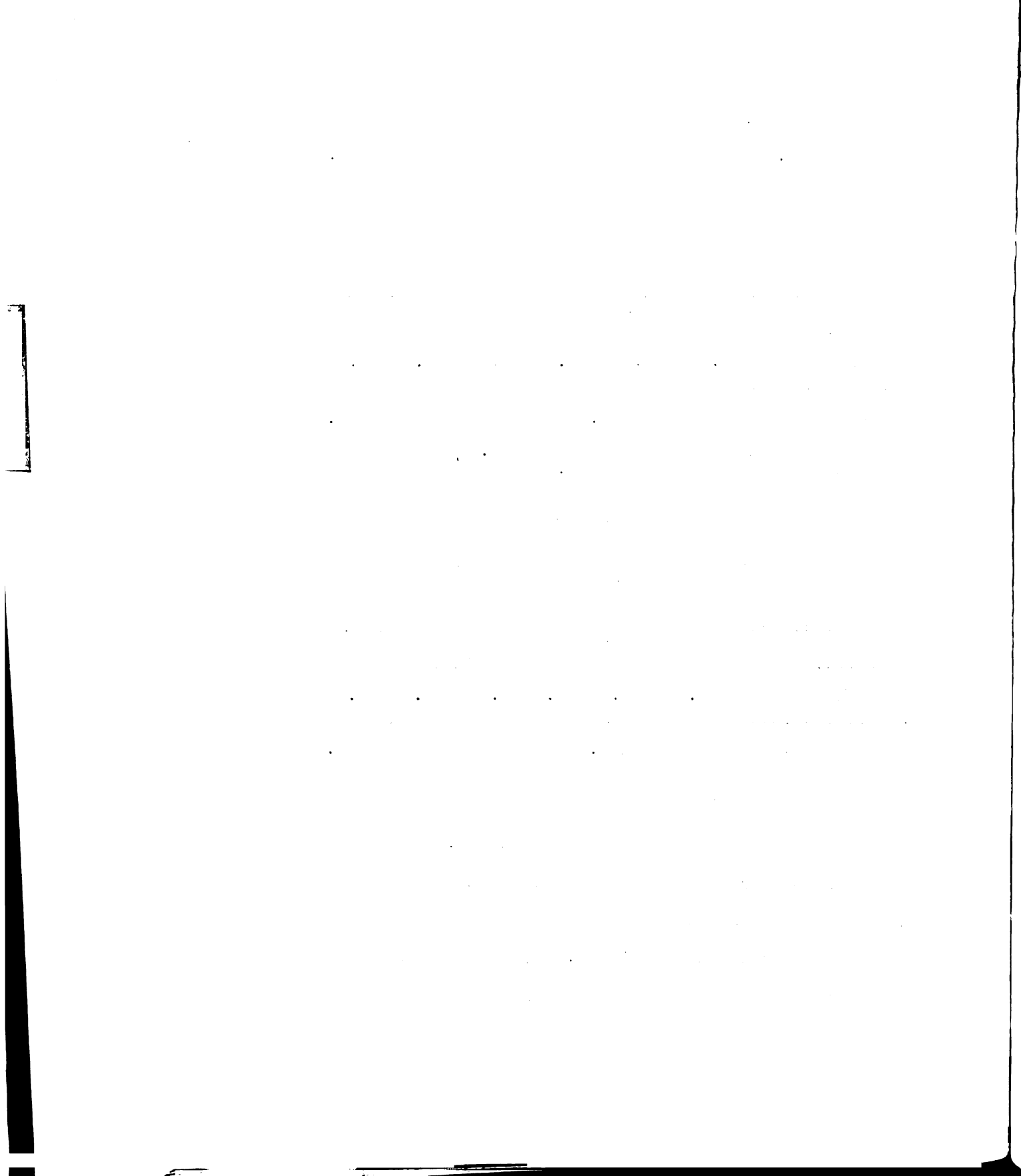
^aMean r equivalent of mean z scores. All statistical analyses were done with z scores.

TABLE 17
DIFFERENCE BETWEEN MEAN FELT SIMILARITY SCALE
SCORE AND MID-POINT SCALE SCORE

Scale	M	Mid-point	SD	SEM	t	p
Felt Similarity	2.88	4.00	1.02	.223	5.022	.001***

***Denotes significance at .001 level of confidence.

The present findings concerning the relationships between counseling progress and similarity, counseling progress and various measures of feelings of similarity and counseling progress and prediction led to reconsideration of Bender and Hastorf's (6, 29) attempts at eliminating the effects of projection (which may arise from similarity)



from the ability to predict accurately. They labelled the resulting measure "refined empathy." Using their method (6) refined empathy measures were obtained for the present group.

As seen from Table 18, refined empathy is positively related to counseling progress, but is unrelated to the two measures of empathic understanding. It therefore appears that in the present case Bender and Hastorf's method for eliminating "projection" from prediction does result in a measure which is positively related to counseling progress. This measure appears strengthened by the fact that similarity and refined empathy are significantly negatively related. The present results thus seem to support Bender and Hastorf's contention that projection should be parcelled out from prediction in order to get a more accurate measure of prediction (refined empathy).

TABLE 18

RELATIONSHIP BETWEEN REFINED EMPATHY AND COUNSELING PROGRESS, EMPATHIC UNDERSTANDING, AND SIMILARITY

Measure	Rho	p
Counseling progress	.385	.05*
Empathic understanding-cl	.235	.32
Empathic understanding-co	.187	.40
Similarity	-.456	.02*

*Denotes significance at .05 level of confidence.

From the foregoing discussion it would seem that certain variables which have been viewed as being important in the process of counseling may actually play little or no part in this process. On the other hand certain variables in the counseling process seem to play more significant roles than has been viewed up to the present time. However, this can only be considered a very tentative conclusion since the study of 22 subjects, several of whom had not completed their counseling, is a hazardous basis for setting aside the clinical observations of many, many competent therapists. These results do, however, cast serious doubt upon the usually accepted therapeutic axioms and demand either further confirmation or refutation.

CHAPTER V

IMPLICATIONS, CRITICISMS, AND SUGGESTED FURTHER RESEARCH

Introduction

The findings of this study present both supportive and contradictory evidence for previously reported research. It is generally felt by this writer that the area of counseling and psychotherapy, and the area of "empathic understanding" are still essentially in their infancy. More work is needed to relate these areas and certainly more consistency in use of terminology and design is needed. All too often the same measure is labelled differently from researcher to researcher, and similarly, different measures are called the same thing. This is a problem which is, in this writer's view, a major one in the field of psychology today.

Counseling Progress

In general the client group in the present study made significant positive counseling movement. One wonders if a more accurate picture of counseling progress could be found for clients who had not yet terminated counseling, however. Clients do not usually experience

successful counseling in a straight line manner and often they feel "down" one day, and "up" the next. Since, as previously mentioned (p. 67), terminated clients showed significantly more counseling progress than did continuing clients, it is conceivable that the present measure may not be sensitive enough for estimating the overall progress of clients still in counseling. It is possible that clients still in counseling at the time of the final data collection were at a low ebb and showed little or no increase in self:ideal correlations. This does not necessarily mean that the counseling was unsuccessful, however. The question is therefore raised as to whether the present measure of counseling progress is an appropriate one for non-terminated clients.

Unfortunately, since the process of counseling may be quite variable for any particular client, measurement of counseling progress before termination would be quite difficult. At the present time this writer is unaware of any single measure that is generally considered totally adequate for this purpose.

An entirely different index than that provided by use of Q-sorts might be considered in cases which have not terminated counseling. Rogers' (49) sketch of a process of change would appear to serve as a good rationale for such a measure. If some sort of scale would

be adapted from this view of the counseling process, change within the process might be more readily measured.

Examining continuing and terminated cases as a single group raises a question. Since the present group of terminated clients went fewer therapy hours in general than the group of continuing clients, some factor which was not here considered might be operating. Grummon (29) found that those clients who eventually terminated therapy before six sessions had greater self:ideal increases during a pre-therapy wait period than those clients who eventually went beyond six sessions. It thus appears that some force is operating in those clients who show the greatest increase over a relatively short period of time which is not operating in those clients who stay in therapy for a longer time.

This finding, which is consistent with the present findings, suggests that further research in therapy should keep separate those clients who terminate in a short time from those who terminate after a long period. It is further suggested that the personality characteristics of these two groups of clients be analyzed and compared.

In measuring counseling progress, consideration of a recent technique in the use of the Q-sort procedure seems in order. Reznikoff and Toomey (48) developed a method of weighting Q-sort statements along a continuum from most

indicative of severe emotional disturbance to least indicative of severe emotional disturbance. They felt that this method could be used both for quantitatively measuring emotional disturbance among individuals and for quantitatively measuring personality change within an individual. Further investigation of Reznikoff and Toomey's method within the framework of the present study is strongly urged by this writer in order that this procedure be compared with the conventional Q-sort procedure used in the present study.

It might also be profitable to move away from the use of a single measure of counseling progress. Consideration of varying clusters of factors of counseling change appears worthy. Cartwright (9) in a review of pertinent literature found that several factors have been discovered with regard to counseling change. Therefore, instead of using just one criterion measure of counseling progress as was done in the present study, an analysis of varying factors of change in relationship to the variables of similarity, empathic understanding, etc., might add greatly to the present store of knowledge. It is conceivable that combinations or clusters of factors are more sensitive than is a single criterion measure.

Empathic Understanding

One of the findings of the present study raises serious question to the importance of empathic understanding in the process of counseling. It was found that the generally accepted view that empathic understanding is very important in the counseling process was not substantiated. Counseling progress and counselor empathic understanding were not related to each other. It is conceivable that a maximum of empathic understanding is not necessarily most conducive to counseling progress. Oftentimes an optimal amount of something is less than the maximum possible. It is thus suggested that there may be a curvilinear, rather than a linear, relationship between empathic understanding and counseling progress.

The fact that the continuing clients in this study seemed to be more understood while the terminated clients showed more counseling progress suggests that empathic understanding may "keep" a client but may not necessarily help him, at least initially. It is conceivable to this writer that the views expressed by Wolberg (62) and by Bordin (7) may bear looking into as possible explanations of the present results.

Wolberg feels that some tension is necessary in order to get a patient to work through his problems. "Tension acts as a driving force by creating in the patient an

incentive for change through active participation in the therapeutic process. On the other hand, a relaxed, tensionless state tends to diminish activity" (62, p. 178). To the extent that much empathic understanding may result in a relaxed, tensionless state, the positive progress of counseling may be frustrated.

Bordin also feels that an optimal amount of anxiety is necessary for therapy to progress. "In general, all schools of psychotherapy seem to be agreed that people must have some anxiety about their problems--must be concerned about themselves--in order for therapeutic progress to be possible" (7, p. 146).

It may be that global measures of experienced empathic understanding may really be measuring client and counselor feelings of comfort during the counseling hours rather than empathic understanding. It is conceivable that examination of specific acts of empathic understanding with specific clients in particular therapeutic situations might yield entirely different results.

It is also possible, considering the views of Wolberg and of Bordin, that too much empathic understanding might result in too little anxiety for effective counseling to occur.

Although the present results do not here reach statistical significance it would seem that further

investigation of the relationship between counseling progress and empathic understanding would be of value.

It would be interesting if the present group of continuing clients could be again tested when they terminated counseling to see if the present relationship remains.

It is also interesting to note that the client group generally saw their counselors as more understanding than the counselors judged themselves to be. It is certainly possible that the client and counselor pairs had good relationships, and as a result the clients possessed positive feelings for the counselors. These feelings may have generalized so that the clients tended to see their counselors as being much better in all areas than they may have been objectively.

More detailed examination of the apparent discrepancies between client and counselor views of counselor empathic understanding would seem to be a worthwhile line of approach. The obtained difference between client and counselor perceptions of counselor understanding does raise the possibility that each may perceive the counseling process quite differently than the other. Examination of these perceptions would probably add greatly to our still limited views of the counseling process.

Similarity

The findings with regard to the value of similarity between clients and counselors are not supportive of views expressed by some writers to the effect that similarity between persons aids in the understanding of the other (30, 33, 44, 45, 63).

A possible explanation for the discrepancy between the present findings and the afore-mentioned views (pp. 21-32) may lie in the measurement of similarity herein used. The present measure of similarity is a correlation between client and counselor self sorts. If the client and the counselor have similar present self-concepts and if the client usually brings up "maladaptive" feelings and experiences (as clients are wont to do) then the counselor (having a similar self-concept and similar feelings) may have difficulty in dealing with these "maladaptive" feelings and experiences and would thus be less effective as a counselor. Hence, counseling progress would be negatively related to similarity.

In addition it is conceivable that the counselor, being similar to his client, becomes "disturbed" when feelings which he himself has are raised as "problems" by the client. The counselor then would probably have difficulty in effectively reacting to and dealing with

these feelings. Hence, similarity would tend to be negatively related to empathic understanding-co, although this obtained correlation does not reach statistical significance.

This conclusion is a very tentative one but this writer feels that this is an area which might be examined quite profitably. It is felt that analysis of the items which clients and counselors ranked similarly and dissimilarly would result in a more precise view of the client-counselor similarity. It is possible that there are similarity factors which could be obtained and examined within the counseling process.

It is conceivable that similarity would be positively related to both counseling progress and to empathic understanding if similarity were not in terms of present self-concepts of client and counselor, but rather in terms of experiences and feelings which the client may feel at the present time but which the counselor has felt and has mastered in the past. In this way, the counselor no longer would have intense emotions tied up with these experiences and could more effectively deal with them on the client's level of present experiencing.

It is further felt that the similarity should be viewed in other ways. For example, similarity of social class as suggested by Hollingshead and Redlich, or

similarity of value systems, e.g., as measured by the Allport-Vernon Study of Values, might be areas which could well be examined for possible effects upon counseling progress. The entire area of similarity seems in need of much investigation to add to our theoretical and practical knowledge.

Perceptions of Similarity

The present results suggest that correctness of the perception of similarity by the counselor seems to be an important factor in viewing a client's progress in counseling. When the counselor correctly perceives the degree of similarity between himself and his client he apparently perceives more correctly what the client is saying and feeling, than when he merely feels similar or, further, overestimates their similarity. These incorrect perceptions seem to result in the counselor's misinterpreting or misunderstanding what a client is saying. Feeling similar to the client the counselor may tend to view the client's words more in line with his own frame of reference. On the other hand if the counselor underestimates their similarity he may tend not to react in terms of his own feelings and attitudes when he should. When he perceives their similarity correctly, however, he seems to be more effective as a counselor than when he misperceives the

similarity (and tends to "project" or "over-compensate"). Furthermore, misperception of similarity seems to be revealed to both client and counselor as lack of empathic understanding. Apparently when the counselor overestimates or underestimates similarity and therefore tends to project or over-compensate, both client and counselor are aware of the lack of real understanding by the counselor.

The present findings concerning overestimation of similarity and unwarranted assumed similarity do not agree with Fiedler's (20) findings about unwarranted assumed similarity. It may well be that personality characteristics which are associated with a person's general tendency to overestimate the similarity between himself and others is frequently found in "good" therapists (Fiedler). However, even though possession of these characteristics may be valuable for a therapist, it does not necessarily follow that a particular therapist will do his most effective work with those particular clients whose similarity to himself he most overestimates. That is, it is conceivable that a general characteristic of "good" therapists does not necessarily result in "good" therapy with a specific client.

The relationship between unwarranted assumed similarity and "good" therapists as found by Fiedler may

be explained in a different way than he explains it, however. It seems to this writer that if clients and counselors were dissimilar it would be "easier" to get high unwarranted assumed similarity than if they were similar. That is, if similarity is high, one could not overestimate this similarity as much as one could if similarity were low. Therefore Fiedler's findings of high unwarranted assumed similarity being indicative of good therapists could be interpreted as dissimilarity between client and counselors being indicative of good therapists. This interpretation would be consistent with the present findings, i.e., similarity is negatively related to counseling progress; the client-counselor groups are similar; unwarranted assumed similarity is unrelated to counseling progress.

Thus the present findings stress that there is a negative relationship between client-counselor similarity of self-concept and the progress of the particular client. However, when this similarity is correctly perceived by the counselor it can be handled by him and does not obstruct his counseling effectiveness. When the perceived similarity is inaccurate, however, it is not conducive to counseling progress.

Since these findings do not agree with Fiedler's findings, and since the situations in both studies did differ to a large extent, it is suggested that further

research examine the possibility that "general" abilities as a therapist differ from therapeutic abilities with a particular client. Analysis of factors of therapist ability or of counseling progress must keep this differentiation in mind.

Another consideration in examining perceptions of similarity is also suggested. In the present study the results obtained concerning felt similarity, correct awareness of similarity, and overestimation of similarity all depended upon the Felt Similarity Scale. The implicit assumption was that this scale measured the same areas of similarity as did the self-concept Q-sort statements. Since the counselor group, although significantly similar to the client group, felt generally dissimilar to this group, it is quite possible that the counselor ratings of felt similarity were not drawn from the same reference points as were their ratings of the self sort statements. Thus a Scale of Felt Similarity might be better formulated directly from the statements of similarity.

Another possible means of arriving at a measure of felt similarity would be to simply have each counselor predict the correlation coefficient between his own and his client's self sorts.

Refined Empathy

Refined empathy was found to be positively related to counseling progress. Hastorf and Bender's method of arriving at refined empathy resulted from their desire to remove the possible effects of projection from prediction. In so doing, they cancel out the relationship between a predictor's self sort and his predictive sort of another (projection).

Their methodology suggests a reconsideration of their theoretical point of view, however. The relationship between a therapist's self sort and his predictive sort of his client is viewed by Fiedler as a measure of "assumed similarity." It appears that Fiedler's thinking is as follows: if a counselor sorts statements for himself in the same way that he feels his client will sort them, then on some level he must feel similar to his client. This relationship could thus be viewed as the counselor's "feeling" of similarity to his client, and could be considered as similar to the measure of felt similarity used in the present study. Thus the finding of a positive relationship between refined empathy and counseling progress in the present study could be viewed as being due to the removal of assumed or felt similarity, rather than to the removal of projection. This differing theoretical view demands further examination and study.

It therefore seems to this writer that this interpretation of these measures and the resulting correlation coefficients tends to support the earlier suggestion that the mere feeling of similarity is not conducive to counseling progress.

Thus Hastorf and Bender's refined empathy score does seem to be a more adequate measure than was originally considered (pp. 17-21). Looking at the theoretical implications behind this measure from Fiedler's frame of reference and considering the findings of the present study, the important aspect to this writer is the effect of incorrect feelings of similarity rather than the effect of projection due to real similarity.

It is therefore suggested that "feeling similar" or "overestimating similarity" is not as important in counseling progress as is consideration of "correct awareness of similarity." It is conceivable that this may be part of a factor cluster involved in the counseling progress of a particular client.

Prediction

The area of ability to predict another's responses is one of the most controversial issues to be found in psychological literature today. Kell (37), for example, found that experienced client-centered counselors were better predictors of client self sorts than were

counselors-in-training and non-psychologically trained physical scientists. Luft (41), however, found no difference between 30 clinicians, and 5 physical scientists in ability to predict the responses to a questionnaire by a number of hospital patients.

In the present study one major difference in methodology must be considered in comparing the present results to those of the afore-mentioned studies. This study did not use supervisor's ratings of good or poor therapists, but used the criterion measure of counseling progress of a particular client. The fact that ability to predict was positively related to empathic understanding-cl suggests that this ability does "show" itself to the client in some way. Possibly the "knowledge" by the counselor of the client's feelings and attitudes about himself and about other things is perceived by the client as empathic understanding. This knowledge, however, might be looked at as a **diagnostic** impression which may bear no relationship to the actual counseling process. In essence it is felt that ability to predict another's responses to a measure such as the self sort may be a diagnostic ability towards a particular client but need not necessarily bear any relationship to one's counseling ability with that client.

This latter point is raised also by Horrocks and Nagy (34) who contend that the ability to make a diagnosis is only moderately related to the ability to choose acceptable remedical measures.

The present findings, plus the inconsistent findings previously cited give rise to much questioning of the value of counselor ability for prediction in the process of counseling.

Client Termination

Several people who did not return for counseling, although expected back by their counselors, were contacted by this writer. In four of the nine cases this contact although made in terms of the research program resulted in the client's return to counseling. These results lead to consideration of the question of whether a client who doesn't return to counseling should be contacted by his counselor. In general, feeling seems to be that if the client is "hurting" enough he will be back. If not, the counselor should not assume responsibility for his client's return to counseling. Although only a small number of contacts is involved here, it is felt that the results of these contacts suggest a possible reconsideration of this counselor view towards non-returning clients.

Conclusion

Finally, two factors which may have affected the results of this study deserve mention. For one thing the total population was small. Although other studies, published articles and books have also used small samples, this writer feels that more conclusive results may have been forthcoming with the use of a larger population. Since many variables operate in the process of counseling, and since the present measuring instruments might have been more precise, a larger population would have added greatly to the confidence placed in the present results.

Additionally, different kinds of clients participated in this study. The range of initial self:ideal correlations was large, some clients continued for some time, others terminated after relatively short periods. The terminated group was composed of some clients who left counseling after discussing leaving with their counselors, while others just never returned for their next counseling appointment.

Acknowledging all of the limitations herein presented, it would seem that of all the measures tested similarity, correct awareness of similarity, and refined empathy are of most predictive importance when viewing the counseling progress of a particular client. Further work with these variables, as was suggested, might prove to be very

beneficial in adding to the present knowledge in the field of therapy.

Finally, and possibly of most importance, is the need to allow much time for further studies of the process of counseling. Measures which could be obtained at many intervals over long periods of time and with many clients and counselors would aid substantially in the value and the conclusiveness of obtained results. With a larger population and more measures, extremes of the total group as well as the group as a whole could be examined in an attempt to obtain more refined results.



CHAPTER VI

SUMMARY AND CONCLUSIONS

This study was designed to explore the relationship between counselor understanding of his client and counseling progress. An integral part of the research was the analysis of certain client-counselor variables, some of which had been previously viewed outside of the counseling process.

The major test procedures used were Q-sorts, an Empathic Understanding Scale and a Felt Similarity Scale. Rank order correlation was the primary statistical means used to determine the various relationships. T-tests were also computed to determine the significance of the difference between various findings.

Variables such as similarity, various perceptions of similarity, prediction and refined empathy were related to each other, and to the criterion measures of counseling progress and empathic understanding. The two criterion measures were also related to each other.

The population consisted of 11 counselors and 22 of their clients undergoing personal counseling at the Michigan State University Counseling Center.

In general the stated hypotheses of this study were not supported. It was found that counselor empathic understanding as herein measured was unrelated to counseling progress. This raised some questions concerning the generally accepted notion of the value of empathic understanding, especially since the client group on the whole showed positive counseling movement.

It was also found that similarity between client and counselor self-perceptions was negatively related to counseling progress. However, correct awareness of similarity was positively related to counseling progress which **suggests** that the counselor is able to overcome the negative effects of similarity in the counseling process when he correctly perceives this similarity. Contrary to views of Fiedler an overestimation of similarity was not related to counseling progress. Empathic understanding was not related to similarity, to correct awareness of similarity, or to overestimation of similarity.

The ability to correctly predict his client's self-perception was also found to be unrelated to counseling progress but was positively related to the client's feeling of his counselor's empathic understanding. Results of other research findings concerning ability to predict were found to be generally contradictory to each other, however.

The refined empathy score of Bender and Hastorf was found to be positively related to counseling progress but unrelated to empathic understanding. This finding suggests that care be used in eliminating the effects of projection or of assumed similarity when considering one's ability to predict the responses of another.

The results of this study must be considered as tentative due to the relatively small population involved. However, question is raised concerning some of the generally accepted notions concerning empathic understanding, similarity between persons, and the ability to predict another's responses. It is felt that further ~~research~~ research is necessary to either support or refute the findings of the present study. Consistency in research designs and in use of terms is needed to make all of the studies in this area comparable.

BIBLIOGRAPHY

1. Adams, D. K. The inference of mind. Psychol. Rev., 1928, 35, 235-252.
2. Anderson, H. H. Human behavior and personality growth. In H. H. Anderson and Gladys L. Anderson (Ed.), An introduction to projective techniques. New York: Prentice-Hall, 1951, 3-25.
3. Arkin, H & Colton, R. R. Tables for statisticians. New York: Barnes and Noble, 1950.
4. Bakan, D. Clinical psychology and logic. Amer. Psychologist, 1956, 11, 655-662.
5. Bender, I. E., & Hastorf, A. H. The perceptions of persons: forecasting another person's responses on three personality scales. J. abnorm. soc. Psychol., 1950, 45, 556-561.
6. Bender, I. E., & Hastorf, A. H. On measuring generalized empathic ability. J. abnorm. soc. Psychol., 1953, 48, 503-506.
7. Bordin, E. S. Psychological counseling. New York: Appleton-Century-Crofts, 1955.
8. Butler, J. M., & Haigh, G. V. Changes in the relation between self concepts and ideal concepts consequent upon client-centered counseling. In C. R. Rogers and Rosalind F. Dymond (Ed.), Psychotherapy and personality change. Chicago: University of Chicago Press, 1954, 55-76.
9. Cartwright, D. S. Methodology in counseling evaluation. J. counsel. Psychol., 1957, 4, 263-267.
10. Cohen, J. An aid in the computation of correlations based on Q sorts. Psychol. Bull., 1957, 54, 138-139.
11. Cottrell, L. S., & Dymond, Rosalind F. The empathic responses. Psychiat., 1949, 12, 355-359.

12. Dymond, Rosalind F. The relation of insight and empathy. J. consult. Psychol., 1948, 12, 228-233.
13. Dymond, Rosalind F. The measurement of empathic ability. J. consult. Psychol., 1949, 13, 127-133.
14. Dymond, Rosalind F. Personality and empathy. J. consult. Psychol., 1950, 14, 343-350.
15. Edwards, A. L. Experimental design in psychological research. New York: Rinehart, 1950.
16. Edwards, A. L. Statistical methods for the behavioral sciences. New York: Rinehart, 1954.
17. Erlandson, F. L. A computational aid in computing Spearman's rank order coefficient. Personal Communication. 1958.
18. Erlandson, F. L. Rank correlation methods. Personal Communication. 1958.
19. Fiedler, F. E. A comparison of therapeutic relationships in psychoanalytic, nondirective, and Adlerian therapy. J. consult. Psychol., 1950, 14, 436-445.
20. Fiedler, F. E. The concept of an ideal therapeutic relationship. J. consult. Psychol., 1950, 14, 239-245.
21. Fiedler, F. E. A method of objective quantification of certain countertransference attitudes. J. clin. Psychol., 1951, 7, 101-107.
22. Fiedler, F. E. Factor analyses of psychoanalytic, nondirective, and Adlerian therapeutic relationships, J. consult. Psychol., 1951, 15, 32-38.
23. Fiedler, F. E. Quantitative studies on the role of therapists' feelings toward their patients, In O. H. Mowrer (Ed.), Psychotherapy theory and research. New York: Ronald Press, 1953, 296-316.
24. Fiedler, F. E. The psychological-distance dimension in interpersonal relations. J. Pers., 1953, 22, 142-150.
25. Fiedler, F. E., & Senior, Kate. An exploratory study of unconscious feeling reactions in fifteen patient-therapist pairs. J. abnorm. soc. Psychol., 1952, 47, 446-453.

26. Gage, N. L. Accuracy of social perception and effectiveness in interpersonal relationships. J. Pers., 1953, 22, 128-141.
- X 27. Gage, N. L. Explorations in the understanding of others. Educ. and Psychol. Meas., 1953, 13, 14-26.
- X 28. Gage, N. L., & Cronbach, L. J. Conceptual and methodological problems in interpersonal perception. Psychol. Rev., 1955, 62, 411-422.
29. Grummon, D. L. Personality changes as a function of time in persons motivated for therapy. In C. R. Rogers and Rosalind F. Dymond (Ed.), Psychotherapy and personality change. Chicago: University of Chicago Press, 1954, 238-255.
- X 30. Halpern, H. H. Empathy, similarity, and self-satisfaction. J. consult. Psychol., 1955, 19, 449-452.
- X 31. Hastorf, A. H., & Bender, I. E. A caution respecting the measurement of empathic ability. J. abnorm. soc. Psychol., 1952, 47, 574-576.
- X 32. Hastorf, A. H., & Bender, I. E., & Weintraub, D. J. The influence of response patterns on the "refined empathy score." J. abnorm. soc. Psychol., 1955, 51, 341-343.
- X 33. Hollingshead, A. B., & Redlich, F. C. Social class and mental illness. New York: John Wiley and Sons, 1958.
34. Horrocks, J. E., & Nagy, G. The relationship between the ability to make a diagnosis and to select appropriate remedial procedures. J. gen. Psychol., 1948, 38, 139-146.
35. Isaacs, K. S., Fiedler, F. E., & Fiske, D. W. Some factors involved in the understanding of patients by clinicians. Chicago: University of Chicago, mimeographed, 1950.
36. Kell, B. L. Adaptation of Butler's Q-sort techniques correlation table. Austin: University of Texas, mimeographed.
37. Kell, B. L. An experimental study of the ability to predict the self concept of an individual from his therapeutic interview behavior. Unpublished doctoral dissertation, University of Chicago, 1950.

38. Levinson, R. B. Gating: the application of a perceptual theory to the issue of diagnosis in psychotherapy. Unpublished doctoral dissertation, Michigan State University, 1957.
39. Lindgren, H. C., & Robinson, Jacqueline, Evaluation of Dymond's test of insight and empathy. J. consult. Psychol., 1953, 17, 172-176.
40. Luft, J. Some relationships between clinical specialization and the understanding and predictions of an individual's behavior. Unpublished doctoral dissertation, University of California, Los Angeles, 1949.
41. Luft, J. Implicit hypotheses and clinical predictions. J. abnorm. soc. Psychol., 1950, 45, 756-759.
42. MacFarlane, T. G. Empathic understanding in an interpersonal interview situation. Unpublished doctoral dissertation, University of California, Los Angeles, 1952.
43. May, R. Historical and philosophical presuppositions for understanding therapy. In O. H. Mowrer (Ed.), Psychotherapy theory and research. New York: Ronald Press, 1953, 9-44.
- X 44. Normal, R. D. The interrelationship among acceptance-rejection, self-other identity, insight into self, and realistic perception of others. J. soc. Psychol., 1953, 37, 205-235.
- X 45. Notcutt, B., & Silva, A. L. M. Knowledge of other people. J. abnorm. soc. Psychol., 1951, 46, 30-37.
46. Peatman, J. G. Descriptive and sampling statistics. New York: Harper and Bros., 1947.
47. Reid, Dorothy K., & Snyder, W. U. Experiment on "recognition of feeling" in non-directive psychotherapy. J. clin. Psychol., 1947, 3, 128-135.
48. Reznikoff, M., & Toomey, Laura C. The weighted Q sort: a procedure for quantitatively estimating emotional disturbance and personality change. J. consult. Psychol., 1958, 22, 187-190.

49. Rogers, C. R. A process conception of psychotherapy. Amer. Psychologist, 1958, 13, 142-149.
50. Rogers, C. R. Client-centered therapy. Cambridge: Riverside Press, 1951.
51. Rogers, C. R. Persons or science? A philosophical question. Amer. Psychologist, 1955, 10, 267-276.
52. Rogers, C. R., & Dymond, Rosalind F. (Ed.) Psychotherapy and personality change. Chicago: University of Chicago Press, 1954,
- ✓ 53. Sears, R. R. Experimental studies of projection: I attribution of traits. J. soc. Psychol., 1936, 7, 151-163.
54. Siegel, S. Nonparametric statistics for the behavioral sciences. New York: McGraw-Hill, 1956.
55. Sommer, G. R., Mazo, B., & Lehner, G. F. J. An empirical investigation of therapeutic "listening." J. clin. Psychol., 1955, 11, 132-136.
56. Steinmetz, H. C. Directive psychotherapy: V. measuring psychological understanding. J. clin. Psychol., 1945, 1, 331-335.
57. Stephenson, W. The study of behavior. Chicago: University of Chicago Press, 1953.
58. Strupp, H. H. The effect of the psychotherapist's personal analysis upon his technique. J. consult. Psychol., 1955, 19, 197-204.
- ✓ 59. Taft, R. The ability to judge people. Psychol. Bull., 1955, 52, 1-23.
60. Thompson, Clara. Psychoanalysis: evolution and development. New York: Hermitage House, 1950.
61. Van Lennep, D. J. The four-picture test. In H. H. Anderson and Gladys L. Anderson (Ed.), An introduction to projective techniques. New York: Prentice-Hall, 1951, 149-180.
62. Wolberg, L. R. The technique of psychotherapy. New York: Grune and Stratton, 1954.



- ✧ 63. Wolf, R., & Murray, H. A. An experiment in judging personalities. J. Psychol., 1937, 3, 345-365.
- 64. Wyatt, F. The self-experience of the psychotherapist. J. consult. Psychol., 1948, 12, 82-87.

APPENDIX

INSTRUCTION FOR SELF SORT ADMINISTRATION

Please sort these cards to describe yourself as you see yourself today, from those that are least like you to those that are most like you.

Step 1. Remove the cards numbered 1 to 9 and put them to one side.

Step 2. Read the first statement. If it is descriptive of you, put it on the table at the right. If it is not descriptive of you put it on the table at the left. If you are doubtful or not sure whether the statement is descriptive of you, put it directly in front of you.

Step 3. Read each statement in turn, putting them into one of the three piles. To the right you will have all the statements you think are descriptive of you. Directly in front of you will be all those statements about which you are doubtful. To your left will be all those statements that you think are not descriptive of you.

Step 4. Now arrange the cards numbered 1 to 9 in front of you with the number 1 card to the extreme left, and the number 9 card to the extreme right. Think of these cards as representing a scale with the number 1 card meaning the LEAST and the number 9 card meaning the MOST descriptive of you.

Step 5. Take the pile of statements at your extreme left and select the one statement that is least descriptive of you. Place that statement on top of card number 1.

Step 6. Take the pile of statements at your extreme right and select the one statement that is most descriptive of you. Place that statement on top of card number 9.

Step 7. Take the pile of remaining statements at your extreme left, and select the four statements that are next least descriptive of you. Place those statements on top of card number 2.

Step 8. Take the pile of remaining statements at your extreme right, and select the four statements that are next most descriptive of you. Place those statements on top of card number 8.

Step 9. Continue in the same manner, working from the extremes toward the middle, until you have exactly the required number of statements in each pack, as indicated in the middle of each of the numbered cards. If you use up all of the statements in either of the extreme packs, before you have put the required number in each pack, select statements from the middle or doubtful pile, to complete the exact number required for each card number.

Step 10. When you have finished, put the statements for each numbered card under that card. Pick up the nine packs, putting the number 1 pack on top, and the number 9 pack on the bottom, and replace the rubber band around the pack.

MEMO TO BILL LESSER

A new client, _____, who, to the best of my knowledge is not in your study, looks like he (she) will return for several counseling appointments. This student would appear to be a suitable person for your research group. My next appointment with this student is on:

Day _____

Date _____

Time _____

Counselor's name

REQUEST FORM

The Counseling Center would appreciate your help in a research project aimed at better understanding the counseling process. We need an hour of your time to do some research tasks now, and possibly another hour at a later date.

Participating in this research is not intended to be of any direct help to you as it is completely separate from the counseling process. It will in no way influence your own counseling, and, in fact your counselor will have no knowledge of the results. Nevertheless the research has real value in that it will aid in serving others in the future, and one value to **you** may be the satisfaction of having contributed to scientific effort, and to those who come after you.

SUBJECT AVAILABILITY FORM

Name _____ Age _____ College Class _____

Local Address _____ Tel. No. _____

Counselor _____

Date of first appointment
with counselor _____Please check possible times that you will be available to
participate for one hour in this research program.

I am available right now _____

I will be available at the hours checked below:

	Monday	Tuesday	Wednesday	Thursday	Friday
8					
9					
10					
11					
1					
2					
3					
4					

If you will be unable to participate, please indicate your
reason. This will enable us to know if our research group
is representative of the M.S.U. student body._____

MEMO TO COUNSELORS

Memo to _____:

I have contacted _____, a new client
of yours, and he (she) has agreed to participate in my
research study.

Bill Lesser



INSTRUCTIONS FOR IDEAL SORT ADMINISTRATION

Please sort these cards to describe your ideal person--the person you would most like within yourself to be.

Step 1. Remove the cards numbered 1 to 9 and put them to one side.

Step 2. Read the first statement. If it describes the person you would most like within yourself to be, put it on the table to the right. If it does not describe the person you would most like to be, put it on the table at the left. If you are doubtful or not sure whether the statement describes the person you would most like within yourself to be, put it directly in front of you.

Step 3. Read each statement in turn, putting them into one of the three piles. To the right you will have all the statements you think describe the person you would most like within yourself to be. Directly in front of you will be all those statements about which you are doubtful. To your left will be all those statements that you think do not describe the person you would most like within yourself to be.

Step 4. Now arrange the cards numbered 1 to 9 in front of you with the number 1 card to the extreme left, and the number 9 card to the extreme right. Think of these cards as representing a scale with the number 1 card meaning the LEAST and the number 9 card meaning the MOST you would like within yourself to be.

Step 5. Take the pile of statements at your extreme left and select the one statement that least describes the person within yourself you would like to be. Place that statement on top of card number 1.

Step 6. Take the pile of statements at your extreme right and select the one statement that most describes the person within yourself you would like to be. Place that statement on top of card number 9.

Step 7. Take the pile of remaining statements at your extreme left, and select the four statements that next least describe the person within yourself you would like to be. Place those statements on top of card number 2.

Step 8. Take the pile of remaining statements at your extreme right, and select the four statements that next most describe the person within yourself you would like to be. Place those statements on top of card number 8.

Step 9. Continue in the same manner, working from the extremes toward the middle, until you have exactly the required number of statements in each pack, as indicated in the middle of each of the numbered cards. If you use up all of the statements in either of the extreme piles before you put the required number in each pack, select statements from the middle or doubtful pile, to complete the exact number required for each card number.

Step 10. When you have finished, put the statements for each numbered card under that card. Pick up the nine packs, putting the number 1 pack on top, and the number 9 pack on the bottom, and replace the rubber band around the pack.

INSTRUCTIONS FOR PREDICTIVE SORT ADMINISTRATION

Please sort these cards as you feel your client, _____, would sort them to describe himself as he sees himself today, as he would describe himself.

Step 1. Remove the cards numbered 1 to 9 and put them to one side.

Step 2. Read the first statement. If it describes your client as you feel he would describe himself, put it on the table to your right. If it does not describe your client as you feel he would describe himself, put it on the table at the left. If you are doubtful or not sure, whether the statement describes your client as he sees himself, put it directly in front of you.

Step 3. Reach each statement in turn, putting them into one of the three piles. To the right you will have all the statements you think are descriptive of your client as he sees himself. Directly in front of you will be all those statements about which you are doubtful. To your left will be all those statements that you think are not descriptive of your client as he sees himself.

Step 4. Now arrange the cards numbered 1 to 9 in front of you with the number 1 card to the extreme left, and the number 9 card to the extreme right. Think of these cards as representing a scale with the number 1 card meaning the LEAST and the number 9 card meaning the MOST descriptive of your client as he sees himself.

Step 5. Take the pile of statements at your extreme left and select the one statement that you think is least descriptive of your client as he sees himself. Place that statement on top of card number 1.

Step 6. Take the pile of statements at your extreme right and select the one statement that you think is most descriptive of your client as he sees himself. Place that statement on top of card number 9.

Step 7. Take the pile of remaining statements at your extreme left, and select the four statements that you think are next least descriptive of your client as he sees himself. Place those statements on top of card number 2.

Step 8. Take the pile of remaining statements at your extreme right, and select the four statements that you think are next most descriptive of your client as he sees himself. Place those statements on top of card number 8.

Step 9. Continue in the same manner, working from the extremes toward the middle, until you have exactly the required number of statements in each pack, as indicated in the middle of each of the numbered cards. If you use up all of the statements in either of the extreme piles, before you have put the required number in each pack, select statements from the middle or doubtful pile, to complete the exact number required for each card number.

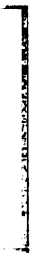
Step 10. When you have finished, put the statements for each numbered card under that card. Pick up the nine packs, putting the number 1 pack on top, and the number 9 pack on the bottom, and replace the rubber band around the pack.

COUNSELOR RATING SCALE OF EMPATHIC UNDERSTANDING

Please rate yourself on the following statements, as they apply to your behavior with your client _____.

A score of "1" indicates that the statement does not describe you at all. A score of "7" indicates that the statement describes you perfectly, that the statement has been true of you at all times in your counseling hours with _____. Scores from "2" to "6" represent intervals ranging from "less descriptive" to "more descriptive" of you, as you see yourself as the counselor of _____.

1. My comments are right in line with what the client is trying to say. 1 2 3 4 5 6 7
LEAST MOST
2. I understand the client's feelings well. 1 2 3 4 5 6 7
3. I follow the client's line of thought. 1 2 3 4 5 6 7
4. My own needs do not interfere with my understanding of the client. 1 2 3 4 5 6 7
5. I know just what the client is saying. 1 2 3 4 5 6 7
6. My tone of voice conveys complete understanding and sharing of the client's feelings. 1 2 3 4 5 6 7
7. I seem to know what the client is trying to get across to me. 1 2 3 4 5 6 7
8. I am not in doubt about what the client means. 1 2 3 4 5 6 7
9. My remarks fit oin just right with the client's mood and the contents of his words. 1 2 3 4 5 6 7
10. I do not find it difficult to think along the client's lines. 1 2 3 4 5 6 7
11. I seem to see the client as he sees himself. 1 2 3 4 5 6 7
12. I am not so concerned with being sympathetic that I don't understand what the client is feeling. 1 2 3 4 5 6 7



CLIENT RATING SCALE OF EMPATHIC UNDERSTANDING

Please rate your counselor on each of the following statements. Your counselor will have no knowledge of the results, which will be used strictly as part of the research program.

A score of "1" indicates that the statement does not describe your counselor at all. A score of "7" indicates that the statement describes your counselor perfectly, that the statement has been true of your counselor at all times in your counseling hours. Scores from "2" to "6" represent intervals ranging from "less descriptive" to "more descriptive" of your counselor, as you see your counselor.

- | | | | | | | | |
|---|-------|---|---|---|---|---|------|
| 1. The counselor's comments are right in line with what I am trying to say | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | LEAST | | | | | | MOST |
| 2. The counselor understands my feelings well. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. The counselor follow my line of thought. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. The counselor's own needs do not interfere with his understanding of me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. The counselor know just what I am saying. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. The counselor's tone of voice conveys complete understanding and sharing of my feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. The counselor seems to know what I am trying to get across to him. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. The counselor is not in doubt about what I mean. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. The counselor's remarks fit in just right with my mood and the content of my words. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. The counselor does not find it difficult to think along my lines. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. The counselor seems to see me as I see myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. The counselor is not so concerned with being sympathetic that he doesnt understand what I am feeling. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

FELT SIMILARITY SCALE

Please rate the following statements, as you feel they apply to your relationship with _____.

A score of "1" indicates that the statement does not describe you at all. A score of "7" indicates that the statement describes you perfectly, when you look at yourself in relation to this client. Scores from "2" to "6" represent intervals ranging from "less descriptive" to "more descriptive" of your perception of yourself and _____.

- | | | | | | | | |
|---|-------|---|---|---|---|---|------|
| 1. In many ways I am quite similar to this client. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | LEAST | | | | | | MOST |
| 2. I think that I would have felt and acted just as this client felt and acted in many of the situations as he has described to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Aside from some minor things, this client and I are very much alike. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. It is amazing how similarly this client and I view the world. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. I am sure that my dynamics differ only slightly from this client's dynamics. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. This client and I are so much alike, we could almost be siblings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. I usually feel much less similar to my clients than I do to this client. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Q-SORT STATEMENTS

1. I feel uncomfortable while talking with someone.
2. I put on a false front.
3. I am a competitive person.
4. I make strong demands on myself.
5. I often kick myself for the things I do.
6. I often feel humiliated.
7. I doubt my sexual powers.
8. I am much like the opposite sex.
9. I have a warm emotional relationship with others.
10. I am an aloof reserved person.
11. I am responsible for my troubles.
12. I am a responsible person.
13. I have a feeling of hopelessness.
14. I live by other people's values and standards.
15. I can accept most social values and standards.
16. I have few values and standards of my own.
17. I have a hard time controlling my sexual desires.
18. It's difficult to control my aggression.
19. Self control is no problem to me.
20. I am often down in the dumps.
21. I am really self-centered.
22. I usually like people.
23. I express my emotions freely.
24. Usually in a mob of people I feel a little bit alone.
25. I want to give up trying to cope with the world.
26. I can live comfortably with the people around me.
27. My hardest battles are with myself.
28. I tend to be on my guard with people who are somewhat more friendly than I had expected.
29. I am optimistic.
30. I am just sort of stubborn.
31. I am critical of people.
32. I usually feel driven.
33. I am liked by most people who know me.
34. I have an underlying feeling that I'm not contributing enough to life.
35. I am sexually attractive.
36. I feel helpless.
37. I can usually make up my mind and stick to it.
38. My decisions are not my own.
39. I often feel guilty.
40. I am a hostile person.
41. I am contented.
42. I am disorganized.
43. I feel apathetic.
44. I am poised.
45. I just have to drive myself to get things done.

46. I often feel resentful.
47. I am impulsive.
48. It's important to me to know how I seem to others.
49. I don't trust my emotions.
50. It is pretty tough to be me.
51. I am a rational person.
52. I have the feeling I'm just not facing things.
53. I am tolerant.
54. I try not to think about my problems.
55. I have an attractive personality.
56. I am shy.
57. I need somebody else to push me through on things.
58. I feel inferior.
59. I am no one. Nothing really seems to be me.
60. I am afraid of what other people think about me.
61. I am ambitious.
62. I despise myself.
63. I have initiative.
64. I shrink from facing a crisis or difficulty.
65. I just don't respect myself.
66. I am a dominant person.
67. I take a positive attitude toward myself.
68. I am assertive.
69. I am afraid of a full-fledged disagreement with a person.
70. I can't seem to make up my mind one way or another.
71. I am confused.
72. I am satisfied with myself.
73. I am a failure.
74. I am likeable.
75. My personality is attractive to the opposite sex.
76. I am afraid of sex.
77. I have a horror of failing in anything I want to accomplish.
78. I feel relaxed and nothing really bothers me.
79. I am a hard worker.
80. I feel emotionally mature.
81. I am naturally nervous.
82. I really am disturbed.
83. All you have to do is just insist with me and I give in.
84. I feel insecure within myself.
85. I have to protect myself with excuses, with rationalizing.
86. I am a submissive person.
87. I am intelligent.
88. I feel superior.
89. I feel hopeless.
90. I am self-reliant.
91. I often feel aggressive.
92. I am inhibited.
93. I am different from others.
94. I am unreliable.

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- 95. I understand myself.
- 96. I am a good mixer.
- 97. I feel inadequate.
- 98. I am worthless.
- 99. I dislike my own sexuality.
- 100. I am not accomplishing.



RAW DATA

Pairs	Final Stage in Counseling ^a	Number of Sessions	Sex	Prediction minus Similarity		Similarity plus Prediction	Refined Empathy	Overestimation of Similarity	Unwarranted Assumed Similarity	Correct Awareness of Similarity	Felt Similarity	Empathic Understanding		Client Initial Ideal:Final Ideal	Client Initial Self:final Self	Counseling Progress	Client Final Self:ideal	Client Initial Self:ideal	Prediction	Similarity
				Counselor	Client							Counselor	Client							
1	C	12	M	M	M	25.0	19	- 2.5	-.013	2.5	3.00	5.50	6.58	.842	.752	.12	.462	.359	.333	.22
2	T	6	M	M	M	20.5	- 4	- 7.5	.261	7.5	3.29	4.67	4.83	.782	.607	.41	.658	.342	.462	.18
3	T	7	M	M	M	18.0	- 4	- 11.5	-.309	11.5	2.86	5.33	4.50	.679	.637	.08	.671	.714	.278	.66
4	C	12	M	M	M	7.0	- 2	12.5	-.012	12.5	2.14	5.17	6.67	.791	.761	.11	.496	.581	.509	.47
5	C	12	M	F	F	12.5	30	- 4.5	-.008	4.5	3.57	5.83	6.42	.756	.615	.19	.359	.188	.479	.26
6	T	4	M	M	M	24.0	- 4	- 1.5	-.033	1.5	3.29	5.00	4.42	.750	.479	.54	.731	.312	.222	.30
7	C	6	M	M	M	26.0	14	- 11.0	-.001	11.0	5.71	5.33	6.83	.814	.662	.24	.329	.515	.314	.23
8	T	5	M	F	F	11.5	3	12.0	-.089	12.0	1.14	4.33	4.83	.671	.632	.09	.231	.137	-.017	.26
9	T	11	M	M	M	4.0	- 22	11.5	.093	11.5	2.57	4.50	5.92	.897	.829	.01	.662	.654	.560	.56
10	C	12	M	M	F	8.0	- 10	- 2.0	.036	2.0	4.14	5.50	6.33	.859	.705	.27	.197	.442	.470	.50
11	T	7	M	M	M	22.0	- 8	10.5	-.309	10.5	2.86	6.17	6.33	.744	.690	.02	.671	.662	.021	.56
12	T	11	F	F	F	26.5	65	- 6.5	.006	6.5	2.57	5.00	6.00	.675	.446	.61	.128	.521	.462	.09
13	C	10	M	F	F	44.0	- 108	- 6.0	.634	6.0	2.29	5.42	5.75	.697	.722	.29	.201	-.529	-.205	-.37
14	C	12	M	M	M	28.0	32	- 14.0	.005	14.0	3.57	6.67	5.83	.876	.756	.19	.175	-.006	.410	.08
15	C	12	M	M	M	27.0	8	- 17.0	.101	17.0	4.00	6.50	5.92	.919	.743	.04	.033	.000	.432	.07
16	T	4	M	F	F	23.5	22	3.5	-.011	3.5	2.14	5.92	6.00	.667	.654	.50	.556	.085	.410	.21
17	C	12	M	M	M	25.0	20	- 8.0	.014	8.0	3.14	4.08	6.58	.632	.459	.42	.415	-.004	.415	.16
18	T	11	M	M	M	18.0	62	- 2.0	-.106	2.0	3.57	4.58	5.83	.716	.528	.62	.675	.111	.406	.29
19	T	3	M	M	M	35.0	22	3.0	-.058	3.0	1.86	5.33	5.83	.782	.603	.25	.654	.483	.115	.17
20	C	12	M	M	M	34.0	36	- 7.5	-.015	7.5	3.00	6.08	5.25	.808	.479	.18	.064	-.115	.286	.12
21	T	12	F	M	F	23.0	- 10	12.0	.122	12.0	1.43	4.83	4.42	.791	.534	.49	.679	.278	.299	.27
22	C	9	F	F	F	24.0	12	10.5	-.045	10.5	1.14	5.67	5.58	.876	.562	.05	.231	.179	.327	.26

^aC refers to clients still in counseling at the time of final data collection.

^T refers to clients who had terminated counseling at the time of final data collection.

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