A COMPARISON OF DIFFERENT
APPROACHES TO THE MEASUREMENT
OF COUNSELOR EMPATHY IN
PERSONAL COUNSELING

Thesis for the Degree of Ph. D.
MICHIGAN STATE UNIVERSITY
ROBERT R. KURTZ
1970

This is to certify that the

thesis entitled

A Comparison of Different Approaches
to the Measurement of Counselor
Empathy in Personal Counseling

presented by

Robert R. Kurtz

has been accepted towards fulfillment
-. of the requirements for

_____ph.d.____ degree in __Counseling, Per. Ser. &__
Ed. Psy.

Date____8/13/

O-169

ABSTRACT

A COMPARISON OF DIFFERENT APPROACHES TO THE
MEASUREMENT OF COUNSELOR EMPATHY
IN PERSONAL COUNSELING

By

Robert R. Kurtz

The present investigation was concerned with the
counselor's empathic ability as a variable influencing the
process and outcome of personal counseling. Using the same
group of 31 counselors and clients, six different ways of
measuring counselor empathy were compared with each other.
Then, each measure was related to the processes and outcomes
of personal counseling. The six different empathy measures
were samples of operational definitions and procedures used
in previous counseling research.

Each counselor in the study was assigned a research
client who took a series of personality inventories before
and after counseling. The data were collected as a part of
a larger research study conducted with the counselors and
clients from the Michigan State University Counseling Center
during the 1968-1969 school years.

The empathy measures used in the study were: (a) counselor predictions' of client self-descriptions on the Leary Interpersonal Check List administered after the third interview. (b) counselor predictions of client self-descriptions based on constructs derived from a modified Kelly Rep. Test taken after the third interview. These two measures were called "predictive empathy." (c) Counselor scores on Kagan's et al., Affective Sensitivity Scale (1967), which uses videotaped segments of actual counseling interviews as stimuli for the 89 multiple choice items on the questionnaire. This measure was called the "situation test" of empathy. (d) Ratings of counselor empathy by two judges using Carkhuff's Empathic Understanding in Inter-personal Processes Scale (1967). This measure was labeled "judged" or "rated" empathy. (e) Client perceptions of the counselor empathy using the Barrett-Lennard Relationship Inventory (1962), administered after the third interview and at termination. (f) The counselor perceptions of his own empathy based on the Relationship Inventory given after the third interview. These measures were called "perceived empathy."

The six counselor empathy measures were correlated with each other, and no correlation reached the 5 per cent level of confidence, indicating that the six measures were not related. The client's perceptions of the counselor's empathy after the third interview did correlate .31 (p $\geq$ 10)

with the Carkhuff rating of judged empathy present in the counseling interviews, but the P values of the correlations between all other measures were larger than .10, and several of these were negative correlations.

Three process measures were used to assess counseling processes in the study. The measures were: (a) ratings of client self exploration by two judges based on Carkhuff's Self Exploration in Interpersonal Processes Scale (1967), (b) ratings of client experiencing based on Gendlin and Tomlinson's Experiencing Scale (cited in Rogers' et al., 1967) by one judge on 19 clients, and (c) counselor and client affective attitudes toward each other based on Snyder's (1961) Client Affect and Therapist Affect Scales which are 200 item true and false questionnaires.

Correlations calculated between the six empathy measures and the process measures yielded significant correlations between rated counselor empathy and client self exploration (r = .47); between client perceptions' of counselor empathy and client positive affect (r = .83); and between client perceived empathy and counselor positive affect (r = .45). The only process measure which consistently related to the outcome indices was the Client Affect Scale.

Six measures of the client change were used as outcome variables. These were: (a) difference scores on two scales of the Tennessee Self Concept Scale (Fitt's, 1965),

(b) judges ratings of pre- and post-<u>MMPI Inventory</u> scales for amount of improvement, (c) counselor ratings of success of counseling, (d) client ratings of how helpful counseling had been, and (e) a combined score of all of the indices.

Correlation coefficients calculated between each of the empathy measures and outcome variables resulted in significant correlations (t = < .05) between the client perception empathy measure (<u>Relationship Inventory</u>) and four outcome variables. Positive correlations were found between the judge ratings of counselor empathy and outcome variables although only one correlation was high enough to reach a .05 level of significance.

Multiple regression equations calculated for each outcome variable revealed that client perceptions of counselor empathy was the best predictor of counseling outcome, accounting for 44 per cent of the variance on the MMPI and 30 per cent of the variance on the combined outcome measures. Combining the different empathy measures did not account for more of the outcome variance except that judge ratings and client perceptions together accounted for more of the outcome variance and the Tennessee total positive score (a measure of self esteem).

Conclusions

The major conclusion emerging from this investigation is that the six different measures of counselor empathy, which sampled the operational definitions and procedures

used in previous counseling research, were unrelated. This conclusion is of considerable importance to the interpretation of previous counseling research.

Another more tentative conclusion is that client perceptions' of their counselors' empathy is the best predictor of counseling outcome on a college student population undergoing personal counseling. This conclusion is in agreement with Rogerian theory, but it must be regarded as tentative since several other studies have demonstrated that judged empathy is the best predictor of counseling outcome.

Client perceptions' of counselor empathy appear to be relatively stable over counseling and are highly related (r = .83) to the client's positive affect toward his counselor.

Serious questions about the usefulness of the predictive approach to the measurement of counselor empathy were raised by the study.

The counselor judgement about his own empathy was concluded to be a less valid assessment of counselor empathy than assessments by the client or by unbiased judges.

Another tentative conclusion was that one promising situational measure of counselor affective sensitivity was not related to counselor empathy in this counselor population.

Finally, it was concluded that the rated counseling process measures in this study were of questionable validity.

A COMPARISON OF DIFFERENT APPROACHES TO THE

MEASUREMENT OF COUNSELOR EMPATHY

IN PERSONAL COUNSELING

By

Robert R. Kurtz

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Counseling, Personnel Services,
and Educational Psychology

1970

DEDICATION

To my wife Barbara, whose understanding

and support throughout this dissertation

helped me to personally realize how im-

portant empathy and support are to a

person.

ACKNOWLEDGEMENTS

Finally, the writer is indebted to the thirty-one counselors and clients who generously agreed to participate in the research.

TABLE OF CONTENTS

LIST OF TABLES

ix

CHAPTER I

THEORETICAL PERSPECTIVES AND OVERVIEW

OF THE STUDY

Orlo Strunk (1957, p. 53) concluded his review of
the literature on empathy by saying: "There is nearly
complete agreement on the part of psychologists and social
psychologists that empathy is an important aspect of both
personality study and social intercourse and as such de-
serves priority in terms of research." Empathy is important
in counseling and psychotherapy as well, and many authors
of diverse theoretical orientations stress the counselor's
or therapist's empathic ability as one of the necessary
prerequisites to effective counseling and therapy (e.g.,
May, 1939; Fromm-Reichman, 1950; Rogers, 1957; Truax &
Carkhuff, 1967; Tyler, 1969). Despite this agreement on the
importance of the concept, little agreement has been reached
about the operational definitions and measurement of
empathy.

The research literature reveals several different
ways of conceptualizing and measuring empathy, and it is
not altogether clear whether these studies deal with one
variable or several different variables employing the same
label. Few studies have compared these alternative

approaches to the measurement of the concept. Buchhiemer (1963, p. 61) concluded that "empathy is an intervening variable. It is both an inferential and intuitive process. Consequently, the nature of the operational definitions, the kinds of metaphore employed, and the criteria used become very important."

The present investigation is concerned with the counselor's empathic ability as a variable influencing the process and outcome of personal counseling. Using the same group of counselors and clients, this study compares six different ways of measuring counselor empathy, and examines how each is related to the process and the outcomes of personal counseling. The six different methods of measuring empathy sample the operational definitions and procedures employed in previous counseling research. The study is thus a replication of previous research relating counselor empathy to counseling process and outcome, but more importantly, it provides one basis for clarifying the concept of empathy and for determining which operational measures are most useful in counseling research.

Purpose

More specifically, the purpose of this study is: (a) to examine the relationships between six different measures of empathy which have been used in previous research on counseling and psychotherapy, (b) to examine the relationship between each of the empathy measures and

counseling processes, (c) to examine the relationship be-
tween client change over personal counseling and each
measure of empathy and, (d) to determine which empathy
measure or combination of measures is the best predictor
of client change.

By investigating the interrelationships between the
different empathy measures and their relationships to
counseling process and outcome, it is hoped that the
construct of empathy as it applies to counseling and psy-
chotherapy will be clarified.

Organization of Study

The following chapter will include a review of the
literature related to the study. Specific issues of direct
relevance to the study emerging from the review will be
discussed. Chapter III will contain a report on the pro-
cedures used in the study and a statement of the research
questions. The results and discussion will be reported in
Chapter IV. Chapter V will contain a summary of the study
and conclusions drawn from the results.

Since the present investigation is a comparative
study, examining relationships between operational measures
rather than testing specific hypotheses, the results and
discussion will be organized around general and specific
research questions rather than around statements of hy-
potheses to be tested.

CHAPTER II

REVIEW OF RELATED LITERATURE

The literature on empathy is briefly reviewed in this chapter with special emphasis on different ways of defining and measuring counselor empathy as a variable influencing counseling process and outcome. An attempt is made to clarify the specific issues of direct relevance to the present study emerging from the review.

Research on Empathy in Counseling, and Psychotherapy

Although many theorists have written about the importance of empathy in counseling and psychotherapy, Rogers (1957, 1959) formulated the most explicit theoretical statement about the relationship between empathy and counseling process and outcome. He specifies those aspects of the therapist's attitudes and behavior, one of which is empathy, which have a direct influence upon therapeutic process and outcome. The greater the counselor's empathy, the more likely it is that the counseling processes will get started, which in turn, produces more client change.

The Roger's position, plus the writings of other theorists have stimulated considerable research upon the relationship between empathy and effective counseling.

4

Empathy and Therapist
Experience

Fiedler (1950) compared the therapeutic relationship created by 10 experts and 10 non-experts from three schools of therapeutic thought by means of rating recorded interviews. Three trained judges rated these tapes on a variety of relationship dimensions. This was accomplished by arranging 75 statements along a Q-sort continuum for each therapist. It was found that regardless of which therapeutic school was represented, that items such as the following placed high in the descriptions of relationships created by experienced therapists:

> The therapist is well able to understand the patient's feelings.

> The therapist is never in any doubt about what the patient means.

> The therapist's remarks fit in just right with the patient's mood and content.

> The therapist's tone of voice conveys the complete ability to share the patient's feelings.

Although Fiedler doesn't label this dimension as empathy, it seems that one of the important characteristics which differentiates experts from non-experts in the therapeutic relationship is this ability to understand and communicate with his client.

Fiedler's descriptions have been used in other research studying counselor understanding and outcomes of counseling (Lesser, 1958; Gonyea, 1963).

Empathy and Counseling Process and Outcomes

Positive Results

A number of research studies found positive relationships between counselor empathy and counseling and psychotherapy processes and outcomes.

Cartwright and Lerner (1963) explored the relationship between the therapist's empathic ability, the clients need to change, and improvement in psychotherapy. One of the primary hypotheses in this study was: the empathic understanding of the patient is directly related to the degree of improvement in the patient with psychotherapy. Empathic understanding was measured early in counseling and later by having counselors predict what their clients' responses would be on a scale developed from the Kelly Rep. Test. The constructs derived from the Rep. were arranged on a polar continuum. The clients would check closest to the construct they felt described them. Improvement was measured by ratings on four components: (1) patient's integration, (2) defensiveness vs. openness, (3) present life adjustment, and (4) therapist's post ratings of therapy outcome.

Cartwright and Lerner found no relationship between client change and early therapist prediction of client responses. Predictions made a second time, later in therapy, were significantly related to improvement in

therapy. The investigators concluded that later empathy was more crucial for client change than empathy early in therapy.

Dombrow (1966) investigated the relationship between the therapist's ability to predict their clients' Q-sort self descriptions and changes in client self concepts as a result of therapy. Differences between pre- and post-Q-sort descrepancies between present and ideal self were used as indexes of change. Twenty-nine mothers in treatment at a child guidance clinic and their 14 social work therapists were the subjects used in the study.

Results showed a significant relationship between the therapist predictive ability and client change in self concept. The actual changes observed were reported to be small after six to 10 months of therapy. "Assumed similarity" between the therapist and client had no significant relationship to client change. This result differed with the findings of some previous research.

Significant relationships were found between counselor empathy (plus respect and genuineness) on client self exploration by Hountras and Anderson (1969). The 27 male and 27 female undergraduates seeking counseling were assigned to one of three appropriate problem categories (educational, vocational, or personal-social). Each client then saw one of nine counselors on the staff.

Counselor empathy was rated by three judges using the Carkhuff Empathic Understanding in Interpersonal Processes Scale. Client self exploration was rated by three judges using the Truax Depth of Self Exploration Scale. Significant correlations were found between counselor empathy and client self exploration in all problem categories.

The study provided strong support for the hypothesis that counselor empathy affects client's depth of self exploration on a college client population. Unfortunately, the relationship between depth of self exploration and resolution of the client's problems was not investigated.

Dickenson and Truax (1966) investigated the effect of counselor empathy (as part of a combined measure) and improvement of academic achievement for college underachievers. The 24 students who received group counseling twice a week for 12 weeks showed greater improvement in grade-point average than 24 matched, non-counseled control subjects. Further, those counseled students who received the highest therapeutic conditions tended to show the greatest improvement.

Counselor empathy was measured by ratings on the Accurate Empathy Scale (Truax, 1961) by two judges. It was difficult to determine the effects of counselor empathy per se on outcome in this study, since the Accurate Empathy ratings were combined with other counselor variables (genuineness and regard) in the analysis.

Hansen, Moore, and Carkhuff (1968) rated tapes of nine multiple counseling groups conducted by high school counselors with the Accurate Empathy Scale. The clients were 70 high school students from different high schools. They found that ratings on the scale correlated with client change based on pre- and post-self concept Q-sort descriptions (Baymuir & Patterson, 1954) at r = .82.

Barrett-Lennard (1962) was also interested in exploring the relationship between the "necessary and sufficient conditions" proposed by Rogers and outcome. This investigator approached the problem from a different perspective, however. The general postulate was that the clients' experience of his therapists' response was the primary locus of therapeutic influence in their relationship.

In order to measure these perceptions, Barrett-Lennard developed the Relationship Inventory which was designed to provide scales for five therapist variables, one of which was empathic understanding. The inventory contained statements which could be responded to with three grades of "yes" and three grades of "no" responses which were identified as +1, +2, +3, and -1, -2, -3; respectively by the respondent. Both therapist and client forms were prepared.

Relationship data was gathered from clients and from therapists after the first five therapy interviews, after 15, 25, and at termination of therapy. The total sample

consisted of 42 clients at the Counseling Center of the University of Chicago and their 21 separate therapists. The degree of change in the client during therapy was assessed by therapist rating measures, scores on Q-sort-adjustment, the Taylor Manifest Anxiety, and Minnesota Multiphasic Personality Inventory Depression scales. Two composite indices of change were used--one derived from therapist ratings and the other from the client self-descriptive data.

The 16 cases falling in the upper category of change on both component indices perceived their therapist as having greater empathic understanding (M = 29.3) than those falling in the lower category (M = 16.4). This relation-ship also held when the therapists perceptions were em-ployed, but it was found that the client's perceptions were a better predictor of outcome than those of the therapists. Barrett-Lennard also confirmed Fiedler's findings that the more experienced therapists were perceived as being more empathic by themselves and by their clients.

A number of studies have used data from the research project on psychotherapy with 16 hospitalized schizophrenic patients at the University of Wisconsin under the leadership of Rogers (1967). The findings of these studies have con-tributed a great deal to the research on therapist empathy as it effects therapy processes and outcome. The design, results, and conclusions of this very complicated and

carefully designed research program are too extensive to
report in this review, however. Therefore, only the con-
clusions and findings of direct relevance to this study will
be summarized. The complete research report is presented
in Roger's et al., The Therapeutic Relationship and Its
Impact, 1967.

Therapist empathy was measured in the project in
three ways. First, judges rated therapists on the Accurate
Empathy Scale (Truax, 1961). It was also measured by
client's perceptions of their therapist's empathy on the
Barrett-Lennard Relationship Inventory. Finally, therapists
rated their own empathy on the Relationship Inventory.

The major process measure used in the project was
cast in terms of the experiencing dimension proposed by
Gendlin (1962). It was operationalized in the form of a
seven-point rating scale. At the lowest levels of experi-
encing the patient makes no personal reference or little
or no expression of feeling. At the higher levels, the
patient experiences his feelings, understands them, and in-
tegrates them into a meaningful framework.

A great number of outcome indeces were used in the
project. These included: the Minnesota Multiphasic Person-
ality Inventory, the Butler-Haigh Q-sort, the Wittenborn
Psychiatric Rating Scales, Therapist Rating Scales, Hospi-
talization Status, the Thematic Apperception Test, and
others.

In general, it was found that: (1) judge ratings of therapist empathy (<u>Accurate Empathy Scale</u>--AE) were significantly correlated to the level of process the pa-patient engaged in; (2) patient perceptions of therapist empathy were moderately associated with process level; (3) judge ratings (AE) and patient perceptions were related (Initial, r = .71; Terminal, r = .38); (4) therapist perceptions of their empathy were negatively correlated with judge ratings (Initial, r = -.52; Terminal, r = -.12), and non-significantly with patient perceptions (Initial, r = -.53; Terminal, r = .02); (5) therapist perceptions of their empathy was negatively correlated with level of process (Initial, r = -.47; Terminal, r = -.37) the patient was engaged in; (6) patient perceptions of therapist empathy tended to remain stable over therapy; (7) the process level exhibited by patients was positively associated with many measures of outcome, although patients did not move on the process dimension as a group (to greater experiencing); (8) the patients receiving the highest level of accurate empathy (judge rating) in their relationship showed the greatest reduction in schizophrenic tendencies as measured by the <u>Minnesota Multiphasic Personality Inventory</u>.

Some of the findings regarding the relationship between therapist empathy as measured by the <u>Accurate Empathy Scale</u> were reported in another source (Truax & Carkhuff, 1967).

Truax and Carkhuff (1967) reported a series of studies designed to explore the relationship between therapist empathy and therapy outcome. Therapist empathy was measured by the Accurate Empathy Scale (Truax, 1961).

One of the first studies compared the levels of accurate empathy provided to four hospitalized patients who showed clear improvement on a variety of personality tests with four who showed personality deterioration after six months of therapy. Rating of the therapy sessions was done on the Accurate Empathy Scale (1961). A total of 384 two-minute samples were selected from the middle third of the recorded sessions and randomly assigned to raters. The findings suggested that the psychotherapists whose patients improved on the personality tests rated consistently higher on accurate empathy than those with test-deterioration scores (p < .01). The level of accurate empathy also tended to remain at a consistent level throughout the six months of psychotherapy.

This initial finding relating accurate empathy to case outcome was extended by later studies (Truax, 1963) involving 14 schizophrenic patients who were in psychotherapy for periods ranging from six months to four years.

Five raters (undergraduate students) who were employed on the scale had no knowledge of the therapist, the patients, the case outcomes, or the order in which the samples were given to them for rating.

A comparison was made between the mean level of accurate empathy offered by the therapist in each case and personality and behavioral change in the patient. The final outcome criterion included psychological test change data, diagnostic evaluations of personality change, and a measure of time actually spent in the hospital since the initiation of therapy. This criterion correlated with accurate empathy ratings at r = .77. A second outcome criterion based upon blind evaluations of change in personality functioning, interpreted from pre- and post-Rorschach and MMPI tests by two psychologists, correlated with the level of accurate empathy offered by the therapist at r = .48.

In an effort to extend to an outpatient population the findings obtained with hospitalized schizophrenics, Truax (1963) obtained an additional 14 cases (seven relative successes and seven relative failures) from Stanford University and the University of Chicago. Using samples obtained from early and later interviews with the 14 hospitalized and the 14 outpatient cases, he found that the level of accurate empathy offered in therapy was significantly higher for successful cases than for failures. This positive relationship between accurate empathy and outcome of therapy held for both hospitalized schizophrenics and outpatients seen in counseling. In particular, the failure cases had a high frequency of therapist responses characterized by inaccuracy in responding to "preconscious" material.

Table 1 presents a summary of the studies done on therapy outcome using the Accurate Empathy Scale as the independent variable. As can be seen from the table, many of the studies support the hypothesis of a relationship between accurate empathy ratings and therapy outcome.

Negative Results

Not all investigations have found a significant relationship between empathy and counseling outcome. Katz (1962) investigated the relationship between two different measures of empathy and client change in short term counseling. Using 21 high school students and 21 counselors in-training as subjects, Katz took measures of the counselor's predictive empathy and behavioral empathy. Predictive empathy was measured by the counselor's ability to predict how his client would arrange the Self-Concept Q-sort. Behaviorally, empathy was measured by judges ratings of counselor behavior within the interview on the Rating Scale of Empathic Behavior.

Two measures of client change were employed. The first was the difference in scores on the Self-Concept Q-sort which each client took before and after counseling. The second was the difference in judges ratings of client behavior within the initial and terminal interviews of the counseling sequence on the Rating Scale of Counselee Behavior. Clients in the study had at least six interviews.

TABLE 1.--Summary of therapy outcome studies using accurate empathy scale.*

Study	Treatment (Ind. or Group)	Type of Client	N	Overall Combined Outcome Measures Favoring Hyp. (p .05)	Overall Combined Outcome Measures Against Hyp. (p .05)	Types of Measures
Truax (1961)	Ind.	Hospital	8	1	0	Combination Tests, MMPI, Rorschach, Diagnostic Evaluation
Truax (1963)	Ind.	Hospital	14	2	0	
Truax (1963)	Ind.	Outpatient	14	1	0	
Truax (1962)	Ind.	Hospital	14	1	0	
Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, and Stone (1966)	Ind.	Outpatient	40	2	0	
Truax, Carkhuff and Kodman (1965)	Group	Hospital	40	0	0	
Truax and Wargo (1966)	Group	Hospital	160	1	0	
Truax and Wargo (1966)	Group	Delinquent	80	1	0	
Truax and Wargo and Carkhuff (1966)	Group	Outpatient	80	0	0	
Truax (1966)	Group	Hospital Delinquent	40 40	1	0	

*Table taken from C. B. Truax, & R. Carkhuff. Toward effective counseling and psychotherapy: training and practice. Chicago: Aldine Publishing, 1967. P. 124.

Katz found no significant relationship between the counselor's predictive or behavioral empathy and client change in short term counseling. The author concluded that the study raised questions about whether empathic ability of the counselor is related to client change at least in short term counseling.

Lesser (1958) explored the relationship between empathic understanding and progress in counseling. The counselor's empathic understanding was measured by means of an Empathic Understanding Scale. The 12 statements of the scale, were rated by both counselors and clients on a seven point continuum from most to least. These statements were obtained from Fiedler's (1950) statements of therapeutic relationships. The investigator also had the counselors predict what the client's initial Q-sort would be as a measure of the counselors ability to predict his client's self-concept.

Differences in pre- and post-Q-sorts were used as an index of client change. In general, Lesser found no significant relationship between empathy as measured by the Empathic Understanding Scale, or the counselor's prediction of his client's Q-sort and outcome.

Gonyea (1963) found no significant relationships between counseling outcome and the quality of therapeutic relationship provided by eight counseling interns. Counseling supervisors were asked to sort statements (Q-sort)

describing the therapeutic relationship established by each of the interns they supervised. These statements were the same used by Fiedler (1950) in his study of experienced and inexperienced therapists. As reported earlier, the statements which differentiated experienced from inexperienced therapists centered around the therapist's ability to understand his client and communicate that understanding. The resulting Q-sorts were then correlated with Fiedler's descriptions of experienced therapists to provide a measure of the therapeutic relationships provided by each counselor.

A measure of improvement of self-concept, work and study adjustment, and social reactions (Self Description Form, Gregg and Kelley) was used as a measure of counseling outcome. The 208 clients seen by the eight interns in the study took the measure before and after counseling. Positive changes on the scale were considered improvement. These outcomes were correlated with the supervisor's ratings of the counselors.

No significant relationships were found between the ratings of the counselors and the counseling outcome.

It was impossible to isolate the counselor empathy variable from others influencing the supervisors ratings in this study. Fiedler's statements, while containing many references to counselor understanding, include statements of other variables as well.

Summary of Research

The review of the research on the relationship be-
tween counselor empathy and counseling process and outcome
revealed mixed results. Some studies show a clear relation-
ship between counselor empathy and counseling process and
outcome (Cartwright & Lerner, 1963; Dombrow, 1966; Hountras
& Anderson, 1969; Hansen, Moore, & Carkhuff, 1968; Barrett-
Lennard, 1962; Truax & Carkhuff, 1967), while others (Katz,
1962; Lesser, 1958; Gonyea, 1963) found no significant
relationship.

A number of alternative explanations might be sug-
gested to explain the mixed results of these research
studies. First, the different studies sampled quite differ-
ent populations. Truax used hospitalized patients, Cart-
wright, Lerner, and Lesser used University Counseling Center
populations, whereas Katz used high school students. Indi-
cations are that the counselor competence in the various
studies was widely divergent as well. Another difference
in the studies was the outcome criteria used as an indica-
tion of counseling progress. Some studies used combinations
of personality test scores and rating scales (e.g., Truax,
1967; Barrett-Lennard, 1962). Others used changes in client
Q-sort self concept (e.g., Katz, 1962; Dombrow, 1966; Lesser,
1969) and some process measures (e.g., Rogers, 1967;
Hountras & Anderson, 1969).

Finally, many of the studies used different opera-
tional definitions and measures of counselor empathy.
Katz, Cartwright and Lerner, and Dombrow asked their
counselors to predict their clients' responses on certain
personality measures as an indicator of empathy. Gonyea
used supervisor ratings of counselor understanding.
Barrett-Lennard used a post interview questionnaire to ask
clients how empathic their counselor had been. Hountras
and Anderson; Hansen, Moore, and Carkhuff, and Truax used
judge's ratings of counselor empathy based on the Accurate
Empathy Scale. Katz also used a rating scale which was
different from Truax's scale and based on the concept of
confluence.

The different operational procedures and measures
used in the different studies were purporting to measure
empathy or some similar concept as an indepedent variable.
If indeed, the measures were measuring the same variable,
then the differences in the operational procedures between
them are of little importance. If, on the other hand, the
different measures are not related, then the differences in
the reported results could be due to the fact that the same
independent variable was not being measured in the differ-
ent studies. This hypothesis is one of the concerns of the
present investigation.

Often, the different operational procedures used in
research reflect disagreement about the basic conceptions
and definitions of empathy.

Definitions of Empathy

Attempts to define empathy have been numerous and varied. A standard dictionary (English & English, 1958) of psychological terms defines empathy as:

> Apprehension of the state of mine of another person without feeling (as in sympathy) what the other feels. While the empathic process is primarily intellectual, emotion is not precluded, but it is not the same emotion as that of the person with whom one empathizes. The parent may empathize with the child's puny rage, feeling pity or amusement, whereas in sympathy he would feel rage along with the child. The attitude in empathy is one of acceptance and understanding of an implicite "I see how you feel."

The above definition emphasizes the intellectual, objective aspects of empathy. This objective, detached, although concerned attitude is what differentiates empathy from sympathy according to the definition. Some psychoanalytic definitions also stress these elements of the process. Fenichel (1954, p. 511) states that empathy " . . . consists of two acts: (a) an identification with the other person, and (b) an awareness of one's own feelings after the identification, and in this way an awareness of the objects feelings." Some current analytic writers still accept this definition (Chessick, 1965).

Dymond (1948) stressed the role-taking aspect of the empathic process in her definition. She defines it as " . . . the imaginative transposing of oneself into the thinking, feeling, and acting of another and so structuring the world as he does."

Some definitions stress the interactive component of the empathic process. Sperroff (1953) defined it as " . . . the ability to put yourself in the other person's position, establish rapport, anticipate his feelings, reactions and behavior . . . empathy and role reversal are mutually complementary." This definition differs from Dymond's in that it not only requires the ability to put oneself in another position, but adds the dimension of interaction.

Roger's (1951, p. 29) included a similar interaction dimension in his definition of empathy. "It is the counselor's function to assume in so far as he is able, the internal frame of reference of the client . . . and to communicate something of this empathic understanding to the client." This definition stresses the importance of the communication of understanding or empathy as an important aspect of the process.

In an attempt to contrive a more generic paraphrasing and, at the same time, to avoid the semantic confusion inherent in general definitions of empathy, Kagan, Krathwohl and Farquhar (1965) defined a more restricted trait of "affective sensitivity" as "the ability to detect and describe the immediate affective state of another, or in terms of communication theory, the ability to receive and decode affective communication" (cited in Kagan, et al., 1967, p. 463). This ability as defined, is a component of the larger concept of empathy. Other writers have also

identified different components of empathy in an attempt to
clarify the broad concept (Cronbach, 1955; Smith, 1966).
These efforts , while useful, have not clarified the concept
sufficiently to bring an agreement about its definition and
methods for measurement.

Some investigators have employed different terms for
what appears to be a concept similar to empathy. One such
term often used is "sensitivity" or "social sensitivity."
Bender and Hastorf (1952, p. 574) defined social sensitivity
as the "perceptions of the thoughts and feelings of other
people. . . ." Smith (1955, p. 3) defined sensitivity as
"the ability to predict what another will feel, say and do
about you, himself and others."

Nortcutt and Silva (1951) in a study of the ability
to predict the personality characteristics and needs of
others, described this ability as insight, i.e., "ability
to predict must depend on insight into the meaning and pat-
tern of the subject's behavior, not merely on detailed
knowledge of his habits or memory for small facts [p. 32]."

Hogan (1969) had 14 non-psychologists and nine
graduate students in psychology arrange 50-Q-sort behavioral
descriptions of how they saw an "empathic man." He found
that the descriptions correlated at r = .53. The investi-
gator concluded that the group had common behavioral refer-
ents for the concept.

These descriptions also correlated with Q-sort descriptions of the "good man" and the "well adjusted" man. Therefore, there seems to be some overlay in terms of behavioral referents to these concepts.

The general idea of the ability to put yourself into another person's place seems to run throughout the definitions of empathy. Such global agreement leaves much to be desired, however. Some definitions tend to stress the predictive element of the concept where others stress the communicative element. Disagreement seems to run highest over differences in the shades of meaning and in differentiating empathy from other concepts.

Again, since empathy must be inferred, operational definitions become crucial to understanding what a particular investigator means by empathy. This leads to the problem of suitable measuring instruments about which there is considerable disagreement.

The Measurement of Empathy

Classification of Empathy Measures

Several authors have attempted to differentiate and classify different empathy measures. Astin (1957) distinguished between the "Predictive Empathy Test" and the "Situation Test of Empathy." The predictive test is one which involves the prediction of the behavior of another. The judge is either acquainted with the subject or is given

data about him. The judge's task is to predict the
subject's performance on test items or his responses to
personality, or attitude inventories. In contrast, the
Situation Test of Empathy provides the subject with some
standardized situation to which he is to respond, em-
pathically. More specifically, subjects are presented with
audio tape recordings, films, video tapes, role played
sessions, and/or typescript materials. These materials
provide the standardized situation to which the subject re-
sponds. Kagan and Krathwhohl's et al. (1967) review of the
literature on empathy uses the same classification of
empathy tests as Astin.

Chessick (1965) defined the "retrospective approach"
to the measurement of empathy as one where the counselor is
asked to rate his empathy in a particular interview after
the completion of that interview. In a similar way, the
client can be asked to report how empathic his counselor
was during a particular interview. Barrett-Lennard (1962)
labeled this procedure "experienced" or "perceived" empathy
and developed a questionnaire for both client and therapist
to rate the therapist's empathy.

Katz (1962) distinguished between the predictive ap-
proach (as defined earlier) and what he termed "behavioral
empathy." The latter was measured by having trained judges
listen to or observe interactions between counselor and
client. On the basis of certain defined criteria, the

judges rated the amount of empathy displayed by the counselor in the interaction.

Classification and Definitions
Used in the Present Study

This study will use some of the same definitions and classifications of empathy measures described by the previous authors. The "Predictive Approach" will refer to those measures which involve prediction of another person's responses. "Predictive Empathy" refers to the variables measured by the predictive approach. The "Situation Approach" will refer to measures which create a standardized situation to which the counselor responds. "Perceived Approaches" will refer to the procedure of having clients and counselors rate how empathic the counselor had been during the previous interview. "Perceived Empathy" refers to the perceptions of counselors and clients measured by the "Perceived Approach." The "Rating Approach" refers to the procedure of having trained judges rate counselor empathy. The results of this procedure will be called "Judged Empathy."

Early Research

Early studies concerned with the measurement of empathy dealt with the question of recognition of emotions and characteristics of an individual. Often, the subject was presented with photographs of people and was asked to

indicate what emotion was being expressed or was asked to
judge some other characteristics of the person on the
photograph (Busby, 1924; Kanner, 1931).

By 1938, Estes concluded that the validity of these
judgements based on first impression static poses were al-
most worthless. In an effort to correct this, Estes con-
ducted a series of six experiments using silent motion
picture segments of subjects engaged in various activities
(e.g., building a "card house"). The 323 judges were to
estimate personality characteristics of the subjects on
film. The judgments were validated against elaborate cri-
teria provided on the filmed subjects as a result of co-
operative research investigation of their personalities.
Estes concluded that the accuracy of judgments varied with:
(1) the judge, (2) the subject, and (3) the aspects of per-
sonality being judged. It is likely that the activities
which the filmed subjects engaged in did not provide a
relevant sample of behavior to judge from.

Gorden (1934) reported a device for demonstrating
empathy. It consisted of four photographs of a Mexican
figure which had one arm raised. The negatives of the four
images were reversed and printed so that a total of eight
photographs were shown to subjects. Subjects were asked to
indicate which arm, right or left, was raised. They were
then observed to detect whether they made any overt physi-
cal responses in an attempt to mimic the images in the

photographs. These mimicking responses were taken to mean that the subjects were attempting to "feel" with the photographed images. Rather than being a measurement of empathy, the device was used more to demonstrate the concept.

Steinmetz (1945) proposed using personality tests a different way. He discussed the possibilities of having one subject answering the questions on the Guilford-Martin Personality Inventory as if he were another person as a way of measuring the psychological understanding ability of the subject. This proposal may have been a forerunner to the early predictive studies of empathy.

Predictive Approaches

Predictive approaches have been subdivided into those involving predictions based on a "specific other person" and those based on a "generalized other" such as predictions about how the average member of a particular group will respond. The majority of studies asked the judge to make predictions about people he had seen and talked to but some studies have used written descriptions, filmed and taped interviews (Smith, 1966). The responses which are to be predicted are usually test responses on some type of self report inventory but may be predictions of other behavior as well.

In an early attempt to develop an empathy measure utilizing this approach, Dymond (1949) divided 53 subjects

into five groups. After they had met three times for a class project, the investigator had the subjects rate each other on a number of traits including: self confidence, superiority-inferiority, selfishness, friendliness, leadership, and a sense of humor. The following procedure was used: (1) A rates himself on the traits, (2) A rates B as he sees him, (3) A rates B as he thinks B would rate himself, and (4) A rates himself as he thinks B would rate him. This procedure was followed by all subjects, rating the other members in their group. Empathy was defined as the ability of the subject to predict how the others in his group would rate themselves and rate him.

Many studies followed Dymond's example by using similar procedures (Bender & Hastdorf, 1950; Cowden, 1955; Helpern, 1951, 1955). Some investigators began to point out problems associated with this approach, however, and a number of questions were raised about its adequacy.

Hastorf and Bender (1959) and Cowden (1955) questioned whether the empathy scores obtained by this method were not confounded by variables such as projection. In other words, is the subject predicting the responses of another or is he just describing his own responses and projecting them on to another?

Lindgren and Robinson (1953) question whether the procedure measures empathic ability or the ability to respond to the cultural norm. They found that accurate

predictions were highly correlated with the average responses given by the group.

Halpern (1955) investigated the relationship between similarity and predictive empathic ability. In other words, this investigator hypothesized that subjects would be better able to predict the responses of people who were similar to them or who answered the self report inventory measures much like they did. His hypothesis was supported in a study involving 38 student nurses.

Two other studies investigating the same hypothesis (Inglis, 1966; Lesser, 1958) did not find evidence to support this hypothesis, however.

Because of these criticisms, the predictive approach has not been used as extensively as other approaches in the current research (Hobart, 1965). The approach has some appeal, however, because it requires the subject to assume another person's perspective and to respond like the other person would. This ability appears to be what many definitions of empathy describe.

According to Wittich (1955) and Taft (1955), the ability to predict the responses of another may be regarded as a trait. This conclusion rests on the assumption that persons will demonstrate strong generality in that behavior across similar situations (Mischell, 1968). In other words, it is assumed that a counselor showing high predictive ability in one situation will also be high in this ability

in other predictive situations. How valid is this conclusion?

Assuming that this ability to predict the responses of another is a trait, then what is the relationship of this ability to other measures of empathy? Is high predictive ability related to the way a counselor interacts with his client from moment to moment in an interview? Or, is this predictive ability separate and unrelated to the abilities measured in other ways? A number of studies (Astin, 1957; Katz, 1962; Lesser, 1958) suggest that predictive ability is unrelated to other measures of empathy. If predictive ability is unrelated to other measures of empathy and also unrelated to process and outcomes in counseling, then this method of assessing empathy has little relevance to counseling research. A conclusion such as this would be important since much of the research on empathy has utilized the predictive approach.

In order to investigate the above questions, two different predictive measures of empathy will be given to the counselors in this study. These measures will be correlated with each other and with process and outcome measures of counseling.

The generalized other predictive measure.--The procedures for this type of empathy test are similar to the ones used in the "specific other" predictive measure. The primary difference being that the perceivers are required

to predict the responses of a specified population rather than predict those of an individual. For example, the perceiver is asked to predict the interests of the average college student (Livensparger, 1965, cited in Smith, 1966).

Kerr and Speroff (1954) developed a group paper and pencil measure called The Empathy Test utilizing this approach. Subjects were required to rank as the "average man" would rank: (1) preferences of different musical forms, (2) the popularity of different magazines, and (3) the annoyance magnitude of different experiences found by most people to be annoying.

In general, the test appeared to be poorly put together and has questionable validity. Wallace B. Hall (Buros, 1965, p. 215) criticized the test's normative data, manual, forms, references, scoring keys and concludes his review with this comment:

> In view of these negative features and the implication that the test is more of a measure of general information and prediction of opinions than of interpersonal empathy, there appears little to recommend this test for the purposes stated by the authors.

Hall and Bell (1953) duplicated Dymond's techniques using leaderless discussion groups in order to give subjects a chance to interact with each other and to develop "empathy toward one another." Fifteen groups of five members and three groups of four members met for 30 minutes. Dymond's procedures were then administered. Kerr's and Speroff's test was administered one week later. The results

of the two tests were correlated for each group and an average correlation of r = .02 was estimated between the tests. The authors concluded that no empirical relationship exists between Dymond's ("Specific Other Predictive Test") and Kerr and Speroff's test ("Generalized Other Predictive Test") even though they reported to be measuring the same construct.

Patterson (1962) correlated the results of the Kerr and Speroff Empathy Test with the MMPI K scale, the Edward's Personal Preference Scale on affiliation, intraception and nuturance with 300 males in rehabilitation counseling. Correlation coefficients ranged from r = -.13 to r = .04. The author concluded that no support for a common factor for empathy or for the construct validity of the Kerr-Speroff Empathy Test was found.

In the Sixth Mental Measurements Yearbook (Buros, 1965) an instrument named the Diplomacy Test of Empathy, constructed by one of the authors of The Empathy Test, William Kerr was reviewed. The test was proposed to extend the basic idea of the earlier test measuring a number of distinct empathy factors. The latter test purports to measure understanding of other's feelings by having the examinee predict the self descriptions of a large variety of generalized others.

Thorndike (Buros, 1959) comments that he does not think that the purported factors are true factors and that the results from the test are meaningless.

Mahoney (1960) developed a <u>Literature Test of Empathy</u>. This paper and pencil instrument contained four selections from literature portraying markedly different personalities. After each section was read the subjects were to answer 20 multiple choice and incomplete sentence items. The scoring key was developed by 23 psychologists who were selected by peers as being "empathic individuals." The answers represented 78 per cent agreement by the psychologists. Split-half and test-retest reliability ranged from $r = .66$ to $r = .92$. Low positive correlations were obtained between the test and intelligence and academic aptitude measures. The test also correlated at $r = .44$ with measures of reading ability. No validity studies were developed for this test, however.

In summary, both of the tests published utilizing the "generalized other" predictive approach have received poor reviews in the <u>Mental Measurements Yearbook</u> (Buros, 1959, 1965). There is a good reason to believe that they are measuring general information and the prediction of opinions. There is evidence that they have no relationship to specific other predictions (Hall & Bell, 1953). In general, the approach does not seem to be particularly applicable to counseling or interpersonal situations since these require interpersonal interaction and sensitivity to a specific other. The Mahoney Test seems to be highly

correlated with reading ability and has not reported any validity studies. Therefore, this type of test will not be sampled in this study.

Situation Approaches

Reid and Snyder (1947) in an early attempt at developing a situation type empathy measure, phonographically reproduced excerpts from counseling sessions to play to counselors. The fifteen counselors were to identify the feelings being communicated on the recordings. The feelings recognized by the subjects varied considerably. Fifty per cent of the subjects agreed 50 per cent of the time with the modal designation of feelings. The modal designation was considered the "correct" response, although it was apparent that more than one feeling was being communicated per excerpt.

Subjects were ranked in order of skill by their professor in a practicum type of course. A correlation of .70 was obtained between the professor's ranking and the frequency with which each counselor agreed with the modal designations of feeling on the recorded excerpts and .49 with the typescript materials which were also used.

Astin (1957) developed a situation test of empathy by having a professional actor portray various emotion laden statements on to audio tape recordings. The statements were taken from Wicas' (1955) client typescripts of eight different clients undergoing therapy. The statements

were chosen on the basis of their being strongly emotional-
ized, verbal expressions. Items were also selected on the
basis of having elicited similar responses by the majority
of 22 "expert" counselors functioning in the role of
counselor trainers, professors of guidance, and directors
of counseling and testing.

Subjects responded to the statements verbally by
talking to a tape recorder. These responses were then
rated by seven judges. The basis for rating was how much
each response communicated as understanding of the essential
feeling and content being expressed. The inter judge agree-
ment index was .82. This situational test was able to
discriminate counselors from non-counselors.

Arbuckle and Wicas (1957) developed a test similar
to Astin's using audio tape recordings of counseling inter-
views. Using the tapes as stimuli, they developed rating
systems for evaluating counselor responses. Little follow
up has been reported on this measure since its original
description, however.

Strupp (1960) used a sound film of an actual inter-
view from a therapy session as a stimulus for responses.
The film stopped in 28 places and audience therapists were
asked, "What would you do?" The free responses were then
rated by two independent raters on a gross plus-to-minus
rating. Minus was given to "cold," "distant," "unper-
ceiving," "unfeeling" responses and plus ratings were given

to "warm," "perceiving," "close," responses. Whereas a zero was given when there was insufficient evidence to rate the response or the tone was emotionally neutral.

Strupp was able to discriminate experienced therapists from inexperienced ones by means of this test. He also used it for discriminating between therapists who had been through analyses themselves and those who had not.

The major problem with the study was that many of the therapist responses were rated "zero" and the ratings seemed to be too global.

O'Hern (1964) recorded 30 different client problems onto audio tape, using actors for "clients" or empathy stimuli. Empathizers were selected for three degrees of expertness in counseling (novice, trainee, expert). A panel of clinicians then rated the correctness of judge's responses to each of the 30 scenes. O'Hern then identified those items which best discriminated empathic skill as defined by training and experience. The test showed no significant correlation between the class grades and a judge's evaluation when presented to 212 counseling students.

Kagan and Krathwohl, et al. (1967) developed a situation test using videotape segments of actual counseling interviews. The test, while not measuring empathy, purports to measure an important component of empathy, affective sensitivity. Affective sensitivity is the ability to perceive and identify the affective states of others.

The test, called the <u>Affective Sensitivity Scale</u>, contains 89 multiple choice items. The subject chooses the statement which best describes the last feeling expressed by the client on videotape. Correct answers for items were derived from judges and from client responses during recall sessions while watching themselves on the tape. The reliability coefficients obtained from a number of studies conducted on the scale ranged from r = .53 to .77. The scale was revised a number of times to increase its discrimination and to increase reliability.

A number of concurrent and predictive validity studies were carried out with the scale (Kagan, <u>et al.</u>, 1967). One study calculated a therapist's ranking of the members of three counseling groups in terms of their sensitivity. These ranks were correlated with the ranked scores obtained on the <u>Affective Sensitivity Scale</u>. The average rho correlation coefficient was .53. Another study, using similar rankings on doctoral candidates in counseling by their supervisors found a rho correlation of .32 with the scores obtained on the scale. Form B of the scale was administered to three groups towards the end of their academic year NDEA institute experience. At the same time, peer and staff ratings of counselor effectiveness were collected. An average correlation coefficient of r = .30 was obtained between the scale and peer ratings whereas the correlation coefficient between staff ratings and the scale on the groups was r = .24.

Evidence of the predictive and concurrent validity of the scale is significant but this validity is far from being adequately established.

The major advantage of the situation approach is that the stimulus situation is held as nearly uniform as possible for all subjects. Variations in counselor empathy therefore, cannot be attributed to the effects of different stimulus input such as different clients. Because of this, norms can be developed on the instrument.

The situation test is related to the predictive approach in that counselor empathy is regarded as a trait. The counselor's performance on these tests is expected to be reflected in other situations such as in a counseling interview. Presumably, the closer the standardized situation approximates the situations to which it predicts, the better the measure.

In general, the validity of this approach rests on how predictive the measured trait is to behaviors reflecting the trait in other situations. In other words, counselors receiving a low score on this type of test would be expected to show low empathy in other situations.

The generalizability of one situation test will be investigated in this study by correlating it with other measures of empathy and with process and outcome measures of counseling.

The Rating Approach

This method of measuring the concept of empathy consists of having trained judges to listen to or observe interactions between persons. On the basis of certain defined criterion, the judges rate the amount of empathy displayed by the subject being judged in the interaction.

Buchhiemer (1961) developed a rating scale of empathic behavior based on the concept of confluence. Confluence denoted the flowing together or moving along of the counselor with the counselee within the counseling interview. The rating scale was developed to measure confluence and from these ratings empathy was inferred. The interjudge reliability correlations reported in Katz's (1962) study using this scale ranged from $r = .80$ to $r = .91$. The investigator found no relationship between the ratings on this scale and counseling outcomes with 20 different student trainees working with short term counseling.

Truax (1961) developed the Accurate Empathy Scale which consists of nine levels of empathic behavior from "inaccurate to obvious feelings" to "always accurate toward obvious feelings, unerringly accurate in both content and depth." The interjudge reliability on this scale seems to center around the sensitivity of the judges. They must be sensitive enough to be able to discriminate differences along the nine dimensions or the range of rating will be

too narrow. More research has been done with this scale /
than with any other rating scale.

Carkhuff (1967) developed an adaption of Truax's
Accurate Empathy Scale. This revision, called the Empathic
Understanding in Interpersonal Processes Scale, collapses
the nine stages on the Accurate Empathy Scale to five
levels. It was written to reduce ambiguity and to stress
the additive, subtractive and interchangeable aspects of the
communication of understanding. At the lowest level, the
counselor detracts significantly from impressions of the cli-
ent in that he communicates less of the client's feelings than
the client did. At the highest level, counselor responses
add significantly to the feelings and meanings of the client.

Bachrach (1968) developed a rating scale of Con-
junctive Empathy. He defines this as the ability of the
therapist to communicate his understanding of his patients'
responses that are characterized by appropriate timing,
tact, and evocative language, and are attuned to the pa-
tient's momentary psychological states, such that the pa-
tients will confirm those responses with elaboration. If
the responses do not meet with confirmation, the the thera-
pist must reformulate his responses taking into account the
patient's objections. The scale consisted of two parts.
Part One was a revision of Truax's Accurate Empathy Scale.
Part Two consisted of a six point rating scale to the thera-
pist's reformulation of responses as a result of resistance.

The rating approach is an attempt to assess counselor behavior rather than assuming that empathy is a trait which some counselors have much of and others have little of. It requires the counselor not only to recognize the feeling being expressed by the client but to communicate that recognition to the client in order to receive a high rating.

The rating approach has the advantage of measuring empathy as a process which is part of an interaction between two people (Pierce, 1968). This conceptualization has appeal to the counseling situation. The approach might have the disadvantage of having the raters become influenced by factors other than empathy, however. Bachrach (1968) for example, suggested that is difficult for raters to separate empathy from technical know-how on the part of experienced therapists. Hogan (1969) found that when he compared raters Q-sort descriptions of the "empathic man" with descriptions of the "good man" and the "mentally healthy man" that there were high correlations between these descriptions. It might well be that the raters are rating "good counselor behavior" rather than "accurate empathy." Chiminsky and Rappaport (1970) raise questions along this line regarding ratings based on Truax's Accurate Empathy Scale (AE). The authors reviewed a previous study conducted by Truax (1966) designed to examine the contributions of actual patient verbalizations to ratings of Therapist AE. Ten therapist samples from each of five different patient-therapist

interactions were obtained for a total of 50 samples. These samples were re-recorded to eliminate patient responses, and intermixed with the 50 non-edited patient-therapist samples in a counterbalanced order, yielding a total of 100 samples to be rated. These samples were rated by four judges trained on the AE scale. There was no significant difference in mean level of AE for samples with and without the patient responses. More importantly, the correlation between the two sets of ratings was $r = .68$.

Chiminsky and Rappaport raise the question, "How can one assess the accuracy of a therapist's empathy unless there is someone to whom the therapist is responding?" The authors concluded that a more general therapist response was being measured. Perhaps this more general response was language style, "communicated commitment," or general therapist positive affect. This is not how AE is currently defined.

Caracena and Vicory (1969) in a study investigating correlates of client perceived and judge's ratings of empathy, found that judge's ratings were related to verbal dominance and the quantity of words used by the counselor whereas clarity of expression was related to client perceptions. It was found that the expression of interest or involvement related to both measures.

These studies suggest that something other than counselor empathy is being rated by judges using these scales. Despite these and other criticisms of the rating scale approach, many studies have demonstrated that counselor empathy measured in this way is related to client change.

The question of the relationship between judged empathy and client change will be re-investigated in the present study. Tape ratings of counselor empathy will be correlated with client change indices.

Perceived Empathy Approaches

The perceived approach to the measurement of empathy consists of having the client rate how empathic he perceived his counselor had been during the previous interview. This is usually done by having the client respond to a questionnaire although it is possible to use a post therapy interview or a Q-sort technique for this purpose. The counselor may also rate the amount of empathy he felt he had displayed in the previous interview in the same manner as the client.

The best known attempt at developing this approach to the measurement of empathy was that of Barrett-Lennard (1962). Questions such as "he tries to see things through my eyes" and "he always knows exactly what I mean" are responded to after an interview by the client. By the use of graduated responses to each question, an empathy index

is obtained on the counselor for that interview. Barrett-Lennard's study suggested that the amount of empathy experienced by the client seems to be related to the outcome of therapy. This result is consistent with Roger's (1957) theoretical position.

The perceived empathy approach to the measurement of the concept is probably one of the easiest and most economical methods of assessing counselor empathy. It only requires a few minutes of the client's time after his interview with the counselor. It does not require elaborate videotape equipment such as used in some of the situational approaches or the training of judges as with rating scales. The procedure also fits in well with Rogerian theory (1957) which emphasizes that the client's perceptions of being understood are crucial for personality change.

Recent research (Truax & Carkhuff, 1967) stresses the role of empathy as measured by judges using the Accurate Empathy Scale (Truax, 1961) and the relatively lesser role of phenomenological empathy as measured by clients using the Relationship Inventory (Barrett & Lennard, 1962).

Studies by Burstein and Carkhuff (1968), Hansen, Moore, and Carkhuff (1968), and Truax (1966) concluded that client perceived empathy is unrelated to judge-rated empathy and less predictive of outcome than is judge-rated empathy. The explanation for these findings is that since most client populations inaccurately perceive interpersonal

relationships, client reports may be the poorest measures of therapeutic conditions.

The issue involves an apparent contradiction to phenomenological counseling theory since empirically, according to the above research, outcome and process appear to be relatively independent of the client's awareness of the therapeutic conditions, such as empathy. In order to investigate the above apparent contradiction again, both measures of empathy (client perceptions and judge's rating) will be correlated with process measures and a number of outcome indices.

Rogers, et al. (1967) found low correlations between patient's perceptions of therapist empathy and the therapist's perception of their own empathy. He also found that patient perceptions and judge ratings were more predictive of therapy process and outcome than were the therapist perceptions. These relationships will be investigated in the present study with a college population.

Another question of importance has been raised about client perceptions of counselor empathy. Are these perceptions actually based on the empathic responses of the counselor or reflections of a broader, perception of the relationship (Caracena & Vicory, 1969; Pierce, 1968)? The high-positive correlations reported between client perceptions of counselor empathy, warmth, and genuineness (Barrett & Lennard, 1962) could mean that these conditions

are interrelated. These high correlations could also mean that clients did not discriminate between conditions but responded from a more global attitude toward their counselor.

This question will be investigated in this study by correlating client perceptions of counselor empathy with a more global measure of positive affect toward the counselor.

Previous Comparative Studies

A few research studies have attempted to compare these alternative approaches to the measurement of empathy. Astin (1957) compared the situational approach with the predictive approach. Her situational test consisted of a series of emotion laden statements portrayed on audio tape by a professional actor. The subjects were to respond to these statements into another tape recorder. Their responses were then rated by judges. The predictive measure involved predicting the responses of four students on the Allport-Vernon Scale of Values. Astin found no relationship between the two measures. Katz (1962) found no relationship between the counselor's ability to predict client's Q-sort self-descriptions and ratings of the counselor's behavioral empathy based on an empathic rating scale developed by Buchheimer (1961). Lesser (1958) found no significant relationship between the counselor's ability to predict his client's Q-sort description and post interview ratings on the amount of empathy the counselor perceived himself to

have. He did, however, find a rho correlation of .48 between the counselor's Q-sort predictions and the client's ratings of his counselor's empathy.

Truax (1966) found a correlation of r = .26 between ratings based on his Accurate Empathy Scale and post therapy ratings by clients of their group counselors using the Barrett-Lennard Relationship Inventory. Hansen, Moore, and Carkhuff (1966) and Burstein and Carkhuff (1968) found low correlations between judged empathy and client perceived empathy. On the other hand, patient perceptions of therapist empathy and judge's ratings were found to be positively related in the Wisconsin Project Research (Rogers, et al. 1967).

The previous research investigating the relationships between different empathy measures suggests that the different measures are not comparable to each other and are not measuring the same variables.

Summary

The review of the research concerned with the relationship between counselor empathy and counseling and psychotherapy outcomes proved inconclusive. The results of the research reported mixed findings, with some studies finding positive relationships between counselor empathy and outcomes of counseling, while other studies reported no significant relationships between the two. A number of hypotheses were proposed to explain the mixed results of the

research. Among these were that different client and counselor populations were sampled, different dependent variables were used as criteria for counseling outcome, and that different measures of counselor empathy were used in the studies. The present investigation is concerned with the last hypothesis, the different measures of counselor empathy which were used as the independent variable in the research as an explanation for the mixed results in the research.

A review of the literature on the measurement of empathy revealed that several different ways of conceptualizing and measuring the concept have evolved in the research. The different approaches were classified into four general groups. The groups included: "Predictive Empathy Approaches," both specific and general, "Situation Approaches," "Rated or Judged Empathy," and "Perceived Empathy." Each approach appears to have its particular advantages and limitations and these were commented on.

An attempt was made to clarify some of the specific issues of relevance to the present study emerging from the review. Among these were: (a) questions about the relationship between predictive measures and the relevance of this approach to counseling research, (b) questions about the generalizability of the performances measured by the situation approaches, (c) the issue of the relationship between judged empathy and client and counselor perceived

empathy, (d) the relationship between counselor perceptions and client perceptions, and (e) questions about what client perception measures are actually measuring.

Few studies were found which attempted to explore the relationships between the various measures of empathy. Those studies reviewed which did explore this question, found little to suggest that there was a relationship between the measures. In general, the state of the measurement of empathy seems to be one of confusion, with the various approaches developing independently and with few attempts toward synthesis.

CHAPTER III

PROCEDURES AND STATEMENT OF
RESEARCH QUESTIONS

A description of the subjects in the study, an explanation of the procedures used in gathering the data, statistical procedures, and statement of the research questions are included in this chapter.

Sample

The subjects were 31 counselors from the Michigan State University Counseling Center and their respective clients.

Counselors

The counselors who participated in this study are clinical or counseling psychologists employed at the University Counseling Center or interns in the final phase of their doctoral training. The amount of experience in personal counseling ranged from one to 20 years.

The counselors have varied theoretical orientations but generally tend toward the insight-interpersonal end of the theoretical continuum as opposed to the behavioral modification approaches (London, 1964).

Clients

       The clients were undergraduate male (N = 10) and female (N = 21) students at the University. These clients came to the Counseling Center specifically requesting help with personal problems. The range of presenting problems was wide. These included such concerns as inability to concentrate, general anxiety, interpersonal difficulties, depression, and homosexual concerns. Clients who, in the opinion of an intake counselor, would require more than three interviews to resolve their problems and whose problems were personal rather than educational or vocational were asked to participate in the research. A letter asking the client to participate and explaining the research was given to the prospective client to read. A verbal explanation of the research was given by the intake counselor as well (see Appendix A for instructions to intake counselors and for letter given to clients). If the client agreed to participate, pretesting began immediately after the intake interview.

Collection of Data

       The data collected for this study were gathered as part of a larger research study conducted with the counselors and clients from the Michigan State Counseling Center during the 1968-69 school year.

       Clients completed a four hour testing program in two hour blocks prior to being seen by each counselor. Included

in the pre-testing program were the: <u>Tennessee Self Concept</u>
<u>Scale</u>, <u>Picture Impression Test</u>, <u>Mooney Problem Checklist</u>,
<u>Thematic Apperception Test</u> (10 cards), a modified version of
the <u>Kelly Rep Test</u>, <u>Common Problems Scale</u>, <u>Interpersonal</u>
<u>Checklist</u>, <u>Internal-External Scale</u> (Rotter), <u>Minnesota Mul-</u>
<u>tiphasic Personality Inventory</u>, Rokeach <u>Values Scale</u>, and
<u>Personal History Form</u>. Each interview was recorded.

After the third interview, the client completed the
following inventories: The Snyder <u>Client Affect Scale</u>,
The Barrett-Lennard <u>Relationship Inventory</u> (empathy
questions only), and a <u>General Progress Rating Scale</u>. At
the same time, the counselor filled out the following
scales: The Snyder <u>Therapist Affect Scale</u>, The Barrett-
Lennard <u>Relationship Inventory</u> (Counselor form). The
counselor also predicted his client responses on the <u>Inter-</u>
<u>personal Checklist</u> and the <u>Kelley Rep. Test</u>.

The number of interviews ranged from three to 27 with
a mean number of 12.2 interviews per client. Upon termina-
tion of counseling, the client completed post-testing. Some
post-testing occurred prior to termination in cases where
the end of the school year was drawing near and the counse-
lor would not be seeing the client until the next fall term.

Post-testing was completed in two, two hour blocks.
The post-tests included the <u>Thematic Apperception Test</u>,
<u>Internal-External Scale</u>, <u>Common Problems Scale</u>, Rokeach
<u>Values Scale</u>, Barrett-Lennard <u>Relationship Inventory</u>, <u>Mooney</u>

Problem Checklist, Kelley Rep. Test, Tennessee Self Concept

Scale, Interpersonal Checklist, Minnesota Multiphasic

Personality Inventory, and a Client Evaluation Form. Some

clients did not complete the post-testing.

Measurement Instruments

Measures of Empathy

Six measures of empathy were used to assess counselor

empathy in this study. These measures were classified into

four general approaches: the situational approach, the

predictive approach, tape ratings, and perceived empathy.

The Situation Test

Kagan's, et al. (1967) Affective Sensitivity Scale is

an example of the situation approach. While not measuring

empathy, the test measures the ability to perceive and

identify affective states of others, an important component

of empathy. The scale uses videotape segments of actual

counseling interviews as stimuli for the 89 multiple choice

items. The counselors choose the statement that best de-

scribed the last feeling expressed by the client on the

videotape.

Reliability.--Kuder-Richardson formula 20 reliability

coefficients obtained on the scale in previous studies

using 232 individuals in seven sample groups averaged .74.

Test-retest reliability was calculated at r = .75 for 26 undergraduates who took the test twice, a week apart.

Validity.--Four concurrent validity studies were conducted with the form B revised edition of the Affective Sensitivity Scale (Kagan, et al., 1967). It was concluded from these studies that a positive relationship exists between form B scale scores and other, more subjective, measures of counselor effectiveness of affective sensitivity. The strength of the relationship varied from study to study depending on a number of factors. The average correlation obtained across all studies which dealt with the relationship between scale scores and counselor effectiveness was +.26 with a high correlation of +.42 and a low of +.16. The average correlation across all the studies that dealt with the relationship between scale scores and subjective ratings of affective sensitivity was +.38, with a high correlation of +.64 and a low of -.10. These studies are reviewed in more detail in Chapter II.

The counselors took the Affective Sensitivity Scale in two groups after most of them had terminated with their research clients. The time at which the scale was administered actually has little effect on the results since the counselors were not responding to their clients but to the videotaped segments of other counselors and clients (see Appendix C for first page of scale).

The Predictive Tests

Two predictive tests of empathy were completed by the counselors after the third interview with their clients.

Interpersonal Checklist Predictions.--The counselor filled out the Interpersonal Checklist (La Forge & Suczik, 1955) as if he were the client. The Interpersonal Checklist is a self description instrument with 134 descriptive terms or phrases. The subject checks those terms or phrases which describe him as true and those which do not as false.

The percentage of correctly predicted responses is the index of the counselor's predictive empathic ability (see Appendix C and D).

Kelly Rep. Predictions.--The second predictive measure is based on a modified version of the Kelly Role Construct Repertory Test (1955). In this version, pairs rather than sets of three (as in the original version) personal constructs are elicited from the client. The constructs are words and phrases used by the client to describe similarities and differences among the people in his life. From these, the first 10 discrete constructs are selected. A scale is then developed for each client which arranges his constructs on a polar continuum (five point scale) from "completely like me" to "not like me." The

client rates himself on the scale as he sees himself described by his constructs.

After the third interview, the counselor was given the scale containing the 10 items chosen by his client. He then attempted to describe "the client as he sees himself." The predictive empathy index is the squared discrepancy between the client's self-description and the counselor's attempt to predict that self-description. This procedure is a replication of the one used by Cartwright and Lerner (1963). As reported in Chapter II, this type of measured empathy showed a significant relationship to client change in Cartwright and Lerner's study (see Appendix C for procedure).

Tape Ratings or Judged Empathy

Carkhuff's Empathic Understanding in Interpersonal Processes Scale (1967) represents the "rating scale" approach to empathy measurement. The scale is derived in part from the Truax Accurate Empathy Scale (1961)[1] and in part from an earlier version. The five-point scale is defined in the following manner. Level 1, the counselor's responses either do not attend to or detract significantly from the expressions of the client in that they communicate significantly less of the client's feelings than he has communicated himself. Level 2, the

---

[1]See Appendix C for comparison of levels between Accurate Empathy Scale and Empathic Understanding in Interpersonal Processes Scale.

counselor responds to the expressed feelings of the client, but he does so in such a way that he subtracts noticeably from the affective communications of the client. Level 3, the counselor's responses are essentially interchangeable with the client's in that they express essentially the same affect and meaning. Level 4, the counselor's responses add noticeably to the expressions of the client in such a way as to express feelings at a level deeper than the client. Level 5, the counselor responses add significantly to the feelings and meaning of the client in such a way as to express accurately feelings levels below what the person himself was able to express or, in the event of ongoing deep self-exploration on the client's part, to be fully with him in his deepest moments (see Appendix C for Carkhuff Scale).

Three, three-minute segments from an early (first or second) interview and three, three-minute segments from a late (next to last) interview were rated. Truax (1966) in a study comparing different ways of rating with the Accurate Empathy Scale concluded that the time sample method seemed to be one of the best ways of using the scale.

The rating was done by two judges experienced in the use of the Carkhuff Scale, one of whom was trained by Carkhuff. These judges achieved an interjudge reliability of .96 (based on Ebel's (1951) formula for estimation of interjudge reliability; see Appendix E for calculation for 17 counselor ratings). The average rating of the two judges

over all segments was the index of counselor empathy for
this scale.

Perceived Empathy

The Barrett-Lennard Relationship Inventory (1962) is
an example of the "perceived empathy" approach to the
measurement of empathy. A total of 15 statements were re-
sponded to after the third interview. Statements such as
"He tries to see things through my eyes" are responded to
on a scale from, "I strongly feel it is true," (+3) to, "I
strongly feel it is false" (-3). Only statements pertaining
to empathy were used from the inventory. At the termination
of counseling, the client filled out the inventory on his
counselor again. Clients were informed that their per-
ceptions would be kept completely confidential and that
their counselor would have no knowledge of their responses.

Reliability.--Barrett-Lennard reports that split-half
reliability coefficients on the Relationship Inventory
gathered on 42 clients and 40 therapists was $r = .86$ for the
clients and $r = .96$ for the therapists for the empathy
scale. It was felt that test-retest reliability was inap-
propriate to use in a therapy setting because of the ex-
pected fluctuations in the relationship or progressive
change. Test-retest data was gathered from a sample of
college students describing friendship relationships. It

was found that the correlation index based on 45 inventories taken four weeks apart was r = .89 for the empathy scale.

Validity data on the Barrett-Lennard scale is reported in Chapter II.

By using the counselor form of the same inventory, it is possible to get counselor perceptions of how empathic he thought he was after the same interview in which the client rated him.

Therefore, the Relationship Inventory yields three separate scores: client perceptions of counselor empathy after the third interview, client perceptions at termination, and counselor perceptions of their empathy after the third interview.

Process Measures

Three measures of counseling processes were used in the study to explore the relationship between counselor empathy and counseling processes. Each approaches counseling processes from a different perspective, but two of the measures (self exploration and experiencing) were stimulated by Rogerian theory.

Self Exploration

Carkhuff's Self Exploration in Interpersonal Processes Scale (1967) was used to measure the client self exploration in counseling. The scale was derived from earlier work with

Truax's, <u>Depth of Self Exploration Scale</u> (summarized in Truax & Carkhuff, 1967).

The five point scale is defined in the following manner. Level 1, the client does not discuss personally relevant material, either because he has no opportunity to do so or because he actively evades the discussion even when it is introduced by the counselor. Level 2, the client discusses personally relevant material, but does so in a mechanical manner without the demonstration of emotions. Level 3, the client voluntarily introduces personally relevant material with increasing emotional proximity. Level 4, the client voluntarily introduces discussions of personally relevant material with both spontaneity and emotional proximity. Level 5, the client actively and spontaneously engages in an inward probing to discover feelings or experiences about himself and his world (see Appendix C for Scale).

Three, three-minute segments from an early (first or second) interview and three, three-minute segments from a late (next to last) interview were rated.

The rating was done by two judges for 14 of the clients. These ratings were based on the same tape segments as the counselor empathy ratings. The judges achieved an interjudge reliability of .94 on the ratings (based on Ebel's (1951) formula for estimation of interjudge reliability, see Appendix N for calculation).

The remaining 17 clients were rated by only one judge. These ratings were based on different sample segments than the empathy ratings but were from the same interviews.

The average rating over all segments was the index of client self exploration.

Experiencing

A second counseling process measure in this study is based on the experiencing dimension proposed by Gendlin (1962). It is movement on this dimension of self-awareness that characterizes an important aspect of the client's development during therapy according to Gendlin and Rogers (Rogers, et al., 1967). The experiencing dimension is conceptualized in terms of the client's spontaneity and self awareness of feelings and meanings.

The concept was operationalized in the form of a seven point rating scale by Gendlin and Tomlinson (in Rogers, et al., 1967). At the lowest stage of experiencing, the client is not able to "own" his affective involvement in what he says, and may relate a narrative account in which there is no personal reference or little or no expression of feeling. The middle stages of the scale are marked by the client's progressive ownership of his feelings and involvement to the point where he can freely express and explore feelings in search of their personal meaning. The upper stages of the Experiencing Scale represent the client's deepening awareness of his feelings, his successful

understanding of them, and their integration into his ex-
perienced framework.

Validity.--Tomlinson and Hart (1962) conducted a
study based on 10 cases from the University of Chicago
Counseling Center using the experiencing scale. The second
interview and the next to the last interview in each case
(nine, two-minute samples) was rated.

Of the 10 cases selected, five were considered more
successful and five were considered less successful on the
basis of a multicriteria success score. The criteria in-
cluded therapist ratings of outcome, client ratings, and a
Q-sort adjustment score. The more successful and less
successful cases were randomly assigned to the raters.

The results indicated that the process scale dis-
tinguished between more successful and less successful
cases at a high level of statistical significance (p < .01).

In a further analysis of 38 clinic cases of neurotics
Gendlin, Klein, and Tomlinson (1962, cited in Rogers,
et al., 1967) found that more successful cases were sig-
nificantly different in process level both early and late
in psychotherapy.

Rogers, et al. (1967) reported a similar finding
with schizophrenics.

A total of six interviews were rated on the Experi-
encing Scale for each client. Four, two-minute segments
from an early (first or second), from a middle (depended on

total number), and from a late (next to last) interview were rated. Two segments were taken from early in each interview and two were taken from late in the interviews.

The rating was done by one judge on 19 clients in the sample. Another judge rated 20 of the same segments in order to assess interjudge reliability. The interjudge reliability assessed in this way was $r = .71$ (Pearson r Correlation Coefficient). The reliability of this scale has fluctuated a great deal. As a result several revisions have been made (Rogers, et al., 1967).

Therapist and Client Affect

A third measure of counseling process used in the study was based on Snyder's (1961) conception of the therapeutic relationship. He defines this relationship as the "reciprocity of various sets of affective attitudes which two or more persons hold toward each other in psychotherapy" (p. 270).

Two scales, the Client Affect (toward therapist) and the Therapist Affect Scale (toward client) were developed to provide an index of these affective attitudes. The two scales yield a positive affect and a negative affect score for each.

The 200 statements were answered either true or false by the client after the third interview. Statements

such as, "Today I experienced a certain relief after telling my counselor something," were on the Client Affect Scale.[1]

The counselors also filled out the 200 hundred item scale after the third interview. Statements such as, "Today I couldn't get close to the client," were on the Therapist Affect Scale.[2]

In a factor analysis on the scales with 20 graduate students undergoing therapy, Snyder (1961) found two negative factors on the Client Affect Scale, hostility or active resistance and passive resistance or withdrawal. On the Therapist Affect Scale two negative factors were found, one of impatience and one of irritation or anger with the client. One general positive factor was also found for each of the scales.

The positive scores from both the Client Affect and the Therapist Affect Scales are used as indices of the affective attitudes developing in the counseling relationships in this study. The higher the positive affect score the better the counseling relationship. Snyder (1961) suggests that a good relationship is of central importance to progress in counseling and psychotherapy.

_____

[1]A complete description of both the Client Affect and Therapist Affect Scales is reported in Snyder, W., The Psychotherapeutic Relationship, New York: Macmillan Co., 1961.

[2]Ibid.

<u>Outcome Measures</u>

Tennessee Self Concept Scale

Two scores derived from the <u>Tennessee Self Concept</u> <u>Scale</u> (Fitts, 1965) were used as indexes of client change, the "Total Positive" (P) scale, and the "Number of Deviant Signs" score (NDS).

<u>Total positive</u>.--The "Total Positive" score on the <u>Tennessee Self Concept Scale</u> reflects the overall level of self esteem. Persons with high scores tend to like themselves, feel that they are persons of value and worth, have confidence in themselves, and act accordingly. People with low scores are doubtful about their own worth, see themselves as undesirable, often feel anxious, depressed and unhappy, and have little faith or confidence in themselves. Zax and Klein (1960) reviewed several studies which suggested that in the more successful cases of therapy outcome, clients showed an increase in respect for self.

Fitts considers the total "P" score the most important single score of the test. Changes in the direction of increasing the "P" score from pre- to post-testing are considered positive client change. Therefore, the difference between pre- and post-total "P" scores is an index of client change.

<u>Number of Deviant Signs</u>.--The Number of Deviant Signs Score (NDS) on the <u>Tennessee Self Concept Scale</u> is purely an

empirical measure, and is simply a count of the number of deviant features on all other sub scores of the scale. This score is based upon the theoretical position of Berg (1957) as stated in his "deviation hypothesis." This hypothesis states that individuals who deviate sharply from the norm in minor behaviors are more likely to be deviant in more major aspects of behavior. Fitts (1965) states that the findings with the NDS Score substantiate this hypothesis. He goes on to say that "the NDS Score is the scale's best index of psychological disturbance. This score alone identifies deviant individuals with about 80% accuracy (p. 5)." Reduction of the NDS Score from pre- to post-testing is considered positive client change.

Reliability.--Reliability based on test-retest with college students over a two week period was r = .92 for the "P" score, and r = .90 for the NDS Score. Fitts reports that Congdon (1958) used a shortened version of the scale and still obtained a reliability coefficient of .88 for the Total Positive Score (P). Fitts reports a correlation of r = -.68 between the "P" score and the NDS Score.

Validity.--Ashcraft and Fitts (1964) compared changes on the scale between 30 patients who had been in therapy for an average of six months and a no-therapy control group (N = 24) who had been waiting for therapy for an average of 6.7 months. All subjects were measured on a test-retest

bases with the Scale. The therapy group changed significantly in the expected direction on 18 of the 22 variables studied (which included total "P" changes and NDS changes) while the control group changed on only two of the variables. This finding suggests that the Scale was able to detect changes as a result of psychotherapy treatment on the scales being used in this study.

Minnesota Multiphasic Personality Inventory

Three judges with considerable experience in the use of the Minnesota Multiphasic Personality Inventory (two Ph.D.'s, one Ph.D. candidate) compared pre-counseling and post-counseling profiled MMPI scores for each client in the research who had completed post tests (N = 24). They considered the nine common scales (Hs + 5K, D, Hy, Pd + 4K, Mf, Pa, Pt + 1K, Ma + 2K, Sc + 1K). Each pair of profiles was rated for client change over psychotherapy as follows: 5--satisfactory, 4--partly satisfactory, 3--no change, 2--partly unsatisfactory, 1--unsatisfactory. In order to establish intra-judge reliability, each profile was rated twice, one week apart. The intra-judge reliability index for the three judges was: r = .68. The reliability of average ratings was r = .81. The reliability of inter-judge ratings was r = .74. The reliability of average ratings between judges was r = .90 (see Appendix L and

E for instructions to judges and calculation of intra- and inter-judge reliability).

The _Minnesota Multiphasic Personality Inventory_ has been used extensively in research on psychotherapy outcomes (Buros, 1965).

Counselor Evaluation Form

Upon terminating with the client, each counselor filled out a counselor evaluation of counseling progress form. On this form, the counselors indicated how much progress their clients made as a result of counseling. The ratings were based on the following four point scale: 4--successful, 3--partly successful, 2--partly unsuccessful, 1--unsuccessful. This counselor evaluation form is an index of how successful the counselors perceived counseling had been.

Client Evaluation Form

At the end of counseling, each client filled out an evaluation of counseling form. The clients were asked to rate on a seven point scale, whether counseling had been of help to them. The form of the scale was as follows: 1--extremely harmful, 2--harmed me alot, 3--harmed me somewhat, 4--indifferent, 5--helped me somewhat, 6--helped me quite alot, 7--extremely helpful. The client evaluation form is an index of how much help the clients' perceived counseling had been.

Combined Outcome Score

A combined outcome score for all measures used as indexes of counseling outcome was derived in the following manner: the scores from the five outcome measures (the two scales from the Tennessee Self Concept Scale, the Minnesota Multiphasic Personality Inventory Ratings, the Counselor and Client Evaluation Forms) were converted to standard scores (T) with a mean of 50 and a standard deviation of 10. The five standard scores were added and divided by five to obtain an average standard score across all outcome measures. Each outcome measure, therefore, had equal weight in the combined outcome score.

Research Questions

This section contains a brief statement of the questions which are investigated in the study. The questions are related to the issues which emerged from the review of the literature in Chapter II.

Relationships Between Empathy Measures

General Question: What is the relationship between six different measures of counselor empathy with each other on the same counselor and client population?

Specific Questions: 1. What is the relationship between scores obtained on Kagan's, et al., Affective

Sensitivity Scale (Form B--revised) and ratings of counse-
lor empathy by judges based on Carkuff's Empathic Under-
standing in Interperson-Processes Scale?

Kagan (1969) proposes a unique relationship between
the Affective Sensitivity Scale and judged ratings of
empathy. The proposal is: If a counselor scores low on the
Affective Sensitivity Scale, then he will be rated low on
behavioral empathy in an interview. If, on the other hand,
he scores high on the Affective Sensitivity Scale, then he
may or may not be rated high on the behavioral rating scale.

The explanation for the second part of Kagan's is
as follows: The Affective Sensitivity Scale measures the
trait of "affective sensitivity" or the ability to under-
stand affective statements. This trait is one component of
empathy. The scale does not measure the ability to communi-
cate that understanding verbally. The rating scale measures
both counselor's affective sensitivity and his ability to
communicate that understanding to his client. Therefore,
without affective sensitivity, the counselor has no under-
standing to communicate, but the counselor can be sensitive
and still unable to communicate that effectively to his
client. Kagan's proposal is examined in this study.

This question is an attempt to test the generaliza-
bility of one situation test of empathy.

2. What is the relationship between client perceptions of counselor empathy based on the Barrett-Lennard Relationship Inventory and the ratings of judges using Carkuff's Empathic Understanding in Interpersonal Processes Scale?

This question explores the issue of the relationship between client perceptions' and judged empathy.

3. What is the relationship between client perceptions of counselor empathy based on the Barrett-Lennard Relationship Inventory and counselor perceptions of his empathy based on the same scale?

4. What is the relationship between counselor perceptions of his empathy based on the Barrett-Lennard Relationship Inventory and the ratings of judges using Carkuff's Empathic Understanding in Interpersonal Processes Scale?

5. What is the relationship between the counselor's ability to predict his clients' self descriptions on the Interpersonal Checklist and his ability to predict his client's self descriptions on the Kelly Construct Repertory Test?

This question investigates the relationship between two predictive empathy measures in order to determine if predictive ability is a trait.

Analysis: A correlation matrix was developed from
the scores obtained on each of the six empathy measures
using the IBM 3600 computer in order to investigate the
above questions. The correlations between the scales are
expressed as Pearson Product-Moment Correlation Coefficients
(r_{xy}).

Relationship Between Counselor
Empathy and Counseling
Processes

General Question: Which measure of counselor
empathy is most related to counseling processes as measured
in this study?

Specific Questions: 1. What is the relationship
between client perceptions of counselor empathy based on
the Relationship Inventory and scores on the Client Affect
Scale?

This question is directed at the issue of whether
client perception measures are based on perceptions of
counselor empathy or reflections of a broader perception
of the realtionship.

2. Are the three process measures in this study
related?

Analysis: Scores on each empathy measure were
correlated with the scores on each process measure to

investigate the questions. Then, the process measures will be correlated with each other.

Relationship Between Process and Outcome

General Question: Are the process measures related to counseling outcome as measured in this study?

Specific Question: Which process measure is most related to indices of counseling outcome?

Relationship Between Counselor Empathy and Outcome

General Question: Is counselor empathy significantly related to counseling outcomes?

This question re-investigates the general issue of the relationship between counselor empathy and outcomes in counseling and psychotherapy.

Specific Questions: 1. Which empathy measure is most related to counseling outcomes in this study?

2. Which empathy measure is the best predictor of the counseling outcome measures?

3. Which combination of empathy measures are the best predictors of the outcome measures?

Analysis: In order to examine the above questions, a correlation matrix was developed between the counselor empathy measures and each of the outcome measures plus a combined outcome score. Then, a least squares multiple regression equation was calculated for each outcome measure. The scores from each empathy scale were fitted into the regression equation in order to determine if any measure predicted outcome at a .10 level of probability. Combinations of measures were added to the equation when the combination increased the predictive ability significantly (.05 level of significance).

CHAPTER IV

RESULTS AND DISCUSSION

An analysis of the data and a report on the results is presented in this chapter. Each research question is re-stated, the findings relevant to each question presented, and conclusions drawn. A discussion of the findings follows the presentation of the results.

Results

Relationship between Empathy Measures

General Question: What is the relationship between six measures of counselor empathy on the same counselor and client population?

The correlation coefficients between the scores on the different empathy measures are presented in Table 2. Only one correlation was significant at beyond the .05 level. This correlation is between the Relationship Inventory--Client Perceptions' after the third interview and the same measure after counseling. Therefore, the correlation represents the consistency on the same measure from after the third interview to post testing rather than a relationship between different measures.

76

1. A

2.

3.

4.

5.

6.

7.

.C

fi

th

hi

tw

ce

th

TABLE 2.--Correlations between empathy measures.   (N = 31)

	1	2	3	4	5	6	7
1. Affective Sensitivity Scale							
2. Carkhuff Tape Rating	.05						
3. Predictive-Interpersonal Rating	.24	-.27					
4. Predictive-Kelly Rep. Test	-.17	-.13	.17				
5. Relationship Inventory Counselor Perceptions	.03	-.24	-.09	.19			
6. Relationship Inventory Client Perceptions (after 3rd)	.07	.31	-.13	-.20	.20		
7. Relationship Inventory Client Perceptions (Post)	.11	.00	.16	.01	.21	.66*	

*Significant at the .001 level.

**A correlation of .35 would be significant at the .05 level for 29 degrees of freedom.

It was found that none of the correlation coefficients between the different measures were significant at the .05 level. An inspection of Table 2 reveals that the highest correlation between the different measures was between the Carkhuff "rated empathy" measure and client perceptions of counselor empathy after the third interview via the Relationship Inventory (r = .31). The relationship did

not hold between the two measures at post-testing (r = .00). This finding suggests that the first relationship was non significant and not reflective of a trend.

In conclusion, the results suggest that the answer to the general question is that there is no relationship between the different measures of counselor empathy with each other on the same population.

Specific Questions: 1. What is the relationship between scores obtained on Kagan's Affective Sensitivity Scale and ratings of counselor empathy by judges based on Carkhuff's Empathic Understanding in Interpersonal Process Scale?

The data suggests that there was no relationship between the two measures (r = .05).

Kagan hypothesized that counselors scoring low on the Affective Sensitivity Scale would receive low scores on the other empathy measures, especially on the judged empathy ratings (see Chapter III, p. 71 for explanation of hypothesis).

In order to test this hypothesis, the seven lowest scores were selected from the scores on Affective Sensitivity Scale. These low scores were then compared with the scores and ranked scores obtained on the other empathy measures for the same counselors. After a brief inspection of these sets of scores, it was concluded that the hypothesis

wa
st

sa
pa

ca
po
Ca
S

s
p
1
t
c

c
po
e

4
e
T
Ps

was not supported (see Appendix J). Therefore, no formal statistical test was calculated for this hypothesis.

These results suggest that the trait of affective sensitivity was not generalizable to other situations expected to reveal the trait.

2. What is the relationship between client perceptions' of counselor empathy based on the Barrett-Lennard Relationship Inventory and the ratings of judges using Carkhuff's Empathic Understanding in Interpersonal Processes Scale?

The correlation in Table 2 shows a positive, non significant, relationship between judge ratings and client perceptions after the third interview (r = .31). This relationship did not hold between the two measures at post testing. Therefore, it is concluded that judge ratings and client perceptions' of counselor empathy are not related.

3. What is the relationship between client perceptions of counselor empathy based on the Barrett-Lennard Relationship Inventory and counselor perceptions of his empathy based on the same scale?

The data suggests that there was no significant relationship between the two measures. The correlation coefficient (r = .19) was not significant but was positive. Therefore, it appears that counselor perceptions and client perceptions are not related.

4. What is the relationship between counselor perceptions of his empathy (Barrett-Lennard Relationship Inventory) and judges ratings of his empathy (Carkhuff Scale)?

Table 3 reveals that there was a negative correlation coefficient (r = -.24) between these measures. Therefore, it appears that there is no significant relationship between counselor perceptions and judges ratings and possibly a negative relationship.

5. What is the relationship between the scores on the two predictive tests of empathy?

The data shows a small non-significant relationship (r = .16) between the two predictive tests of empathy. The hypothesis that predictive empathy is a trait was not supported.

Relationship between Counselor Empathy and Counseling Processes

General Question: Which measure of counselor empathy is most related to counseling process as it has been measured in this study?

The correlation coefficients between the counselor empathy measures and the process measures are reported in Table 3.

TABLE 3.--Correlations between empathy measures and process measures.

Empathy	Process			
	Self Exploration Ratings	Experiencing Ratings	Client Affect	Counselor Affect
Affective Sensitivity Scale	.23	.18	.03	.05
Carkhuff Tape Rating	.47**	-.30	.29	.09
Predictive-Interpersonal Check List	-.11	.16	.17	-.07
Predictive-Kelly REP. Test	.25	.09	-.18	-.03
Relationship Inventory Counselor Perceptions	-.06	-.05	.24	.50**
Relationship Inventory Client Perceptions (After 3rd)	.24	-.04	.83*	.45**
N =	30	19	30	31

*Significant at .001 level.   **Significant at .01 level.

meas

the

nif

but

per

lor

Cou

wit

pro

bef

<u>Inv</u>

la

la

em

re

st

pr

th

ni

An inspection of Table 3 reveals that no one measure of counselor empathy was consistently related to the counseling process measures. Judged empathy was significantly correlated with Self Exploration ratings (r = .47) but negatively with Experiencing ratings (r = -.30). Client perceived empathy was significantly correlated with counselor affect (r = .45) and with client affect (r = .83). Counselor perceived empathy was significantly correlated with counselor affect (r = .50) but not with the other process measures.

Specific Question: 1. What is the relationship between client perceived empathy based on the Relationship Inventory and scores on the Client Affect Scale?

Table 3 reveals that there was a significant relationship between these measures (r = .83). This high relationship suggests that client perceptions of counselor empathy and positive affect toward the counselor are highly related.

2. Are the three process measures used in this study related?

The correlations between the process measures are presented in Table 4. The correlations in Table 4 suggest that the process measures were not related. The only significant correlation reported is between the Counselor

TAB

1.

2.

3.

4.

Aff

sug

cli

wan

Rel

to

rej

the

Pro

TABLE 4.--Correlations between process measures.

	1	2	3	4
1. Self Exploration Ratings				
2. Experiencing Ratings	.16			
3. Client Affect	.04	-.13		
4. Counselor Affect	.28	.22	.38*	
N =	30	19	30	31

*Significant at .05 level.

Affect Scale and the Client Affect Scale. This finding suggests that the counselor's positive attitudes toward his client are related to the client's positive attitudes toward him.

Relationship between Counseling
Process and Outcome

General Question: Are the process measures related to counseling outcomes as measured in this study?

Specific Question: Which process measure is most related to counseling outcome?

The correlations between the process measures and the outcome measures are reported in Table 5.

An examination of Table 5 indicates that only one process measure is consistently related to the outcome

TABLE 5.--Correlations between process measures and outcome measures.

	Tennessee Total Positive	Tennessee Number of Deviant Signs	MMPI Ratings	Counselor Evaluation	Client Evaluation	Combined Measures
Self Exploration Ratings N = 30	.08	-.03	-.15	.32	.17	.16
Experiencing Ratings N = 19	-.40**	-.60*	-.38	.17	.26	-.29
Client Affect N = 30	.56*	.53*	.69*	.33	.17	.50*
Counselor Affect N = 31	.06	.08	.00	.50*	.31	.26

*Significant at .01 level.

**Significant at .05 level.

na

la

cc

ns

ws

af

af

ni

Re

Pl

ca

en

Ia

en

In

Ro

ne

co

be

To

Co

Wep

measures. The Client Affect Scale is significantly corre-
lated with four of the six outcome measures including the
combined outcome score. The experiencing ratings were
negatively correlated with two of the outcome measures.

The results suggest that the rated process measures
were not related to counseling outcome. The counselor
affect measure was also not related to outcome. The client
affect measure was the only process measure which was sig-
nificantly correlated with the outcome criteria.

Relationship between Counselor
Empathy and Counseling Outcomes

General Question: Is counselor empathy signifi-
cantly related to counseling outcomes?

The correlations between the different counselor
empathy measures and the outcome indices are reported in
Table 6.

An inspection of Table 6 discloses that counselor
empathy is significantly correlated to counseling outcomes.
In general, there are few significant relationships between
most of the counselor empathy measures and the outcome
measures, but the client perception measure appears to be
consistently related to outcome. Significant correlations
between the scores on the Tennessee Self Concept Scale--
Total Positive, MMPI ratings, Counselor Evaluation, and
Combined Outcome Score and the Client Perception Measure
were found.

TABLE 6.7—COMPLETIONS, 1972—73

86

TABLE 6.--Correlations between empathy measures and outcome measures.

Empathy	Outcome					
	Tennessee Total Positive	Tennessee Number of Deviant Signs	MMPI Ratings	Counselor Evaluation	Client Evaluation	Combined Measures
Affective Sensitivity Scale	-.23	-.30	-.05	.11	-.07	-.17
Carkhuff Tape Rating	.42***	.22	.21	.12	.08	.30
Predictive-Interpersonal Check List	-.13	-.20	.12	-.14	-.14	-.11
Predictive-Kelly Rep. Test	.02	.07	-.23	-.28	-.15	-.19
Relationship Inventory-Counselor Perceptions	-.10	.15	-.11	.13	.03	.01
Relationship Inventory-Client Perceptions (after 3rd)	.44***	.34	.66*	.35***	.34	.55**

*Significant at .001 level.   **Significant at .01 level.   ***Significant at .05 level.

the

tes

sq

mea

si

Hea

se

to

te

ra

ch

S

a

o

.

pr

ca

th

la

cf

Specific Questions: 1. Which Empathy measure is the best predictor of counseling outcome?

2. Which combination of Empathy measures are the best predictors of counseling outcome?

Table 7 presents the results of a series of least squares multiple regression equations, one for each outcome measure. Each empathy measure was fitted into the regression equation to check whether it predicted the outcome measure at a significant level of probability. As can be seen in the Table, the Barrett-Lennard Relationship Inventory (Client Perceptions after the third interview) was the best predictor of the outcome measures. The Carkhuff ratings and the Client Perceptions together predicted the changes in Total "P" scale of the Tennessee Self Concept Scale at a .02 level of probability and this combination accounted for 30 per cent of the variance. None of the other empathy measures predicted the outcome measures at a .10 level of probability or less.

The correlations between the outcome measures are presented in Table 8.

An examination of the correlations in Table 8 indicates that the outcome measures in the study were related. The only outcome measure which consistently did not correlate with the other measures was the Counselor Evaluation of Counseling Measure.

TABLE 7.--Least squares multiple regression for prediction of outcome from empathy measures.

Predictor	Outcome	Multiple Correlation Coefficient	Percent of Variance Accounted For	F	Significance of F	df
Relationship Inventory Client Perceptions (After 3rd)	Tennessee Total Positive	.44	.20	5.60	.027	23
Client Perceptions plus Carkhuff Tape Rating	Tennessee Total Positive	.54	.30	4.70	.02	22
Relationship Inventory Client Perceptions (After 3rd)	Tennessee Number of Deviant Signs	.34	.12	3.12	.09	23
Relationship Inventory Client Perceptions (After 3rd)	MMPI Ratings	.66	.44	16.20	.001	21
Relationship Inventory Client Perceptions (After 3rd)	Counselor Evaluation	.35	.12	4.05	.05	29
No Significant Constant*	Client Evaluation	--	--	--	--	--
Relationship Inventory Client Perceptions (After 3rd)	Combined Measures	.54	.30	8.90	.007	22

*Relationship Inventory-Client Perceptions (Post) correlated with the client evaluation of counseling at r = .63.

TABLE 8.--Correlations between outcome measures. (N = 25)

	1	2	3	4	5
1. Tennessee Total "P" Differences					
2. Tennessee Number of Deviant Signs Difference	.75*				
3. MMPI Ratings	.67*	.75*			
4. Counselor Evaluation of Counseling	.008	.02	.14		
5. Client Evaluation of Counseling	.08	.32	.47**	.36	
6. Combined Measures***	.71	.80	.81	.54	.63

*Significant at the .01 level of probability with 23 degrees of freedom.

**Significant at the .02 level of probability with 23 degrees of freedom.

***Combined measures would be expected to be highly correlated with others because they are not independent observations.

Discussion

Counselor Empathy as a Measured Concept

The six different methods of measuring counselor empathy were not related to each other in this research. Table 2 (p. 77) shows low, non-significant correlations between all the different measures sampled. While this finding is curious, considering that all the measures were

purpo

varia

(Asti

Carkl

plus

diff

seve

sea

cou

dif

th

th

ce

i

re

c

p

c

t

I

p

re

va

purporting to measure counselor empathy or some similar variable, it agreed with the findings of previous research (Astin, 1957; Burstein & Carkhuff, 1968; Hansen, Moore, & Carkhuff, 1966; Katz, 1962; Lesser, 1958; Truax, 1966).

Therefore, the results of the present investigation, plus the previous research, lead to the conclusion that the different measures of counselor empathy are measuring several different variables under the same label.

This conclusion has important implications for research in counseling since it does make a difference how counsel or empathy is defined and measured because the different approaches are not measuring the same variables.

Not only were the different measures unrelated, but the data in Table 6 (p. 86) and Table 7 (p. 88) indicate that only one counselor empathy measure, client perception's, was consistently related to counseling outcome indices. The review of the literature concerned with the relationship between counselor empathy and counseling outcomes reported mixed findings with some studies finding positive relationships between counselor empathy and outcome while other research reported no relationship between the two. Since the different studies used different measures of empathy, the present investigation lends support to the hypothesis that the differences in the reported results were due to the fact that the same independent variables were not being measured in the different studies.

Predic

abili

as a

pecte

meas

clus

dict

was

task

afte

the

was

con

wit

Th

19

pr

to

ot

re

st

the

pro

Predictive Empathy

According to Wittich (1955) and Taft (1955), the ability to predict the responses of others may be regarded as a trait. If this conclusion was correct, then it was expected that the correlation between the two predictive measures would be high. The data did not support this conclusion. The correlation coefficient between the two predictive measures was $r = .16$. Counselor predictive empathy was not constant between the two measures even though the tasks required on the tests were similar, both were taken after the third interview, and both predictions were about the same client. Therefore, Wittich's and Taft's conclusion was not only unsupported, but the evidence suggests that the conclusion is very much open to question.

The predictive empathy measures were not correlated with the other measures of counselor empathy (see Table 3). This finding agreed with a number of other studies (Astin, 1957; Katz, 1962; Lesser, 1958). Thus, the results of the present study, plus previous research, lend strong support to the conclusion that predictive measures are unrelated to other measures of counselor empathy.

Finally, predictive empathy was consistently unrelated to counseling process and outcome measures in the study. Not one significant correlation was found between the two predictive counselor empathy measures, the three process, and six outcome measures (Tables 3 and 5). These

results disagree with the research of Cartwright and Lerner (1958) and Dombrow (1966) but agree with other research (Katz, 1962; Lesser, 1958).

It must be said, however, that the predictive empathy procedures which replicated those of Cartwright and Lerner (Predictive-Kelly REP Test) differed in an important way. Only one prediction was made in the present study, after the third interview. Cartwright and Lerner had their therapists make two predictions: one early in therapy and one late. They found that the late predictions were significantly related to client change whereas the early predictions were not. Since the one prediction in this study was made early, then the results do not disagree with the Cartwright and Lerner research.

In summary, predictive empathy was not consistent, did not correlate with other counselor or empathy measures, and was not related to counseling process and outcome. Therefore, this study raises serious questions about the usefulness of this type of operational measure of counselor empathy in counseling research.

Situational Empathy

In general, the validity of a situation test of counselor empathy rests on how predictive the performances measured by it are to other situations requiring the ability. In other words, a counselor scoring high on a situation test is expected to show high empathy in counseling

interviews. The trait of affective sensitivity as measured by Kagan's Affective Sensitivity Scale did not correlate with counseling process and outcome as measured in this study (see Tables 3, p. 81, and 6, p. 86).

Since the scale measured the ability to be sensitive to affective communication, but not necessarily the ability to communicate that understanding, Kagan hypothesized that the scale would be predictive of low counselor empathy on the other measures. In other words, a counselor with high sensitivity may not be able to communicate that sensitivity. But a counselor with low sensitivity, has little sensitivity to communicate. This hypothesis was not confirmed (see Appendix J).

The results of the present investigation then, raise questions about the validity of counselor affective sensitivity as a trait measured by the Affective Sensitivity Scale. These results were not in agreement with the previous validity studies on the scale (Kagan & Krathwohl, et al., 1967).

Since the predictions of importance from the Affective Sensitivity Scale center around low scoring counselors, the counselors used in this study may have been inappropriate to test Kagan's hypothesis. Appendix C shows that the counselors in the sample obtained a mean score of 57 on the scale with a range of 38 to 72. This is a higher average and a more restricted range than was obtained

pr

su

fo

th

Ka

<u>Ju</u>

ju

co

ti

ca

in

19

19

pr

cl

ag

Cl

Pr

en

di

in

th

previously on the scale (Kagan, et al., 1967, for 402 subjects; mean = 50, range = 21 to 72 [p. 490]). Therefore, there may have been too few low scoring counselors in the sample to obtain a good test for the hypothesis of Kagan's test.

Judged Empathy

Table 6 (p. 86) reports the correlations between judged counselor empathy (Carkhuff Tape Rating) and the counseling outcome measures. Judged empathy, while positively correlated with all outcome measures, is significantly related to only one outcome index. This result is in conflict with the recent research (Burstein & Carkhuff, 1968; Hansen, Moore, & Carkhuff, 1966; Truax & Carkhuff, 1967) which has suggested that judge rated empathy is more predictive of outcome than client perceived empathy.

Judged empathy was significantly correlated with client self exploration (Table 3, p. 81). This result agrees with the findings of Hountras and Anderson (1969). Client self exploration was not related to outcome in the present investigation, however (see Table 5, p. 84).

No firm conclusion about the value of judged empathy can be made. Although judged empathy was less predictive of counseling outcome than client perceived empathy in this study, previous research has consistently reported that judged empathy is predictive of counseling outcome.

Perceived Empathy

Counselor Perceptions

Counselor perceived empathy was negatively corre-
lated with judge ratings (r = -.24) and only moderately
with client perceptions (r = .20). While these relation-
ships were non-significant, the results coincided with the
findings of previous research (Rogers, et al., 1967).

Counselor perceived empathy was also consistently
unrelated to both counseling process and outcome measures
(Table 3, p. 81, and Table 5, p. 84). These results are
also in agreement with previous research (Rogers, 1967).

It appears on the basis of the present research and
on previous studies, that the assessment of empathy by
counselors and therapists is less satisfactory and probably
less valid than the assessment of counselor empathy by the
client or by an unbiased judge.

Client Perceptions

Client perceived empathy based on the Barrett-
Lennard Relationship Inventory was the best predictor of all
indices of counseling outcome (Table 7, p. 88). This find-
ing is consistent with Rogers' (1957, 1959) theory which
says that the client's experience of the therapist's re-
sponse is the primary focus of influence in the relation-
ship. This outcome is also in agreement with some previous

rese

1966

clie

linc

the

It

abi

res

co

wi

ce

to

t

g

t

c

i

research (Barrett-Lennard, 1962; Truax, Wargo, et al.,
1966;[1] and Truax, Leslie, et al., 1966[2]).

Truax and Carkhuff (1967) have suggested that
client perceptions are more likely to be related to counse-
ling outcome with clients who are not seriously disturbed in
their ability to accurately perceive and report perceptions.
It is likely that the clients used in this sample had that
ability since they were college students. Therefore, the
results suggest that the client perception measure of
counselor empathy is most predictive of counseling outcome
with college students.

The data in Table 3 (p. 81) reveals that client per-
ceptions of counselor empathy and client positive affect
toward the counselor are highly related (r = .83). Because
this relationship was expressed as a correlation, the
question of cause and effect cannot be answered. It may be
that clients have more positive affect toward empathic
counselors. Or, the client perceptions' of counselor
empathy may have been influenced by the more global positive
affect felt toward their counselors. The issue of what
client perceived empathy actually reflects, therefore, re-
mains unresolved.

---

[1]Cited in Truax, C. B., & Carkhuff, R. Toward ef-
fective counseling and psychotherapy, Chicago: Aldine,
1967. P. 137.

[2]Ibid.

Regardless of the cause and effect of this relationship, client positive affect toward the counselor as measured by the Snyder Client Affect Scale appears to be consistently related to counseling outcome (see Table 5, p. 84).

Client perceptions of counselor empathy appear to remain relatively stable. The correlation between client perceived empathy after the third interview and at termination was $r = .66$. This finding is in agreement with the research conducted in the Wisconsin Project (Rogers, et al., 1967).

Empathy and Rated Counseling Processes

According to Rogers' (1957, 1959) theory, certain therapeutic conditions lead to processes within the therapeutic interaction, which in turn lead to client behavior change. One of the therapeutic conditions is counselor empathy. Two process measures, self exploration and experiencing, were rated which assessed the processes Rogers describes. The question posed and investigated in this study was which measure of counselor empathy relates to these processes?

The correlations in Table 3 (p. 81) reveal only one significant correlation between counselor empathy and one of the two rated process measures. Therefore, counselor empathy was not related to rated counseling process in the study.

Table 4 (p. 83) shows that the rated process measures were not significantly related (r = .16). This result does not agree with the Rogerian conception of counseling processes since both measures are supposed to be assessing different aspects of the same overall conception of process.

Further, the two rated process measures were unrelated to outcome (Table 5, p. 84). The experiencing ratings correlate negatively with two of the outcome measures. These results are not in agreement with an extensive amount of previous research (Rogers, 1967; Truax & Carkhuff, 1967; Carkhuff & Berensen, 1967).

Therefore, these findings raise questions about the validity of the rated counseling process measures used in the study.

Counseling Outcomes

Few researchers agree about the best measures of counseling and psychotherapy outcome. Previous research has suggested that client changes assessed by different outcome criteria are not related to each other (Zax & Klein, 1960). Therefore, the conclusions drawn in this study must be restricted to the outcome measures used, and may not generalize to other counseling and psychotherapy outcomes.

All of the outcome measures in the study with the exception of the counselor evaluation of counseling were based on self-report personality instruments. Zax and

Klein (1960) state that the most serious failing with this type of outcome measure is that these criteria have not yet been related to changes in everyday, observable behaviors in the life space of the client. The outcome measures used in this research have been used as acceptable outcome criteria for other research on counseling and psychotherapy however.

Two of the counseling outcome measures (the scores from the Tennessee Self Concept Scale) were based on difference scores between pre- and post-tests. Difference scores tend to be unstable (McNemar, 1963) but the data in Table 8 (p. 89) reveals that difference score outcomes were related to the other outcome measures.

In general, a wider range of outcome measures would have been preferred, but other outcome criteria of client change was not available.

Limitations of the Study

The major limitation of the study was that the number of subjects sampled was small (N = 31) for a correlation study of this type.

The population of clients were drawn from a University setting. These clients tend to be above average in intelligence and were functioning well enough to stay in the University. Perhaps the conclusions cannot be generalized to other settings where psychotherapy is practiced (e.g., outpatient clinics or hospitals).

All of the counselors were either Ph.D.'s or Ph.D. candidates in clinical and counseling psychology. This may have restricted the range of scores on the empathy measures. According to McNemar (1963), a restricted range tends to reduce correlation coefficients. The range of scores on the different empathy measures are reported in Table G-1 (Appendix G).

Finally, a wider range of outcome measures, based on criteria other than client self-report would have strengthened the conclusions drawn from the study. The conclusions drawn in the study may not generalize to other counseling outcomes.

CHAPTER V

GENERAL SUMMARY AND CONCLUSIONS

In this, the last chapter, a general summary of
the study and the conclusions drawn from the study are
presented.

General Summary

The present investigation was concerned with the
counselor's empathic ability as a variable influencing the
process and outcome of personal counseling. The purpose of
the study was: (a) to examine the relationship between six
different measures of counselor empathy which have been
used in previous research on counseling and psychotherapy,
(b) to examine the relationship between each of the empathy
measures and counseling processes, (c) to investigate the
relationship between client change over personal counseling
and each measure of empathy, and (d) to determine which
empathy measure or combination of measures was the best
predictor of client change.

The study was prompted when a review of literature
revealed that several different ways of conceptualizing and
measuring counselor empathy had been used in the previous
research. It was not altogether clear whether the different

studies dealt with the same variable or several different variables using the same label.

The review of the research on the relationship between counselor empathy and counseling and psychotherapy outcomes proved inconclusive. Several of the studies found positive relationships between counselor empathy and outcome while other studies found no relationship between the two. One hypothesis for the mixed results found in the research was that different, unrelated measures of counselor empathy were being used in the different studies.

The different approaches to the measurement of empathy were reviewed. These approaches were classified into four general categories. The categories included the "predictive" empathy approaches, "situational tests" of empathy, "rated or judged" empathy, and "perceived empathy" approaches. Each approach appeared to have its particular limitations and advantages.

Few studies have explored the relationships between the various approaches to empathy measurement. Those studies which have investigated the question, found little to suggest that there was a relationship between the different measures.

Using the same group of 31 counselors and clients from the Michigan State Counseling Center, this study compared six different ways of measuring counselor empathy, and investigated how each was related to the process and

outcomes of personal counseling. The six different methods of empathy sampled the four general approaches to the measurement of empathy which had been defined.

Each counselor in the study was assigned to a research client who had come in for personal counseling and had taken a series of personality inventories before entering counseling and at termination.

The empathy measures used in the study were: (a) counselor predictions' of client self-descriptions on the Interpersonal Checklist after the third interview, (b) counselor predictions of client self-descriptions based on constructs derived from a modified Kelly Rep. Test after the third interview. These two measures sampled the "predictive empathy" approaches. (c) Counselor scores on Kagan's, et al. Affective Sensitivity Scale (1967), which uses videotaped segments of actual counseling interviews as stimuli for the 89 multiple choice items on the questionnaire. This measure sampled the "situational approaches" to empathy measurement. (d) Ratings of counselor empathy by two judges using Carkhuff's Empathic Understanding in Interpersonal Processes Scale (1967). This measure sampled the "rating approach" or "judged empathy." (e) Client perceptions' of counselor empathy based on the Barrett-Lennard Relationship Inventory (1962) after the third interview and at termination, and (f) counselor perceptions of his own empathy based on the Barrett-Lennard

Relationship Inventory (counselor form) after the third
interview. These measures sampled the "perceived empathy"
approach.

A correlation matrix developed by the IBM 3600 from
the scores the counselors obtained on each of the six
empathy measures revealed no significant correlations be-
tween the measures.

Three process measures were used to assess counsel-
ing processes in the study. The measures were: (a) ratings
of client self exploration by two judges based on Carkhuff's
Self Exploration in Interpersonal Processes Scale (1967),
(b) ratings of client experiencing based on Gendlin and
Tomlinson's Experiencing Scale (cited in Rogers' et al.,
1967) by one judge on 19 clients, and (c) counselor and
client affective attitudes toward each other based on
Snyder's (1961) Client Affect and Therapist Affect Scales
which are 200 item true and false questionnaires.

Correlations calculated between the six empathy
measures and the process measures yielded significant corre-
lations between rated counselor empathy and client self
exploration (r = .47); between client perceptions' of
counselor empathy and client positive affect (r = .83) and
between client perceived empathy and counselor positive
affect (r = .45). The only process measure which con-
sistently related to the outcome indices was the Client Af-
fect Scale.

Six measures of the client change were used as out-
come variables. These were: (a) difference scores on two
scales of the Tennessee Self Concept Scale (Fitt's, 1965),
(b) judges ratings of pre- and post-MMPI Inventory scales
for amount of improvement, (c) counselor ratings of success
of counseling, (d) client ratings of how helpful counseling
had been, and (e) a combined score of all of the indices.

Correlation coefficients calculated between each of
the empathy measures and outcome variables resulted in
significant correlations (t = < .05) between the client
perception empathy measure (Relationship Inventory) and
four outcome variables. Positive correlations were found
between the judge ratings of counselor empathy and outcome
variables although only one correlation was high enough to
reach a .05 level of significance.

Multiple regression equations calculated for each
of the outcome variables revealed that client perceptions
were the best predictor of outcome and that the combination
of the judge ratings and client perceptions increased pre-
dictive ability on one of the outcome indices.

Conclusions

The major conclusion emerging from this investiga-
tion is that the six different measures of counselor empathy
which sampled the operational definitions and procedures in
previous counseling research were unrelated. This conclu-
sion is of considerable importance to counseling research.

Another more tentative conclusion is that client perceptions' of their counselors' empathy is the best predictor of counseling outcome on a college student population in personal counseling. While this conclusion is in agreement with Rogerian theory, it must be regarded as tentative since several other research studies have demonstrated that judged empathy is the best predictor of counseling outcome.

Client perceptions' of counselor empathy appear to be relatively stable over counseling and are highly related to the client's positive affect toward his counselor.

Serious questions about the usefulness of the predictive approach to the measurement of counselor empathy were raised by the study.

Counselor perceived empathy was concluded to be a less valid assessment of counselor empathy than assessments by the client or by unbiased judges.

Another tentative conclusion was that one promising situational measure of counselor affective sensitivity was not related to counselor empathy in this counselor population.

Finally, it was concluded that the rated counseling process measures in this study were of questionable validity.

REFERENCES

REFERENCES

Arbuckle, D. S., & Wicas, E. A.   The development of an in-
    strument for the measurement of counseling per-
    ceptions. Journal of Counseling Psychology, 1957,
    4, 304-312.

Ashcraft, C., & Fitts, W. W.   Self concept change in psycho-
    therapy. Psychotherapy, 1964, 1(3), 115-118.

Astin, H. S.   Assessment of empathic ability by means of a
    situational test.   Journal of Counseling Psychology,
    1967, 14, 57-60.

Astin, H.   A comparative study of the situational and pre-
    dictive approaches to the measurement of empathy.
    Unpublished doctoral dissertation, University of
    Maryland, 1957.

Bachrach, H.   Adaptive regression, empathy and psycho-
    therapy. Psychotherapy: Theory Research and
    Practice, 1968, 5(4), 203-209.

Barrett-Lennard, G. T.   Dimensions of therapist response as
    causal factors in therapeutic change. Psychological
    Monographs, 1962, 76(43, Whole No. 562).

Bender, I. E., & Hastorf, A. H.   The perceptions of persons:
    forecasting another person's responses on three per-
    sonality scales. Journal of Abnormal and Social
    Psychology, 1950, 45, 556-561.

Bender, I. E., & Hastorf, A. H.   On measuring generalized
    empathic ability (social sensitivity). Journal of
    Abnormal and Social Psychology, 1953, 48, 503-506.

Berenson, B. G., & Carkhuff, R. R.   Sources of gain in
    counseling and psychotherapy. New York: Holt,
    Rinehart and Winston, 1967.

Berg, J. A.   Deviant responses and deviant people: the
    formulation of the deviation hypothesis. Journal of
    Counseling Psychology, 1957, 4, 154-161.

Borgatta, E. F. The stability of interpersonal judgments in independent situations. Journal of Abnormal and Social Psychology, 1960, 60, 188-194.

Bronfenbrenner, U., Harding, J., & Gallwey, M. The measurement of skill in social perception. In D. C. McClelland (Ed.), Talent and society. New York: Van Nostrand, 1958. Pp. 29-108.

Buchheimer, A. The development of ideas about empathy. Journal of Counseling Psychology, 1963, 10, 61-70.

Buchheimer, A., & Carter, S. Analysis of empathic behavior of counselor trainees in a laboratory practicum. American Psychologist, 13, 1958, 352.

Buros, O. K. The sixth mental measurements yearbook. Highland Park, New Jersey: Gryphon, 1965.

Burstein, J. W., & Carkhuff, R. R. Objective therapist and client ratings of therapist offered facilitative conditions of moderate to low functioning therapists. Journal of Clinical Psychology, 1968, 24, 240-249.

Caracena, P., & Vicory, J. Correlates of phenomenological and judged empathy. Journal of Counseling Psychology, 1969, 16(6), 510-515.

Carkhuff, R., & Berenson, B. G. Beyond counseling and therapy. New York: Holt, Rinehart and Winston, 1967.

Cartwright, R. D., & Lerner, B. Empathy, need to change, and improvement with psychotherapy. Journal of Consulting Psychology, 1963, 27, 138-144.

Chessick, R. D. Empathy and love in psychotherapy. American Journal of Psychotherapy, 1965, 19, 205-219.

Chiminsky, J., & Rappapart, J. Brief critique of the meaning and reliability of "accurate empathy" ratings. Psychological Bulletin, 1970, 73(5), 379-382.

Cline, V. B., & Richards, J. M. Accuracy of interpersonal perception: a general trait. Journal of Abnormal and Social Psychology, 1960, 60, 1-7.

Cooper, L. The relationship of empathy to aspects of cognitive control. Dissertation Abstracts, 1967, 27(12b), 4548-4549.

Cowden, R. C. Empathy or projection. Journal of Clinical Psychology, 1955, 11, 188-190.

Cronbach, L. J. Essentials of psychological testing. (3rd ed.) New York: Harper and Row, 1970.

Cronbach, L. J. Processes affecting scores on "understanding of others" and "assumed similarity." Psychological Bulletin, 1955, 52, 177-193.

Dickenson, W., & Truax, C. B. Group counseling with underachievers. Personnel and Guidance Journal, 1966, 45, 243-247.

Dombrow, R. A. A study of the relationship between therapist's empathy for patients and changes in patient's self concepts during therapy. Dissertation Abstracts, 1966, 27(1-B), 301-302.

Dymond, R. F. A scale for the measurement of empathic ability. Journal of Consulting Psychology, 1949, 13, 127-133.

Ebel, R. L. Estimation of reliability of ratings. Psychometrika, 1951, 16, 407-424.

English, N. B., & English, A. C. A comprehensive dictionary of psychological and psychoanalytical terms. New York: Longmans, Green and Company, 1958.

Estes, S. G. Judging personality from expressive behavior. Journal of Abnormal and Social Psychology, 1938, 33, 217-236.

Fenichel, O. The psychoanalytic theory of neurosis. New York: W. W. Norton, 1945.

Fiedler, F. C. A comparison of therapeutic relationships in psychoanalytic, non directive, and Adlerian therapy. Journal of Consulting Psychology, 1950, 14, 436-445.

Fitts, W. Tennessee self concept scale: manual. Nashville: Counselor Recordings and Tests, 1965.

Fox, R. E., & Golden, P. C. The empathic process in psychotherapy: a survey of theory and research. Journal of Nervous and Mental Disorders, 1964, 138, 323.

Fromm-Reichman, F. Principles of intensive psychotherapy. Chicago: University of Chicago Press, 1950.

Gage, N. L., & Cronbach, L. J. Conceptual and methodological problems in interpersonal perception. Psychological Review, 1955, 62, 411-421.

Gendlin, E. T. Experiencing and the creation of meaning. New York: Free Press of Glencoe, 1962.

Gonyea, G. G. The "ideal therapeutic relationship" and counseling outcome. Journal of Clinical Psychology, 1963, 19, 481-487.

Gorden, K. A device for demonstrating empathy. Journal of Experimental Psychology, 1934, 17, 892-893.

Guiora, A. Toward a systematic study of empathy. Comprehensive Psychiatry, 1967, 8(5), 375-385.

Hall, H. E., & Bell, G. B. The relationship between two tests of empathy: Dymond's and Derr's. American Psychologist, 1953, 8, 361-362. (Abstract)

Halpern, H. M. Empathy, similarity, and self-satisfaction. Journal of Consulting Psychology, 1955, 19, 449-452.

Hansen, J. C., Moore, G. D., & Carkhuff, R. The differential relationship of objective and client perceptions of counseling. Journal of Clinical Psychology, 1968, 24, 244-246.

Hastorf, A. H., & Bender, I. E. A caution respecting the measurement of empathic ability. Journal of Abnormal and Social Psychology, 1952, 47, 574-576.

Hawkes, G. R., & Egbert, R. L. Personal values and the empathic response: their inter-relationships. Journal of Educational Psychology, 1954, 45, 469-476.

Hays, W. Statistics for psychologists. New York: Holt, Rinehart and Winston, 1963.

Hernsdahl, B. Concerning eigafuh lung (empathy): a concept analysis of its origin and early development. Journal of the History of Behavioral Sciences, 1967, 3(2), 180-191.

Hobart, C., & Fahlberg, N. The measurement of empathy. American Journal of Sociology, 1965, 70(5), 593-603.

Hogan, R. Development of an empathy scale. Journal of Consulting and Clinical Psychology, 1969, 33(3), 307-316.

Hountras, P., & Anderson, D. Counselor conditions for self-exploration of college students. <u>Personal and Guidance Journal</u>, 1969, 48(1), 45-48.

Inglis, R. The effects of personality similarity on empathy and interpersonal interaction. <u>Dissertation Abstracts</u>, 1966, 26(10), 6 and 157.

Jackson, W., & Carr, A. C. Empathic ability in normals and schizophrenics. <u>Journal of Abnormal and Social Psychology</u>, 1955, 51, 79-82.

Kagan, N. Personal Communication, 1969.

Kagan, N., & Krathwohl, D., <u>et al</u>. <u>Studies in human inter-action: interpersonal process recall stimulated by videotape</u>. East Lansing: Education Publication Services, 1967.

Kanner, L. Judging emotions from facial expressions of emotions. <u>Psychological Monograph</u>, 1931, 41(3, Whole No. 186).

Katz, R. <u>Empathy: its nature and uses</u>. New York: Free Press of Glencoe, 1964.

Katz, B. Predictive and behavioral empathy and client change in short-term counseling. Unpublished doctoral dissertation, New York University, 1962.

Kerr, W. A., & Speroff, B. J. Validation and evaluation of the empathy test. <u>Journal of General Psychology</u>, 1954, 50, 269-276.

La Forge, R., & Suczik, R. The interpersonal dimension of personality: an interpersonal checklist. <u>Journal of Personality</u>, 1955, 24, 94-112.

Leary, T. <u>Interpersonal diagnosis in personality</u>. New York: Ronald Press, 1957.

Lesser, W. M. The relationship between counseling progress and empathic understanding. <u>Journal of Counseling Psychology</u>, 1969, 8, 330-336.

Lifton, W. The role of empathy and aesthetic sensitivity in counseling. <u>Journal of Counseling Psychology</u>, 1958, 5, 267-275.

Lindgren, H. E., & Robinson, J. Evaluation of Dymond's test of insight and empathy. <u>Journal of Consulting Psychology</u>, 1953, 17, 172-176.

London, P. The modes and morals of psychotherapy. New York: Holt, Rinehart and Winston, 1964.

McNemer, Q. Psychological statistics. New York: John Wiley and Sons, Inc., 1962.

Mahoney, S. G. The literature test of empathy. Dissertation Abstracts, 1962, 21, 674.

Marwell, G. Problems of operational definitions of "empathy," "identification," and related concepts. Journal of Social Psychology, 1964, 63, 87-102.

May, R. The art of counseling. New York: Abingdon Press, 1939.

Mischel, W. Traits and states as constructs. Personality and Assessment. New York: Wiley, 1968. Pp. 41-72.

Murstein, B. Some comments on the measurement of projection and empathy. Journal of Consulting Psychology, 1957, 21, 81-82.

Norman, R. D., & Ainsworth, P. The relationship among projection, empathy, reality, and adjustment, operationally defined. Journal of Consulting Psychology, 1954, 18, 54-55 and 58.

Norman, R. D., & Leiding, W. C. Relationship between measures of individual and mass empathy. Journal of Consulting Psychology, 1956, 20, 79-82.

Notcutt, B., & Silva, A. Knowledge of other people. Journal of Abnormal and Social Psychology, 1951, 46, 30-37.

O'Hern, J. S., & Arbuckle, D. S. Sensitivity: a measureable concept? The Personnel and Guidance Journal, 1964, 42, 572-576.

Patterson, C. H. A note on the construct validity of the concept of empathy. Personnel and Guidance Journal, 1962, 40, 803-806.

Pierce, W. D. Anxiety about the act of communicating and perceived empathy. Dissertation Abstracts, 1968, 28(9-B), 3883.

Pierce, W., & Mosher, D. Perceived empathy, interviewer behavior and interviewer anxiety. Journal of Consulting Psychology, 1967, 31(1), 101.

Reid, D. K., & Snyder, W. V. Experiment on "recognition of feeling" in non-directive psychotherapy. Journal of Clinical Psychology, 1947, 3, 128-135.

Remmers, H. H. A quantitative index of social-psychologcal empathy. American Journal of Orthopsychiatry, 1950, 20, 161-165.

Rogers, C. R. A theory of therapyl personality, and interpersonal relationships, as developed in the client centered framework. In S. Koch (Ed.), Psychology: a study of a science. Vol. III. Formulations of the person and the social context. New York: McGraw-Hill, 1959. Pp. 184-258.

Rogers, C. R. Client-centered therapy. Boston: Houghton Mifflin Company, 1951.

Rogers, C. R. The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, 1957, 21, 95-103.

Rogers, C. R. (Ed.). The therapeutic relationship and its impact: a study of psychotherapy with schizophrenics. Madison: University of Wisconsin Press, 1967.

Siegel, A. I. Experimental evaluation of the sensitivity of the empathy test. Journal of Applied Psychology, 1954, 38, 222-223.

Smith, H. C. Sensitivity to people. New York: McGraw-Hill, 1966.

Snyder, W. The psychotherapy relationship. New York: Macmillan, 1961.

Speroff, B. J. Empathy and role reversal as factors in industrial harmony. Journal of Social Psychology, 1953, 37, 117-120.

Stefflre, B. Client understanding test. Unpublished, Michigan State University, 1962.

Stewart, D. A. The psychogenesis of empathy. Psychoanalytic Review, 1954, 41, 216-228.

Strunk, O. Empathy: a review of theory and research. Psychological Newsletter, 1957, 9, 47-57.

Strupp, H. Psychotherapists in action. New York: Grune and Stratton, 1966.

Sullivan, H. S. The psychiatric interview. New York: W. W. Norton, 1954.

Taft, R. The ability to judge people. Psychological Bulletin, 1955, 52, 1-23.

Tomlinson, T. M., & Hart, J. T. A validation of the process scale. Journal of Consulting Psychology, 1962, 26, 74-78.

Toomey, L. C. Factors affecting empathic performance. Dissertation Abstracts, 1962, 22(8), 2880.

Truax, C., & Carkhuff, R. R. Toward effective counseling and psychotherapy. Chicago: Aldine, 1967.

Truax, C. B. Influence of patient statements of judgements of therapist statements during psychotherapy. Journal of Clinical Psychology, 1966, 22, 335-337(a).

Truax, C. B. Therapist empathy, warmth, and genuineness and patient personality change in group psycho- therapy: a comparison of unit measures, time, sample measures, patient perception measures. Journal of Clinical Psychology, 1966, 22, 225-229(b).

Truax, C. B. Toward a tentative measurement of central therapeutic ingredients. Arkansas Rehabilitation Research and Training Center, University of Arkansas, 1961.

Tuchins, A. S. A variational approach to empathy. Journal of Social Psychology, 1957, 45, 11-18.

Tyler, L. E. The work of the counselor. (3rd ed.) New York: Appleton-Century-Crofts, 1969.

Wittich, J. J. Generality of the prediction of self re- ports. Journal of Consulting Psychology, 1955, 19, 445-448.

Zax, M., & Klein, A. Measurement of personality and be- havior changes following psychotherapy. Psycho- logical Bulletin, 1960, 57(5), 435-448.

APPENDICES

APPENDIX A

LETTERS TO RESEARCH CLIENTS AND INSTRUCTIONS

TO INTAKE COUNSELORS

Dear Student:

We at the Counseling Center believe that one of the ways we have of becoming increasingly helpful to students like yourself is through careful study of your problems and of our effectiveness in helping you with them. We ask that you help us in our study of student problems by participating in a research project that we are currently undertaking at the Counseling Center.

If you agree to participate, your commitment would consist of completing some tests and inventories that we would administer to you before and after counseling, as well as several brief inventories during counseling. We would also want you to permit us to tape record your counseling sessions.

All of your responses to the test material are strictly confidential and we can assure you that your responses will be used anonymously in our research endeavors. Since our use of the information will be for scientific purposes, your counselor will not see the results of the tests.

The pre-testing and the post-testing will each take about four hours of your time. It is important that you complete the pre-testing before you see your counselor for the first time. We recognize that four hours of testing is a considerable investment of your time, but our experience has indicated that the information from the various tests and inventories is very helpful in understanding student problems.

We would like to administer the tests in two two-hour blocks of time as soon after this interview as is possible for us to arrange a mutually agreeable time. Immediately after the interview we would like you to complete several brief inventories which are the first of these tests.

After you have completed these inventories, you will sign up for the other two testing times in the Testing Office.

In summary, your participation consists of your investing four hours of time before and again after counseling as well as a brief session during counseling and in permitting us to record your counseling interviews. If you agree to participate, the counselor you are now seeing will direct you to the Testing Office where we ask that you complete brief initial inventories. After you have completed these inventories you will be asked to sign up for the other two two-hour blocks of testing time.

We want to emphasize that your willingness to participate in no way affects your seeing a counselor at the Center. Our most important consideration is to assist you with the resolution of the problems that stimulated you to seek our help. We do want you to know, however, that through the participation of students like yourself in such research projects as this we have an opportunity of studying in a more objective way some of the kinds of problems students encounter and the ways in which we can help the student to a resolution of his difficulties.

Sincerely,

William J. Mueller
Assistant Director for
Research

WJM/mlh

MEMORANDUM   October 18, 1967

TO: Screening Counselors

FROM: The Research Group Involved in the Development of a
         Tape Library

SUBJ: Criteria and Instructions for Selecting Research
         Subjects

        The group of us who are interested in extending the
tape library attempted to draw up some instructions and
criteria that would be usable by screening counselors in
assisting us to locate cases appropriate for inclusion as
research clients in the library.

        In this memo, we will describe: (1) the method by
which we will inform you about our research subject need;
(2) the criteria we would like you to use in ascertaining
whether a client is a suitable subject for our project; (3)
instructions to you regarding how to approach the client
about participation; and (4) instructions that we would like
you to communicate to the potential research subject regard-
ing our project in order to obtain informed consent from
him.

    1. Regarding informing you about our subject needs: We
        want a limited number of subjects for our research
        library and a somewhat larger number of subjects for
        norming purposes. In addition, we want an equal
        distribution of male and female subjects in the
        library. In order to inform you about our ongoing
        needs, we felt that the best procedure would be for
        Bob Kurtz, our research assistant, to inform you of
        our subject needs prior to your screening interview
        time in any given week when we wish your help.

    2. Regarding the criteria you are to use in requesting
        research participation of potential subjects: We
        are interested only in undergraduate male and female
        subjects. We recognize that counselor intuition and
        theoretical differences in assessment play a large
        part in the screener's decision about cases. There-
        fore, we ask that you use the following two criteria
        as "rules of thumb" in asking clients to participate:
        (a) the subjects we are looking for are clients who
        specifically request help with personal problems.

Further, we are interested only in subjects in whom
we will probably invest a considerable amount of
treatment time. Reframing this criterion, we could
say that if they were motivated to work on them they
would involve a considerable investment of time to
work through. (b) The potential client may be am-
bivalent about therapy. You are not asked to assess
the client's motivation to work through his problems
to a successful resolution. In other words, we do
not ask you to predict how he will resolve his am-
bivalence, but only to assess his willingness to try
therapy as a possible solution for his problems as
you would with any potential client.

3. <u>Inviting the potential subject's participation</u>:
Provided that the client looks appropriate for re-
search with regard to the criteria listed above,
we'd like you to inform him about the project. Two
things are important to us in this matter. The
first is that the client is fully apprised of the
fact that his willingness to participate in the re-
search project in no way influences a decision about
whether he will be seen at the Counseling Center.
By the time a screening counselor invites the client
to participate it should have been established that
he will be seen at the Counseling Center for treat-
ment. The second important item here is that in
presenting the research project to the client you do
it in such a way that he is fully informed at the
outset about what his participation will entail. In
addition to your oral description to the client of
the research project, we are also asking you to pro-
vide him with a mimeographed letter that we have
prepared in which we describe the project and on
which we receive in writing from him his willingness
to participate.

4. <u>The client's commitment--the specifics</u>: Basically,
the client's participation consists of his willing-
ness to take some pre-post tests, as well as two
brief inventories in counseling. The pre-post test-
ing each will take about four hours of the client's
time. The tests are arranged in two two-hour blocks
of time which the client is expected to complete
prior to his seeing a counselor for his first inter-
view. The other research requirement is that the
client permit us to tape record his counseling ses-
sions. Perhaps the most important consideration
here is your communication to the potential subject
that all of the information that is obtained from
him both in the pre-post testing and in his relation-
ship with the counselor are confidential; the data

will be rendered anonymous and will be used in such a way that there is <u>no possibility that he can be identified</u> from any of that data that he provides. We think that if the client understands fully the matter of confidentiality any resistance to participating in the research project will be reduced considerably.

5. <u>Specific Procedures</u>: After you have talked with the potential subject regarding the project and he has read and signed the letter, we'd like you to follow these specific procedures. We would hope that the client would have time following your screening interview to complete a brief initial inventory in the Testing Office. At this time, he will also be requested to indicate when he can arrange a time for the two two-hour blocks. Therefore, whether the client has time to take the initial inventories or not, it will be necessary that he sign up for the testing blocks in the Testing Office. This contact regarding the pre-testing will be made directly between the potential subject and the Testing Office and you need not be concerned about establishing time with the subject. Finally, you will be requested to fill out a brief First Interview Rating Form.

We plan to administer the pre-tests and assign the client to a counselor for a first interview within about two weeks following the screening interview. It is very important to us that the testing be complete before the client sees the counselor for the first time.

<u>In summary</u>, (1) We are asking you to assist us in locating subjects for our tape library during your screening interviews, but only at those times when Bob Kurtz explicitly expresses a need to you before your screening interview time. (2) We are looking for undergraduate clients whose problems are such that long-term treatment would be in order. (3) If the client agrees to participate, he will be asked to complete four hours of testing divided into two two-hour blocks prior to and following his therapy here at the Center. A brief test will be administered immediately after the screening interview if at all possible. (4) The client will also be expected to permit us to tape record his interviews. (5) We feel that it is important that the client's agreement is based upon <u>informed consent</u> on his part regarding the research task. Operationally, this would mean that he would express his willingness to participate, that he is aware of the time involved in testing, and that he knows the fabrics of confidentiality. The client need not have knowledge of the specific tests that are to be

administered, nor about the fact that his responses to the initial inventory may be an additional device upon which some decision is made about his appropriateness for the remainder of the research project. This information could not be evaluated by the client and so would not affect his informed consent. On the other hand, it will be important that the client know that the pre-post testing is of such a nature that the information gathered from it would be very useful to us in understanding and being able to be of greater assistance to students who present problems such as his.

Since his participation will be based in large measure on his feelings stemming from your contact with him, we hope that you will underline the value of the project.

APPENDIX B

NUMBER OF INTERVIEWS PER CLIENT

TABLE B-1.--Number of interviews per client.

Client Number	Counselor Number	Number of Interviews*	
8321	02	3	I
8380	03	16	M
8311	04	24	M
8010	05	24	M
8431	06	16	I
8080	08	9	M
8580	09	6	M
8170	10	20	M
8120	12	12	M
8460	13	9	I
8280	15	13	M
8151	18	7	M
8230	19	22	M
8270	21	4	M
8041	22	5	M
8551	24	6	M
8290	25	6	M
8180	26	17	M
8300	27	9	M
8250	28	7	M
8350	29	5	M
8560	31	6	M
8341	35	7	I
8200	37	5	M
8611	38	22	M
8421	39	27	TR
8590	40	12	M
8480	43	12	M
8450	44	15	M
8471	45	15	M
8490	49	17	M

$$\Sigma = 378$$

$$\overline{X} = 12.19$$

*I = Independent Termination
 M = Mutual Termination
TR = Transfer

APPENDIX C

EMPATHY MEASURES USED IN STUDY

AFFECTIVE SENSITIVITY SCALE

Instructions

You will be viewing short scenes of actual counseling sessions. You are to identify what feelings the clients have toward themselves and toward the counselors they are working with.

Although in any one scene a client may exhibit a variety of feelings, for the purposes of this instrument you are to concentrate on identifying his last feelings in the scene.

On the following pages are multiple choice items consisting of three responses each. Most scenes have two items, but a few have three. After you view each scene, you are to read the items and ask yourself the following question:

> If the client were to view this same scene, and if he were completely open and honest with himself, which of these three responses would he use to describe his feelings?

After you decide which response accurately describes what the client is actually feeling either about himself or the counselor he is with, indicate your choice on the answer sheet.

Here is a sample item:

CLIENT I
Scene 1

Item 1

1. This exploring of my feelings is good. It makes me feel good.
2. I feel very sad and unhappy.
3. I'm groping and confused; I can't bring it all together.

After you had viewed Scene 1 for CLIENT I, you would read these three statements (Item 1) and would then decide which one best states what the client would say about his own feelings after viewing the same scene. For example if you decide number two best states what the client is feeling, you would then find the number 1 on your answer sheet and darken in the space for number two.

122

1. 1==== 2==== 3==== 4==== 5====

We will only make use of the first three answer spaces following each item on your answer sheet.

Remember you are to concentrate on the <u>latter part</u> of each scene in determining the most accurate <u>description</u> of the client's feelings.

After you view the appropriate scenes, you will have <u>thirty</u> seconds to answer each of the first twelve items. For each of the remaining items, you will be allowed <u>twenty</u> seconds.

CAUTION: The item numbers on your answer sheet go across the page, not down the page as you would usually expect!

EMPATHIC UNDERSTANDING IN INTERPERSONAL

PROCESSES. II

A Scale for Measurement[1]

Robert R. Carkhuff

Level 1

The verbal and behavioral expressions of the first person
either <u>do not attend to</u> or <u>detract significantly</u> from the
verbal and behavioral expressions of the second person(s) in
that they communicate significantly less of the second
person's feelings than the second person has communicated
himself.

Examples: The first person communicates no awareness of
            even the most obvious, expressed surface feelings
            of the second person. The first person may be
            bored or disinterested or simply operating from a
            preconceived frame of reference which totally ex-
            cludes that of the other person(s).

In summary, the first person does everything but express
that he is listening, understanding or being sensitive to
even the feelings of the other person in such a way as to
detract significantly from the communications of the second
person.

---

[1]The present scale "Empathic Understanding in Inter-
personal Processes" has been derived in part from "A Scale
for the Measurement of Accurate Empathy" by C. B. Truax
which has been validated in extensive process and outcome
research on counseling and psychotherapy (summarized in
Truax and Carkhuff, 1967) and in part from an earlier ver-
sion which has been validated in extensive process and out-
come research on counseling and psychotherapy (summarized in
Carkhuff and Berenson, 1967). In addition, similar measures
of similar constructs have received extensive support in the
literature of counseling and therapy and education. The
present scale was written to apply to all interpersonal
processes and represent a systematic attempt to reduce the

Level 2

While the first person responds to the expressed feelings of the second person(s), he does so in such a way that he <u>subtracts noticeable affect</u> from the communications of the second person.

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

In summary, the first person tends to respond to other than what the second person is expressing or indicating.

Level 3

The expressions of the first person in response to the expressed feelings of the second person(s) are essentially <u>interchangeable</u> with those of the second person in that they express essentially the same affect and meaning.

Example: The first person responds with accurate understanding of the surface feelings of the second person but may not respond to or may misinterpret the deeper feelings.

The summary, the first person is responding so as to neither subtract from nor add to the expressions of the second person; but he does not respond accurately to how that person really feels beneath the surface feelings. Level 3 constitutes the minimal level of facilitative interpersonal functioning.

---

ambiguity and increase the reliability of the scale. In the process many important delineations and additions have been made, including in particular the change to a systematic focus upon the additive, subtractive or interchangeable aspects of the levels of communication of understanding. For comparative purposes. Level 1 of the present scale is approximately equal to Stage 1 of the Truax scale. The remaining levels are approximately correspondent: Level 2 and Stages 2 and 3 of the earlier version; Level 3 and Stages 4 and 5; Level 4 and Stages 6 and 7; Level 5 and Stages 8 and 9. The levels of the present scale are approximately equal to the levels of the earlier version of this scale.

Level 4

The responses of the first person <u>add noticeably</u> to the expressions of the second person(s) <u>in such a way</u> as to express feelings a level deeper than the second person was able to express himself.

Example: The facilitator communicates his understanding of the expressions of the second person at a level deeper than they were expressed, and thus enables the second person to experience and/or express feelings which he was unable to express previously.

In summary, the facilitator's responses add deeper feeling and meaning to the expressions of the second person.

Level 5

The first person's responses <u>add significantly</u> to the feeling and meaning of the expressions of the second person(s) in such a way as to (1) accurately express feelings levels below what the person himself was able to express or (2) in the event of ongoing deep self-exploration on the second person's part to be fully with him in his deepest moments.

Examples: The facilitator responds with accuracy to all of the person's deeper as well as surface feelings. He is "together" with the second person or "tuned in" on his wave length. The facilitator and the other person might proceed together to explore previously unexplored areas of human existence.

In summary, the facilitator is responding with a full awareness of who the other person is and a comprehensive and accurate empathic understanding of his most deep feelings.

INTERPERSONAL CHECK LIST INSTRUCTIONS

FOR COUNSELOR[1]

We would like to have you do the Interpersonal Check List as you think your client filled it out just prior to starting counseling.

The client was given the following instructions:

"This is a list of words and phrases which describe the way people behave in relation to one another.

"On the separate answer sheet marked SELF, mark the item true if the statement is descriptive of you, in your opinion, at the present time.

"Your first impression is generally the best, so go through the list as quickly as you can. However, be certain and answer each item."

Use the answer sheet provided. Please note the client was _not_ instructed to supply false answers but only to mark the true answers.

---

[1]For Interpersonal Checklist, see Leary, T., _Interpersonal Diagnosis of Personality_, New York: Ronald Press, 1957.

RATING SCALE

Counselor's Code Number_____   Date_____

Client's Code Name_____

      The items which you are about to rate are words and phrases which the client used in a previous test to describe himself and important people in his life. Try to fill out the following scale as you feel the client would have de-scribed himself before beginning counseling.

      Here are the instructions which the client received for this scale:

      "Place a checkmark above the point on each of the following scales which you feel best describes yourself as you are now (before counseling). A "2" on the scale indi-cates that the word describes how you are fairly closely. A "1" on the scale indicates that the word somewhat de-scribes how you are. A "0" indicates a description which is neither closer to one word nor the other.

      For example, if the following

light hair   ⊢——┼——┼——┼——┤   dark hair
             2   1   0   1   2

were among the items given, and your hair is platinum blonde, you would check the "2" on the left-hand side of the scale. If your hair is dark brown, you might check the "1" on the right hand portion of the scale."
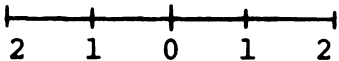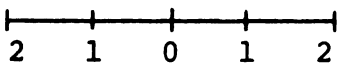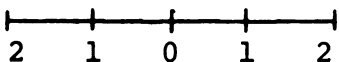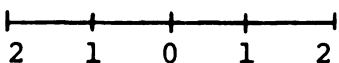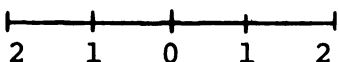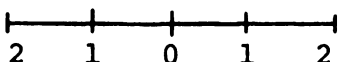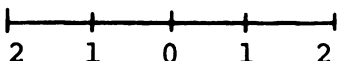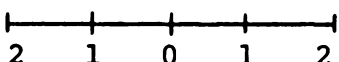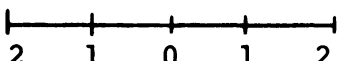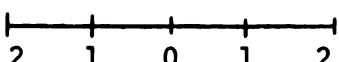
      Remember to fill out the scale as you think the client would have filled it out.

Counselor's Code Number_____   Date_____

Client's Code Name_____

Client's Self-Description Before Counseling

1. _____ |——+——+——+——| _____
                               2   1   0   1   2

2. _____ |——+——+——+——| _____
                               2   1   0   1   2

3. _____ |——+——+——+——| _____
                               2   1   0   1   2

4. _____ |——+——+——+——| _____
                               2   1   0   1   2

5. _____ |——+——+——+——| _____
                               2   1   0   1   2

6. _____ |——+——+——+——| _____
                               2   1   0   1   2

7. _____ |——+——+——+——| _____
                               2   1   0   1   2

8. _____ |——+——+——+——| _____
                               2   1   0   1   2

9. _____ |——+——+——+——| _____
                               2   1   0   1   2

10. _____ |——+——+——+——| _____
                               2   1   0   1   2

BARRETT-LENNARD RELATIONSHIP INVENTORY--

COUNSELOR FORM

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

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

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

+2: I feel it is true.

+3: I strongly feel that it is true.

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

-2: I feel it is not true.

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

1. _____ I try to see things through his (her) eyes.

2. _____ I understand his words but not the way he feels.

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

4. _____ I nearly always know exactly what he means.

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

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

7. _____ I understand him.

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

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

10. _____ I appreciate what his experiences mean to <u>him</u>.

11. _____ I don't always realize how strongly he feels about some of the things we discuss.

12. _____ I respond to him mechanically.

13. _____ I usually understand all of what he says to me.

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

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

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

RELATIONSHIP INVENTORY--CLIENT FORM

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

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

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

+2: I feel it is true.

+3: I strongly feel that it is true.

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

-2: I feel it is not true.

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

1. _____ He tries to see things through my eyes.

2. _____ He understands my words but not the way I feel.

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

4. _____ He nearly always knows exactly what I mean.

5. _____ At times he jumps to the conclusion that I feel more strongly or more concerned about something than I actually do.

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

7. _____ He understands me.

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

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

10. _____ He appreciates what my experiences feel like to <u>me</u>.

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

12. _____ He responds to me mechanically.

13. _____ He usually understands <u>all</u> of what I say to him.

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

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

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

APPENDIX D

RAW SCORES OBTAINED BY EACH COUNSELOR

ON THE SIX EMPATHY MEASURES

TABLE D-1.--Raw scores obtained by each counselor on the six empathy measures.

Counselor	Score	Counselor	Score

Scores on the Affective Sensitivity Scale

Counselor	Score	Counselor	Score
02	64	25	61
03	67	26	61
04	47	27	57
05	54	28	38
06	52	29	54
08	45	31	56
09	54	35	67
10	52	37	64
12	52	38	66
13	49	39	61
15	72	40	51
18	58	43	56
19	57	44	57
21	58	45	62
22	55	49	65
24	61		

N = 31 $\overline{X}$ = 57.19   SD = 7.236

Judges Ratings of Counselor Empathy Averate Ratings, Carkuff, Empathic Understanding in Interpersonal Process Scale

Counselor	Score	Counselor	Score
02	2.50	25	1.93
03	1.92	26	2.17
04	2.92	27	1.71
05	3.42	28	2.25
06	2.25	29	2.75
08	2.67	31	1.62
09	1.88	35	3.00
10	2.00	37	3.00

TABLE D-1.--Continued

Counselor	Score	Counselor	Score
12	2.25	38	3.21
13	1.71	39	2.25
15	2.17	40	2.50
18	2.13	43	2.00
19	1.58	44	2.50
21	1.79	45	1.92
22	1.58	49	2.13
24	2.50		
N = 31		$\overline{X}$ = 2.26	SD = .491

Predictions of Client Descriptions on Interpersonal Checklist--Per cent of Correct Predictions

Counselor	Score	Counselor	Score
02	.688	25	.762
03	.775	26	.716
04	.641	27	.662
05	.479	28	.641
06	.559	29	.625
08	.634	31	.604
09	.767	35	.688
10	.612	37	.777
12	.708	38	.574
13	.649	39	.641
15	.664	40	.664
18	.725	43	.649
19	.611	44	.716
21	.650	45	.634
22	.746	49	.611
24	.716		
N = 31		$\overline{X}$ = .664	SD = .068

TABLE D-1.--Continued

Client	Counselor	Score

Predictions of Self Descriptions on Kelly Role Construct
Repertory Test--Correct Predictions out of 40

Client	Counselor	Score
321	02	37
380	03	32
311	04	37
010	05	25
431	06	33
080	08	30
580	09	34
170	10	25
120	12	33
460	13	32
280	15	28
051	18	28
230	19	28
270	21	37
041	22	22
551	24	31
290	25	32
180	26	34
300	27	30
250	28	31
350	29	31
560	31	28
341	35	25
200	37	29
611	38	24
421	39	35
590	40	29
480	43	34
450	44	23
471	45	26
490	49	27
N = 31	$\bar{X}$ = 30	SD = 4.16

TABLE D-1.--Continued

Client	Counselor	Score	# Converted Score

Barrett-Lennard Relationship Inventory, Counselor
Perceptions after 3rd Interview*

Client	Counselor	Score	# Converted Score
321	02	29	43
380	03	34	48
311	04	14	28
010	05	26	40
431	06	36	50
080	08	11	25
580	09	15	29
170	10	12	26
120	12	1	15
460	13	4	18
280	15	8	22
051	18	28	42
230	19	16	30
270	21	18	32
041	22	8	22
551	24	20	34
290	25	18	32
180	26	26	40
300	27	47	61
250	28	29	43
350	29	25	39
560	31	37	51
341	35	7	21
200	37	18	32
611	38	1	15
421	39	7	21
590	40	- 8	6
540	42	NO	
480	43	42	56
450	44	18	32
471	45	25	39
490	49	26	40

N = 31 $\bar{X}$ = 33.29   SD = 12.84

*Added a constant (+14) to avoid negative numbers.

TABLE D-1.--Continued

Client	Counselor	Score	# Converted Score
	Barrett-Lennard Relationship Inventory, Client Perceptions after 3rd Interview*		
321	02	- 4	10
380	03	22	36
311	04	16	30
010	05	23	37
431	06	-11	3
080	08	19	33
580	09	25	39
170	10	- 1	13
120	12	16	30
460	13	- 2	12
280	15	8	22
051	18	17	31
230	19	4	18
270	21	-13	1
041	22	8	22
551	24	20	34
290	25	4	18
180	26	18	32
300	27	24	38
250	28	25	39
350	29	32	46
560	31	20	34
341	35	33	47
200	37	26	40
611	38	13	27
421	39	24	38
590	40	8	26
540	42	NO	
480	43	34	48
450	44	22	36
471	45	22	36
490	49	25	39
N = 31		$\bar{X}$ = 29.52	SD = 12.33

*Added a constant (+14) to avoid negative numbers.

TABLE D-1.--Continued

Client	Counselor	Score	# Converted Score

Barrett-Lennard Relationship Inventory, Client Perceptions, Post*

Client	Counselor	Score	# Converted Score
321	02	- 9	5
380	03	29	43
311	04	30	44
010	05	29	43
431	06	7	21
080	08	-12	2
580	09	26	40
170	10	4	18
120	12	36	50
460	13		
280	15	25	38
051	18	16	30
230	19	- 1	13
270	21		
041	22		
551	24	16	30
290	25	9	23
180	26	34	48
300	27	26	40
250	28	27	41
240	29	30	44
560	31		
341	35	36	50
200	37		
611	38	- 1	13
590	40	7	21
540	42		
480	43	27	41
450	44	27	41
471	45	22	36
490	49	40	54

N = 24 $\bar{X}$ = 33.16   SD = 14.698

*Added a constant (+14) to avoid negative numbers.

APPENDIX E

CALCULATION OF INTERJUDGE RELIABILITY FOR CARKHUFF

EMPATHIC UNDERSTANDING IN INTERPERSONAL

PROCESSES SCALE

TABLE E-1.--Inter-judge reliability for Carkhuff tape ratings.   (N = 17)[1]

Rater 1	Rater 2	Sum^2
Σ = 219.5 Σ^2 = 48180.25	Σ = 215.5 46440.25 (r^2+r^2)	435 94620.5 12027.5

Sum of Squared Ratings = 6024

Product of Sum and Mean	435 X $\frac{435}{34}$	5563.65

Sum of Squares

Raters	$\frac{94620.5}{17}$ - 5563.65 =	2.25
Subjects	$\frac{12027.5}{2}$ - 5563.65 =	450.1
Total	6024 - 5563.65 =	460.35
Error	460.35 - 450.0 - 2.25 =	8.00

Mean Square		MS
Subjects	450.0/16	28.13
Error	8/16	.50
Reliability of Ratings	$\frac{28.13 - .50}{28.13 + .50} \quad \frac{27.63}{28.63}$ =	.965
Reliability of Average Ratings	$\frac{28.13 - .50}{28.13} \quad \frac{27.63}{28.13}$ =	.98

[1]Ebel, R. L., Estimation of the reliability of ratings, Psychometrika, 1951, 16, 407-424.

APPENDIX F

COUNSELORS AND CLIENTS EVALUATION

OF COUNSELING SCORES

TABLE F-1.--Counselors and clients evaluation of counseling scores.

Counselor Number	Counselor Rating	Client Rating
2	3	4
3	4	5
4	3	5
5	4	7
6	3	6
8	3	5
9	2	6
10	3	6
12	4	7
13	1	-
15	3	7
18	3	-
19	2	5
21	1	-
22	4	5
24	2	5
25	4	6
26	4	7
27	4	6
28	4	7
29	3	6
31	3	-
35	4	7
37	1	-
38	4	5
39	4	-
40	3	6
43	3	6
44	3	6
45	4	6
49	4	6

APPENDIX G

MEANS, STANDARD DEVIATIONS, AND RANGE OF

EMPATHY SCALES

TABLE G-1.--Means, standard deviations, and range of empathy scales. (N = 31)

	Mean	S.D.	Range
Affective Sensitivity Scale	57	7.23	38-72
Carkhuff Tape Ratings	2.26	.491	1.58 -3.42
Predictive-Interpersonal Checklist	.664	.067	.479- .777
Predictive-Kelly Repertory Construct Test	30	4.16	23-37
Relationship Inventory-- Counselor Perceptions	33*	12.8	6-61
Relationship Inventory-- Client Perceptions (After 3rd)	29*	12.3	1-48
Relationship Inventory-- Client Perceptions (Post)	33	14.7	2-54

*A constant of +14 was added to all of the Barrett-Lennard Relationship Inventories in order to avoid negative scores (see Appendix D for raw data on empathy measures).

APPENDIX H

PROCESS MEASURES USED IN STUDY

SELF-EXPLORATION IN INTERPERSONAL PROCESSES

A SCALE FOR MEASUREMENT[1]

Robert R. Carkhuff

Level 1

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

Example: The second person avoids any self-descriptions or self-exploration or direct expression of feelings that would lead him to reveal himself to the first person.

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

Level 2

The second person responds with discussion to the introduction of personally relevant material by the first person but does so in a mechanical manner and without the demonstration of emotional feeling.

Example: The second person simply discusses the material without exploring the significance or the meaning of the material or attempting further exploration of that feeling in our effort to uncover related feelings or material.

In summary, the second person responds mechanically and remotely to the introduction of personally relevant material by the first person.

---

[1]The present scale "Self Exploration in Interpersonal Processes" has been derived in part from "The Measurement of Intrapersonal Exploration" (Truax, 1963) which has been validated in extensive process and outcome research on counseling and psychotherapy (Carkhuff & Truax, 1965, 1965a, 1965b; Rogers, 1962; Truax, 1963; Truax & Carkhuff, 1963, 1964, 1965). In addition, similar measures of similar constructs have received extensive support in the literature of counseling and therapy (Blau, 1953; Braaten, 1958; Peres, 1947; Seeman, 1949; Steele, 1948; Wolfson, 1949).

Level 3

The second person voluntarily introduces discussions of personally relevant material but does so in a mechanical manner and without the demonstration of emotional feeling.

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

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

Level 4

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

Example: The voice quality and other characteristics of the second person are very much "with" the feelings and other personal materials which are being verbalized.

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

Level 5

The second person actively and spontaneously engages in an inward probing to newly discover feelings or experiences about himself and his world.

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

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

The present represents a systematic attempt to reduce the ambiguity and increase the reliability of the scale. In the process many important delineations and additions have been made. For comparative purposes, Level 1 of the present scale is approximately equal to Stage 1 of the early scale. The remaining levels are approximately correspondent: Level 2 and Stages 2 and 3; Level 3 and Stages 4 and 5; Level 4 and Stage 6; Level 5 and Stages 7, 8, and 9.

A SCALE FOR THE RATING OF EXPERIENCING[1]

Eugene T. Gendlin and T. M. Tomlinson
Revised by Philippa L. Mathieu and Marjorie H. Klein

Stages

Stage 1

There is simply a narrative of events with no personal referent used. The client may be telling a story that he is connected with in some way but he does not use himself as a reference point--he says nothing about himself, or of his feelings, attitudes, or reactions. The story told is not "his" story.

If a personal referent is used, the content is such that the client reveals nothing private or tender about himself but merely describes the public aspects of his life. The manner of expression would tend to be matter of fact or to have a rehearsed quality.

Stage 2

The client establishes the association between the narrative told and himself by the use of personal referents, but he is involved in telling the story and does not go beyond it. Any comments he offers about the story do not contain personal reference but function only to "get the story across." Any emotions mentioned are described as part of the story, not the client, and are not elaborated beyond the level of pure description. There is no personal "ownership" of a reaction to the story.

The manner of expression at this stage may be less mechanical and more spontaneous than at stage 1. In some cases, however, the client may seem to be emotionally aroused or involved, but the level of this arousal will remain constant throughout and will not be referred to specifically.

---

[1]From Rogers, et al., The Therapeutic Relationship and Its Impact, Madison, Wisconsin: University of Wisconsin Press, 1967, pp. 589-592.

Stage 3

The client is primarily involved in telling a story
in which personal reference are used. He goes beyond the
story at times to make parentietical comments about his
reactions and responses, but these associations are based
on the external events only. Such comments can be an ac-
count of his feelings about the story, his feelings at the
time of the events described, or comments about the personal
significance of the events to him. These parenthetical
comments must contain personal referents. The person's
focus is upon telling his story "better" or elaborating upon
it, but he does not use the story to show what he is like as
a person.

Stage 4

The client is now clearly telling something about
himself (his feelings, his image of himself), using himself
as the referent for his comments. While these comments may
be made in the context of a specific story, their function
is not to modify the story but to <u>describe the self</u>. In
some cases, the client may have great difficulty finding
ways to describe himself and the expression of this diffi-
culty alone is sufficient basis to rate <u>4</u>.

The client is now aware of his feelings and
reactions and is able to express them. He is doing this in
order to communicate what he is like; he is not engaged in
a struggle to explore himself nor is he using his feelings
as the basis for self-understanding.

Stage 5

The client is now using his feelings in a struggle
to explore himself. This may take several directions. The
client may start with his feelings in a given area and work
to understand these feelings, to differentiate them, or to
understand how and in what situations they arise. The
client may also start with some assumption he has about
himself and work to understand how this assumption came
about or clarify the implications that this assumption has
for him.

The client at stage 5 is clearly engaged in a
process of self-exploration in order to achieve self-
understanding; this process may be extremely difficult for
the client and may not be maintained throughout the segment.
The expression of difficulty in achieving self-understanding

is sufficient basis to rate 5 as long as the client is able to express and elaborate his feelings or to present clearly his self-image (as in stage 4).

Stage 6

The client is clearly examining the significance of his feelings or self-concept and is able to arrive at conclusions about them, or to use the results of this self-assessment as the point of departure for further self-exploration. His formulations about himself provide the links between any elaborations of events or expressions of feeling. In stage 6 the client is able to use the results of self-examination in specific areas to arrive at a deeper and more comprehensive self-understanding.

Stage 7

The client does not need a narrative as a point of departure. He can travel freely among feelings and understands them quickly. The client has no difficulty in tying together what he is saying and presenting a clear picture of himself--what meaning his thoughts, actions, and feelings have for him. He moves easily from one inward reference to another and is able to integrate them into his experiential frame of reference.

APPENDIX I

SCORES ON PROCESS MEASURES

TABLE I-1.--Scores on process measures.

Client	Counselor	Average Score	Client	Counselor	Average Score
Scores on Self Exploration Scale					
8321	02	2.41	8290	25	3.10
8380	03	2.54	8180	26	2.50
8311	04	2.83	8300	27	1.46
8010	05	3.08	8250	28	2.08
8431	06	2.17	8350	29	2.63
8080	08	2.10	8560	31	2.00
8580	09	2.22	8341	35	2.75
8170	10	1.92	8200	37	2.58
8120	12	2.25	8611	38	2.33
8460	13	1.83	8421	39	3.08
8280	15	2.17	8590	40	2.00
8251	18	1.96	8480	43	2.25
8230	19	2.00	8450	44	1.41
8270	21	1.88	8471	45	1.96
8041	22	1.71	8490	49	2.83
8551	24	1.75			
N = 30		$\overline{X}$ =		SD =	
Scores on Experiencing Scale					
8321	02		8290	25	2.91
8380	03	2.66	8180	26	2.54
8311	04	2.95	8300	27	
8010	05	2.58	8250	28	
8431	06	2.50	8350	29	
8080	08	2.58	8560	31	
8580	09		8341	35	3.00
8170	10		8200	37	
8120	12	2.87	8611	38	2.33
8460	13	2.62	8421	39	
8280	15	3.16	8590	40	2.66
8051	18		8480	43	2.37
8230	19	2.95	8450	44	2.37
8270	21		8471	45	
8041	22		8490	49	2.83
8551	24	2.41			
N =		$\overline{X}$ =		SD =	

148

TABLE I-1.--Continued

Client	Counselor	Client Affect (+)	C. A. (-)	Therapist Affect (+)
		Scores on Affect Scale		
8321	02	64	77	59
8380	03	74	49	69
8311	04	60	67	51
8010	05	68	68	81
8431	06	48	88	53
8080	08	95	23	34
8580	09	83	42	71
8170	10	54	78	37
8120	12	82	37	57
8460	13	36	114	36
8280	15	55	71	47
8051	18	--	--	31
8230	19	66	64	44
8270	21	39	105	31
8041	22	57	77	45
8551	24	86	28	48
8290	25	60	70	67
8180	26	81	41	51
8300	27	87	30	75
8250	28	82	41	79
8350	29	91	24	69
8560	31	68	69	52
8341	35	90	86	65
8200	37	79	58	39
8611	38	71	57	48
8421	39	59	59	43
8590	40	74	52	17
8480	43	93	33	53
8450	44	85	28	57
8471	45	79	41	71
8490	49	91	26	59

APPENDIX J

RANKS AND SCORES OF THE LOW SCORING COUNSELORS (LOWEST

SEVEN) ON THE AFFECTIVE SENSITIVITY SCALE COMPARED

TO RANKS AND SCORES ON OTHER

EMPATHY MEASURES

TABLE J-1.--Ranks and scores of the low scoring counselors (lowest seven) on the Affective Sensitivity Scale compared to ranks and scores on other Empathy Measures.

Low Scores on Affective Sensitivity			Carkhuff Judge Ratings	
Counselor	Score	Rank	Score	Rank
28	38	18	2.25	8
8	45	17	2.67	6
4	47	16	2.92	4
13	49	15	1.71	16
40	51	14	2.50	7
6	52	13	2.25	8
12	52	13	2.25	8

Client Perceptions After 3rd Interview		Client Perceptions Post	
Score	Rank	Score	Rank
25	5	27	6
19	10	-12	16
16	13	-12	4
- 2	18	--	--
8	15	7	12
-11	20	7	12
16	13	36	2

	Number Scoring High on Judge Ratings	Number Scoring High on Client Perceptions (After 3rd)	Number Scoring High on Client Perceptions (Post)
High Affective Sensitivity Counselors	7 2	2	2

	Number Scoring Low on Judge Ratings	Number Scoring Low on Client Perceptions (After 3rd)	Number Scoring Low on Client Perceptions (Post)
Low Affective Sensitivity Counselors	7 1	3	3

APPENDIX K

RAW SCORE DIFFERENCES ON PRE- AND POST-TESTING

ON <u>TENNESSEE SELF CONCEPT SCALE</u> (FITTS).

TWO SCALES: TOTAL "P" INCREASES AND

NUMBER OF DEVIANT SIGNS REDUCTION

TABLE K-1.--Tennessee Self Concept difference scores.

Client	Counselor	Total "P" Gain	NDS Fewer
321	02	36	10
380	03	34	11
311	04	16	2
010	05	44	17
431	06	- 4	9
080	08	103	40
580	09	53	14
170	10	2	13
120	12	40	2
460	13		
280	15	10	- 5
051	18	0	- 4
230	19	-20	-11
270	21		
041	22	- 9	-17
551	24	- 9	- 9
290	25	-23	-10
180	26	12	17
300	27	- 3	0
250	28	42	37
350	29	- 2	2
560	31		
341	35	34	8
200	37		
611	38		
421	39		
590	40	38	13
480	43	55	33
450	44	68	22
471	45	6	- 7
490	49	60	20

APPENDIX L

INSTRUCTIONS TO JUDGES FOR PATTERN ANALYSIS

OF MMPI PROFILES AND CALCULATIONS OF

INTER-JUDGE RELIABILITY

INSTRUCTIONS TO JUDGES FOR PATTERN

ANALYSIS OF MMPI PROFILES

OBJECTIVE: To determine changes on the MMPI as an indica-
tion of psychological change.

1. Compare pre-counseling and post-counseling profiled MMPI
scores for each subject. Consider the nine common
scales (Hs + 5K, D, Hy, Pd + 4K, Mf, Pa, Pt + 1K,
Ma + 2K, Sc + 1K).

2. Score the change as follows:

        5 - satisfactory

        4 - partly satisfactory

        3 - no change

        2 - partly unsatisfactory

        1 - unsatisfactory

3. In order to establish intra-judge reliability, please
score each profile twice; one week apart.

TABLE L-1.--Inter-judge reliability[1] MMPI data. (N = 45)[2]

	Rater 1	Rater 2	Rater 3	
Σc	166.0	137.5	156.5	
Σcr				460.0

Σx^2	1,792.75
$\Sigma (x_c)^2$	70,954.50
$\Sigma (x_c)^2/c$	70,954.50 / 45 = 1,576.77
$\Sigma (x_r)^2$	5,239
$\Sigma (x_r)^2/r$	5,239 / 3 = 1,746.33
$(\Sigma\Sigma cr)^2$	460^2 /135 = 1,567.41

Sums of Squares

Raters	1,576.77 - 1,567.41	= 9.36
Clients	1,746.33 - 1,567.41	= 178.92
Error	225.34 - 178.92 - 9.36	= 37.06
Total	1,792.75 - 1,567.41	= 225.34

	Mean Square		df	Ms
Raters	9.36	(k-1)	2	4.68
Subjects	178.92	(n-1)	44	4.06
Error	37.06	(k-1) (n-1)	88	.42
Total		(nk-1)	134	

Reliability of Ratings

$$r_{xy} = \frac{4.06 - .42}{4.06 + 2(.42)} = \frac{3.64}{4.90} = .74$$

Reliability of Average Ratings

$$r_{xy} \text{ ave} = \frac{4.06 - .42}{4.06} = \frac{3.64}{4.06} = .90$$

TABLE L-1.--Continued

Reliability of Average Ratings

$$F_s = \frac{M_{\bar{x}}}{M} = \frac{4.06}{.42} = 9.67 \qquad p \leq .0001$$

Fiducial Limits of Observed r_{xy} = .74

Ft
40 Upper limit 5% 1.59
60 Lower limit 5% 1.64
df

Fp
40 Upper limit 5% 15.38
60 Lower limit 5% 5.90
df

*r_{xy} Upper limit 5% .83
        Lower limit 5% .62

[1]Ebel, R. L., Estimation of the reliability of ratings, Psychometrika, 1951, 16, 407-424.

[2]Calculations not based on same population used. The sample of 31 cases was drawn from the larger N of 45.

APPENDIX M

MMPI PROFILE ANALYSIS

TABLE M-1.--MMPI profile analysis--average ratings.

Client	Counselor	Average Ratings
321	02	2.17
311	04	1.67
010	05	3.67
431	06	2.33
080	08	5.00
580	09	4.67
170	10	2.17
120	12	3.50
460	13	
280	15	4.17
151	18	3.33
230	19	1.67
270	21	
041	22	
551	24	3.33
290	25	1.33
180	26	5.00
300	27	3.00
250	28	5.00
350	29	3.67
560	31	
231	35	5.00
200	37	
611	38	
421	39	
590	40	4.83
480	43	5.00
450	44	5.00
471	45	3.33
490	49	4.33
N = 23	X = 3.61	SD = 1.24

1 - Unsatisfactory

2 - Partly Unsatisfactory

3 - No Change

4 - Partly Satisfactory

5 - Satisfactory

155

APPENDIX N

CALCULATION OF INTERJUDGE RELIABILITY FOR CARKHUFF

SELF EXPLORATION IN INTERPERSONAL

PROCESSES SCALE

TABLE N-1.--Interjudge reliability for self exploration tape ratings. (N = 17)[1]

Rater 1	Rater 2		Sum^2
Σ = 223.5	Σ = 229.5	453	12757.
Σ^2 = 4995.25	52670.26	102622.5	

Sum of squared ratings = 639.15

Product of Sum and Mean $\qquad$ $453 \times \dfrac{453}{34} = \dfrac{205209}{34}$ $\qquad$ 6035.55

Sum of Squares

Raters	$\dfrac{102622.5}{17} - 6035.55$	1.06
Subjects	$\dfrac{12757}{2} - 6035.55$	342.95
Total	$6391.5 - 6035.55$	355.95
Error	$355.95 - 352.95 - 1.06 =$	11.94

Mean Square

Subjects	$\dfrac{342.95}{16}$	21.43
Error	$\dfrac{11.94}{16}$	.74
Reliability of Ratings	$\dfrac{21.43 - .74}{21.43 + .74}$ $\dfrac{20.69}{22.17} -$	.93
Reliability of Averate Ratings	$\dfrac{20.69}{21.43} =$	.965

[1] R. L. Ebel, Estimation of the reliability of ratings, <u>Psychometrika</u>, 1951, 16, 407-424.

APPENDIX O

CONVERSIONS OF OUTCOME SCORES TO STANDARD

SCORES FOR COMBINED OUTCOME SCORE

TABLE O-1.--Post t scores--for combined outcome score.

Client	Counse-lor	MMPI	Ten "P"	Ten NDS	Co Ev	Cl Ev	Ave.
321	02	38	54	50	49	27	44
380	03	--	53	42	59	39	
311	04	34	45	73	49	39	46
010	05	54	61	52	59	64	58
431	06	59	40	53	49	51	50
080	08	61	75	63	49	39	57
580	09	59	60	56	38	51	53
170	10	38	42	47	49	51	45
120	12	49	56	48	59	64	55
460	13	--	--	--	28	--	
280	15	55	45	43	49	64	51
151	18	48	42	40	49	51	46
230	19	34	40	40	38	39	38
270	21	--	--	--	28	--	
041	22	--	38	34	59	39	
551	24	48	42	40	38	39	41
290	25	31	34	40	59	41	46
180	26	61	45	59	59	64	58
300	27	45	42	55	59	51	50
250	28	61	56	67	59	64	61
350	29	50	42	53	49	51	49
560	31	--	--	--	49	--	
341	35	61	54	50	59	64	58
200	37	--	--	--	28	--	
611	38	--	--	--	59	39	
421	39	--	--	--	59	--	
590	40	60	55	56	49	51	54
480	43	61	61	70	49	51	58
450	44	61	65	68	49	51	59
470	45	48	43	42	59	51	49
490	49	66	61	61	59	51	60

APPENDIX P

LEAST SQUARES ADDITION FOR PREDICTION OF OUTCOME

ANALYSIS OF VARIANCE TABLES FOR OVERALL

REGRESSION FOR ALL OUTCOME MEASURES

TABLE P-1.--ANOVA for overall regression between Relation-ship Inventory Client Perceptions and Tennessee Self Concept total "P" differences scale.

	S.S.	df	M.S.	F	Sig
Regression (about mean)		1	3980.73	5.60	.027
Error		23			
Total (about mean)		24			

N = 25   Multiple Corr. Coeff.   Standard Error of Est.
          r = .4426 r^2 = .1959   26.65

TABLE P-2.--ANOVA for overall regression between Carkhuff ratings, Relationship Inventory Client Perceptions and Tennessee Self Concept total "P" difference scale.

	S.S.	df	M.S.	F	Sig
Regression (about mean)	6082.59	2	3041.29	4.69	.020
Error	14240.04	22	647.24		
Total (about mean)	20322.63	24			

N = 25   Multiple Corr. Coeff.   Standard Error of Est.
          r = .5471 r^2 = .2993   25.44

TABLE P-3.--ANOVA for overall regression between Relation-ship Inventory Client Perceptions and Tennessee Self Concept, number of deviant signs differences.

	S.S.	df	M.S.	F	Sig
Regression (about mean)	613.58	1	613.58	3.12	.091
Error	4520.41	23	196.53		
Total (about mean)	5133.99	24			

N = 25 Multiple Corr. Coeff. Standard Error of Est.
r = .3457 r^2 = .1195   14.01

TABLE P-4.--ANOVA for overall regression between Relation-ship Inventory Client Perceptions and MMPI ratings.

	S.S.	df	M.S.	F	Sig
Regression (about mean)	148845.66	1	148845.66	16.20	.001
Error	192889.81	21	9185.22		
Total (about mean)	341735.47	22			

N = 23 Multiple Corr. Coeff. Standard Error of Est.
r = .6600 r^2 = .4356   95.83

TABLE P-5.--ANOVA for overall regression between Relationship Inventory client Perceptions and counselor evaluations.

	S.S.	df	M.S.	F	Sig
Regression (about mean)	3.36	1	3.36	4.05	.054
Error	24.11	29	.83		
Total (about mean)	27.48	30			

N = 31   Multiple Corr. Coeff.   Standard Error of Est.
            r = .35 r^2 = .12   .91

TABLE P-6.--ANOVA for overall regression between Relationship Inventory Client Perceptions and combined outcome.

	S.S.	df	M.S.	F	Sig
Regression (about mean)	279.02	1	279.02	8.89	.007
Error	658.62	21	31.36		
Total (about mean)	937.65	22			

N = 23   Multiple Corr. Coeff.   Standard Error of Est.
            r = .54 r^2 = .29   5.60