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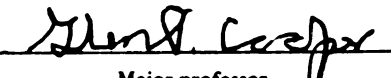
THE IMPACT OF TRAINING
UPON THE LEVEL OF AFFECTIVE SENSITIVITY
(EMPATHY) IN FIFTH AND SIXTH GRADE CHILDREN

presented by

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has been accepted towards fulfillment
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THE IMPACT OF TRAINING

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By

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ABSTRACT

THE IMPACT OF TRAINING

UPON THE LEVEL OF AFFECTIVE SENSITIVITY

(EMPATHY) IN FIFTH AND SIXTH GRADE CHILDREN

By

Ronald Lee Miller

The research explored the effects of training on the
level of affective sensitivity (empathy) of fifth and sixth
grade students. Also, the impact of this training on the
attitudes of general education students toward their main-
streamed special education peers was explored. Associated
with the primary focus of the research was an exploration
concerning the effects of teacher empathy on these students.

The methods employed included the identification of
three experimental and three control intact groups that were
matched in important characteristics such as socio-economic
level, achievement and experience with mainstreamed special
education students. After random assignment to either treat-
ment or control the subjects completed a sociometric inven-
tory and a standardized empathy test.

Treatment was conducted by the investigator in order
to control for teacher style and presentation. The content
of the treatment consisted of role-playing/reversal and class
meeting exercises. Intervention included four forty-five

minute lessons held during each class' regular social studies period, once each week, for four consecutive weeks.

All subjects were posttested approximately one week after the conclusion of the exercises using the same instruments listed above.

Analysis of Covariance and student's t test of significance resulted in a retention of the null hypothesis that, "No difference in main effects will be found between pre and post treatment levels of individual students as measured by test performance."

Analysis of the sociometric instrument using the Wilcoxon Matched-Pairs Signed-Ranks Test also resulted in a retention of the null hypothesis that, "No difference in main effects will be found between pre and post treatment attitude of general education students toward their mainstreamed special education classmates."

A significant interaction effect between teacher and student empathy was determined. This led to a rejection of the third null hypothesis that, "No difference will be found between teacher empathy level and average pre-treatment student empathy level." A Multiple Regression Analysis was performed on the data to reach this conclusion.

The results illustrate the importance of the classroom teacher in influencing empathic student behavior. The

data also provide some support that empathy is age and sex related. Treatment was an insufficient influence to show significant student growth.

ACKNOWLEDGEMENTS

roadblocks to success in the endeavor.

The technical expertise and sophisticated advice of Mary Lou Glass, Bill Vietch, Guy Blackburn and Mike LaBay have enabled me to produce the volume herein.

To my colleagues and friends at Oakland Schools, Michigan State University, Oakland University and Birmingham Public Schools, I express my appreciation and heartfelt thanks. To the teachers and students who opened their hearts and minds in the pursuit of knowledge about empathy, I salute you!

Finally, my appreciation is extended to Gertrude Broido Green whose model of empathy inspired this research.

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CHAPTER I

THE PROBLEM

The purpose of the research was to examine the extent
to which a set of empathy training experiences could enhance
the level of affective sensitivity (empathy) of general edu-
cation fifth and sixth grade students toward his/her special
education classmate. The training experiences designed/
selected were role-reversal and class meeting.

The research was based upon the hypothesis that empathy
levels could be raised by classroom instruction through the
use of easily constructed and readily available teaching tools.
The research was undertaken to illustrate what can be accom-
plished in the classroom setting toward improving human rela-
tionships. Empathy training was explored as a basic educa-
tional goal important in much the same way as math and reading
skills.

Empathy was defined as the extent to which one could
identify the affective state of another.

Need

The construct, empathy, has become a focus for con-
siderable research during the past fifteen to twenty years

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for a variety of reasons. The psychology of Rogers (1975), highly respected in the fields of counseling and education, emphasizes the importance of an empathetic teacher or counselor in promoting pro-social behavior and academic excellence. The rise of moral education relies heavily upon the development of the empathetic individual for higher level moral behavior (Doll, 1977). The cognitive developmental school of psychology has studied empathy as a developmental sequence similar to Piaget's cognitive development theory (Mussen, 1977).

The conclusion one reaches upon review of the literature is that even though empathy is an elusive quality it is nevertheless an important factor for effective interpersonal communication, social relationships and academic achievement.

The development of empathy has also become an important concern of educators due to changes in social and educational climate. Throughout both social and educational history, time and distance have been our allies. When conflict, misunderstanding and change have occurred we have had <u>time</u> for reflection/avoidance and for change/status quo. We have had <u>distance</u> in that events in one sector of world society would often not affect another sector. Individuals of varying backgrounds rarely came into contact with each other due to the vast physical and cultural distances between them.

On the other hand, the current social climate is

characterized by a <u>compression</u> of time and distance. Social and educational group complexions include a mosaic of cultural and educational differences--a compression of distance. Confounding this situation is the fact that the time available for developing positive relationships among these varying individuals is also compressed.

An example of the compression of time and distance is the current practice of "mainstreaming" special education students. The practice means that many special education students who have been heretofore isolated from general education students now spend all or part of the typical school day integrated into regular general education classrooms.

This new practice has precipitated problems for both the special education and the general education student. The former have expressed the pains of rejection, isolation and self-concept damage that has often occurred when one is a visible minority (Semmel, 1979). The general education student has been equally impaired in that he or she has not developed an ability to relate to nor understand minorities. Furthermore, the tense social climate in these classrooms has required greater teacher attention to "non-academic" behavior resulting in less time devoted to on-task academic pursuits (McKalip, 1979).

The mainstreaming practice has seriously divided educators into two divergent factions. There are those who seek to reverse this process and return special education students

to segregated groupings. These individuals cite research to support the hypothesis that special education students perform better and are less damaged by an environment more attuned to their special needs. On the other hand, this crisis has prompted some educators to explore means by which special education students can benefit from attendance in "real-world" general education classroom settings. Empathy training has been cited as one technique offering promise (Cleary, 1976). As McKalip states,

> Empathy for the handicapped is the first prerequisite to their true integration with the school population (1979, p. 294).

To summarize, the development of affective sensitivity or empathy was an important study in that it is considered to be the foundation for effective interpersonal relationships (Kravas, 1974). Secondly, it was important in this researcher's specific educational environment in that it may have assisted in solving an important problem vis-a-vis the relationship between general education and special education students. An examination of empathy could also have been of assistance to those interested in improving teacher/counselor effectiveness and to those interested in empathy as a developmental skill important in human relations training.

The research was important in terms of both the group under consideration and the setting in which it was studied. For example, a review of the literature will indicate few empathy studies relating to <u>children</u> in social situations such

as the school classroom. Also, there are few studies which
have explored empathy <u>training</u> with individuals younger than
13 years. Finally, the research was important in that empathy
was studied from the perspective of the classroom setting
rather than the clinic or counseling setting commonly used.

Generalizability

The population from which the research sampled was
composed of fifth and sixth grade students in an upper middle
class suburban public school district. Thus, the findings
can not be considered applicable to the general school popu-
lation within this district and certainly not throughout the
entire school population.

The treatment (empathy training exercises) was drawn
from a collection of interventions commonly used to improve
empathy levels (Kagan, 1978; Staub, 1971; Mussen, 1977).
Therefore, a measure of generalizability may be predicted
across the general population of fifth and sixth grade students
similar to those in the sampled group.

In general, however, the research should be considered
a lighthouse for additional studies in that the context and
content are an emerging interest among educators. The findings
are suggestive of what may be found elsewhere but will more
likely point out needed additional research.

Research Hypotheses

The purpose of the research was to examine the impact of empathy training upon fifth and sixth grade general education students and their attitudes toward mainstreamed special education students present in the same classroom. The following hypotheses were formulated:

Primary Hypothesis--Fifth and sixth grade general education students in a suburban public school district who have participated in selected empathy training exercises will exhibit a higher level of empathy after intervention as measured by the "Affective Sensitivity Scale" (Kagan, 1965) than those students in the control group.

Secondary Hypothesis--Fifth and sixth grade general education students in a suburban public school district who have participated in selected empathy training exercises will exhibit more positive attitudes toward their mainstreamed special education classmates after intervention as measured by the "Who Do You Like" sociometric inventory (Larson, 1978) compared with those students in the control group.

Related Hypothesis--The average empathy level of each classroom (control and experimental) will be positively correlated with the empathy level of the classroom teacher as measured by the "Affective Sensitivity Scale" (Kagan, 1965).

Support for Primary Hypothesis

There is both research support and empirical logic for the presentation of the primary hypothesis listed above. The vast majority of empathy researchers support the thesis that empathy is a human trait that not only exists in variability but can be developed through training. Aspy, Katz, Rogers, Kagan, Carkhuff, Truax, Feshbach and Iannotti are a few cited here to be presented in Chapter II of this investigation. Foremost among the group is Carkhuff and his Helping and Human Relations Training Model (1967). While this and other training models have been designed for adult audiences (particularly counselors), it is a logical conjecture that children will exhibit similar positive response in terms of improved empathy levels. The hypothesis is logical also in terms of the nature of the intervention to be employed. Dymond (1948) and Speroff (1956) show support for role-reversal exercises. Stewart (1956) and Buchheimer (1963) illustrate the importance of class meeting or interactive exercises to enhance empathy. Staub in discussing his research provides a clear direction for this investigation when he states,

> The finding suggests that specific training procedures, particularly role playing of specific situations, may enhance the subsequent probability of prosocial behavior (1971, p. 815).

Support for Secondary Hypothesis--Larson presents the most
inclusive summary of the effects of mainstreaming special
education students into the regular classroom when he con-
cludes,

> . . . it appears that exceptional children, par-
> ticularly those with less obvious kinds of dis-
> abilities such as the educable retarded and the
> emotionally disturbed, have greater problems in
> gaining acceptance from their regular class peers
> (1978, p. 17).

As will be defined later in this chapter, the special
education students included in the research are precisely
those "less obvious" children to which Larson alludes.
Furthermore, he emphasizes that many studies were conducted
prior to the passage of Public Law 94-142 which mandates
mainstreaming practices throughout the nation. Coupled
with the problem created by mainstreaming we can no longer
ignore the need to develop positive relationships between
these students because they are in many classrooms, not
just isolated cases in a few classrooms.

Support for Related Hypothesis

The precedent literature for the related hypothesis
comes from those individuals interested in improving the ef-
fectiveness of the "helping professions" such as therapists
and counselors. Much of the research in this area supports
the relationship between counselor/therapist effectiveness
and their level of empathy. Furthermore, some studies in-
dicate that client empathy levels are enhanced when a

high-empathy model conducts the counseling or therapy (Truax, 1967; Kagan, 1975; Rogers, 1958). Conversely, those clients whose "helper" scores low on empathy measures, are more likely to also exhibit lower empathy levels. The research included a series of statistical analyses to confirm or question this phenomenon in the classroom setting.

Limitations

Several factors constrain this research. Obviously, sample size and characteristics limit the generalizability of findings.

Second, the research was based upon a specific definition of affective sensitivity or empathy, as it is generally conceived. The literature, as will be seen in Chapter II, contains a variety of definitions of empathy depending upon the social-psychological foundations of the researcher.

Third, the research instrumentation, as presented in Chapter III, reflected the specific definition of empathy selected. While content and construct validity and reliability have been supported by independent research, there is no claim that the instruments measured "true" empathy. That remains a function of the definition of empathy to which one is oriented.

Fourth, the research did not explore attitude change over the long term as is promoted by many researchers. To them, a longitudinal study is mandatory in order to test any

hypotheses related to attitude changes. The research was undertaken to explore whether empathy levels can be improved at all, thus precluding a need to explore lasting change.

In addition to the question of long-term attitude change, the research had some limitations because assessment of attitude change is very difficult. Many social scientists question the validity of utilizing a paper and pencil assessment as employed in the research. While there are some constraints placed upon conclusions to be drawn from this process, a sociometric instrument represents a realistic and efficient device for the research as outlined.

Finally, in the interest of controlling one important variable; namely, the classroom teacher, the researcher presented and directed all intervention activities with the experimental groups. The research is limited by this decision. Further discussion of limitations is presented in Chapter III.

Definition of Important Terms

The following are brief definitions of important terms and concepts used in the research.

Empathy is "The ability to detect and identify the immediate affective state of another." The definition is operationalized in the research by the use of Kagan's (1977, p. 5) "affective sensitivity" terminology.

As will be outlined in Chapter II, empathy has both a

cognitive and an affective facet. That is, one can "under-stand" as well as "feel" the affective state of another. However, the distinction is more likely made for academic convenience or it may also provide an avenue for experimental simplicity and control. The reason for this statement is that empathy is inherently affective. One can explore, discuss and analyze empathy; however, there exists no separate and distinct cognitive empathy. There are only cognitions about the affect, empathy.

Special Education includes children commonly categorized as Learning Disabled, Emotionally Impaired, Physically or Otherwise Health Impaired and Mildly Mentally Impaired as specified by the State of Michigan Special Education Act of 1969. The school district utilized for the research refers to these children as Learning Resource Center students (LRC). This means they are special education students who attend the LRC for part of their daily instruction.

Mainstreamed children are special education (LRC) students considered able to spend at least 50 per cent of the school day in regular (general) education classes. These students attend a special classroom for interventions specific to their identified disability.

Role-reversal is one type of empathy training exercise (McGonigal, 1971; Staub, 1971) selected for inclusion in the research. The most straight-forward definition is that offered by Ward.

> A learning experience based upon roles assigned to
> or voluntarily taken by the participants in order
> to set in motion some particular social dynamics
> (1978, p. 1).

Role-reversal generally has four major purposes.

> To help people see themselves (particularly their
> tendencies) more clearly;
> To provide practice in specified interpersonal
> skills;
> To enable the 'discovery' of the dynamics in par-
> ticular roles and relationships;
> To provide concrete illustrations of abstract
> transactions (Ward, 1978a, p. 1).

The research focuses upon the second purpose; that

is, providing practice for interpersonal skills.

Class Meeting is a term first coined by Glasser (1965) in

his book on reality therapy in the classroom. The techni-

que involves conducting a class discussion usually centered

around a single topic in which students are encouraged by

the teacher to discuss all aspects of the topic in order to

gain perspectives not normally seen through the egocentric

eyes of most youngsters. The activity involves input, self-

awareness and sharing. Hoffman (1963) and Staub refer to

this process as "induction." The process, " . . enlists the

child's natural proclivities for empathy" (1971, p. 812).

Positive Student Attitude is defined, for purposes of the

research, as the extent to which one is nominated or selec-

ted by one's classmates to be a member of a work group,

social function and/or group of friends. The more often one

is selected the more positive the attitudes are toward that

person. The definition is implicit in the instrument selected for the research.

Theoretical Assumptions

The vast literature on empathy attests not only to its importance in the realm of human interaction but also indicates the complexity of the construct. While studied originally in terms of the arts, i. e., "empathizing with a Rembrandt" the term has of late permeated a number of scholarly fields of endeavor. Noteworthy among them has been the field of psychology, specifically in the area of therapeutic counseling. Rogers (1969) elevated empathy to a high degree of importance when he concluded that it was one of the three most important characteristics of effective clinicians or for that matter, any other professional who assumes the "helper" role.

During the period following Rogers' statement, empathy has been of intense interest to theoreticians in the areas of psychology, sociology, industry and counseling. There have been educators, of late, who have attempted to gain insight into the role empathy plays in the school setting. It is interesting to note, however, that the construct remains basically undefined in a manner acceptable to the general academic population. The result of this phenomenon has been vast disagreement over measurement, whether empathy actually differs from other closely similar terms such as "insight", "accuracy of social perception", "sympathy" and

whether empathy is a single human variable or a combination
of primal characteristics.

The research assumed some important theoretical
principles. In order to avoid misinterpretation the fol-
lowing assumptions are presented:

1. The true empathic occurance is essentially
    affective although it must be based upon an
    understanding in order to distinguish it from
    sympathy. The empathizer must not only "feel"
    the state of the "other" but must also under-
    stand the affect. The affective component,
    however, does not require the empathizer to
    actually experience the psychological state
    of the "other."

2. Empathy and empathic responses are not unitary
    factors (Heilman, 1974).

3. Empathy is a necessary but not sufficient con-
    dition for effective prosocial behavior (Kagan,
    1977).

4. Empathy is not a fixed trait. It is as variable
    a human trait as other psychological constructs
    such as intelligence (Truax, 1967).

5. Empathy can be taught (Kagan, 1977; Carkhuff,
    1967).

CHAPTER II

REVIEW OF LITERATURE

The purpose of the research was to explore the impact of training on the level of affective sensitivity (empathy) of fifth and sixth grade general education students. Mainstreamed special education students were selected as the focus of the training exercises. Because of the nature of the variable, empathy, and due to the dual focus of the research i.e., empathy and mainstreamed students, the review of literature will be divided into several subsections. These foci are the following:

> Definition and measurement of empathy
>
> Empathy as a focus of instruction
>
> Interpersonal relations in learning contexts
>
> Mainstreaming special education students

The review will not be extensive; rather, it will contain precedent literature selected to provide background and a frame of reference for the hypotheses tested in the research. Following each subsection will be a summary and discussion intended to more closely tie the literature to the purposes of the research. Chapter II is then summarized in its entirety in terms of implications for the research.

Definition and Measurement of Empathy

Upon review of the literature on empathy, one is impressed with a number of conclusions. The first of these is that the study of empathy is a recent development when compared with studies of other psychoeducational characteristics such as intelligence and motivation. A simple review of the copyright dates of publications on empathy attest to the fact that it has been primarily during the last ten to fifteen years that researchers have concentrated on this construct. Secondly, one is impressed with the variety of definitions and subsequent measurements of this concept. Strunk (1957) in his review supports this observation. Thirdly, as reported by Feshbach,

> ". . . empirical research on empathy does not
>   parallel its theoretical salience" (1978, p. 2).

In the interest of providing a structure to this often contradictory area of interest, various conceptualizations of empathy have been categorized. The groupings are not mutually exclusive; rather, they are intended to be used to sort out definitions in order to be easily understood. Further, each category represents a theoretical refinement of the previous.

Classical--The German psychologist, Lipps, (Buchheimer, 1963) is generally credited with the classical definition of empathy steming from Titchener's terminology, "einfuhlung"--which Lipps translated into, "a feeling of oneness" or "in-feeling".

The definition emphasized the affective component in contrast to more recent definitions which are dual in nature--affective and cognitive.

The classical definitions were primarily in reference to "aesthetic oneness" or interaction with objects such as a work of art or music. Attempts to measure empathy focused upon whether or not "einfuhlung" was occuring. Definitions in this category often emphasized the more primitive, undifferentiated aspects of the construct. It was thought that empathy was basically an unlearned, automatic response. Due to the nature of the definition no attempts were made to measure accuracy (Gribble, 1973).

Freud (Feshbach, 1978) identified empathy as an important psychological function that enables a person to understand those qualities that are outside the parameters of the ego. He further refined this theory and it was his refinement that served as a bridge from classical to contemporary thought. Freud saw empathy as related to the process of identification. This refinement served to add the cognitive dimension missing from previous definitions. While the empathic response remained essentially emotional, it required the cognitive act of identification of "self and other" along with the perception of the emotional state of the other.

Contemporary--Deutsch (1975) traces the rediments of contemporary definitions of empathy again to Lipps but some fifteen years after his original work. By this time Lipps had

altered his conceptualization to include the beginnings of an interpersonal definition. However, his definition relied heavily upon imitation and projection rather than "accurate understanding" as Carkhuff (1967) later hypothesized.

Mead (1934) is representative of these interpersonal definitions. He asserted that empathy was dual in nature (affective and cognitive). He observed the role-playing of children and saw the "as-if" behavior as a process of vicariously experiencing the world of another person. Mead hypothesized that empathy was a quality learned through experiences such as these. Further, the greater the opportunities for role-playing the better able one would be to socially interact with others.

As the number of interpersonal definitions gradually increased, measurement became a problem. Smither's analysis is illustrative of the "extensive disagreement . . . over the criteria for an empathetic response" (1977, p. 254). Not only was there disagreement about constitutive elements of empathy there were a variety of evidentiary criteria utilized to measure the construct.

Dymond is representative of the empathy-as-role-playing criteria. Basing her definition upon Mead's work, Dymond viewed empathy as, " . . . the imaginative transposing of oneself into the thinking, feeling, and acting of another and so structuring the world as he does" (1949, p. 129). Speroff (1953) refined the role-playing definition to

include role-reversal, i.e., "What would you do _if_ you were
him?" In this definition empathy and role-reversal are
mutually complimentary.

Buchheimer (1963) sought to further refine these de-
finitions by emphasizing the importance of detachment and
objectivity. Rogers is representative of this group when he
states that empathy involves perceiving, ".... the internal
frame of reference of another without losing the 'as if'
quality" (1975, p. 3). To Rogers eliminating the detach-
ment factor endangers a definition of empathy. The element
of objectivity (cognition) distinguishes empathy from sym-
pathy or identification. It is interesting to note that most
psychoanalytic definitions now fall in this category.

Finally, one discovers a series of definitions of em-
pathy as _interaction_. Murray (1938) referred to empathy as
"recipathy." Stuart (1956) refers to empathy as "mutual
transference." Buchheimer (1963) refers to empathy as "con-
fluence." All of these definitions emphasize the importance
of interpretation and reacting to another's emotional state
without an inactment of this state.

As explorations of the construct continued it became
more evident that empathy was not only dual in nature (affec-
tive and cognitive) but was hierarchical. The duality was
used to distinguish empathy from sympathy--sympathy being
essentially an emotional response and projection which can be
seen as egocentric sympathy. The stage theory was promoted

to emphasize that empathy was indeed a skill subject to development.

Feshbach's (1975) three component structure exemplifies this trend. In her conceptualization the individual first discriminates perspective and labels the affective state of another (cognition). This is followed by the higher order cognitive process of assuming the role of the other which leads to the affective quality of responding emotionally.

Woodbury attempted to further refine Feshbach's ideas and relate them to Kohlberg's and Piaget's developmental stages of morality and intellect. Woodbury defines empathy as a hierarchical construct composed of six stages organized into three levels. Level one is termed <u>Identification</u> and includes stage one--"exterior imitation" which means imitating with the person or object present. Stage two is called "interiorized imitation" and refers to a verbalized report of the state of another. Level two, Woodbury defines as <u>Differentiation</u>. This includes stage three, which is called "resistance." This means the uncomfortable recognition of differences from "the other." In stage four--"reidentification" the individual sees relationships of likenesses and differences with others. Level three is termed <u>Empathy</u> and includes stage five--"creative empathy problem solving." At this stage the individual is concerned with improving good will relationships through the problem solving process.

Stage six is the highest level and is defined as "altruistic empathy." At this stage the individual understands both himself and others and often puts his own welfare below that of the relationship (1976, p. 4-6).

The research conducted by Woodbury confirms the hierarchical nature of her definition but she was unable to find evidence to provide a clear discrimination between levels. This lack of discrimination was partly due to methodological problems and partly due to imprecise definitions.

Shantz (1975) and Mood (1973) were involved in explorations of a similar nature to Woodbury and Feshbach. Shantz concluded that the child grows in a developmental sense, moving from self judgements (i.e., assuming others feel the same way he/she would feel in the same situation) to normative judgements (i.e., how "most" or the "average" person would feel) to differential judgements in which the individual responds to both the situation and the feelings involved in the situation (1975, p. 5-7).

It is interesting to note that all of these researchers arrived at similar conclusions regarding the importance of role-taking and role-reversal in developing empathic skills. Mussen states it quite emphatic when he says,

> Role-taking enhances the individual's ability to empathize with others and to perceive things from others' points of view . . (and) is considered the most influential experiential factor in moral development (1977, p. 117).

As empathy research increased in concert with the training of therapists and counselors, the complexities of the construct became more apparent. Scholarly disagreements arose regarding the basic nature of empathy. Is it a trait (Hogan, 1975) or a state (Truax, 1967)? Is it biologically based (Katz, 1963) or essentially a sociological phenomenon (Borke, 1973)? Is empathy a process or a product? Research findings lacked comparability for three probable reasons according to Hobart (1965). Psychologists and social psychologists were exploring different aspects of behavior in their studies of empathy. Often the research designs were highly variant and measurement included a wide variety of "crudely refined empathy scores."

Although attempts to measure empathy continue to parallel developments in defining the construct and the answers selected for the questions above became determinants of the instruments designed to measure empathy, Carkhuff and his Scale for "Empathic Understanding in Interpersonal Processes" (1967) and Truax with the "Accurate Empathy Scale" and "Relationship Questionnaire" (1967) attempted to develop and standardize empathy scales. They were constructed for use in determining whether training programs in counselor empathy were effective. The tests are based upon the premise that empathy involves both a cognitive and an affective component, that not only does one need to be able to, " . . . recognize, sense and to understand the feelings that another person . . (has) . . (but) to accurately communicate this

understanding to him" (Avery, 1976, p. 181). The scales
are also based upon the assumption that empathy is hier-
archical. Nine stages of empathy are consolidated into five
levels. The scales continue in popularity primarily because
of their association with the Carkhuff Human Relations
Training Program. This is in spite of questions of test con-
struct validity and reliability and difficulties inherent in
administering and scoring of the scale (Truax's own research
(1966) for example, concluded that the "Relationship Question-
naire" was not reliable).

The remaining measurements were either attempts to
improve the reliability and validity of the EU and AES such
as Hogan's test of empathy (1975) or were tests developed in
connection with research on empathy. Buros Mental Measure-
ments Yearbook (editions 6, 7 and 8) contain few listings of
empathy scales. Of those listed and reviewed, none were
found to be adequate enough to receive a recommendation for
usage (again a testimony of the state of the art).

A review of empathy research yields two general
types of tests. Predictive tests are similar to those
developed by Speroff, "The Empathy Test," Kerr, "Primary
Empathic Abilities Test," and Norman and Ainsworth, "Diplo-
macy Test of Empathy," (Duetsch, 1975, pp. 271-273). Some
predictive measures are sensitive to a generalized "other"
(i.e., How the average person feels) such as "The Diplomacy
Test." However, validity and reliability are highly question-
able and they are not applicable to interpersonal situations.

Other predictive tests are sensitive to specific persons (i.e., how similar is a subjects response to that already given by another person). These tests, however, have been severly criticized as only testing projection or, at best, how well a person conforms to social or cultural norms (Lingren, 1953). It is interesting to note that no new predictive tests have been developed since 1958 when the criticisms were most prevalent.

The other group of empathy measures are situational tests. These tend to approximate "real-life" situations in that actual responses are audio recorded and judged using the "blue-ribbon" panel technique. Some situational tests involving both audio and visual recording have been reported such as the one developed by Buchheimer. A variety of problems have been associated with these tests, however. For example, audio-only tests are subject to low interrater reliability scores. They also fail to provide the subject with total situation characteristics to react to such as gestures and facial expressions. With one known exception, namely, Kagan's "Affective Sensitivity Scale," the audio-visual tests tend to be deficient because they ask the subject to _evaluate_ the response of the "actor" rather than identifying and reacting to the feeling expressed by the "actor." They are also criticized because they are contrived situations--not actual vignettes.

Summary--The complicated and often contradictory literature

on the definition and measurement of empathy may be summarized by listing below a number of statements about empathy followed with qualifiers attesting to each statements' consensus level:

1. Empathy is a multi-faceted construct--agreed.

2. Empathy (feeling with) differs from sympathy (feeling for) in significant ways--agreed.

3. Empathy exists in variable "quantities" through the population--agreed.

4. Empathy can only be measured in terms of the total setting in which it occurs--agreed.

5. Empathy is teachable--some consensus.

6. Empathy contains both a cognitive and an affective condition--tentative.

7. Empathy is a necessary ingredient for pro-social behavior--tentative.

8. Empathy develops through a series of definable stages--tentative.

9. There is a two-way relationship between empathy and role-playing/reversal--tentative.

10. Intelligence and maturity are positively correlated with empathic ability--tentative.

11. Empathy is a basic character trait--no consensus.

12. Empathy is measureable--no consensus.

<u>Discussion</u>--Based upon inconclusive literature and representing a specific point of view, the research was built around Kagan's (1977, p. 5) Affective Sensitivity definition of empathy: "The ability to accurately detect and identify the immediate affective state of another." The definition was selected because it is direct, concise and

> . . . is a psychological trait which is measurable, that individuals have this trait in varying degrees, and that this degree is subject to change through training procedures (Campbell, 1971, p. 408).

As Kravas (1974, p. 76) reports, the affective sensitivity definition and measurement is not an all-inclusive concept of "generalized" empathy. However, it does appear to be the "principal ingredient of empathy." Further, the definition was selected, as will be seen in Chapter III, because it is accompanied by valid and reliable (Deutsch, 1975) measurement instrumentation with data approaching standardization. Finally, the scale is not only readily available it is relatively easy to administer to large groups in educational settings.

Empathy as a Focus of Instruction

There is a great deal of evidence found in the literature to support the premise that empathy (or affective sensitivity) can be taught. Furthermore, much of this research also supports the notion that role-playing and role-reversal are viable methods for enhancing level of empathy.

Woodbury in her search for an operational definition of empathy states,

> If the sequence of development suggested in the present study is affirmed in subsequent studies, teachers will have the rationale for building on whatever developmental stage of empathy the child manifests in order to encourage further development at the next stage (1976, p. 19).

Aspy's (1975, p. 13) rather impatient statement, "Empathy: Let's Get the Hell on with it," is further testimony. He is angered that educators have been too slow to respond to considerable evidence that empathy can be taught. Further, he cites The Magic Circle Program and Carkhuff's Human Relations Training Model as two examples of effective programs that currently exist (One could also add Parent Effectiveness Training, Transactional Analysis and Glasser techniques to the list). Finally, he chastizes therapists and counselors for promoting "a feeling that empathy is the special province of some groups of people who have great powers of insight," thus precluding any opportunity for "common folk" to gain in empathy skills. He forecasts "further human catastrophies" if this condition remains unchanged.

In response to Greenson's (1960) position that empathy is a function of early "mother-child nonverbal communication" and thus cannot be taught, Rogers asserts, " . . is not something one is 'born with', but can be learned most rapidly in an empathic climate," (1975, p. 6).

Kravas (1974) in her research on improving teacher affective sensitivity points to "role-playing and role-reversal exercises" as a key element in empathy training designs. Hoffman (1975, p. 8) in exploring the concept of altruistic motivation states that "role-taking training appears to contribute to altruism" when directed toward the "subjects attention to the feelings of others." Smither (1977) promotes the use of role-taking to enhance empathy for two reasons. The method provides opportunities for children to experience "what it is like" to feel the way another feels thus avoiding projecting his own feeling. Secondly, there are some situations so complex that it is only through role-playing experiences that the situation can be understood.

Hogan (1975, p. 17) distinguishes between "trait empathy" and "state empathy." He asserts that trait empathy probably can not be taught. However, " . . state empathy should be relatively easy to model and/or train." McGonigal cites "role-playing studies by Janis, Mann and Elms . . (as showing) that the public act of temporarily reversing roles can be a powerful modifier of attitudes" (1971, p. 88). In Smith's classic, Sensitivity to People, he responds to the question of whether feedback alone is enough to insure accurate perception and higher level empathic responses. His answer is further evidence of the central importance of role-taking in developing empathy. "Practice in playing the role of the person might be of considerable help. . ,"

(1966, p. 111).

Cognitive developmentalists such as Piaget, Kohlberg, Feffer and Flavell are further testimony to the efficacy of teaching empathy. As seen by these theorists, the child, as he/she matures, passes through a sequence of development from an immature and egocentric beginning to maturity and a state in which the child is able to assume the perspective of others. Piaget's concept of decentering is crucial to this process. Role-taking, in turn, is a crucial prerequisite to decentering. Research is beginning to illustrate how sensitive the child is to instruction in role-playing behavior (Chandler, 1974; Feshbach, 1978).

To summarize, Feshbach's research on empathy in children forecasts a training program for children.

> There are two principal approaches we plan to pursue in training children to be empathic. One promising method is the use of role-playing techniques . . . A second approach to the enhancement of empathy suggested by several studies is to maximize perceived similarity between the observer and the stimulus person (1975, pp. 28, 29).

Mussen and Eisenberg-Berg's recent survey of research on developing prosocial behavior in children clearly state the case for role-reversal when they say,

> Creative educators can devise role-playing empathy-promoting class exercises that are exciting to children and, at the same time, increase their prosocial orientations (1977, p. 160).

Interpersonal Relations in Learning Contexts

It is a well established fact that the total instruc-
tional environment from heat and lights to interpersonal re-
lationships affect both affective and cognitive learning of
students. Included within the realm of interpersonal rela-
tions are precisely two types of relationships, that of
student and teacher and that of student to student. Both
types of relationships were explored in the research.

Carkhuff is most widely known for his work with
teachers in improving their relationships with students.
Building upon the work of Rogers, Carkhuff has designed and
implemented an entire program to achieve this goal. The im-
portance of his work is demonstrated by the results of a
large scale study entitled the "National Consortium for Human-
izing Education." The study involved 450 teachers and 10,000
students and concludes that the findings,

> . . . supported the positive and significant relation-
> ship between teachers' levels of empathy in the class-
> room and student outcomes . . . (such as) attendance,
> self-concept and achievement gains (Shultz, 1975,
> p. 182).

In her extensive efforts to improve teacher empathy
levels Kravas cites evidence from a variety of sources
including Coleman's Equality of Educational Opportunity (1966)
to ASCD's Perceiving, Behaving, Becoming: A New Focus for
Education (1962). She concludes with the statement that,

>All of these investigations suggest that the teacher
>who is able to understand student feelings and com-
>municate this understanding to students (empathy) is
>more likely to be effective in his interpersonal re-
>lationships with students and in the fostering of
>student learning (1974, p. 8).

Aspy (1975b) cites his own work to illustrate exam-
ples of specific academic growth attributable to student-
teacher relations. He found that students of primary teachers
who were rated high in empathy scored significantly higher in
tests of paragraph meaning, word meaning and word study
skills.

In the area of student interpersonal relations we
find the same kind of effect. Students can be as much an in-
fluence on each others' achievement level as the teacher.
Often, however, it is the teacher's behavior that sets the
tone for student behavior. For example, Semmel reports that,

>As teachers increased their positive social behavior
>toward isolate children, there was a corresponding
>change among members of the class toward the rejected
>child (1979, p. 67).

Summary--The case for the relationship between interpersonal
behaviors among teachers and students and the learning that
takes place within that environment is clear. The extent to
which there are strong empathic relationships determines the
quality of a number of educational outcomes including achieve-
ment. The relationship among students in the research has a
special focus; namely, the relationship between mainstreamed
special education and general education students. Current

theory on this facet of the problem is presented in the next section of this chapter.

Mainstreaming

The practice of mainstreaming is a massive attempt to alter the traditional model of special education. The classic service mode for special education has been one of isolation. Separate classes and often entire school facilities have been devoted to providing educational services to these students. The mainstreaming concept stems from Public Law 94-142 which mandates not only a committment to the education of all handicapped children but also a requirement that this service be provided in the "least restrictive" environment (i. e., mainstreaming).

The law has its roots in both social changes and research developments. By social change one refers to the civil and human rights movement of the 1960's and 1970's. By research developments one speaks of evidence that the more one is removed from the "real world" environment of typical classrooms the less able one is to function within society upon graduation. Thus, for the vast majority of special education students, "separate is not equal." Implied in this concept is the practice of removing the child from the normal classroom only for that portion of the typical day (usually less than 50 per cent) needed by the child for specialized instruction.

This major innovation has taken place in only five to eight years. The results, however, point out that placement in regular classrooms alone does not insure higher quality of education and may be substandard to past segregation practices (Larson, 1978). Semmel and Cheney present a variety of studies attesting to the belief that, "these pupils in regular classrooms were socially rejected by their normal classmates in regular classrooms" (1979, p. 65). Not only are general education students ill-prepared to understand and accept these differences, regular classroom teachers are often seen feeding into this rejection process because of their own deficiencies in preparation. Semmel continues by relating that this problem has resulted in a significant backlash by proponents of a return to traditional groupings.

Studies such as those by Smith (1979) indicate quite clearly that the low self-concept suffered by mainstreamed special education students relates to their low achievement. Approaching the issue from a more positive stance, Thurman and Lewis assert that we have only begun to explore the benefits of mainstreaming to special and general education students. They state,

> Only further research will permit conclusions about the development of prejudice and how interaction can lead to the creation of educational settings that are maximally beneficial for handicapped as well as non-handicapped children, both separately and together (1979, p. 469).

Research by McKalip (1979) and Larson (1978) provide

clues as to the direction one might take in solving mainstreaming problems and realizing the potential some say it offers. Cleary's project in Massachusetts involves developing learning experiences for both teachers and students to help them, "develop a sensitive understanding of those with special needs" (1976, p. 8). Included in the training package are role-plays designed to simulate the perspective of the handicapped student.

McKalip, in his position as a school counselor, bases his work on the premise that, "the development of empathy is related to the ability to accept and properly respond to individuals" (1979, p. 294). He proposes a three stage paradigm which includes empathy training, examination of attitudes and experiences with the handicapped.

Finally, Larson was unable to substantiate that mainstreaming, by itself, could account for differences in attitude toward school and acceptance by regular class children between two fourth grade groups differing in mainstreaming experience. In short, something more is needed.

Discussion--The literature on mainstreaming has been said to have created more heat than light. However, there seems to be general agreement that if the practice is to continue, something more than simple placement is needed in order to deal with its problems and realize its potential (McKalip, 1979). There is some evidence to support the development of empathy through role-playing as a viable alternative.

Summary of Previous Research

The research and theoretical literature on empathy is often speculative and frequently contradictory. As Clark aptly states,

> In short, the available literature does neglect a clear definition and comprehensive theoretical approach to this important phenomenon (1980, p. 187).

Clark's conclusion, however, is somewhat overstated. While there continues to be a variety of definitions we are beginning to identify many commonalities between them. Also, there is beginning support for the notion that empathy is subject to instructional intervention no matter what definition one supports. Furthermore, role-playing has emerged as one possible effective tool in improving empathic behavior. Along with the use of instruction there is support for the notion that nuturing empathy requires an environment containing models of appropriate high-level empathic behavior. Finally, to relate empathy to the problem of mainstreaming, there is considerable evidence that mere placement in regular classes alone does not insure a successful experience for either special or general education students. What is needed is some type of instructional intervention to create greater student sensitivity to each other's affective states.

These admittedly tentative conclusions serve as the basis for the hypotheses to be presented in Chapter III of the research.

CHAPTER III

RESEARCH DESIGN

The primary purpose of the research was to examine
the impact of empathy training upon fifth and sixth grade
students. Mainstreamed special education students were
selected as the focus of the empathy training exercises.
Finally, a secondary purpose was to explore the relationship
between teacher and student empathy levels.

The following chapter contains an outline of the
plan to be followed in arriving at probability statements
about the nature of the variables mentioned above. Included
is a clear statement of the variables and research hypo-
theses, instrumentation procedures to be used for data
collection and statistical analyses. These sub-sections
will be followed by a summary table providing a general over-
view of the entire design.

General Methodology

The design selected for the research was a classic
pre-post test control group "Analysis of Covariance." In
addition, the "Student's t" test of significance was employed.
Included in this experimental design was measurement of pre-
treatment empathy levels of the students in three control
and three experimental fifth and sixth grade classrooms

using Kagan's "Affective Sensitivity Scale" (1965). In order to explore the relationship between post-treatment empathy levels and student attitudes toward mainstreamed special education students, Larson's (1978) "Who Do You Like" sociometric inventory was administered. The relationship between pre-treatment empathy levels of students and their classroom teacher was explored through correlational analysis of teacher level of empathy and mean classroom scores.

In addition, a "Multiple Regression Analysis" and the "Wilcoxon Matched-Pairs Signed-Ranks Test" were employed as supportive tools.

It was hypothesized that fifth and sixth grade students' general empathy levels could be raised through role-reversal training exercises and class meeting activities. Furthermore, it was hypothesized that student attitudes toward their mainstreamed special education classmates, would also improve if the empathy training includes exercises designed to improve sensitivity toward the status of these mainstreamed students. Finally, it was hypothesized that initial pre-treatment classroom empathy levels would be positively correlated with the classroom teacher's empathy score.

The research hypotheses are stated below.

Research Hypothesis 1--A positive difference in main effects will be found between pre and post treatment empathy levels of individual students

as measured by test performance.

Research Hypothesis 2--A positive difference in
main effects will be found between pre and post
treatment attitudes of general education students
toward their mainstreamed special education class-
mates as measured by test performance.

Research Hypothesis 3--A positive relationship will
be found between teacher empathy level and average
pre-treatment student empathy level.

Treatment--Following pre-testing of experimental and control
groups a series of four 45-minute empathy lessons over a four
week time-span was presented to the experimental groups. One
week following the empathy training, post-testing took place.
Additionally, in order to control for varibilities in
teaching style, the researcher presented all empathy lessons
to all children in the study.

Selection of Subjects

In an effort to provide substantial controls and a
greater measure of manageability a number of decisions re-
garding the selection of subjects were made. The general
population of the suburban school district selected for this
investigation is highly varied in the important factors of
academic achievement, socioeconomic status, cultural experi-
ences and experiences with mainstreamed special education
students.

In order to control for these variables, three schools similar in all of the above characteristics were selected. Average academic achievement as measured by the Michigan Educational Assessment Program and The Metropolitan Achievement Battery among the three schools differs only 10 percentile points which is not a significant difference. A common socioeconomic level is shared among the three schools in that they have been designated as E.S.E.A. Title I schools. The Title I designation is based upon income levels in the particular school attendance areas.

Finally, the three schools selected have an average of five years experience with mainstreamed special education students. Among all schools in the district, the range is from no experience to seven years, with an average of four years. Additionally, all fifth and sixth grade classrooms within the three schools have mainstreamed special education students enrolled. This is not true across the district.

In addition to selecting schools on the basis of matched characteristics, the number of schools matched (3) provided a manageable task for research purposes.

Sample--A stratified sampling by school procedure was followed in selecting classrooms and students. The following table summarizes the results of this procedure.

Table 3.1 Results of Stratified Classroom Sampling

	School A	School B	School C
Classroom #1	Control	Experimental	Experimental
Classroom #2	Experimental	Control	Not Used
Classroom #3	No Classroom	Not Used	Control
Classroom #4	No Classroom	No Classroom	Not Used
Total/Possible	2/2	2/3	2/4

A person not involved in this study was asked to list the room numbers of each classroom in each school in any order. Each school list was then used to select experimental and control groups through the use of a table of random numbers. The first 1, 2, 3 or 4 occuring in the random number assigned to each room was designated experimental. The second 1, 2, 3 or 4 was designated as control.

The number of students identified by this procedure was 155. Of this, 77 were in experimental groups and 78 in control. Seventeen of the 155 students were categorized by the school district as mainstreamed special education students. Six were present in experimental groups and 11 were found within the control groups. In terms of grade/age level, 52 control children were fifth graders and 26 were sixth. In

The experimental group 38 were fifth and 39 were sixth. The age range was from 9 years 4 months to 11 years 2 months.

Table 3.2 summarizes characteristics of the sample.

Table 3.2 Sample Group Characteristics

	School A	School B	School C
Experimental Students			
Fifth Grade	14	21	0
Sixth Grade	10	0	26
Fifth Special Education	1	2	0
Sixth Special Education	1	0	2
Male	10	12	14
Female	16	11	14
Total Experimental Students			
Control Students			
Fifth Grade	18	0	26
Sixth Grade	0	23	0
Fifth Special Education	5	0	3
Sixth Special Education	0	3	0
Male	18	13	13
Female	5	13	16
Total Control Students	23	26	29
Grand Student Total	49	49	57

Instrumentation

Empathy is operationalized in the test selected for the research; namely, the "Affective Sensitivity Scale" Forms D-A-2 and E-A-2 developed by Dr. Norman Kagan at Michigan State University in 1962 and subsequently field tested and revised over the past eighteen years. The objective scale

consists of a series of filmed human interaction sequences about which the subject responds through the use of multiple choice questions. The test is built on the assumption that if the test-taker "post-hoc," can <u>cognitively</u> select the most accurate statement of the <u>affect</u> expressed in the film, the more empathy that person will exhibit in real-life situations.

Results are reported in three categories. They are Total Empathy, Empathy Sub-Scales (which report how well the subject empathesizes with selected groups such as females, adults, children, etc.) and Emotional Accuracy Scales (which report how accurately the subject can identify certain emotions such as anger, guilt, trust, etc.) Only Total Empathy scores were utilized for the research. Future investigators could focus upon the other scores.

As has been reported in Chapter II of the research, scientific investigation of the empathy construct has been impeded due to poorly conceived instrumentation. The "Affective Sensitivity Scale" is one exception to this condition. The test has been subjected to rigorous validity and reliability testing (Kagan, et. al. 1977, Danish and Kagan, 1971, Campbell, et. al., 1971). With adult and pre-adult samples the scale has a Kuder-Richardson 20 reliability of .70 to .80 which is acceptable. Validity studies using the classic panel of judges procedure report an r of .53 significant at the .01 level. Internal consistency reliability coefficients

are in the .70's. Test-retest correlation is .75 and there
is some evidence (Kagan, 1977) to reject practice effective
without treatment. Item intercorrelation is usually low (.13).
Further testing of form D of the test yields a Cronbach's
alpha of .75 with an N of 2000. Finally, a test-retest reli-
ability coefficient of .63 with less than one week inter-
vening without training is reported for nursing and medical
students.

To ascertain a measure of internal test consistency
for the particular sample selected for this investigation a
Split-Half Reliability Analysis was employed. The results
yield a Cronbach's alpha of .70 which is respectable. The
Statistical Package for the Social Sciences (SPSS) was the
data processing program employed.

Limitations--Although the "Affective Sensitivity Scale"
developer, Kagan, has assured this researcher of the scale's
usefulness for fifth and sixth grade children, some limita-
tions were present. The first was the extent to which the
subjects could identify with the setting, situation and
characters portrayed in some of the sequences. Questions of
relevance led to revisions of the scale; however, as re-
ported by Feshbach (1975, p. 29) "To the extent that we per-
ceive another human as like us, the greater is the empathy."
The fact that the scale contains a variety of situations,
settings and characters may lead one to suspect an external
reliability problem for children of this age. However, it
was precisely the ability to focus upon a variety of stimulus

situations, etc. that is an important factor involved in the empathy training exercises that this investigation is directed toward. Empathizing with different individuals in new settings was one focus of the research. Furthermore, the test was utilized in the research to provide data relative to student _gains_ rather than predicting high or low level of empathy. A controlled study with matched classrooms also minimize any concerns in this area.

A second limitation, and possibly the most serious, was the reading level of the multiple choice test questions which followed each filmed encounter. Because the test is more often directed to adults and adolescents, the vocabulary is frequently difficult for the sample selected for this study. Pre-testing of the instrument, however, has shown that if the examiner reads the test questions and defines difficult words, the children tested will be able to answer the questions given. This is confirmed by both the test developer and professional reading consultants whose judgements were solicited.

The instrument selected for determining the attitudes of general education students toward their mainstreamed special education classmates was the "Who Do You Like" sociometric inventory developed by Larson (1978) and utilized in a number of California State Department of Education studies. The inventory is a questionnaire asking a student to choose and identify three of his/her classmates for (1) an academic

task, (2) a party, (3) a playground activity and (4) best friends. Data from the inventory yields a single score for each child in addition to scores for each category and ranking. All scores are simple frequency counts. The direct sociometric approach was selected in contrast to attitude-type measures for the assessment of feelings toward special education students due to a variety of problems associated with attitude questionnaires and related indirect devices. The foremost difficiency of attitude measures is that they ask the respondent to express his/her feelings about a genera-lized and often stereotypic group. For example, the subject is asked how he/she feels toward the "mentally retarded" or other labeled group. The effect of this approach is to re-ceive responses that are non-specific and can cause diffi-culty in the interpretation of results.

Secondly, it was important that the general education students be unaware that the focus of the questions was upon their special education classmates. This avoided the ten-dency to respond to "what the teacher wants" or to respond according to global preconceptions. The sociometric format simply asked for specific choices thus avoiding the dangers inherent in attitude testing.

Thirdly, there were no traditional tests of attitudes toward mainstreamed special education students available from either the literature or sources such as the State Department of Education, local and intermediate school districts and

colleges of education. The mainstreaming development is simply too recent.

Coupled with the fact that sociometric procedures have had a long history of frequent usage and are more readily used for comparative studies, the "Who Do You Like" inventory was most adequate.

Limitations--The advantages cited for inclusion of a socio-metric procedure also created some limitations. The fact that the respondant must list specific classmates is an ex-ample. Often the selection of another student is based upon a number of conclusions one reaches about that student over a long period of contact. Thus, even with intervention, the opinion of the respondant may have been so strong that he/she would continue to respond in the same manner after treatment. Furthermore, a sociometric inventory does not provide ade-quate sensitivity to subtile attitude shifts over short pe-riods of time. An additional limitation of note is that there is only beginning reliability information available for the particular test used in this study. In terms of vali-dity it appears that predictive validity has been identified. This is considered sufficient, however, for the research.

Field Procedures and Data Collection

The "Affective Sensitivity Scale" was administered by the researcher to each of the six groups of children and during a single sitting. The test required 60 - 70 minutes of time which included a break. A few days prior to the

testing, the sociometric instrument was administered by each classroom's regular teacher as a "routine" item to help him/her set up future classroom activities. This procedure was established to help minimize any connection between the two instruments. The tests were scored and tabulated in a format consisting of students listed by student number and organized as the following table illustrates:

Table 3.3 Data Log

Student Code	Sex	E_1	E_2	A_1	A_2	T_E	Grade	G.S.
1001								
3010								
2121								
3126								

$$E_1 = \text{Pre-test Empathy Score}$$
$$E_2 = \text{Post-test Empathy Score}$$
$$A_1 = \text{Pre-test Sociometric Score}$$
$$A_2 = \text{Post-test Sociometric Score}$$
$$T_E = \text{Teacher Empathy Score}$$
$$\text{G.S.} = \text{General or Special Education}$$

Following pre-testing, a series of empathy training exercises consisting of four 45-minute lessons was presented during each experimental group's regular social studies lesson for a total instructional time of 180 minutes. The activities

selected came from the following sources: Katz (1963), Vogelsong (1978), Doll (1977), Feshbach (1975), Mussen and Eisenberg-Berg (1977), Staub (1971), Stanford's <u>Human Inter-action in Education</u> and Shaftel's <u>Role Playing for Social Values</u>.

The following is a topical outline of the four lessons that were presented.

AFFECTIVE SENSITIVITY
Focus of Lessons*

<u>Meeting #1</u>

Topic--Discrimination and labeling the Affective
  States of others.
  (Verbal and Non-Verbal)

Focus of Activities --"Ice-breakers" and warm-up for
     students.

       --Class identification of various
       emotions.

       --Class role-play of various
       emotions.

       --Sympathy and Empathy--Concept
       and Process.

       --Ways of showing and recognizing
       emotions.

<u>Meeting #2</u>

Topic--Assuming the perspective and role of another
  (Empathy).

Focus of Activities --Class Meeting review of
      Meeting #1.

       --Public interview of a variety of
       common perspectives in students'
       world. (teacher, etc.)

       --Empathizing with strangers.

--Role play situations and identify affective state.

--Reverse roles on above.

--Create new reactions and discuss antecedents.

Meeting #3

Topic--Emotional Responsiveness--Experiencing others' emotions.
(Special Education emphasis)

Focus of Activities --Class Meeting on Roadblocks to Accurate Responding.

--Role play obvious disabilities such as blindness.

--Role play less obvious such as motor problems.

--Emphasize perceived similarities.

Meeting #4

Topic--Practice in Responding--Helper and Helpee
(Affective Sensitivity)

Focus of Activities --Class Meeting on Reviews of #1--#3.

--All role play/reversal of helper-helpee dyad.

--Film--"Trick or Treat" followed by role plays of solutions, role plays of reactions and reversals of role.

--Helping in the classroom.

--Special Education in regular classroom.

*Sample exercises may be found in Appendix D.

Statistical Analyses

Data were coded and punched on data processing cards for analysis using the Statistical Package for the Social Sciences (SPSS).

Hypothesis #1 was tested using the Analysis of Covariance and the Student's t test of significance.

Hypothesis #2 was tested using the Wilcoxon Matched-Pairs Signed-Ranks Test.

Hypothesis #3 was tested using the Multiple Regression Analysis and supported by the Pearson Product Moment Correlation Test.

Limitations and Weaknesses

Although the Analysis of Covariance is one of the most powerful tools available for research in the social sciences, the research design is limited in a number of ways. Some of these weaknesses were experimentally controlled through procedures such as matching schools. Other weaknesses were statistically controlled through procedures such as the Wilcoxon.

Part of the limitation of the research was unavoidable because of the educational setting in which it took place. Random assignment of individuals was not possible. This resulted in certain groups differing in important characteristics. Attempts to control for this were made in

the selection of schools for inclusion in the research; how-
ever, certain students may have been assigned to particular
classrooms on the basis of common characteristics such as
level of independence in order to match with teacher style
and characteristics.

The small "n" of special education students was of
minor concern although partially controlled by the Wilcoxon
nonparametric procedure. The length of intervention was con-
venient for research purposes but was insufficient to realize
a true change. Attitude change is difficult to measure over
a short term such as with the research. Furthermore, the
measures were not administered to all subjects at the same
time, thus intervening occurrences may have affected the data
collected.

The test instruments may have contributed to weak-
nesses in the design. However, they were the best currently
available.

Summary

The design selected for investigating the three hypo-
theses stated in this chapter was a classic pre-post test
control group Analysis of Covariance. The design can best
be conceptualized by the following table:

Table 3.4   Research Design

	Hypothesis	Dependent Variables	Independent Variables
Cause-Effect Study	$Ho_1 : \bar{E}_1 - \bar{E}_2 = 0$ Various t Tests Analysis of Covariance	Post-treatment student empathy	Pre-treatment student empathy
	$Ho_2 : A_1 - A_2 = 0$ Wilcoxon Signed-Ranks Test	Post-treatment Student attitude	Pre-treatment student attitude
Correlational Study	$Ho_3 : {}^r E_t \cdot \bar{E}_s = 0$ Multiple Regression Pearson Correlation	Variables =	Teacher empathy level mean student pre-treatment empathy level

Meaningful findings were limited by difficiencies in instrumentation, length of intervention and nature of the independent variables.

CHAPTER IV

FINDINGS

The research examined the impact of training on the
level of affective sensitivity (empathy) of fifth and sixth
grade children. In addition, research focused upon the ex-
tent to which the training could also influence the attitudes
of general education students toward their special education
(LRC) classmates. Finally, the impact of teacher empathy on
student empathy levels was explored.

The following chapter contains general descriptive
statistical findings regarding the sample under consideration.
These are followed by a restatement and data analysis of the
hypotheses selected for exploration.

General Descriptive Findings

In order to provide useful background data various
descriptive findings are presented herein. The general data
are also useful because there is not a great deal of infor-
mation available in the literature regarding the sample
group used in the research. They also provide a framework
for accurate exploration of the research hypotheses.

Table 4.0 and 4.1 contain a frequency distribution of
empathy scores for both the experimental and control groups.

Table 4.0 Frequency Distribution of <u>Experimental</u> Group

Empathy Pretest				Empathy Posttest			
Score	Absolute Freq	Relative %	Cum %	Score	Absolute Freq	Relative %	Cum %
7.3	1	1.3	1.3	24.1	3	3.9	3.9
17.6	1	1.3	2.6	25.9	4	5.2	9.1
19.7	2	2.6	5.2	27.7	3	3.9	13.0
21.8	3	3.9	9.1	29.5	5	6.5	19.5
23.1	1	1.3	10.4	31.4	12	15.6	35.1
25.9	5	6.5	19.5	35.0	9	11.7	54.5
28.0	4	5.2	24.7	36.0	1	1.3	55.8
30.1	5	6.5	31.2	36.8	6	7.8	63.6
32.1	10	13.0	44.2	38.6	4	5.2	68.8
34.2	7	9.1	53.2	40.5	3	3.9	72.7
34.6	1	1.3	54.5	42.3	8	10.4	83.1
36.3	8	10.4	64.9	44.1	3	3.9	87.0
38.3	7	9.1	74.0	45.0	1	1.3	88.3
40.4	4	5.2	79.2	45.9	2	2.6	90.9
42.5	1	1.3	80.5	47.8	2	2.6	93.5
44.6	3	3.9	84.4	49.6	2	2.6	96.1
46.6	5	6.5	90.9	51.4	1	1.3	97.4
48.7	4	5.2	96.1	53.2	2	2.6	100.0
54.9	2	2.6	98.7				
57.0	1	1.3	100.0				
Total	77	100.0	100.0	Total	77	100.0	100.0

A review of these pretest scores reveals a distribution that is negatively skewed. In other words, the sample group was not normally distributed. The median for the treatment group was 34.2 for the pretest and 35.0 for the posttest. Control group medians were 38.3 for the pretest and 35.0 for the posttest. The range for treatment pretests was 50 while posttest scores had a range of 29. Control group pretests had a range of 32 with posttest scores having a range of 40.

Table 4.1 Frequency Distribution of <u>Control</u> Group

Score	Absolute Freq	Relative %	Cum %	Score	Absolute Freq	Relative %	Cum %
17.6	1	1.3	1.3	18.6	2	2.6	2.6
19.7	1	1.3	2.6	19.3	1	1.3	3.8
21.8	3	3.8	6.4	20.4	1	1.3	5.1
23.9	3	3.8	10.3	22.2	2	2.6	7.7
25.9	4	5.1	15.4	25.9	2	2.6	10.3
26.3	1	1.3	16.7	27.7	7	9.0	19.2
28.0	1	1.3	17.9	29.5	5	6.4	25.6
29.5	1	1.3	19.2	31.4	7	9.0	34.6
30.1	4	5.1	24.4	31.5	1	1.3	35.9
32.1	5	6.4	30.8	33.2	8	10.3	46.2
34.2	6	7.7	38.5	33.6	1	1.3	47.4
36.3	4	5.1	43.6	35.0	13	16.7	64.1
38.3	11	14.1	57.7	36.8	3	3.8	67.9
40.3	1	1.3	59.0	37.3	1	1.3	69.2
40.4	7	9.0	67.9	38.6	6	7.7	76.9
42.5	11	14.1	82.1	40.5	7	9.0	85.9
44.6	6	7.7	89.7	41.5	1	1.3	87.2
46.5	5	6.4	96.2	42.3	1	1.3	88.5
48.7	2	2.6	98.7	44.1	2	2.6	91.0
50.8	1	1.3	100.0	45.6	1	1.3	92.3
				45.9	2	2.6	94.9
				49.6	1	1.3	96.2
				51.4	1	1.3	97.4
				53.2	1	1.3	98.7
				58.7	1	1.3	100.0
Total	77	100.0	100.0	Total	78	100.0	100.0

Control group empathy pretest scores were bimodal (38.3, 42.5) resulting in a mode of 40.4 whereas posttest scores had a mode of 35.0. For the experimental group pretest scores a mode of 32.1 was present. The posttest mode for this group was 31.4.

<u>Discussion</u>--The fact that the sample groups were not distributed normally may be due to either the instrument used or some sample characteristic. Based upon reliability and validity information for the instrument and the literature on development of empathy the more likely explanation may be found in the characteristics of the sample. This will be fully discussed in Chapter V.

Although mean scores must be utilized to calculate inferential statistics the more accurate description of the group when the distribution is skewed would be the median. If one combines this observation with the fact that "t" tests are based on the assumption that scores in the population are normally distributed, one might suspect the findings of this investigation. However, as reported by Borg and Gall (1963, page 305),

> It has been found empirically that even if the assumptions underlying the "t" test are violated, the "t" test will still provide an accurate estimate . . .(1963, p. 305).

As a result of sampling procedures differences between groups existed prior to treatment. The range scores support this observation. Although the range score is a poor measure of variability it does, in this instance, confirm one difficulty encountered in educational field research; namely, the necessity of relying upon intact groups rather than random assignment of individuals to groups. This observation is supported in the next section of this chapter.

Table 4.2 and 4.3 summarize empathy means and standard deviations for both pre and post tests. The scores are reported in a variety of source groupings.

Table 4.2 Empathy Pretest Means and Standard Deviations

Source	n	Mean	Standard Deviation
Total Sample	155	35.69	8.57
School A	49	35.49	8.57
School B	49	35.90	9.11
School C	57	35.69	8.24
Experimental Groups	77	34.79	9.25
Control Groups	78	36.59	7.80
Fifth Grade	90	34.61	8.74
Sixth Grade	65	37.19	8.17
Male	80	34.46	8.89
Female	75	37.00	8.07
LRC	17	33.79	8.46

Discussion--The first observation one can make from Table 4.2 concerns low mean T scores (column two). 68% of all scores fell within the range of 27.12 and 44.26. A similar configuration is seen across all sources. Normally, one would expect means to approach 50.0 with 68% of all scores between 40.0 and 60.0, if the sample was characteristic of the test norming population. However, as outlined in Chapters II and III, due to a lack of empathy instruments for the sample, it was necessary to rely upon a test that was the best available even after consideration of its inadequacies. As reported

Table 4.3 Empathy Posttest Means and Standard Deviations

Source	n	Mean	Standard Deviation
Total Sample	155	35.45	7.40
School A	49	34.69	6.60
School B	49	35.86	6.90
School C	57	35.76	8.48
Experimental Groups	77	36.24	7.18
Control Groups	78	34.68	7.58
Fifth Grade	90	34.40	6.64
Sixth Grade	65	36.91	8.18
Male	80	34.98	7.00
Female	75	35.97	7.82
LRC	17	31.52	6.38

by the developers, the test had been utilized with some children of this age group and (as a part of this investigation) an internal consistency factor of r=.70 was established for the sample. Additional factors such as basic characteristics of the testing instrument and factors such as group characteristics may also have confounded the scores. This will be discussed further in Chapter V. In the final analysis however, the purpose of the research was served in that the same test was utilized to determine student growth from pre to post testing.

Of greater interest is the similarity of means across all sources. This observation tends to support the literature on empathy. If, in fact, empathy is a developmental

quality and if one attaches credence to the Piaget model of child development, it can be hypothesized that scores for this sample will illustrate lower levels of empathy. This is accounted for in that children of the sampled age group are just beginning to progress from an egocentric to an allocentric level of functioning. Table 4.2 not only is illustrative of this fact it also shows how consistent this observation is across all sources.

While not statistically significant, the higher mean empathy score for females supports not only the literature on empathy but the developmentalist's view of child growth and development. A similar observation may be made regarding the age factor. Sixth grade students, as a group, possessed a higher mean empathy score than the younger fifth graders. As reported earlier there is some consensus that the development of empathy is age related.

The overall configuration of both Table 4.2 and 4.3 are similar. Both pre and post empathy scores for special education (LRC) students are consistently lower than all other groupings. This is in line with recent research by Elardo and Freund (1978) that "LD children are less empathetic than their normal peers."

The final series of descriptive statistics is presented in Tables 4.4 and 4.5. The scores are means and standard deviations for the attitude pre and post tests administered in conjunction with Hypothesis 2. These data

are reported utilizing an identical source grouping format as was utilized for empathy scores.

Table 4.4 Attitude Pretest Means and Standard Deviations

Source	n	Mean	Standard Deviation
Total Sample	155	11.84	9.09
School A	49	11.80	9.10
School B	49	11.82	9.89
School C	57	11.90	8.52
Experimental Groups	77	11.83	7.93
Control Groups	78	11.85	10.17
Fifth Grade	90	11.60	9.60
Sixth Grade	65	12.17	8.40
Male	80	13.30	10.00
Female	75	10.28	7.77
LRC	17	5.88	6.31

Caution must be exercised in reading Tables 4.4 and 4.5. Serious theoretical problems in the utilization of the sociometric posttest were encountered that invalidate its usefulness for the research. The table is presented only in the interest of a complete accounting of all data analyses. A complete description of the problem encountered in post-testing is presented in this chapter under discussion of Hypothesis 2 (page 70) and also in Chapter V (pages 87-90).

Table 4.5 Attitude Posttest Means and Standard Deviations

Source	n	Mean	Standard Deviation
Total Sample	155	11.53	8.85
School A	49	11.61	8.51
School B	49	11.00	9.19
School C	57	11.91	8.96
Experimental Groups	77	11.95	7.87
Control Groups	78	11.12	9.75
Fifth Grade	90	11.69	9.48
Sixth Grade	65	11.31	7.96
LRC	17	5.41	5.73

Discussion--The most significant observation drawn from Table 4.4 is the low attitude mean for special education (LRC) students. This supports conclusions found in the growing body of research on mainstreaming that special education students are chosen more infrequently than their general education peers. Also, it is interesting to note the higher mean for males than females. The fact that males were chosen more often on the average than females is not related to the scope of the research. However, discussion of possible implications is presented in Chapter V.

Inferential Statistical Findings

The following section contains a presentation of the data regarding the three hypotheses selected for the

research. Further, statistical inferences and probabilities for the population are made from the descriptive statistics to be compared.

Findings for Hypothesis 1

One purpose of the research was to test the hypothesis that post-treatment empathy levels will exceed pre-treatment levels. The Null Hypothesis along with its alternate is stated below:

NULL HYPOTHESIS 1: No difference in main effects will be found between pre and post treatment empathy levels of individual students as measured by test performance.

$$Ho_1 : \bar{E}_1 - \bar{E}_2 = 0; \quad \text{where } \bar{E}_1 = \text{pre-treatment empathy level.}$$

$$\bar{E}_2 = \text{post-treatment empathy level.}$$

Alternate Hypothesis 1: Individual post-treatment empathy levels will exceed pre-treatment.

$$Ho_{1a} : \bar{E}_1 \neq \bar{E}_2 ; \quad \text{where } \bar{E}_1 = \text{pre-treatment empathy level.}$$

$$\bar{E}_2 = \text{post-treatment empathy level.}$$

Table 4.6 is a report of empathy scores by group using the two-tailed "t" test for correlation means.

Table 4.6   Differences in Empathy Means by Student Groups

	Experimental		Control	
	Pretest	Posttest	Pretest	Posttest
Mean	34.79	36.24	36.59	34.68
S.D.	9.25	7.18	7.80	7.58
n	77	77	78	78
t		1.11		-1.90
p		.272		.786

Discussion--The data as presented in Table 4.6 retain the null hypothesis. Although there was an increase in the post-test mean score for the experimental group while the control group mean regressed, the changes were not statistically significant. The substantial decrease in the experimental group standard deviation from pre to posttest indicates that teaching took place. However, the intervention was not sufficient to indicate a significant difference.

Additional analyses by variables between and within groups was performed in order to present a clearer picture of the results of the research. Table 4.7 presents "t" test results by sex for the total sample pre to posttest.

Table 4.7 Comparison of Empathy Scores by Sex

| | Pretest | | Posttest | |
	Males	Females	Males	Females
Mean	34.46	37.00	34.98	35.97
S.D.	8.90	8.07	7.00	7.82
n	80	75	80	75
t	1.86		0.83	
p	0.065		0.407	

Discussion--The intent of listing these data was to illustrate significant changes in means between males and females. The results indicate no significant change. It can be seen however that for both pre and posttests females received a higher mean score.

Table 4.8 further delineates the previous table by dividing the total sample into its corresponding experimental and control groups.

Table 4.8 Empathy Means by Group and Sex

Experimental

	Male				Female	
	Pretest	Posttest			Pretest	Posttest
Mean	33.30	36.61			36.10	35.91
S.D.	9.45	7.67			8.98	6.79
n	36	36			41	41
t		1.78				-0.10
p		.083				.922

Control

	Male				Female	
	Pretest	Posttest			Pretest	Posttest
Mean	35.42	33.64			38.10	36.03
S.D.	8.40	6.18			6.78	9.01
n	44	44			34	34
t		-1.43				-1.24
p		.161				.224

<u>Discussion</u>--Table 4.8 presented information intended to ascertain whether or not there were significant differences within groups by sex. As the "t" values indicate, there were none. Female scores continued to average higher than males. Also, all posttest scores decreased with the exception of experimental males.

Analysis of means was also undertaken utilizing groupings according to grade placement. Table 4.9 presents the analysis by pretest and posttest. Table 4.10 contains the data with the added dimension of experimental or control group.

Table 4.9 t Test for Empathy Means by Grade

	Pretest		Posttest	
	Fifth	Sixth	Fifth	Sixth
Mean	34.61	37.19	34.41	36.91
S.D.	8.74	8.17	6.64	8.18
n	90	65	90	65
t	-1.87		-2.10	
p	0.064		0.037	

Table 4.9 indicates that older children performed at a higher level than younger regardless of the group.

Table 4.10   A Comparison of Empathy Means by Grade and Group

| | Experimental | | | | Control | | | |
| | Pretest | | Posttest | | Pretest | | Posttest | |
	5th	6th	5th	6th	5th	6th	5th	6th
Mean	33.37	36.17	35.14	37.29	35.51	38.73	33.86	36.33
S.D.	9.75	8.64	5.77	8.27	7.89	7.30	7.21	8.18
n	38	39	38	39	52	26	52	26

<u>Discussion</u>--The data indicate that older children performed significantly higher than younger regardless of the group. The conclusion is confirmed by the literature and will be discussed in Chapter V.

The final breakdown of mean empathy scores is listed in Table 4.11 and is a report of scores by group (experimental or control) and educational program (special education or general education).

Table 4.11 Mean and Standard Deviation Empathy Scores by Educational Program

	Experimental				Control			
	Pretest		Posttest		Pretest		Posttest	
	Gen Ed	LRC	Gen Ed	LRC	Gen Ed	LRC	Gen Ed	LRC
Mean	35.40	25.92	36.50	32.48	36.50	37.08	35.33	31.12
S.D.	9.16	5.68	7.27	4.76	7.95	7.25	7.54	7.10
n	72	5	72	5	66	12	66	12

Discussion--An obvious observation between and within groups is the low empathy scores for LRC students. Most pronounced differences are seen within the experimental group pretest. Due to the small n of special education students, probability statements regarding significance for the population are not given. Suffice it to say that these results provide support for much of the mainstreaming literature that indicates lower initial empathy levels for special education students.

Findings for Hypothesis 2

A second purpose of the research was to test the hypothesis that post-treatment attitudes of general education students vis-à-vis their special education (LRC) classmates would improve. The null hypothesis along with its alternate is stated below.

> NULL HYPOTHESIS 2: No difference in main effects will be found between pre and post treatment attitude of general education students toward their mainstreamed special education classmates as measured by test performance.

$$Ho_2 : A_1 - A_2 = 0;$$ where A_1 = pre-treatment attitudes;

A_2 = post-treatment attitudes;

Alternate Hypothesis 2: Individual post-treatment
attitudes will exceed pre-treatment.

$$Ho_{2a} : A_1 - A_2 \neq 0; \text{ where } A_1 = \text{pre-treatment attitudes;}$$

$$A_2 = \text{post-treatment attitudes;}$$

Table 4.12 presents data that compares pre and post
attitude scores for LRC students. The task was undertaken
to determine the amount of shift in nominations of these
special education students by their general education peers
after treatment and compared with those in the control
group. Due to the small number of LRC students the Wilcox-
on Matched-Pairs Signed-Ranks Test was employed.

The data gathered do not reject the null hypothesis
selected for the research.

Table 4.12 Pre and Post Attitude Scores for LRC

	Experimental		Control	
	Pre	Post	Pre	Post
Mean	6.2	6.4	5.75	5.0
S.D.	8.53	6.39	5.61	5.69
n	5	5	12	12
Wilcoxon z	0.0		-0.75	
p	1.0		0.46	

<u>Discussion</u>--The sociometric instrument utilized to gather data for this hypothesis was not appropriate. The test was not sensitive enough to subtile shifts in attitude. Furthermore, due to the nature of the instrument a <u>positive</u> <u>shift</u> in nomination for student A created a corresponding <u>negative</u> <u>shift</u> for student B. This accounts for the high correlation found between pre and post attitude scores reported in Table 4.14 under discussion of Hypothesis 3.

The Wilcoxon nonparametric test was employed due to the small number of special education students. The test is of limited power and seldom used in behavioral research. Had the results led to a rejection of the null hypothesis a more complete description with limitations would have become necessary.

Finally, the rather stable high correlation between pre and post scores and the failure to reject the null hypothesis emphasize the difficulties involved in both measuring and changing in attitudes. As outlined in Chapter II, attitude formation, especially with regard to other people, tends to be very stable. This is particularly true considering the short time-span present in this investigation.

<u>Findings for Hypothesis 3</u>

The third purpose of the research was to test the research hypothesis that level of teacher empathy would influence the average pre-treatment level of student empathy.

The null hypothesis along with its alternate is stated below:

NULL HYPOTHESIS 3: No difference will be found between teacher empathy level and average pre-treatment student empathy level.

$$Ho_3 : r_{E_t} \cdot \overline{E}_s = 0;$$ where E_t = the empathy level of the teacher;

E_s = the mean student empathy level.

Alternate Hypothesis 3: The average pre-treatment student empathy level will correlate in a positive direction with the teacher level of empathy.

$$Ho_{3a} : r_{E_t} \cdot \overline{E}_s > 0;$$ where E_t = the empathy level of the teacher;

E_s = the mean student

The data concerning Hypothesis 3 were subjected to a multiple Regression Analysis. Furthermore, Pearson Product Moment Correlation Coefficients were calculated for the total sample.

Table 4.13 and 4.14 present the findings for this hypothesis.

Table 4.13   Multiple Regression Analysis

Variable	Multiple R	R Square	RSQ Change
Teacher Empathy Score	0.75053	0.56329	
Grade Level	0.89696	0.80454	+0.24124
Sex	0.89894	0.80810	+0.00356
Student Empathy Pretest	0.90029	0.81053	+0.00243
Treatment	Insufficient influence to calculate		

Discussion--The regression analysis defined those factors that accounted for the student scores reported in the research.   As can be observed from Table 4.13, teacher empathy scores account for 56 per cent of the variance in student empathy scores.   The degree of relationship is .75.   This is a significant result and leads to a rejection of Null Hypothesis 3.   Further, if one includes the factor of age or grade level it is reasonable to account for 80 per cent of the variability in scores.

The effect of treatment was an insufficient influence. And yet, teacher empathy accounted for 56 per cent of the variance in student scores.   Considering these two observations, a logical question would be to ask the extent to which individual teacher scores within groups influenced student growth.

One can visualize that as the students entered their classrooms at the beginning of the year they began to be

influenced by the teacher's level of empathy. Later in the course of the year a pretest was given to determine empathy levels prior to treatment. This was followed by treatment and a posttest. Between groups there existed no significant difference pre to posttest. However, considering the substantial teacher influence, were there differences within experimental and control groups? Furthermore, were the posttest scores the result of an interaction effect between individual teacher empathy and his/her students? Put another way, were the students' scores a result of continued influence by the teacher regardless of intervention?

To explore this question the best design would have been a Trend Analysis which requires a third data point; namely, a measurement of empathy prior to the start of school. This was not done. However, as a second option a Nested Analysis of Co-Variance was calculated on the data to determine within groups differences between teachers that might have accounted for differences in student scores.

Table 4.14 presents the data for this analysis.

Table 4.14   Nested Analysis of Covariance

Source of Variation	SS	DF	MS	F	Prob.
Within Cells	7968.16	148	53.84	----	----
Teacher With Group	118.48	4	29.62	.550	.699
Within Groups Error	38.27	3	12.76	----	----
Between Groups	205.09	1	205.09	16.08	.028

Discussion--The data indicate there were no teacher differences within groups that could account for student differences on the posttest. However, this conclusion must be considered tentative. A more powerful design such as a Trend Analysis is needed to more precisely identify the effects of teacher empathy on his/her students.

Table 4.15 lists correlation coefficients for the sample. The high correlation between attitude pre and post was mentioned under discussion of Hypothesis 2. The teacher empathy with pretest correlation of .135 is not high. However, in comparison with the remaining correlations, it represents a substantial relationship.

Table 4.15 Pearson Correlation Coefficients

	Empathy Posttest	Attitude Pretest	Attitude Posttest	Teacher Empathy
Empathy Pretest	.163	.036	.004	.135
Empathy Posttest	---	.003	.016	.018
Attitude Pretest	---	---	.896	.004
Attitude Posttest	---	---	---	.059

Summary

The tests of significance utilized in this investigation suggest that main effects Null Hypotheses 1 and 2 cannot be rejected. Null Hypothesis 3 was rejected, suggesting an interaction effect between teacher level of empathy and student empathy levels. Table 4.16 presents analysis of covariance data for the primary focus of the research.

Experimental and Control Posttest Empathy Comparison

Source	DF	SS	MS	F	Prob.
Between Groups	1	3.88	3.88	.074	.79
Within Groups	148*	7761.68	52.44	---	---
Total	154	8439.20	54.80	---	---

Group	n	Mean	S.D.	Adj. Mean*
Experimental	77	36.24	7.18	35.82
Control	78	34.68	7.58	35.09
Total	155	35.45	----	----

*These scores reflect adjustments for the five covariates of teacher empathy, sex, grade level, educational program (LRC and general education) and student empathy pretest score.

A summary of conclusions and implications of the research is presented in Chapter V.

SUMMARY AND CONCLUSIONS

The research explored the effects of training on the level of affective sensitivity (empathy) of fifth and sixth grade students. Also, the impact of this training on the attitudes of general education students toward their main-streamed special education peers was explored. Associated with the primary focus of the research was an exploration concerning the effects of teacher empathy on these students.

The methods employed included the identification of three experimental and three control intact groups that were matched in important characteristics such as socio-economic level, achievement and experience with mainstreamed special education students. After random assignment to either treatment or control the subjects completed a sociometric inventory and a standardized empathy test.

Treatment was conducted by the investigator in order to control for teacher style and presentation. The content of the treatment consisted of role-playing/reversal and class meeting exercises. Intervention included four forty-five minute lessons held during each class' regular social studies period, once each week, for four consecutive weeks.

All subjects were posttested approximately one week after the conclusion of the exercises using the same instruments listed above.

Analysis of Covariance and t tests of significance resulted in a retention of the null hypothesis that no difference in main effects will be found between pre and post treatment levels of individual students as measured by test performance.

Analysis of the sociometric instrument using the Wilcoxon Matched-Pairs Signed-Ranks Test also resulted in a retention of the null hypothesis that no difference in main effects will be found between pre and post treatment attitude of general education students toward their mainstreamed special education classmates.

A significant interaction effect between teacher and student empathy was determined. This led to a rejection of the third null hypothesis that no difference will be found between teacher empathy level and average pre-treatment student empathy level. A Multiple Regression Analysis was performed on the data to reach this conclusion.

Conclusions and Implications

The most straightforward conclusion is that the treatment employed did not raise empathy levels of the subjects investigated, as measured by the instrument used. Furthermore, attitudes of general education students vis-a-vis their special education classmates, as measured by the sociometric instrument selected, failed to improve. Finally, it would seem that a relationship exists between a student's

level of affective sensitivity and that of his or her teacher.

However, within all three conclusions are observations and trends that are worthy of presentation and discussion. These observations not only can serve as the focus for future research, original or replicative; they can provide further knowledge, however indirect, that can lead to a greater understanding of the construct, empathy, and its development in children.

It is a common belief in many education circles that a person can be taught anything if the content is properly presented and carefully measured. The statement often serves as a criticism directed toward curriculum innovators. If it is a valid observation, one must conclude that failure to achieve acceptance of two out of three of the alternative research hypotheses represents either poor teaching or inadequate measurement. Based upon the data and tempered by first-hand observation some tentative conclusions about the teaching of empathy may be presented for future researchers to quantify and explore.

Conclusions Regarding Hypothesis 1

Significant differences in means between the experimental and control groups were not found. Table 4.16 summarizes the data. The experimental group experienced a modest increase of 1.45 whereas the control group decreased by a factor of 1.91 (Table 4.6). Coupled with a two point

reduction in the posttest standard deviation it is clear that treatment resulted in some learning but not significant statistically.

A further reading of the data concerning Hypothesis 1 reveals some interesting developments. Although the data are not statistically significant and must be approached with caution they do provide insight into empathy theory. In both the pretest and posttest (Tables 4.2 and 4.3) older children tended to score higher in empathy level. Further, this age difference was a significant (p = .037) factor on the posttest as seen in Table 4.9. This observation also holds true for sex variables in that females generally out scored males. The difference between the groups was significant at the .065 level, approximating the .05 needed for rejection of the null hypothesis.

These two observations are in keeping with both the literature on empathy and the developmental theories of Piaget and Kohlberg. If, indeed, the ability to empathize requires a measure of non-egocentric "decentering" thought processes, it can be expected that older children would score higher. This is also a possible explanation for the differences in means between the fifth and sixth graders in the research. An accounting of the higher female means can be made in terms of the difference in initial maturation rates between females and males (females maturing initially at a faster rate).

The special education students in the research scored considerably lower as a group in both empathy and attitude. Again, this observation finds support in the literature dealing with mainstreaming. Not only are special education students the object of poor empathic peer relations they are also more likely to exhibit lower empathy levels. Some theorists contend that the low empathy levels are due to the fact that these students are not only developmentally behind their peers, they also tend to be more egocentric due to personal needs associated with their disabilities. These theories may account for the low scores recorded in the research.

Treatment had a greater impact on LRC students as seen by the increase in means from 25.92 to 32.48. The impact of the training on males and fifth graders seemed greater as seen by Tables 4.8 and 4.9 mean scores went from 33.30 to 36.61.

Discussion and Implications of Failure to Reject Null Hypothesis 1--Modern theorists subscribe to the notion that empathy has both an affective and a cognitive side. One understands how another feels--one feels how another feels. While debate continues whether both qualities are necessary for the true empathic response, there is little doubt that interaction and possibly interference occurs between these two aspects. This may even occur in instances such as this investigation where only one facet of empathy, the cognitive, served as the sole focus.

The phenomenon was observed frequently during both pre and posttesting. The testing scenario can be visualized from the following field notes:

A filmed sequence opens with the characters present. Prior to any substantive interaction between the characters in the sequence many of the subjects immediately exhibit affective responses. Facial expressions, body movement and positioning, and frequent noninterruptive verbal responses are observed.

Similar observations were often made regardless of the group being tested. It was as though the initial affective response served to influence the cognitive tested response the subjects selected at the end of the filmed sequence. Conversely, there was a tendency for the subjects to seek cognitions (choices on the test) that would confirm their initial affective empathic response. Thus, "accurate responding" as Carkhuff would call it, was impeded. The negatively skewed T score distribution (Tables 4.0 and 4.1) may have resulted from this interaction.

The interaction phenomenon occurred early enough to be included as a class meeting topic in one of the lessons presented to the experimental group. However, the power of the affect may have been too great to overcome considering the length of treatment for it occurred again during posttesting. More time is needed for student practice in

understanding the nature of empathy.

Future investigators may wish to focus upon this observation. Their findings may lead to improvement of the measurement. Equally important conclusions regarding the interaction of the two components of empathy may also result from these investigations.

A second observation regarding measurement of empathy was aluded to in Chapter III under limitations of the instrument (page 44). Often it was noted how seemingly more intense the subjects were when the scenes dealt with or included children and/or teachers. Conversely, the subjects were more likely to drift in attention when the characters in the sequences were older adults such as members of a health care team or other individuals unlike the students. Again, the low T scores for the subjects in the research may have occurred as a result of this phenomenon.

Feshbach posed a similar hypothesis in her work when she concluded that level of empathy may correlate positively with the degree of similarity between empathizer and empathee. She suggested that treatment focus on increasing the "level of perceived similarity," (1975, p. 29) between two people in order to improve their empathy. This area is wide open for fascinating future research. The particular instrument used in this research reports scores by categories such as empathy toward children, empathy toward adults, etc. Analysis of these subscores would provide interesting

discussion. Future research should be undertaken to confirm Feshbach's observations.

Measurement can be a problem in any field of study. It was particularly present in this empathy research. Factors such as the background of the student, the age of the subjects and the nature of the test are other areas to be investigated in addition to the two detailed in this section.

Continuing with the assumption that anything can be learned if taught properly and measured accurately, problems associated with the treatment used in the research are now explored. Of all the elements involved in the act of teaching this study illustrates the power of the teacher and the importance of input. The preceding statement may account for failure to reject the null hypothesis for empathy training as illustrated in the following paragraph.

Although the investigator taught all lessons, the data indicate that the subjects may not have perceived him as the "teacher." Table 4.13 (Multiple Regression Analysis) reports that treatment was an insufficient influence to calculate. On the other hand, the child's regular teacher had a significant influence on the child's empathy score as reported in the same table. Thus, it is conceivable that had the subjects' regular teachers been trained in presenting the empathy exercises significant differences in means may have occurred. Future investigators would have to control for differences among the teachers; however, this area could

result in significant findings.

Another facet of the treatment deals with the element of input; more specifically, duration of input. Role playing is by nature a time consuming enterprise. The method requires sufficient time for introduction, practice and debriefing. The four forty-five minute lessons designed for the research were certainly manageable from a practical standpoint. However, the length of treatment was not sufficient especially for the particular subjects included in the study. The training model utilized was based upon training models for adults, as found in the literature. It may be asserted that input for adults can be of shorter duration than that for children.

Conclusions Regarding Hypothesis 2

The Wilcoxon analysis calculated to determine the significance of any shifts in nomination of LRC students resulted in a retention of Null Hypothesis 2. Means for males tended to be higher than females although again not significantly. LRC student means were significantly lower (5.41) compared to the total sample (11.53). This result certainly is testimony in favor of dealing with the attitude problems of mainstreamed special education students.

Discussion and Implications of Failure to Reject Null Hypothesis 2--Along with problems associated with the measurement of empathy were difficulties with the instrument

selected for assessing attitudes of subjects. Part of the difficulty encountered is due to the nature of attitudes and will be discussed later in this section. The focus here is upon two aspects of the sociometric that may have accounted for failure to reject the null hypothesis dealing with attitudes.

Rather than repeat the reasons why a sociometric procedure was selected the reader may wish to refer back to pages 44-46 for the justification given for its use.

A major error in the appropriateness of the sociometric procedure was not discovered until after the data was analyzed. Consistently, it was found that attitudes held firm, pre to posttesting. The Pearson Correlation between pre and post attitudes was .896 (Table 4.15) which is significantly positive. The obvious explanation is that attitudes tend to remain stable. Whereas there is considerable research to support this statement, a further analysis of the test instrument used in this study revealed that the nature of the test itself results in a highly positive pre/post correlation.

By nature a sociometric procedure has a closed set of responses that are neither right nor wrong. Thus, with a class of twenty-five students there is an absolute cap on the number of nominations. In this case it would be twenty-four per child times twenty-five children or six hundred total. However, if a child at posttesting nominates a new

student it simultaneously results in another child losing a nomination. The effect would be a shift in individual means. However, the total group effect would be so small as to indicate a high correlation of means between groups. Statistically, this results in no significant change.

The second inadequacy of the sociometric procedure is its insensitivity to subtile changes in attitude. It was possible for a child to nominate only three children at a time. Had the choices been greater, say six or more, or had there been unlimited selection, the probabilities of determining subtile shifts would have been greater.

In summary, the advantages gained through the use of the sociometric procedure may have been outweighed by the inadequacies inherent in the instrument.

Along with attitude instrumentation problems were predictable difficulties involved in effecting a change in attitude as hypothesized.

Attitudes are both intricate and steadfast. Often, as experienced with this research, one must deal with interrelationships that have developed over a long period of time. Often one encounters the "irrationality" of some attitudes. Certainly these two factors alone suggest a time-consuming intervention similar to scaling a hill of sand.

Conclusions Regarding Hypothesis 3

Null Hypothesis 3 was rejected. There seems to be a relationship between level of teacher empathy and the scores received by the students who work with that teacher. The data for this conclusion are presented in Table 4.13 with supportive information in Table 4.15.

This is a powerful finding if upheld in future studies. The results support the importance of teacher influences in general learning contexts. Further, a great deal may be concluded about the nature and format of future interventions designed to improve the prosocial behavior of students. Certainly the format must include the teacher who is most responsible for the students in the classroom. This may be especially true if role-playing exercises are included. A high level of trust is required for effective role-plays. This most likely occurs when "strangers" are not present in the classroom environment.

It was Rogers (1975) who first supported the belief that empathy is nurtured within environments composed of highly empathic models. The rejection of Hypothesis 3 suggests that the nature of future empathy training include this component. Not only should high empathic teachers be present, the activities, whether role-playing or not, should involve appropriate models of high-level empathic behavior.

<u>Recommendations</u>--It can be said that there are two ways of shaping/controlling human behavior: conformity and attitude change. Attitude change is the more desirable route for those who believe education is a process of liberation. One method of changing attitudes may involve developing higher order levels of empathy in children. Considering an ever-shrinking world of interdependent people who possess high degrees of cultural and psychological variability, the need is great.

This dissertation began with the prediction that the findings would more likely point out areas of needed additional research. The prediction was correct. Although results for two of the three hypotheses were not significant, the findings can be used to provide additional insight into the construct, empathy. Furthermore, some findings have been observed that may provide educators with clues to assist them in developing needed prosocial behavior by means other than conformity and with groups other than adults.

It is recommended that additional research regarding empathy training using role-playing be conducted. Further, the research should account for the problems associated with this investigation in order to produce significant findings. Empathy will continue to be an elusive quality. However, the fact that it can be influenced by a "significant other" such as a classroom teacher is testimony that it can be taught as a part of an organized curriculum.

Future research should also focus on the concept of "perceived similarity" as outlined on page 29 of the dissertation. Use of the "Affective Sensitivity Scale" subtests will be invaluable. Finally, a Trend Analysis Study should be designed in order to more precisely identify the effect of teacher empathy on individual classrooms of students.

The success of future studies, however, rests more with the methodology used than the probabilities that empathy can be taught.

APPENDICES

APPENDIX A

WHO DO YOU LIKE

SOCIOMETRIC INVENTORY

INSTRUCTIONS FOR GROUP LEARNING SURVEY

Teacher,

Write on the blackboard the first names of the students
in the class. If two children have the same first name, in-
clude the initial of the last name. Explain that this is a
"routine" activity that will help you in setting up future
classroom activities. Assure students that each name will
be confidential and will be used only to help you do a better
job.

Please read the following paragraph to your students
after you distribute each sheet individually. In other words
you will be reading the following paragraph four times.

READ:

I'd like each of you to select students in the class for
this activity. Use the names with last initials on the board.
Do this on your own.

When you are finished, put your answer sheets in this
folder.

ITEM 1

If you were going to do a <u>class project</u> in groups of four what other three persons in this class would you choose to be in your group?

1._____

2._____

3._____

ITEM 2

If you were going to have a <u>party</u> and could invite three
people in your class, which three people would you choose?

1._____

2._____

3._____

ITEM 3

If you were going to choose a <u>team</u> to play a game and were to pick your team from others in this class, which three would you pick first?

1._____

2._____

3._____

ITEM 4

Who are your three best friends in this class?

1._____

2._____

3._____

APPENDIX B

AFFECTIVE SENSITIVITY SCALE

FORM D-A-2

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98-159

AFFECTIVE SENSITIVITY SCALE

FORM D-A-2

Experimental Format

April, 1978

SCENE A   TIME: 49 seconds

FORMER TEACHER AND 4TH GRADE STUDENT

Setting: Woman and 9-year-old girl sitting in chairs.

      Opening Statement (Teacher): *"I heard you made a movie about your classroom."*

      Closing Statement (Student): *"I did it Tuesday."*

Item 1: What is the little girl feeling at this point?

    a. I'm proud of what I did.
    b. I feel excited whenever I talk about that film we made.
    c. I'm a little scared right now.

Item 2: What is the teacher feeling at this point?

    a. I'm curious - I really want to know more about that film.
    b. This is really going the way I want. I'm comfortable.
    c. I feel stiff and uncomfortable.

SCENE B   TIME: 43 seconds

TEACHER-STUDENT (Cont'd)

       Opening Statement (Teacher): *"How did you feel about it?"*

       Closing Statement (Teacher): *"You were afraid you wouldn't be accepted."*

Item 3: What is the little girl feeling at this point?

    a. I was afraid then but it feels okay now.
    b. It's hard for me to talk about this. I feel embarrassed.
    c. Accepted? I'm confused.

Item 4: What is the teacher feeling at this point?

    a. I'm still apprehensive. I want her to know I'm listening.
    b. I'm more relaxed, now. I like what's happening.
    c. I'm really embarrassed. "Accepted" is an adult way of saying it.

TEACHER-STUDENT (Cont'd)

Opening Statement (Teacher): *"You say that people make the difference?"*

Closing Statement: *"Let's talk first of all how the classroom is different."*

Item 5: What is the little girl feeling at this point?

a. I'm lost. Something she said made me feel real sad.
b. Different? I want to talk about how neat it is this year!
c. I'm confused about the differences between this year's class and last year's.

Item 6: What is the teacher feeling at this point?

a. I'm getting a little irritated. She's not as much with it as I thought.
b. Whoops! She's not responding. I feel uptight. I've got to rescue her.
c. I'm impatient. She can't handle that. Maybe she can respond to this.

SCENE O

COUNSELOR—███ VICTIM

Setting: Male counselor talking with woman ███ victim.   *Attack*

        Opening Statement (Client): *"I find him a disgusting person."*

        Closing Statement (Counselor): *"What about him still scares you?"*

Item 7: What do you think the client is feeling at this point?

    a. I'm frustrated - no one believes me.
    b. Scared? I'm repulsed by that filthy character!!!
    c. I do feel insecure, vulnerable. It could happen again.

Item 8: What do you think the counselor is feeling at this point?

    a. Frankly, I'm bored. Maybe I can get her to deal with what's really bothering her.
    b. I'm curious - I'd like to hear more of the details!
    c. I'm confused. I don't understand the core of her concerns.

COUNSELOR - ▓▓▓ ▓▓▓▓▓ (Cont'd)

        Opening. Statement (Client): *"Everything about the incident was so totally unpredictable to me."*

        Closing Statement (Counselor): *"What are your nightmares?"*

Item 9: What do you think the client is feeling?

    a. My feelings of terror are so strong they might overwhelm me.
    b. I feel helpless. It could happen again and there's no way I could stop it.
    c. I am scared of my anger. I could kill him - I feel so out of control!

Item 10: What is the client feeling about the counselor?

    a. I'm annoyed with you - I want direction and reassurance and you keep pushing me deeper.
    b. You're listening to me - and even that's a little scarey!
    c. I'm angry. I told you what my nightmare is! Do you think I dreamed the whole thing up?

SCENE F

TERMINALLY ILL MAN - INTERVIEWER

Opening Statement (Man): *"Three people in that group died the first week."*

Closing Statement (Man): *"So we had grown rather close . . . ah . . . ah. . . ah"*

Item 11:   What is the terminally ill man feeling?

    a. I'm confused. I've forgotten what point I was trying to make.
    b. I'm feeling a great sense of loss. I'm struggling not to cry.
    c. I'm feeling sad and a little tense, but I'm not overwhelmed.
       Give me a moment to clear my throat and we'll go on.

TERMINALLY ILL MAN - INTERVIEWER (Cont'd)

Opening Statement (Terminally ill man): *"Being occupied with life is a way to make the fear of death go away."*

Closing Statement (Man): *"You really cherish those times."*

(Ill man): *"Yeah."*

Item 12: What is the man feeling about the interviewer?

     a. I feel warmth and affection for you.
     b. I'm a little irritated. You make it sould superficial and phony.
     c. You don't want to talk about death. You're scared too.

Item 13: What is the interviewer feeling about the terminally ill man?

     a. I'm not sure how to get into this. The whole subject scares me.
     b. I admire your strength and courage - and your perspective.
     c. I'm playing along, but I'm bored. This isn't what you're <u>really</u> feeling.

SCENE H   TIME: 37 seconds

FEMALE PATIENT - MALE SURGEON

Setting: Post-operative interview (one month).

          Opening Statement (Surgeon): *"You had your operation for peritonitis?"*

          Closing Statement (Surgeon): *"You don't remember too much about that?"*

                        (Patient): *"No."*

Item 14: What is the patient feeling about the surgeon at this point?

          a. I feel flirtatious. I want you to like me.
          b. I'm embarrassed - you remember something about me that I don't.
          c. I'm uneasy - did I do something that you're going to hit me with
              now?

Item 15: What is the surgeon feeling about the patient at this point?

          a. I feel sad for her. She's been through so much.
          b. I like you and I want you to like me.
          c. I'm a little wary of you. You sometimes overwhelm me.

PATIENT - SURGEON (Cont'd)

        Opening Statement (Surgeon):   *"Do you remember how desperate you were feeling?"*

        Closing Statement (Patient):   *"It's exciting just to know I can smile, now."*

Item 16: What is the patient feeling?

    a. Actually, I'm afraid of the future.
    b. I feel optimistic. The future is so bright for me, now.
    c. It's a fantastic relief - I'm so grateful to be well again. I
        never thought I would be.

Item 17: What is the patient feeling about the surgeon?

    a. I'm so grateful to you. You saved me and I want you to know it.
    b. I'm confused. It's so hard to know what you feel.
    c. I'm annoyed. It's so hard to get you to realize how important
        your role was.

Item 18: What is the surgeon feeling about the patient?

    a. It feels good to see you smiling and optimistic.
    b. This is a disgusting exhibition. Get it over with.
    c. I'm getting embarrassed and a little bored.

DOCTOR - PATIENT

Opening Statement (Doctor): "And the childbirth, pregnancy."

Closing Statement (Patient): "No one ever did explain to me."

Item 19: What is the patient feeling about the other doctor who treated her?

a. I still can't accept it. They should have explained it to me.
b. I feel disappointment - let down - even rejected.
c. I'm curious - did he do the right thing? He probably did, but I wonder . . .

Item 20: What is the doctor feeling at this point?

a. Disgusting! Such incompetency in my profession.
b. I'm getting a little uptight. Is she telling me this to check me out?
c. I'm irritated. Do I have to now explain everything to you?

DOCTOR - PATIENT (Cont'd)

Opening Statement (Patient): *"Like for another baby. . . to have another."*

Closing Statement (Doctor): *"So there are several checks and balances."*

Item 21: What is the patient feeling?

    a. I'm determined this time to get some answers.
    b. I'm afraid. What can happen?
    c. I'm resigned, really. It's really up to you doctors.

Item 22: What is the patient feeling about this doctor?

    a. Thank you for trying to reassure me. That helps.
    b. You're talking down to me - I don't like that.
    c. I wonder if you know what you're doing. I'm not sure I can trust you.

Item 23: What is the doctor feeling about the patient at this point?

    a. Your questions are taking more time than I've got. Frankly, I'm getting impatient.
    b. I'm not feeling much. You're worried and I have information to give you which will probably reassure you.
    c. I like you. I like your attitude. I find you attractive.

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HEALTH CARE TEAM

Setting: Physician (male), Nurse (female), Social Worker (female), Physician (male)

Opening Statement (Dr. on right): *"About a week after the baby was born . . ."*

Closing Statement (Dr. on left): *"I . . . I . . . don't remember exactly."*

Item 24: What is the doctor on the left (Dan) feeling at this point?

a. What is this? I'm really ~~_____~~ angry that he put me on the spot.
b. I'm not feeling much of anything. You just can't be expected to know about every disease.
c. I feel embarrassed. He caught me "napping".

Item 25: What is the doctor on the right feeling?

a. I'm irritated and impatient.
b. Oh, oh! I put Dan on the spot. He'll get me for that.
c. Poor Dan! I feel sorry for him. I thought he knew!

Item 26: What was the social worker feeling when she asked what the Stevens-Johnson Syndrome was?

a. I'm confused and a little amused at what's happening between them.
b. I feel cut off, left out and confused.
c. I'm getting scared. The games here are out of my league.

SCENE M   TIME: 8 seconds

NOTE** This scene is unusually brief (eight seconds) and the sound is not as
        clear as in the other scenes. What follows is a typescript of what is
        said by the participants. Please read it before watching the scene.

        Man: *"What do you want to talk about?"*

    Woman: *"You leave that up to me."*

        Man: *"Yeah, you don't like that . . . what does that . . . ya
                know . . . that kinda puts me on the spot a little bit."*

Item 27: What is the man feeling?

        a. Oh, oh. I'm wary and apprehensive. What'll she do next?
        b. I'm angry. Why is she putting me on the spot?
        c. Strange. I feel on the spot - but at the same time all choked up -
            I could almost cry.

Item 28: What is the woman feeling about the man at this point?

        a. This is great! I'm enjoying seeing you squirm for a change.
        b. I'm not really angry. I'm determined not to be caught "rescuing"
            you again.
        c. You look like you could almost cry. I'm sorry.

SCENE N   TIME: 25 seconds

"FRIENDS"

Opening Statement (Woman): *"Say, I don't know . . . when I think . . ."*

Closing Statement (Man): *"No."*

Item 29: What is the woman feeling about the man?

a. I want to trust you and yet at times I get suspicious. I want you to reassure me. I feel insecure.
b. It feels wonderful to be able to share such personal feelings with you.
c. I'm apprehensive. You closed your eyes when you said "no". Are you putting me on?

Item 30: What is the man feeling about the woman?

a. I'm frustrated. How can I convince you my feelings are genuine?
b. I feel caught, guilty. Maybe you're right!
c. I'm curious and a bit uneasy. I wonder where you're going with this line of thought.

"FRIENDS" (Cont'd)

       Opening Statement (Woman): *"Know you're going to hear me."*

       Closing Statement (Woman): *"Exactly."*

Item 31: What is the woman feeling?

    a. I feel fantastic! We really understand each other. What a
        beautiful feeling!
    b. I'm confused. We keep agreeing, but I'm not sure I know what
        we're agreeing about.
    c. Exactly! I'm embarrassed by how far from the truth that is!

Item 32: What is the man feeling?

    a. I feel warmth and closeness. We really understand each other.
    b. I'm irritated. She's putting me on with that big smile.
    c. I'm confused. We keep agreeing, but I'm not sure I know what
        we're agreeing about.

SCENE P   TIME: 55 seconds

CLASSROOM - COUNSELOR

        Opening Statement (Teacher/counselor): *"Last time when we talked about career education . . ."*

        Closing Statement (Teacher): *"O.K., your best friend's deaf. . . . great . . . great."*

Item 33: What is Linda (the student) feeling?

  a. I'm happy to have a chance to talk about by career choice.
  b. I feel sad when I think about my friend - I want to help others who are like her.
  c. I was scared, speaking in class like this . . . but I feel good now.

Item 34: What is Linda feeling about the teacher?

  a. She scares me. I'm afraid of her anger.
  b. She seems to really like what I said. That makes me feel good.
  c. I'm puzzled - what did she mean by "great"? Does she think it's great that my friend's deaf?

Item 35: What is the teacher feeling?

  a. I'm surprised - I never expected to hear anything that sophisticated from her.
  b. I'm bored. None of this means much to me. Let's get on with it.
  c. I feel foolish. I didn't mean for that to come out sounding as it did.

CLASSROOM

Opening Statement (Teacher): *"Can you tell us anything about how you came to that decision?"*

Closing Statement (Sherry): *"Because . . . because, like . . . "*

Item 36: What is Jill (first girl to speak) feeling about the teacher?

a. I want you to believe me - what I said is really true.
b. I need you to like me, and I'm pretty sure you do.
c. I wonder if you do like me. I'm too scared to find out.

Item 37: What is Sherry (last girt to speak) feeling?

a. I feel like crying. It's hard even to talk right now.
b. Jill stole my idea. I'm frustrated and angry.
c. I'm so embarrassed - I keep stumbling over my words.

SCENE R   TIME: 45 seconds

CLASSROOM (Cont'd)

Opening Statement (Teacher): *"Is there anybody here who hasn't thought very much about . . . "*

Closing Statement (Teacher): *"Is that what you're saying?"*

(Garrick): *"Yeah."*

(Teacher): *"O.K."*

Item 38: What is Garrick feeling?

a. Whew! I got that out. I was really sweating it out!
b. She understands what I said. That feels good.
c. I'm disappointed. I feel misunderstood - alone.

Item 39: What is the teacher feeling about Garrick?

a. I'm delighted that you spoke up. I want to encourage you to do that more often.
b. I may be smiling, but really I'm disappointed. That was a pretty superficial response, Garrick.
c. I'm surprised that you have thought about your future. That really pleases me.

SCENE S   TIME: 28 seconds

PRINCIPAL - JR. HIGH SCHOOL

       Opening Statement (Principal): *"You were sent in here again today."*

       Closing Statement (Student): *"Right."*

Item 40: What is the student feeling?

  a. I feel cautious, wary. Here we go again!
  b. I'm bored. I could care less.
  c. This is great! I really enjoy this!

Item 41: What is the student feeling about the principal?

  a. Okay, okay, hurry up. Lay it on me and let's get it over with.
  b. Big deal. You think you're so smart.
  c. You scare me when you get like this. What're you gonna do this time?

Item 42: What is the principal feeling?

  a. I'm a little angry, but I feel I'm right.
  b. I'm disgusted. I hate this part of my job.
  c. I feel cautious, wary. Here we go again.

Item 43: What is the principal feeling about the student?

  a. I feel frustrated. You have a way of making me feel helpless.
  b. I'm confused, puzzled. What really makes this kid "tick"? What's going on in his head?
  c. I'm disgusted with this punk. I'm going to enjoy seeing you squirm this time.

SCENE T   TIME: 43 seconds

PRINCIPAL - STUDENT

> Opening Statement (Student): *"Like in career ed., I honestly think . . . "*
>
> Closing Statement (Principal): *"Well, you don't have to . . . . "*

Item 44: What is the student feeling?

    a. I'm being pressured into a career choice by the teacher and I don't like it at all.
    b. If I don't keep defending myself, they'll get me.
    c. Who cares? I'm bored.

Item 45: What is the student feeling about the principal?

    a. I've got him on the defensive now. I've won this one.
    b. He doesn't understand what I'm trying to say. I can't get through to him.
    c. I'm scared. It sounds like he is getting ready to explode.

Item 46: What is the principal feeling?

    a. I've got to choke down my anger. I'm so mad I might lose control.
    b. I'm beginning to understand the problem - I feel more in control now.
    c. I feel threatened, defensive. This kid has the ability to get me confused.

SCENE U

COUNSELOR - JR. HIGH STUDENT

Opening Statement (Counselor): *"You kinda wonder if you're gonna get the suspension."*

Closing Statement (Counselor): *"You sound like you're a little bit concerned."*

Item 47: What is the student feeling about the counselor?

a. I'm so relieved! He knows! I can trust him.
b. I'm miserable. I hope he can help me.
c. I feel cautious, apprehensive. I'm not sure I can trust him.

Item 48: What is the counselor feeling about the student?

a. I know he's worried and I'm trying hard to convince him he can trust me.
b. I'm amused. You're sneaky, but I know your game.
c. I'm curious to know if there's more to his question than meets the eye.

SCENE V   TIME: 40 seconds

THERAPIST - CLIENT

Opening Statement (Client): *"But with me, she has condemned me."*

Closing Statement (Client): *"She has to condemn everything I do."*

Item 49: What is the client feeling?

a. I'm really irritated. Why should my brother get all her
    attention? It's not fair.
b. I'm enraged. I hate her so much sometimes I think I could
    kill her.
c. I resent my brother. He plays it for all it's worth, too.

Item 50: What is the client feeling about the therapist?

a. I trust him. He cares.
b. I wonder if you know what I'm trying to say about my mother?
c. Don't you try and tell me it's all in my head, buster, or I'll
    walk right out of here!

SCENE W   TIME: 40 seconds

THERAPIST - CLIENT (Cont'd)

       Opening Statement (Therapist): *"You seem to feel sad at this point?"*

       Closing Statement (Therapist): *"What are you thinking?"*

Item 51: What is the client feeling?

    a. I'm not sad. I'm depressed, overwhelmed.
    b. I'm confused, puzzled, tense. It's hard to breathe.
    c. I feel bored. We're not getting anywhere.

Item 52: What is the client feeling about the therapist?

    a. He's right, but I can't admit it.
    b. I like him. He accepts me.
    c. He doesn't understand.

Item 53: What is the therapist feeling about the client?

    a. I've lost you. We've got to establish trust again.
    b. Great! He feels strong enough to disagree. But now what?
    c. I feel soft, gentle - in a way close to you. You are sad - even if you can't admit it.

SCENE X   TIME: 55 seconds

THERAPIST - CLIENT (Cont'd)

        Opening Statement (Therapist): *"There was a time when she probably had a major responsibility."*

        Closing Statement (Client): *"Brother, I can't get to that answer yet, but I'm working on it."*

Item 54: What is the client feeling?

  a. I feel cautious. This is dangerous ground and I don't want to say too much.
  b. I'm proud of how much I now know about myself. I can handle myself.
  c. That comment really stung. I feel hurt, angry.

Item 55: What is the client feeling about the therapist?

  a. I'm annoyed. Why does he ask such tough questions?
  b. I trust him. He's really listening.
  c. Back off, mister. You're pushing too hard.

Item 56: What is the therapist feeling about the client?

  a. I'm frustrated. He is hard to work with. He takes away everything I give him.
  b. Good! I can push him now, without losing his confidence.
  c. I don't belive you. I see no evidence that you are working on it.

SCENE Y

TIME: 30 seconds

THERAPIST - CLIENT (Cont'd)

Opening Statement (Client): *"People are supposed to have nice relationships with their mothers."*

Closing Statement (Client): *"Maybe I misunderstood something."*

Item 57: What is the client feeling?

    a. I'm confused. I don't know what he wants from me.
    b. I'm relieved. Maybe I can live a healthy life despite my relationship with my mother.
    c. I'm embarrassed. I feel foolish. He may be right.

Item 58: What is the therapist feeling?

    a. I'm anxious. I embarrassed him. What'll he do now?
    b. I'm really enjoying this. I like this kind of confrontation
    c. I feel confident. Here, I know exactly what I'm doing.

SCENE Z   TIME: 55 seconds

THERAPIST - WOMAN CLIENT

>   Opening Statement (Therapist): *"Something this time enabled you to do, something that's hard to do."*

>   Closing Statement (Therapist): *"I don't like what I have had to see to become stronger."*

Item 59:   What is the client feeling?

   a.   I'm tired, but I'm determined. It's been hard to do - but I'm not stopping now.
   b.   I'm uncertain. I <u>can</u> adjust to the adult world, but I'm not sure I want to.
   c.   I'm bitter. The things I've had to see are so horrible, so ugly.

Item 60:   What is the client feeling about the therapist?

   a.   I'm angry at you for making me face it. You could have been gentler with me.
   b.   I feel close to you. You've helped me to some hard discoveries.
   c.   I wonder if he thinks I've "arrived"? That I've finally grown up?

SCENE AA   TIME: 1 min., 20 sec.

THERAPIST - WOMAN CLIENT

Opening Statement (Client): *"She went to school and she started crying."*

Closing Statement (Client): *"They're really nice."*

Item 61: What is the client feeling?

a. I feel sad, guilty, worn down. But at least she has boots.
b. I'm so revolted by the whole thing I feel nauseous.
c. It hurts so much. I feel helpless and humiliated.

Item 62: What is the therapist feeling?

a. I'm angry. Her husband is a ~~██████~~ *dirty rat!*
b. I'm really choked up myself. I feel helpless.
c. I'm not feeling much. It's best for me not to get emotionally involved - or else I won't be able to help.

Item 63: What is the therapist feeling about the client?

a. It takes courage to say what you've said. I admire you for it.
b. I want her not to hurt so much, but it's going to take time.
c. I'm getting irritated with her. Always feeling sorry for herself.

SCENE 88   TIME: 20 seconds

THERAPIST - WOMAN CLIENT (Cont'd)

>   Opening Statement (Client): *"I don't know why I keep thinking that sometime . . ."*

>   Closing Statement (Client): *"I guess I've hoped all my life."*

Item 64: What is the client feeling?

   a. I feel confused, helpless. If you don't have hope, what's left?
   b. I feel down on myself. I don't know why I'm so gullible. You'd think I'd learn.
   c. I can't help but feel some hope. Why do you want to convince me otherwise?

Item 65: What is the therapist feeling about the client?

   a. I'm frightened. If you give up hoping, will you give up on living?
   b. I'm disappointed. You still can't make sense of all this. You still look confused.
   c. You're getting there. It's hard. I'm with you.

SCENE CC

FAMILY

TIME: 1 min., 40 sec.

Setting: Therapist - Older son - Younger son - Mother.

   Opening Statement (Son): *"Well, I was mad at you."*

   Closing Statement (Mother): *"Do you see the same thing?"*

Item 66: What is the older son (boy seated next to the therapist) feeling?

   a. I'm scared to tell Mom what I really feel.
   b. I hate what happened. There's no way she's going to convince me, "it was for the best".
   c. I don't care anymore why they got a divorce. All I know is I am so sad and alone.

Item 67: What is the mother feeling?

   a. I'm confident that I did the right thing and in time the boys will understand.
   b. I'm afraid to tell them the truth. I know I'm not telling them the whole story - I just can't.
   c. Please - somebody agree! I feel all alone - like no one's on my side.

Item 68: What is the mother feeling about the boys

   a. They're sad now, but I'm confident they'll get over it, and then they'll understand and accept it.
   b. I don't want to feel guilty - but I do. They are hurting a lot.
   c. I don't want them to blame me for everything. I want them to love me.

SCENE DD   TIME: 50 seconds

FAMILY (Cont'd)

       Opening Statement (Therapist): *"Want to talk about this . . . "*
                                    (Moves chair)

       Closing Statement (Older son): *"Grandpa and Grandma always fight, too."*

Item 69: What is the older son feeling about his mother?

    a. I'm bitter. You did it for yourself. You never even thought
       about us.
    b. I'm sad. This has been hard for all of us.
    c. I'm disgusted. I don't accept your reasons for the divorce.

Item 70: What is the younger son feeling about his mother?

    a. I hate you. You're wrong. It is your fault.
    b. I'm scared. Will you divorce us if we fight with you?
    c. I'm angry at both of them, but mostly I feel hurt and empty.

Item 71: What is the mother feeling?

    a. I understand. I'd be angry and scared too. This is painful for
       me, but it's necessary.
    b. I'm so unsure right now. Maybe they're right. It hurts to think
       about it.
    c. I'm glad they're letting me have it. I deserve it.

APPENDIX C

AFFECTIVE SENSITIVITY SCALE

FORM E-A-2

AFFECTIVE SENSITIVITY SCALE

FORM E-A-2

DEVELOPMENTAL FORMAT III

October 31, 1977

AFFECTIVE SENSITIVITY SCALE

Forms D & E

Instructions

You will be viewing short scenes of actual encounters between two or more individuals. You are to identify what feelings the people have about their concerns or toward the person they are working with.

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

After you view each scene ask yourself:

> If the people involved were to view this same
> scene, and if they were completely open and
> honest with themselves, (i.e., if they could
> identify their real feelings) how would they
> describe their feelings?

After you decide which response comes closest to what the people are feeling whether about their concerns or the other they are with, fill in the space provided on your answer sheet.

Please do not mark in this booklet.

Scene 1 - 1   FORMER TEACHER - 4TH GRADE STUDENT

SETTING: INFORMAL ENCOUNTER, DISCUSSING AN EARLIER INTERVIEW.

    Opening Statement (Teacher):   *"When we talk, we normally touch each other."*

    Closing Statement (Teacher):   *"You said something that really made me feel good, and I wanted to hug you."*

Time: 50 seconds

ITEM 1.   WHAT IS THE STUDENT FEELING AT THAT POINT?

    a. I'm sorta uncomfortable and uptight. I'm embarrassed.
    b. I'm feeling comfortable now.
    c. I'm not feeling much of anything.

ITEM 2.   WHAT IS THE STUDENT FEELING ABOUT THE TEACHER AT THAT POINT?

    a. I'm afraid. What are you going to do next?
    b. I feel good about you. I'd like to hug you, too.
    c. I'm really scared. I don't want to be touched right now.

Scene 1 - 2   FORMER TEACHER - 4TH GRADE STUDENT

SETTING: INFORMAL ENCOUNTER, DISCUSSING AN EARLIER INTERVIEW.

     Opening Statement (Teacher):   *"Did you feel it was different?"*

     Closing Statement (Teacher):   *"We didn't sit on pillows this time, did we?"*

             Betsy (Student):   *"No."*

Time: 25 seconds

ITEM 3. WHAT IS THE STUDENT FEELING AT THIS POINT?

      a. I'm a little happier now, but not much.
      b. I wish we had brought some pillows. I would have liked that.
      c. I'm really uncomfortable, but I'm scared to show it.

ITEM 4. WHAT IS THE STUDENT FEELING ABOUT THE TEACHER AT THIS POINT?

      a. I'm still not really relaxed. I still don't trust you.
      b. I'm relieved. She didn't change the subject.
      c. I feel more comfortable now. Still a little embarrassed, tho.

Scene 2 - 1   FIRST YEAR MEDICAL STUDENT (FEMALE) - COUNSELOR

SETTING: DISCUSSION OF THE FIRST TERM OF MEDICAL SCHOOL

    Opening Statement (Student): *"I've been trying to realize and experience..."*

    Closing Statement (Student): *"I just can't let myself think beyond two years."*

Time: 1 min., 10 seconds

ITEM 5. WHAT IS THE STUDENT FEELING AT THIS POINT?

    a. It's all so depressing. Why bother to look at the future?
    b. I'm scared and angry with myself.
    c. I feel relieved. It feels good to get this out.

ITEM 6. WHAT IS THE MEDICAL STUDENT FEELING ABOUT THE COUNSELOR AT THIS POINT?

    a. You're not much help. I'm really frustrated by you!
    b. Please tell me I'm okay - that I'm not crazy.
    c. I'm slightly annoyed - we don't seem to be clicking right now.

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Scene 2 - 2   FIRST YEAR MEDICAL STUDENT (FEMALE) - COUNSELOR

SETTING: DISCUSSION OF THE FIRST TERM OF MEDICAL SCHOOL.

Opening Statement (Counselor):   *"The word that comes the closest is the responsibility."*

Closing Statement (Counselor):   *"And feeling cut off in that."*

Time: 50 seconds

ITEM 7.   WHAT IS THE MEDICAL STUDENT FEELING ABOUT THE COUNSELOR?

   a.   It feels like we're both groping and neither one of us has really caught it.
   b.   You're right on, but I don't want to hear it. It scares me!
   c.   That's not what I feel but I don't want to admit to you my real concerns.

ITEM 8.   WHAT IS THE COUNSELOR FEELING ABOUT THE MEDICAL STUDENT?

   a.   She doesn't trust me. She's not going to give me anything without a battle.
   b.   Now we're getting somewhere! We're finally on the same track.
   c.   I'm still searching. What is it she's afraid to admit?

Scene 3 - 1   COUNSELOR (FEMALE) - DEATH EDUCATOR (MALE)

SETTING: DISCUSSION ABOUT ONE OF THE MEMBERS OF THE MAN'S GROUP

   Opening Statement (Male): *"I can remember very vividly the feelings."*

   Closing Statement (Male): *"It was entirely different than any other time
                               we said good-bye."*

Time: 53 seconds

ITEM 9.   WHAT IS THE MAN FEELING ABOUT HIS CONCERN?
      a.   I'm feeling really sad - a lot more than I'm showing.
      b.   I'm really very scared of death now. I guess I'm scared of
           my own death.
      c.   I'm really feeling guilty. I should have known she was dying.

Scene 4 - 1   HUSBAND - WIFE

SETTING:

Opening Statement (Man):   *"I get the feeling in just a whole day at home."*

Closing Statement (Woman):   *". . . close out the kids for awhile."*

(Man):   *". . . and me."*

Time: 40 seconds

ITEM 10.   WHAT IS HE FEELING AT THIS POINT?

   a. I may be smiling but I'm absolutely furious.
   b. I feel cut off and angry when you close me out, too.
   c. I can accept that, really. I understand that you just have to do that.

ITEM 11.   WHAT IS HE FEELING ABOUT HER AT THAT POINT?

   a. Sometimes I get angry at you for shutting me out, but I'm glad we're talking about it, now.
   b. That's good to know. Now I don't have to worry about you getting time alone.
   c. I feel sad that I really don't understand you. You're so different from me.

Scene 4 - 2   HUSBAND - WIFE

SETTING:

    Opening Statement (Woman): *"Usually my first feeling is that I'm not measuring up."*

     Closing Statement (Man): *"That makes me . . . ah . . . anxious."*

Time: 1 min., 3 seconds

ITEM 12.   WHAT IS HE FEELING AT THIS POINT?

    a.   I'm actually annoyed. She could do better if she tried.
    b.   That makes me feel guilty. I really shouldn't be doing that.
    c.   I feel caught. Am I really doing that? I want to believe I'm not, but . . .

ITEM 13.   WHAT IS HE FEELING ABOUT HER AT THIS POINT?

    a.   Anxious████ I'm angry. Why did you wait until now to bring it up?
    b.   Jeez - that was a bomb! I wonder what else you're gonna lay on me!
    c.   I really am anxious - but I want to keep talking this out with you.

Scene 5 - 1   DOCTOR - WOMAN PATIENT

SETTING: DISCUSSION OF A SUCCESSFUL SURGERY A MONTH PREVIOUS. SHE HAS
            HAD MANY SURGERIES IN THE PAST. MOST HAVE NOT BEEN SUCCESSFUL.

Opening Statement (Doctor): *"One of the difficulties . . ."*

Closing Statement (Patient): *"You were honest. I think that's the biggest
                             thing."*

Time: 1 min., 20 seconds

ITEM 14. WHAT IS THE PATIENT FEELING ABOUT HER PAST MEDICAL HISTORY?
    a. I feel bitter, the others didn't give a ▆▆▆.
    b. I feel resigned. What's done is done. Let's move on from here.
    c. I still feel annoyed but I've grown beyond real bitterness.

ITEM 15. WHAT IS THE PATIENT FEELING ABOUT THIS DOCTOR AT THIS POINT?

    a. You'd better keep it up, too - or else you'll become just like
        the rest of those ▆▆▆▆ rotton doctors.
    b. I want you to like me.
    c. I wish I was still sick so you could take care of me.

ITEM 16. WHAT IS THE DOCTOR FEELING ABOUT THE PATIENT?

    a. Okay, okay, I'm bored. I don't need a lecture about it.
    b. I'm really feeling tight. You could turn on me at any time.
    c. Thank you. I really appreciate your saying that.

Scene 6 - 1   DOCTOR - WOMAN PATIENT

SETTING: INITIAL INTERVIEW AND MEDICAL HISTORY

    Opening Statement (Doctor): *"When did you have mono?"*

    Closing Statement (Doctor): *"Well, we'll take their word for it for now."*

Time: 53 seconds

ITEM 17. WHAT IS THE PATIENT FEELING ABOUT THE OTHER DOCTORS WHO TREATED HER?

    a. I'm annoyed with them. It's a bother to be told something I know
        is wrong.
    b. He was wrong. I can accept that. We all make mistakes.
    c. I'm angry. Can I trust any doctor?

ITEM 18. WHAT IS THE PATIENT FEELING ABOUT THIS DOCTOR?

    a. I'm annoyed. Your condescending manner irritates me.
    b. You're pretty cold. You're more interested in facts than me.
    c. I'm comfortable with you. You that doctor was wrong and
        in your way you're agreeing with me.

ITEM 19. WHAT IS THE DOCTOR FEELING AT THIS POINT?

    a. I'm uncomfortable. I've got to be careful not to criticize
        another doctor.
    b. Damn! The incompetants in this profession. Oh well, it doesn't
        help to dwell on it.
    c. That's funny. Somebody really blew it. It's fortunate it wasn't
        serious.

Scene 6 - 2   DOCTOR - PATIENT

SETTING: PATIENT IS DISCUSSING HER BROTHER'S HEALTH. (INTERVIEW TOOK
                   PLACE IN DECEMBER).

    Opening Statement (Patient): *"And he is in very bad shape."*

    Closing Statement (Patient): *"I haven't heard from him now since last
                                  February."*

Time: 55 seconds

ITEM 20.   WHAT IS THE PATIENT FEELING ABOUT HER BROTHER?

    a. He makes me angry and also helpless. It's easy to get discouraged.
    b. I'm a little concerned about my brother right now.
    c. I wish he would call. I really worry about his well-being.

ITEM 21.   WHAT IS THE PATIENT FEELING ABOUT THE PHYSICIAN'S LAST QUESTION?

    a. You're really concerned. You really do care about my feelings.
    b. You turned me off. You don't really care about my feelings.
    c. Why did you change the subject? I'm puzzled. What are you
        looking for?

Scene 6 - 3   DOCTOR - PATIENT

SETTING: CONTINUED DISCUSSION OF HER BROTHER.

Opening Statement (Patient): *"He had a nervous breakdown . . ."*

Closing Statement (Physician): *"Just the two of you in the family?"*

Time: 40 seconds

ITEM 22. WHAT IS THE PATIENT FEELING ABOUT HER CONCERNS?

a. I feel ashamed to have a brother like that.
b. I really resent what my brother does to me.
c. Basically I like him, even though there are times when he bugs me.

ITEM 23. WHAT IS THE PATIENT FEELING ABOUT THE PHYSICIAN?

a. There you go again! I'm really getting angry at you for not following what I'm saying.
b. I respect you. Perhaps he'll come back to this. I'll go along with where you take it.
c. You're genuinely concerned about my problems. You want to know all you can.

ITEM 24. WHAT IS THE PHYSICIAN FEELING AT THIS POINT?

a. I'm uncomfortable with this. There's nothing I can do to help.
b. I'm concerned. Do you have anyone else to help take off the pressure?
c. I'm bored. Let's get on to something important.

Scene 7 - 1   HEALTH CARE TEAM

SETTING: THERE ARE FOUR PARTICIPANTS IN THIS SCENE. THE MAN WHO APPEARS FIRST IS A PEDIATRICIAN. THE WOMAN ON HIS RIGHT WHO SPEAKS TO HIM IS THE SOCIAL WORKER. THE OTHER MAN IS AN INTERNIST AND THE SECOND WOMAN IS A NURSE PRACTITIONER. THEY ARE DISCUSSING TAKING ON THE CARE OF A FAMILY WITH A NEWBORN INFANT.

Opening Statement (Pediatrician):   *"I don't know where her husband's receiving care."*

Closing Statement (Pediatrician):   *"So I don't think there's any problem there."*

Time: 1 min., 5 seconds

ITEM 25.   WHAT IS THE PEDIATRICIAN FEELING AT THIS POINT?

      a. I feel confident, in control - at least for the moment.
      b. I'm not feeling much of anything. I just want to make a point.
      c. I feel on the spot. She may try to make me look bad.

ITEM 26.   WHAT IS THE SOCIAL WORKER'S FEELING ABOUT THE PEDIATRICIAN AT THIS POINT?

      a. I respect and admire him. He really knows.
      b. I'm really hurt. I want to crawl away and hide.
      c. I feel put down by him. I resent him.

Scene 7 - 2   HEALTH CARE TEAM

SETTING: THERE ARE FOUR PARTICIPANTS IN THIS SCENE. THE MAN WHO APPEARS
                  FIRST IS A PEDIATRICIAN. THE WOMAN ON HIS RIGHT WHO SPEAKS TO
                  HIM IS THE SOCIAL WORKER. THE OTHER MAN IS AN INTERNIST AND
                  THE SECOND WOMAN IS A NURSE PRACTITIONER. THEY ARE DISCUSSING
                  TAKING ON THE CARE OF A FAMILY WITH A NEWBORN INFANT.

Opening Statement (Pediatrician): *"We'll make an appointment for the baby
to come in for the one month physical."*

Closing Statement (Pediatrician): *" . . . well, why do you want the whole
family to come in?"*

Time: 1 min., 5 seconds

ITEM 27.   WHAT IS THE SOCIAL WORKER FEELING ABOUT THE PEDIATRICIAN?

a.   I feel put down, shut out, discounted. It's exasperating to try
to get through to him.
b.   I guess he does have a point there. I hadn't really thought
about it that way.
c.   I want him to understand just how involved and concerned I
really am.

ITEM 28.   WHAT IS THE NURSE PRACTITIONER FEELING ABOUT THE PEDIATRICIAN?

a.   I really admire him.
b.   I'm disgusted with this. He's trying to railroad this. He
thinks he knows everything.
c.   I'm scared of his anger. I'll agree with everything he says.

ITEM 29.   WHAT IS THE PEDIATRICIAN FEELING ABOUT THE SOCIAL WORKER?

a.   I'm annoyed with her. She doesn't seem to be terribly concerned
about the family.
b.   She really irritates me. I feel defensive with her?
c.   I must be patient with her. She really doesn't understand the
situation.

Scene 8 - 1   DORM COUNSELORS

SETTING: DISCUSSING CAREER GOALS. THEY HAVE NOT SEEN EACH OTHER VERY
MUCH SINCE THE WOMAN WAS PROMOTED TO HEAD COUNSELOR.

Opening Statement (Woman):   *"Seems like that's really limiting your
skills."*

Closing Statement (Man):   *"I was working yesterday, but I didn't want
to bother you with it."*

Time: 50 seconds

ITEM 30.   WHAT IS THE MAN FEELING AT THIS POINT?

a. I feel angry. When I needed you you weren't there for me.
b. I feel resentful. They all take me for granted. I'm not
appreciated.
c. I'm annoyed at being stereotyped. I know they mean well but I
wish they'd stop.

ITEM 31.   WHAT IS THE MAN FEELING ABOUT THE WOMAN?

a. You say you care, but I really don't believe it. I don't trust
you.
b. You're important now. You wouldn't want to waste your time on
me and I can accept that.
c. I'm embarrassed to admit it. I was scared you might not want
to see me.

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Scene 8 - 2   DORM COUNSELORS

SETTING: DISCUSSING CAREER GOALS. THEY HAVE NOT SEEN EACH OTHER VERY
                MUCH SINCE THE WOMAN WAS PROMOTED TO HEAD COUNSELOR.

   Opening Statement (Man): *This is very uncomfortable for me.*

   Closing Statement (Man): *That's adding extra pressure.*

Time: 50 seconds

ITEM 32.   WHAT IS THE MAN FEELING AT THIS POINT?

        a. I feel frustrated. I know what has to happen but I can't get
            it done.
        b. I feel tired, exhausted. I feel like giving up.
        c. I feel burdened and resentful. I feel tired.

ITEM 33.   WHAT IS THE MAN FEELING ABOUT THE WOMAN HE'S TALKING TO?

        a. I feel warm toward you - you're listening and you understand.
        b. I'm unsure about you. I don't think you understand.
        c. I wish you could say something to take it all away. I really
            count on you.

Scene 8 - 3   DORM COUNSELORS

SETTING: DISCUSSING CAREER GOALS. THEY HAVE NOT SEEN EACH OTHER VERY
                  MUCH SINCE THE WOMAN WAS PROMOTED TO HEAD COUNSELOR.

        Opening Statement (Woman): *"You feel you get a chance to lean on anybody?"*

        Closing Statement (Man): *"Last year I used to lean on you quite often."*

Time: 15 seconds

ITEM 34. WHAT IS THE MAN FEELING ABOUT THE WOMAN HE'S TALKING WITH?

        a. I like you, maybe too much so.
        b. I feel somewhat abandoned by you and embarrassed about saying
            I leaned on you.
        c. You're a real help to me. I can always count on you.

Scene 9 - 1   CLASSROOM

SETTING: TEACHER LEADING A DISCUSSION ON VOCATIONAL CHOICES.

    Opening Statement (Teacher): *"There are two kinds of jobs. . ."*

    Closing Statement (Teacher): *"Jobs that have to do with things."*

Time: 15 seconds

ITEM 35.   WHAT IS THE TEACHER FEELING AT THIS POINT?

        a. I'm actually quite pleased.
        b. I'm disappointed and a little tense.
        c. I'm beginning to get angry. Can't anybody get it right?

ITEM 36.   WHAT IS SCOTT FEELING AT THIS POINT?

        a. Nuts! I'm ashamed that I didn't get the right answer.
        b. I'm confused. Why did she change what I said?
        c. I'm feeling okay. My answer was pretty good.

Scene 9 - 2   CLASSROOM

SETTING: TEACHER LEADING A DISCUSSION ON VOCATIONAL CHOICES.

Opening Statement (Sherry): *"I don't think money is what you really want."*

Closing Statement (Sherry): *"It's the one I like best."*

Time: 1 minute

ITEM 37. WHAT IS SHERRY FEELING AT THIS POINT?

    a. Actually I feel good - I like attention.
    b. I'm real mad - she's just out to get me.
    c. I feel alone, picked on, hurt.

ITEM 38. WHAT IS THE TEACHER FEELING?

    a. I'm pleased that things have livened up and I'm also pleased that Sherry is being challenged.
    b. I'm feeling cautious here. This could become explosive.
    c. I'm not too involved in this. I'm a little bored.

ITEM 39. WHAT IS JODY FEELING ABOUT SHERRY?

    a. Her goody-goody behavior really irritates me. I'd like to make a fool of her.
    b. I'm not feeling much of anything. I just really don't agree with her.
    c. She knows I'm really right - that makes me feel good.

Scene 10 - 1   PRINCIPAL - STUDENT

SETTING: DISCUSSION BASED ON REPEATED DISCIPLINE PROBLEMS.

Opening Statement (Principal): *"You like this verbal and mental battle."*

Closing Statement (Principal): *"I'm not going to do that."*

Time: 45 seconds

ITEM 40. WHAT IS THE STUDENT FEELING AT THIS POINT?

    a. I'm bored and irritated. I don't need this.
    b. I'm really enjoying this. This is my kind of game.
    c. I'm scared, but I'll never show it.

ITEM 41. WHAT IS THE STUDENT FEELING TOWARD THE PRINCIPAL AT THIS POINT?

    a. Oh, oh. What will he do next? I'm getting scared.
    b. I don't need this guy. I wish he'd get off my back.
    c. I'm on guard - ready to defend.

Scene 10 - 2   PRINCIPAL - STUDENT

SETTING: DISCUSSION OF STUDENT'S REQUEST FOR HALF-DAY SCHEDULE.

    Opening Statement (Principal): *"I think you want that half-day schedule . . ."*

    Closing Statement (Principal): *"I had a lack of responsibility."*

Time: 40 seconds

ITEM 42. WHAT IS THE STUDENT FEELING ABOUT THE PRINCIPAL AT THIS POINT?

    a. He's hassling me and I resent it, but I'm still in control - he won't get me.
    b. I feel guilty. I shouldn't do the things I do.
    c. I'm confused. I don't know what he's getting at but I don't want to hurt his feelings and ask him.

Scene 11 - 1   COUNSELOR - STUDENT

SETTING: DISCUSSION OF SCHOOL RULES AND THE STUDENT'S PROBLEMS WITH THEM.

Opening Statement (Counselor):   *"Anywhere around the building."*

Closing Statement (Student):   *"Now on school schedule."*

Time: 28 seconds

ITEM 43.   WHAT IS THE STUDENT FEELING AT THIS POINT?

    a. I'm not feeling much - I just need to get some answers.
    b. I'm a little scared - I could be in real trouble.
    c. I'm real mad - someone musta ratted on me!

ITEM 44.   WHAT IS THE STUDENT FEELING ABOUT THE COUNSELOR?

    a. I feel tight, closed in. I don't want to tell him the truth.
    b. I like him - he's an okay guy.
    c. I'm not hiding anything, but he thinks I am.

Scene 12 - 1   TEACHER - ADMINISTRATOR

SETTING: DISCUSSION OF SCHOOL SUPPLIES STOLEN DURING THE TEACHER'S ABSENCE.

        Opening Statement (Teacher): *"And so I'm left."*

   Closing Statement (Administrator): *"Do you think I forsook you?"*

                        (Teacher): *"Kinda."*

Time: 1 min., 2 seconds

ITEM 45. WHAT IS THE TEACHER FEELING AT THIS POINT?

    a. I feel furious and bitter.
    b. I feel annoyed and irritated.
    c. I feel betrayed and resentful.

ITEM 46. WHAT IS THE TEACHER FEELING ABOUT THE ADMINISTRATOR?

    a. Can't you understand I'm mad because my feelings were hurt.
    b. Forget the whole thing, you'll never get it straight.
    c. Forsook is too strong - I know you really tried. Don't feel hurt.

ITEM 47. WHAT IS THE ADMINISTRATOR FEELING?

    a. I feel guilty and defensive.
    b. I'm so furious - I want to make you feel it.
    c. I feel relieved. I was afraid you were going to blame it all on me.

Scene 12 - 2   TEACHER - ADMINISTRATOR

SETTING: DISCUSSION OF SCHOOL SUPPLIES STOLEN DURING THE TEACHER'S ABSENCE.

   Opening Statement (Administrator): *"O.K., now I'm really feeling."*

      Closing Statement (Teacher): *"That's my hang-up and not theirs."*

Time: 35 seconds

ITEM 48.   WHAT IS THE ADMINISTRATOR FEELING AT THIS POINT?

   a. I like her - she can admit it when she's wrong.
   b. I feel defensive. I wish I could get off the hook.
   c. I'm pleased. She's finally looking at her part in all this.

ITEM 49.   WHAT IS THE TEACHER FEELING AT THIS POINT?

   a. That hurts, but actually I'm glad you said it.
   b. I'm amused and pleased with myself - I saw right through you
       on that one.
   c. I feel bitter and resentful. You're trying to nail me.

Scene 12 - 3   TEACHER - ADMINISTRATOR

SETTING: DISCUSSION OF SCHOOL SUPPLIES STOLEN DURING THE TEACHER'S ABSENCE.

          Opening Statement (Teacher): *"When I was out one day and came back."*

     Closing Statement (Administrator): *"I thought that seven more wouldn't bother you."*

Time: 55 seconds

ITEM 50. WHAT IS THE ADMINISTRATOR FEELING?

   a. I'm disappointed in her. I really thought she was more competent than I guess she really is.
   b. I'll get back at her for bringing this up.
   c. I feel relieved that I've been able to explain it to her.

ITEM 51. WHAT IS THE TEACHER FEELING?

   a. ~~_____~~ I'm ~~_____~~ ANGRY that she thinks I'll buy that line.
   b. I'm really flattered. I really hadn't looked at it that way.
   c. I feel so guilty. I really misinterpreted her motives. She really was trying to help.

Scene 13 - 1   PSYCHOTHERAPIST - CLIENT

SETTING: A SESSION IN THE MIDST OF LONG-TERM TREATMENT.

    Opening Statement (Client): *"There's been no direction at all."*

    Closing Statement (Client): *"It's like I'm still that little lost kid."*

Time: 45 seconds

ITEM 52.   WHAT IS THE CLIENT FEELING AT THIS POINT?

    a. I'm searching - but for what?
    b. I feel helpless - and angry at myself for feeling so helpless.
    c. I don't really feel all that bad.

ITEM 53.   WHAT IS THE CLIENT FEELING ABOUT THE THERAPIST?

    a. You're confusing me more. What do you want me to say?
    b. Please protect me. Please take care of me. I am helpless.
    c. Don't just sit there. Please help!

Scene 13 - 2   PSYCHOTHERAPIST - CLIENT

SETTING: A SESSION IN THE MIDST OF LONG-TERM TREATMENT.

    Opening Statement (Therapist): *"When you say a kid . . ."*

    Closing Statement (Therapist): *"You were powerless then, weren't you?"*

Time: 42 seconds

ITEM 54.   WHAT IS THE CLIENT FEELING?

    a. I feel ashamed of how weak I am.
    b. I'm bitter about what they did to me as a kid.
    c. I feel numb, drained.

ITEM 55.   WHAT IS THE CLIENT FEELING ABOUT THE THERAPIST?

    a. I feel weak and small with you too.
    b. I'm embarrassed by your questions. I wish you wouldn't ask
        them.
    c. I'm confused. What are you driving at?

ITEM 56.   WHAT IS THE THERAPIST FEELING ABOUT THE CLIENT?

    a. But you aren't now. Grow up!
    b. I want you to hear this. See what's different.
    c. I know this is painful. I wish there was another way to do
        . this, but there isn't.

Scene 13 - 3   PSYCHOTHERAPIST - CLIENT

SETTING: A SESSION IN THE MIDST OF LONG-TERM TREATMENT.

    Opening Statement (Therapist):   *"Who comes to mind who's done that to you in the past?"*

    Closing Statement (Client):   *"When I was growing up, I never felt like nothing."*

Time: 1 min., 15 seconds

ITEM 57.   WHAT IS THE CLIENT FEELING?

    a.   I'm sad for all of us. I feel so helpless.
    b.   I feel angry, confused and lost.
    c.   I'm resigned. It's too late to change.

ITEM 58.   WHAT IS THE CLIENT FEELING ABOUT THE THERAPIST?

    a.   Stop pushing me, please! I'm not ready to look at this.
    b.   It's not all that bad. It's just that I'm trying to give you what you want to hear.
    c.   I feel safe with you. I can face the pain.

ITEM 59.   WHAT IS THE THERAPIST FEELING ABOUT THE CLIENT?

    a.   Maybe I'm pushing too hard. Maybe she can't take it.
    b.   Good! Now we're getting someplace.
    c.   This is getting too deep. I'm going to have to pull her back.

Scene 14 - 1   THERAPIST - FAMILY (WITHOUT FATHER)

SETTING: THERAPIST - OLDER SON - YOUNGER SON - MOTHER
                          (Scott)   (Muggsy)

Opening Statement (Younger Son): *"Like if we wanted to go with our dad."*

Closing Statement (Mother): *"Their dad does a lot of neat things with them, too."*

Time: 1 min., 2 seconds

ITEM 60.   WHAT IS THE OLDER SON (SCOTT) FEELING?

a. The hurt is too much - I'm afraid to let go.
b. I'm bored - I don't like being here.
c. I'm mad - she (Mom) may be saying that now, but she sure sounds different when dad's around.

ITEM 61.   WHAT IS THE YOUNGER SON (MUGGSY) FEELING?

a. I'm real scared. What's going to happen now?
b. I'm mad. I'd really rather live with my father.
c. I'm mad that you got divorced. Saying nice things about dad doesn't change that.

ITEM 62.   WHAT IS THE THERAPIST FEELING AT THIS POINT?

a. I feel their sadness. I really care.
b. I feel helpless. There's really nothing I can do to help them.
c. I'm annoyed. These kids are really caught between them despite what mother says.

ITEM 63.   WHAT IS THE MOTHER FEELING AT THIS POINT?

a. I want so much for them to not blame me for the divorce. I feel so vulnerable.
b. It hurts to hear how much they miss their dad.
c. I may be saying that, but I don't believe it. I'm still furious with him.

Scene 14 - 2   THERAPIST - FAMILY (WITHOUT FATHER)

SETTING: THERAPIST - OLDER SON - YOUNGER SON - MOTHER
                            (Scott)   (Muggsy)

   Opening Statement (Younger Son): *I was sad.*

    Closing Statement (Older Son): *They didn't like what each other did.*

Time: 50 seconds

ITEM 64. WHAT IS THE YOUNGER SON FEELING AT THIS POINT?

        a. I'm scared - what if Mom gets mad at me?
        b. I feel sad, and hurt.
        c. I know everything will be okay, but I'm still a little sad.

ITEM 65. WHAT IS THE OLDER SON FEELING AT THIS POINT?

        a. I'm furious.
        b. It's depressing - there's sure no fun in all this.
        c. I hurt so much.

APPENDIX D

SAMPLE INTERVENTION ACTIVITIES

SAMPLE INTERVENTION ACTIVITIES

Meeting #1

    A. Teacher role-plays various easily identified emotions such as happy, sad, angry, hurt.

    B. Students practice expressions of common feelings.

    C. Discussion -- How do we "know" the feelings of others? List criteria.

Meeting #2

    A. Individual role-plays: Situations include missing winning point in game, An obese person being called fat in front of class.

    B. Discussion -- Sympathy vs Empathy
                -- What determines how you <u>respond</u>?
                -- What determines how you <u>react?</u>

    C. Role-plays for empathy: Class identifies conditions needed for accurate responding.

Meeting #3

    A. Role-play obvious disabilities such as blindness and deafness.

    B. Discuss sympathy and empathy regarding the above, "What conditions are needed to sympathize, to empathize?"

    C. Reverse roles and practice responding.

    D. Teacher role-play less obvious disabilities such as learning disabled. Students practice empathic responding.

Meeting #4

    A. Role-play and role-reversals -- use of non-dominant hand.

B. Practice in helper-helpee dyad.

C. Discussion -- What conditions are needed for
                   empathic responding?
               -- How can we become more so?
               -- How does perceived similarity help?

D. Film -- "Trick or Treat" -- followed by role-plays/
    reversals showing examples of helping behavior
    (empathy).

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