EMPATHY TRAINING FOR ADOLESCENT PEER COUNSELLING

by

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Abstract

This study sought to test the feasibility of training sixth-grade girls to assist in the counselling process. In particular, their ability to learn and demonstrate the skill of empathic responding was assessed. The research study involved 24 volunteer girls who were randomly assigned to three groups, those who: (a) received training in paraphrasing and reflection of feeling, (b) received training which included paraphrasing, reflection of feeling and positive self-instruction, and (c) formed a control group. Because of the possibility that empathy may often be inhibited by self-concern, positive self-instruction was included to discover whether reminders to concentrate on another person would reduce anxiety in trainees and facilitate their expressions of empathy. Subjects' skills were assessed by: (a) girls in the same grade at a different school, (b) expert adult judges relying upon audiotapes, and (c) an expert adult judge who also acted as client. Experts used the Carkhuff (1969) Scale of Empathic Understanding in Interpersonal Processes, and the peers used a modified Carkhuff scale constructed for the study. The findings were as follows: (a) significant increases in empathy for the trained groups, when compared to the control group, on the basis of expert ratings, (b) no significant difference in
empathy among groups when rated by peers acting as clients, (c) no significant correlation between ratings of peer clients and experts, (d) no significant difference in empathy between the two trained groups. Thus, training produced significant increases in empathy, as measured by experts; however, other findings suggested that sixth-grade girls wanted good advice along with empathy from their peers. Training at this developmental stage should probably include problem-solving skills in addition to empathy.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>ii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>ix</td>
</tr>
<tr>
<td>I</td>
<td>INTRODUCTION TO THE STUDY</td>
</tr>
<tr>
<td>Nature of the Problem</td>
<td>1</td>
</tr>
<tr>
<td>Empathy</td>
<td>2</td>
</tr>
<tr>
<td>Empathy Assessment</td>
<td>3</td>
</tr>
<tr>
<td>Empathy Training with Students</td>
<td>4</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>5</td>
</tr>
<tr>
<td>Research Questions</td>
<td>6</td>
</tr>
<tr>
<td>Implications of the Study</td>
<td>6</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>7</td>
</tr>
<tr>
<td>Definitions</td>
<td>7</td>
</tr>
<tr>
<td>Summary</td>
<td>9</td>
</tr>
<tr>
<td>Overview of the Study</td>
<td>9</td>
</tr>
<tr>
<td>II</td>
<td>REVIEW OF LITERATURE</td>
</tr>
<tr>
<td>Empathy</td>
<td>10</td>
</tr>
<tr>
<td>Research on Empathy</td>
<td>10</td>
</tr>
<tr>
<td>Teaching the Use of Empathy</td>
<td>11</td>
</tr>
<tr>
<td>Problems in Evaluating Empathy</td>
<td>12</td>
</tr>
<tr>
<td>Positive Self-Instruction</td>
<td>13</td>
</tr>
<tr>
<td>Positive Self-Instruction with Students</td>
<td>14</td>
</tr>
<tr>
<td>Empathy and Positive Self-Instruction</td>
<td>15</td>
</tr>
<tr>
<td>Early Adolescence: A Suitable Stage for Empathy Training</td>
<td>17</td>
</tr>
<tr>
<td>Student Peers as Counsellors</td>
<td>18</td>
</tr>
<tr>
<td>Review of School-Based Studies</td>
<td>18</td>
</tr>
<tr>
<td>Deficiencies of School-Based Studies</td>
<td>19</td>
</tr>
<tr>
<td>Summary</td>
<td>21</td>
</tr>
<tr>
<td>Formulation of the Study</td>
<td>21</td>
</tr>
<tr>
<td>III</td>
<td>METHODOLOGY</td>
</tr>
<tr>
<td>Population and Sample</td>
<td>23</td>
</tr>
<tr>
<td>Definitions</td>
<td>25</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>28</td>
</tr>
<tr>
<td>Hypothesis Testing</td>
<td>29</td>
</tr>
<tr>
<td>Design</td>
<td>31</td>
</tr>
<tr>
<td>General Design</td>
<td>31</td>
</tr>
<tr>
<td>Dependent Variable</td>
<td>31</td>
</tr>
<tr>
<td>Hypothesis Testing</td>
<td>32</td>
</tr>
<tr>
<td>Group Comparisons</td>
<td>32</td>
</tr>
<tr>
<td>Specific Procedures</td>
<td>32</td>
</tr>
</tbody>
</table>
TABLE OF CONTENTS - continued

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures</td>
<td>32</td>
</tr>
<tr>
<td>Treatment Procedures</td>
<td>32</td>
</tr>
<tr>
<td>Specific Design</td>
<td>33</td>
</tr>
<tr>
<td>Testing Procedures</td>
<td>34</td>
</tr>
<tr>
<td>Sampling Procedures and Assignments</td>
<td>35</td>
</tr>
<tr>
<td>Measurement of Dependent Variable</td>
<td>36</td>
</tr>
<tr>
<td>Scoring Instruments</td>
<td>36</td>
</tr>
<tr>
<td>Carkhuff Scale for Measurement of Empathy</td>
<td>36</td>
</tr>
<tr>
<td>Naive-Peer-Rater Scale of Understanding: Auto-Scale of Empathy</td>
<td>36</td>
</tr>
<tr>
<td>Scoring Procedures</td>
<td>40</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>41</td>
</tr>
<tr>
<td>Design</td>
<td>41</td>
</tr>
<tr>
<td>Scales</td>
<td>42</td>
</tr>
<tr>
<td>Rationales</td>
<td>43</td>
</tr>
<tr>
<td>One to-one Setting</td>
<td>43</td>
</tr>
<tr>
<td>Null Hypotheses</td>
<td>44</td>
</tr>
<tr>
<td>IV RESULTS</td>
<td>47</td>
</tr>
<tr>
<td>Analysis of Data</td>
<td>47</td>
</tr>
<tr>
<td>Hypothesis One</td>
<td>50</td>
</tr>
<tr>
<td>Hypothesis Two</td>
<td>52</td>
</tr>
<tr>
<td>Hypothesis Three</td>
<td>54</td>
</tr>
<tr>
<td>Hypothesis Four</td>
<td>55</td>
</tr>
<tr>
<td>Hypothesis Five</td>
<td>60</td>
</tr>
<tr>
<td>Hypothesis Six</td>
<td>61</td>
</tr>
<tr>
<td>Hypothesis Seven</td>
<td>62</td>
</tr>
<tr>
<td>V DISCUSSION AND IMPLICATIONS</td>
<td>66</td>
</tr>
<tr>
<td>Findings</td>
<td>66</td>
</tr>
<tr>
<td>Research Question (a)</td>
<td>66</td>
</tr>
<tr>
<td>Research Question (b)</td>
<td>68</td>
</tr>
<tr>
<td>Research Question (c)</td>
<td>69</td>
</tr>
<tr>
<td>Research Question (d)</td>
<td>71</td>
</tr>
<tr>
<td>Summary of Findings and Conclusions</td>
<td>73</td>
</tr>
<tr>
<td>Directions for Future Research</td>
<td>78</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>83</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>93</td>
</tr>
</tbody>
</table>
## LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Means, Standard Deviations and t-Value for Empathy Scores: Audiotaped Responses to Stimulus Statement (Expert Raters: Group 1)</td>
<td>51</td>
</tr>
<tr>
<td>2</td>
<td>Means, Standard Deviations and t-Value for Empathy Scores: Audiotaped Responses of Trainee Interviews (Expert Raters: Group 1)</td>
<td>52</td>
</tr>
<tr>
<td>3</td>
<td>Means, Standard Deviations and t-Value for Empathy Scores: Trainee Interview (Naive-Peer-Client Raters: Group 1)</td>
<td>53</td>
</tr>
<tr>
<td>4</td>
<td>Means, Standard Deviations and t-Values for Empathy Scores: Audiotaped Responses to Stimulus Statement (Expert Raters: Group 2)</td>
<td>53</td>
</tr>
<tr>
<td>5</td>
<td>Means, Standard Deviations and t-Value for Empathy Scores: Audiotaped Responses of Trainee Interviews (Expert Raters: Group 2)</td>
<td>53</td>
</tr>
<tr>
<td>6</td>
<td>Means, Standard Deviations and t-Value for Empathy Scores: Trainee Interviews (Naive-Peer-Client Raters: Group 2)</td>
<td>53</td>
</tr>
<tr>
<td>7</td>
<td>Means, Standard Deviations and t-Value for Empathy Scores: Audiotaped Responses to Stimulus Statement (Expert Raters: Control Group)</td>
<td>54</td>
</tr>
<tr>
<td>8</td>
<td>Means, Standard Deviations and t-Value for Empathy Scores: Audiotaped Responses of Subject Interviews (Expert Raters: Control Group)</td>
<td>55</td>
</tr>
<tr>
<td>9</td>
<td>Means, Standard Deviations, and t-Value for Empathy Scores: Subject Interviews (Naive-Peer-Client Raters: Control Group)</td>
<td>55</td>
</tr>
<tr>
<td>10</td>
<td>Analysis of Variance for Three Groups, Posttest 1: Audiotaped Responses to Stimulus Statement (Expert Raters)</td>
<td>57</td>
</tr>
<tr>
<td>11</td>
<td>Tukey Multiple-Comparison, Posttest 1: Audiotaped Responses to Stimulus Statement (Expert Raters)</td>
<td>57</td>
</tr>
<tr>
<td>Table</td>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Analysis of Variance for Three Groups, Posttest 2: Audiotaped Responses of Interviews with Peers (Expert Raters)</td>
<td>58</td>
</tr>
<tr>
<td>13</td>
<td>Tukey Multiple-Comparison, Posttest 2: Audiotaped Responses of Interviews with Peers (Expert Raters)</td>
<td>58</td>
</tr>
<tr>
<td>14</td>
<td>Analysis of Variance for Three Groups' Empathy Scores (Naive-Peer-Client Raters: Posttest Interview)</td>
<td>59</td>
</tr>
<tr>
<td>15</td>
<td>Analysis of Variance for Three Groups' Empathy Scores (Expert Client Rater: Posttest Interview)</td>
<td>59</td>
</tr>
<tr>
<td>16</td>
<td>Tukey Multiple-Comparison (Expert-Client Rater: Posttest Interview Empathy Scores)</td>
<td>60</td>
</tr>
<tr>
<td>17</td>
<td>Correlation Coefficients: Expert versus Naive Raters (Pretest Interview)</td>
<td>61</td>
</tr>
<tr>
<td>18</td>
<td>Correlation Coefficients: Expert versus Naive Raters (Posttest Peer Interview)</td>
<td>62</td>
</tr>
<tr>
<td>19</td>
<td>Correlation Coefficients for Empathy Scores: Naive and Expert Client-Raters (Posttest Interviews)</td>
<td>63</td>
</tr>
<tr>
<td>20</td>
<td>Empathy Scores: Pretest and Posttest Means and Standard Deviations, t-Values and Probabilities: Audiotaped Responses of Subject Interviews</td>
<td>64</td>
</tr>
<tr>
<td>21</td>
<td>Empathy Scores: t-Values and Probabilities, Pretest and Posttest Means and Standard Deviations: Subject Interviews (Naive-Peer-Client Raters: Three Groups)</td>
<td>65</td>
</tr>
</tbody>
</table>
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Effect of Empathy Training on Interview Behaviour: (Expert Raters)</td>
<td>48</td>
</tr>
<tr>
<td>2</td>
<td>Effect of Empathy Training on Interview Behaviour: (Naive Raters)</td>
<td>48</td>
</tr>
<tr>
<td>3</td>
<td>Mean Empathy Ratings for Three Groups: (Pretest)</td>
<td>49</td>
</tr>
<tr>
<td>4</td>
<td>Mean Empathy Ratings for Three Groups: (Posttest)</td>
<td>49</td>
</tr>
</tbody>
</table>
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CHAPTER I. INTRODUCTION TO THE STUDY

Nature of the Problem

Our society has been defined as an unhealthy one where symptoms of distress are widespread (Bronfenbrenner, 1977; LaLonde, 1976; Srole, Lagner, Mischael, Opter & Rennie, 1972). With regard to the young, rising problems of alcohol and drug abuse, alienation, depression and suicide have overburdened the health facilities (Rice, 1977). Traditional forms of help must be dramatically improved or changed in order to deal with current psychosocial problems.

One part of the problem may be that adolescent peer groups generally contribute little to the self-esteem of their members (Delworth, 1974), but adolescence is the stage of development when emotional independence from parents is usually sought and young people depend upon the peer group for understanding (Havighurst, 1951). In order to improve interpersonal skills, such as understanding of one another, some schools have initiated peer counselling programs (Anderson, 1976; Andrade, 1975; Brown, 1980; Dyer, 1975; Varenhorst, 1974).

In attempting to deal with the rise in acute problems among their students, some counsellors have reasoned that if students could listen with understanding to their peers' problems, there could be a reduction in teenage alienation, depression, and in drug and alcohol abuse (Merchant & Zingle, 1977;
Samuels & Samuels, 1975). However, it seems imperative that such young counsellors be trained and assessed to be certain that they respond to others at a level of understanding which is considered to be minimally facilitative, that is, to be beneficial to others by helping them to explore their own thoughts and feelings. This quality of understanding may be called "empathy."

**Empathy**

Researchers have found that empathy, understanding of the feeling and meaning of another person and the communication of that understanding to that person (Rogers, 1959), can be sharpened through training (Carkhuff, 1969; Ivey, 1978). The implication for the social sciences is that effective counsellors can be trained and that there may be many potentially effective counsellors who have not yet had the opportunity for suitable training.

Perhaps an explanation needs to be made with regard to the term "empathy." In one sense this term is used to describe the deep feelings of understanding of one person for another, a global concept which, so far, cannot be validated empirically. It may or may not be possible for training to facilitate positive changes in the deep feelings of one person for another and measurement of such feelings cannot be made with any degree of accuracy. Therefore, research has generally utilized rating scales to measure changes in the facilitative skills of empathy, warmth, and genuineness which rely to a
great extent upon verbal responses as an indication of feelings of understanding. The scales cannot measure all aspects of a global empathy construct.

It may also be noted that there is not yet conclusive evidence that the communication of empathy as measured by the Carkhuff Scales provides for effective counselling with all persons in all situations. Studies have failed to present answers to the important question: "Which counsellors, under what conditions, with which types of clients at what stage of life, need to use which kinds of skills to effect what kinds of client changes?" There is even an unanswered question in relation to when in the course of a counselling interview or series of interviews counsellor empathic responding is most facilitative. Nevertheless, it was concluded, after an extensive review of research that "The recent evidence, although equivocal, does seem to suggest that empathy, warmth, and genuineness are related in some way to client change but that their potency and generalizability are not as great as once thought" (Mitchell, Bozarth, & Krauft, 1977, p. 483).

Empathy Assessment

Carl Rogers' work in the 1950's and '60's found empathy instrumental in the growth of emotional health (Rogers, 1957, 1959, 1968). Carkhuff (1969) attempted to isolate the empathy element in human interactions, testing for its presence with a 5-point scale. Subjects scoring at level 3 on this scale were considered to demonstrate empathy to a degree that would be effective and facilitative in counselling (Truax & Carkhuff, 1964).
It is difficult to capture evidence of a counsellor's personal impact and document this empirically. However, teasing out the ingredients that are involved in making a positive difference has been what much of the research of Rogers and his followers has been about. Imperfect though they are, the Carkhuff scales have been widely used in such research and empathy, as measured by these scales, has shown a positive relationship in most of the outcome studies. Although there is no empirical evidence that verbal and nonverbal responses equate precisely with deeper feelings, research has continued to use Carkhuff-like scales in attempting to provide objective accounts of the personal factors which correlate with positive change.

Reviewers of research in which empathy was evaluated have recommended, however, that innovative measures, particularly of client-perceived empathy, should be used to supplement the Carkhuff-type scales (Fiske, 1977; Gurman, 1977; Mitchell, Bozarth & Krauft, 1977).

*Empathy Training with Students*

College and secondary school students have been able to profit from training, and have undertaken some effective counselling functions with their peers (Montes & Ortega, 1976; Wrenn & Wencke, 1972). Vogelsong's (1976) study suggested that perhaps elementary school students can be trained to respond more empathically to one another. The assumption is that an increase in communicated empathy may develop better peer relations. More study should be undertaken with this age group because of the preventive possibilities of training.
before serious problems might arise. Effective communication skills may be helpful in forming meaningful peer relationships before adjustments to the more impersonal secondary school situation must be made.

**Purpose of the Study**

Because of the incidence of adolescent problems and the presumed benefits of peers who respond with empathy there is a particular need to assess the impact of empathy training on young people. Past experience with groups of young students who acted with hostility and destructiveness to other students had prompted me to try to develop some means of changing student values so that more humane behaviour might result. As a counsellor, I had used one-to-one training to teach some elementary school students, who exhibited antisocial actions and who apparently lacked empathy, how to respond with a degree of understanding towards others. The present study emerged out of that activity, out of concern for many young students, and out of promising research with older adolescents and others (Andrade, 1973; Bergin, 1971; Haynes & Avery, 1979; Hefele, 1979; Hundleby, 1973).

Grade six girls were chosen because developmental issues are of great concern in the middle school years (Morris, 1978), and adolescence is a time of concern with self-esteem and peer relations, of changing goals and roles (Buttery & Allan, 1981; Freud, 1958). It seems possible that if girls in the 11 to 13 age group could talk and listen to one another with empathy,
these communication skills could continue to be used and later lessen some of the serious problems that often accompany late adolescence, such as alienation and anxiety.

The study set out to both train and then assess improvement in empathy skills of trainees, not only from the vantage points of nonparticipant expert raters, but also that of clients, peers and an adult. An additional purpose was to assess the effect of including positive self-instruction in the training of one group. This technique will be discussed later.

Research Questions

In short, the study set out to answer these questions: Will short-term one-to-one training in the use of paraphrasing and reflection of feeling be sufficient to enhance empathic responding significantly? Will positive self-instruction combined with paraphrasing and reflection of feeling be more effective in training for empathic responding? What will be the relationship among assessments of empathy from the vantage points of clients, peer and adult, and external raters?

Implications of the Study

If the study indicated that the training is effective in increasing trainees' empathic responding to peers or adults, then such training could be suggested for use with similar populations. If results showed that the inclusion of positive self-instruction as a component part of training is relatively
effective it could be recommended for inclusion in training. The long-term implications for improved school climate and prevention of serious problems of adolescence would require further study.

**Limitations of the Study**

1. Only volunteers among grade six girls were employed in the study which limits generalizability of the results to similar populations.

2. Testing included counselling interviews with peers from a different school so that generalizability of results to discussions with friends is not known.

3. Girls who formed the control group did not receive the same individual attention given to trainees; therefore, they were not a true placebo control group.

Further details of limitations will be given in Chapter III where operational definitions of terms used will also be found.

**Definitions**

The definitions which follow are those which may be helpful in understanding terms used in the first two chapters.

**Empathy:** The accurate communication of understanding and sensitivity to both the feelings and experience of another person and their meaning and significance (Truax & Mitchell, 1971).
Client-perceived empathy: The extent to which a helpee is aware of a helper's empathy which has been communicated to her. This perceived empathy is sometimes referred to as received or experienced empathy.

Minimally-facilitative level of empathy: That level of responding assumed to enable a client to explore his own thoughts and feelings. At this level, the expressions of the helper, or person trying to be facilitative, are essentially interchangeable with those of the helpee or client. On the Carkhuff Scale for Measurement of Empathy, a 5-point scale, the number "3" is defined as the minimally facilitative level.

Cognitive self-rehearsal: One of a number of techniques used by a group of researchers who call themselves "cognitive behaviour modifiers" in which all subjects are trained to verbalize to themselves certain expressions, generally of a positive or encouraging nature (see Meichenbaum, 1979).

Positive self-instruction: The overt verbalizations which subjects are encouraged to use and which are designed to direct their thoughts to relevant aspects of empathic responding and self-encouragement, and the hypothesized silent repetition of those verbalizations as "thoughts."

Attending behaviour: Behaviour normally used by persons when they closely attend to or listen to another person, such as a posture of leaning somewhat towards that other person and maintaining comfortable eye contact.
Paraphrasing: The verbalization of a summary of the content of what another person communicates.

Reflection of feeling: The verbalization of the feelings assumed to be operating in another person who is acting as a client.

Summary

In summary, then, the literature suggests that empathy is a quality which can be developed by training (Carkhuff, 1969; Ivey, 1978; Truax & Carkhuff, 1964). It has been demonstrated that elementary school pupils can master some components of empathy (Vogelsong, 1976), and training them to be understanding of their peers could have importance for prevention of some of the problems of late adolescence. At this age level, however, training and assessing empathy is problematic, and it remains to be seen whether the Carkhuff scales by themselves are sufficient to measure empathy of elementary school students or whether supporting measures are necessary to supplement the scales.

Overview of the Study

In the next chapter the literature on empathy training, on positive self-instruction, and schools' peer counselling programs will be reviewed. In Chapter III the methodology of the study is presented and in Chapter IV, the results are given. A discussion of the implications of the research, and suggestions for future study, are presented in Chapter V.
CHAPTER II. REVIEW OF LITERATURE

The purpose of the following chapter is to examine literature on empathy, positive self-instruction, and peer counselling among students.

Since Gurman and Razin (1977) have already extensively reviewed research on empathy and its training, and since Carr and Saunders (1980) offer summaries of most of the studies and programs dealing with peer counselling, only those studies of particular relevance to the present study will be reviewed here.

Empathy

Research on Empathy

The research on empathy by Carl Rogers and his associates (Rogers, 1959, 1961, 1968; Rogers & Dyamond, 1954; Rogers, Gendlin, Kiesler & Truax, 1967) has had a profound impact on the field of counselling; results of such studies indicated that counsellors demonstrating a high degree of empathy facilitated improvement in clients. Later studies indicated positive improvement in the behaviour of students who interacted with others who showed them empathy (Brown, 1974; Gartner & Riessman, 1974).

Comprehensive reviews of research have concluded that, in general, empathy facilitates positive movement towards emotional health (Luborsky, Auerbach, Chandler, Cohen, Bachrach, 1971; Rachman, 1973). However, some critics claim that empathy may not be so important in situations other than Rogerian
therapy (Gladstein, 1977; Rappaport & Chinsky, 1972).

There is a need for knowledge of the conditions under which a counsellor's empathy is most beneficial to clients.

**Teaching the Use of Empathy**

As mentioned in the foregoing chapter, considerable research has been devoted to examining ways in which people's capacity for empathy can be developed (Andrade, 1973; Bierman, Carkhuff & Santilli, 1972; Haynes & Avery, 1979). Ivey's (1968) work in training counsellors to use empathy involved breaking down complex interpersonal skills into manageable learning units because, like most complex qualities, empathy too has component parts. For example, "active listening" is necessary for the understanding of another person before that understanding can be paraphrased and communicated. Ivey's fledgling counsellors were encouraged to master one component skill before progressing to the next so that success was ensured in one skill before another was attempted.

Some secondary students have apparently been trained to communicate more empathically (Hundleby, 1973). However, it may be noted that although Hundleby's program used the term "empathy" extensively, the actual task set for assessment by peers was to choose which of two students they could "go and talk to." This may not necessarily represent the most empathic communicator.

Younger students may well be able to achieve similar results. Given individual training and a program which teaches basic skills—in other words, a modified version of Ivey's
microcounselling model—they may be able to learn to employ empathic communication more in interpersonal dealings.

Problems in Evaluating Empathy

Since empathy is somewhat intangible, it follows that its measurement is subject to many difficulties. One reason for problems in evaluating empathy is that positive results in many studies could follow from trainees' sensitization to the assessment instruments. The Hundleby study is noteworthy partly because peers did the assessing so that the evaluation was not subject to this criticism.

Another problem is that most evaluations have used scales similar to those developed by Truax and Carkhuff (1967) and it is not known if empathy as rated by experts using these scales also appears facilitative to those who have not been trained to use the scales.

A third problem is that clients and external judges have rarely agreed on the degree of empathy a counsellor demonstrated in a counselling situation (Fish, 1970; Gurman, 1977). Fiske (1977), therefore, has suggested that it would be valuable to rate empathy from more than one vantage point. The ratings could be expected to disagree, he concluded, but client-perceived empathy should be given more weight.

In seeking to evaluate empathy training among elementary school students, counsellors must address all of these criticisms. As well, they should look for answers to several questions:
(a) How can empathy-related skills be taught to young students?
(b) Is counselling assessed by expert raters as being high in empathy viewed similarly by young students?
(c) How can client-perceived empathy be assessed when the clients are young students?

Positive Self-Instruction

Cognitive constructs have become increasingly prominent in the behaviour-modification literature and in research (Bandura, 1977; Goldfried & Merbaum, 1973; Mahoney, 1977; Meichenbaum, 1973; Rosenthal, 1976; Thoresen & Coates, 1976). However, they are by no means new, for early literature abounds with accounts of techniques to help clients based on client participation through cognitive factors such as positive self-instruction (Coué, 1922; Ellis, 1962; Kelly, 1955; Perls, 1969; Luria, 1961).

A basic principle of positive self-instruction is that thoughts affect emotion and behaviour (Ellis, 1973; Meichenbaum, 1978) and therefore clients can be taught to verbalize, overtly and then covertly, appropriate positive statements about themselves and a task which is likely to facilitate success with the task. Homme (1965) maintained that behaviour is controlled to a great extent by beliefs, attitudes and other cognitions. Covert behaviours, some believe, obey the same psychological laws as overt behaviours and are thus capable of being manipulated by similar methods (Bandura, 1969;
Ellis, 1973). Flannery (1972) and Mahoney (1971) have said that using positive self-statements, that is, saying encouraging things to oneself, modifies maladaptive thoughts and is somewhat similar to using relaxation to ease anxiety. It resembles, they say, techniques used by Wolpe and Lazarus (1966) in which subjects were asked to imagine fearful events during relaxation sessions and gradually learned to cope with anxiety.

Positive Self-Instruction with Students

Many of these positive self-instruction (PSI) studies have presented data which may be meaningfully related to the development of empathy in communication among elementary school students (Buffington & Stillwell, 1980; Ellis, 1969; Gerler & Omiza, 1981; Goldfried & Merbaum, 1973; Knaus, 1974; Mahoney, 1977; Meichenbaum, 1978). Encouraging reports of success have been noted in many areas, such as with impulsivity (Meichenbaum & Goodman, 1971), aggression (Camp, 1975), and hyperactivity (Gerler & Omiza, 1981).

With regard to many of the positive self-instructional studies for which claims of success have been made, there are, however, serious methodological weaknesses. For example, a study by Meichenbaum and Goodman (1971) in which claims were made for a program to control impulsivity in children, the Matching Familiar Figures test was used as an assessment. This measure was endorsed as a valid assessment of impulsivity only by the experimenters themselves and by Kagan, who had originated the assessment. There was no evidence of control of impulsivity in the classroom situation on the part of the
five members of the trained group. There are still many unanswered questions about the cognitive control of behaviour.

Nevertheless, it would appear that a cognitive approach may facilitate empathy in the responses of people who are over-anxious and self-conscious because, according to Bucheimer (1963), most empathy errors were caused by a counsellor's self-doubt, personal anxieties, and such concern about self that the problems of others were not noticed; therefore, increasing a trainee counsellor's concentration on the words and feelings of the client presumably should help to eliminate barriers to empathy.

**Empathy and Positive Self-Instruction**

Only two studies were found which combined empathy training with positive self-instruction and both studies involved university students. One, by Cabush and Edwards (1976), compared two groups on the level of empathy in responses they made to themselves. The students had sought counselling for personal social problems at a campus clinic. The students' level of empathy in self-responding, as rated from tapes, indicated significant improvement.

The second study that included positive self-instruction, by Yager, Ochiltree and Brekke (1975), claimed significant gains in empathy ratings for the cognitive group over those trained with the empathy model alone. The subjects, volunteers from a psychology class, practised responding with empathy. Dependent measures of the study consisted of pre and posttraining empathy ratings made using Carkhuff's 5-point scale.
For posttesting, subjects responded verbally into a tape recorder to videotaped emotional vignettes. The pretest asked only for written responses.

In examining the results of the latter study, and the impressive gain in empathy reported for the group which added cognitive self-instruction to the Carkhuff training method, one thing stands out. At posttest, the two groups averaged almost identical scores in empathy, 2.75 on the Carkhuff scale. The significant gain on this criterion measure claimed for the cognitive self-instructional group resulted from the fact that the group had significantly lower pretest scores.

In addition, there was a negative (-.17) correlation between the pre and posttest scores for all subjects. It may be that training resulted in learning for most subjects up to the 2.75 average empathy level, and that this formed a ceiling for learning in that situation. It may also be that the written empathy responses used for the pretest were not related to responses which might have been given verbally.

Because a person can accurately identify the feelings of another does not mean he has the ability to use the knowledge effectively in a counselling relationship (Fiske, Hunt, Luborsky & Orne, 1970). It is, therefore, questionable whether the results of the Yager study indicate that the additional cognitive self-instructional component would increase the empathy communicated in a counselling situation. The superiority claimed for this addition to empathy training requires further verification.
In summary, considerable research has been undertaken into empathy as a teachable body of skills since empathy was perceived as quantifiable, but the training and instruments designed to measure counsellors' empathy have come under some criticism. Secondly, positive self-instruction, a cognitive technique, has twice been linked with empathy training and it appears that it may benefit counsellors whose personal difficulties threaten to obscure their concentration on client problems.

On this basis, the current study was formulated to unite positive self-instruction with the empathy training of young students and to assess results from a number of vantage points.

**Early Adolescence: A Suitable Stage for Empathy Training**

As young people enter early adolescence, they are likely to rely more upon their peers for understanding and help with personal problems than they did in the early grades. Since Schoeppe and Havighurst (1952) found that change is more likely to occur among the 11 to 13 age group than in those 13 to 16 years old, it seems to follow that, to develop skills of empathy in counselling relationships with peers, early adolescence is a suitable stage for training. Because serious problems such as depression and drug abuse are more common in adolescents 16 and older than in younger adolescents (Muus, 1968), for preventive purposes it may be beneficial for training to be given to younger people.
Student Peers as Counsellors

Peers exert an important influence on socialization, particularly during adolescence (De Courcy & Duerfeldt, 1973; Muus, 1968). During the past decade, school counsellors have been increasingly capitalizing on this influence by arranging for students to help one another in counselling and other capacities (Carr & Saunders, 1980; Hamburg & Varenhorst, 1972; Keat, 1976; Krueger, 1971; Soby, 1971).

Objective research with young students is rare, although schoolchildren have formally and informally helped one another in public school settings for a long time. The two most relevant studies, those which relate most closely to the present study, involve empathy training with young students and the use of client-perceived assessments. These studies will be reviewed in the following section.

Review of School-Based Studies

Vogelsong (1976) trained eight fifth-grade students to respond to one another with empathy. He taught them to identify and express emotions while counselling and then had them practise in pairs. The dyadic interactions were evaluated by expert judges using audiotapes; assessment was limited to interactions between trainees. Although generalization of effects to other peers is limited, the study suggests that fairly young students can learn to respond to one another with empathy.

Client-perceived empathy was used for assessment in an innovative study with senior secondary students trained to
communicate empathy (Hundleby, 1973). Peers who did not know the trainees, or those in the control group, took part in individual interviews with members of both groups. They perceived the trainees to be significantly better to talk to in a one-to-one situation than those who had not been trained.

Hundleby's is one of the few school-based studies in which evaluation employed clients' perceptions of received empathy, an assessment thought to be more relevant to outcome than the perceptions of external judges (Fiske, 1977; Gladstein, 1977; Rogers, 1968). Also, it did not rely upon assessments similar to materials used in training and this form of assessment merits replication.

Deficiencies of School-Based Studies

Although the use of student facilitators appears to be a promising development, studies have not yet shown what level of empathic responding is possible for young adolescents. As public schools design and implement peer counselling programs, professional counsellors should be aware of the skills of their young trainees and the effects of the program on their helpees and clients. Because a low level of counsellor empathy has been found to have a detrimental effect on adult clients (Bergin, 1971; Truax & Carkhuff, 1967), this may also be true of adolescents counselled by their peers, and the public schools have a responsibility to protect the clients of young counsellors.
As mentioned previously, not enough attention has generally been paid to client assessments of empathy, particularly in elementary schools, where no studies were found to employ client-perceived assessments although people in general have shown an ability to recognize empathy in those with whom they interact (Mitchell, 1975). Since indications are that the effect of expressed empathy is highly contingent upon the receiver of empathy (McNally, 1973), and since the adolescent developmental stage is different from other life stages, perhaps there should be comparisons made between adolescent and adult ratings of empathy, particularly since it is not clear whether or not the language perceived as empathic by expert judges using the Carkhuff scales is similarly perceived by young clients.

Published evaluations of facilitative skills-training programs in elementary and secondary schools have generally been positive (Anderson, 1976; Andrade, 1973; Buck, 1977); but since many of these programs were an integral part of the school system, formal evaluation was usually seen as unnecessary. Some group training programs have concluded with a discussion of feelings and the beneficial effects of listening and caring (McCann, 1975). Helpers have frequently filled out questionnaires about the programs, and feedback from teachers and parents has been solicited (Buck, 1977; Gumaer, 1973), generally in anecdotal form. It seems that more objective research is needed of peer
counselling with young students.

Furthermore, innovation is needed in training. Although group methods have generally been used for training school peer counsellors, perhaps individualized training should also be assessed. Because positive self-instruction offers potential as an aid to empathy training and since this procedure has only been studied once in connection with the training of university peer counsellors, the effects with younger students should also be assessed.

Summary

Schoolchildren have traditionally helped one another in the classroom, but formal peer counselling programs are a fairly recent innovation. Research on elementary-school students counselling one another is ground-breaking in nature and raises as many questions as it answers. Considering the importance of improved peer relations with adolescents, this seems a worthwhile age group for further work.

Formulation of the Study

Because of the potential importance of increasing empathic responses in young adolescents, this study was designed to answer the following questions:

(a) Can 11 to 13 year olds achieve a minimally facilitative level of empathy through short-term, individualized training?
(b) Does the addition of positive self-instruction enhance empathic responding of young people?

(c) What is the relationship between empathic responding judged by experts and empathic responding judged by young counsellors' peer clients?

(d) Do young adolescent clients rate empathy differently from an adult-expert client?
CHAPTER III. METHODOLOGY

The present study focussed on empathy as the dependent variable and used assessments by naive as well as expert raters. Subjects were randomly assigned to two treatment and one control condition, which were used to test for training effects. One experimental condition included a positive self-verbalization component along with the basic training in empathic responding, such as that received by the other experimental group. There were three pretests and four posttest ratings, including the ratings by the naive peers.

Population and Sample

Subjects. Twenty-four female grade six students were the subjects in this study. The trainer went into the two grade six classrooms in the participating school and asked which girls would like to participate in training designed to enable them to be "better listeners" to their friends and others. They were told that only 16 girls would participate in the training that the choice of who was trained would be decided randomly from among the volunteers. Requirements for participants were specified:

(i) They must be willing to keep their school work up to date and have the permission of their teacher to miss one or two classes per week for a period of up to eight weeks.
(ii) They must be committed to the training so that, if a training session must be missed because of examinations, absences or other reasons, they would be willing to make up the session after school if necessary.

(iii) They must be able to obtain permission for training from their parents or guardians.

(iv) They must be willing to do approximately 10 minutes of "homework" weekly; that is, to practice what they have learned with someone from among those being trained and record the practice session on an audiotape so that it could be reviewed in individual training sessions.

Assessable Population. Volunteers from grade six females attending an urban public school in the lower mainland of British Columbia.

Sample. Twenty-four subjects were randomly selected from all volunteers and then randomly divided into three groups. Experimental conditions were then randomly assigned to each group. Thus, there were 16 experimental subjects and the eight control group subjects (experimental assistants).
Definitions

For this study the following operational definitions were adopted:

Dependent variable: Empathy

(i) a score on the Carkhuff Scale for Measurement of Empathy as judged by trained raters from audiotapes of:
   a) responses to stimulus statements recorded on audiotape, and
   b) counselling interactions of subjects with peer-client raters,

(ii) a score on the Carkhuff Scale for Measurement of Empathy as judged by a trained rater from a live interaction with subjects, and

(iii) a score on a scale for measurement of understanding as judged by naive-peer-client raters after an interaction of up to five minutes with subjects.

Independent variable: Experimental treatment. Time spent in individual training in skills such as paraphrasing and reflection of feeling presumed to improve subjects' responding with empathy.

Treatments: The teaching of skills of attending behavior, paraphrasing and reflection of feelings to student trainees in both experimental groups.

(i) Treatment 1: The intensive practice of empathic responding by trainees for a period of 10 minutes
included in each 35-minute training session.

(ii) Treatment 2: The practice of a form of cognitive-behavior modification known as "cognitive self-instruction" for a period of 10 minutes of each 35-minute training session. Experimental Group 2 participated in Treatment 2 (see Appendix C-6).

**Subjects**: The girls in this experiment who were presented with:

1. tape-recorded stimulus statements to which they provided a verbal response recorded on an audiotape.
2. a peer-client-rater to whom they responded in a manner they thought of as facilitative or understanding.
3. an adult expert rater to whom they responded in a manner they thought of as facilitative or understanding.

**Naive-peer-client rater**: A person who had minimal exposure to rating scales for empathic responding, had no experience with empathic-responding-skills training programs and who did not know personally the subjects in the experiment. The girl communicated to a subject whom she subsequently rated as to the degree of understanding or empathy that subject communicated to her. The client-rater was of approximately the same age as subjects in the experiment and was referred to also as a peer-client rater and as a client rater.
Naive-Peer-Client-Rater Scale of Understanding: A 5-point scale on which a peer rater was asked to check the degree of understanding and caring she felt from the interaction with the peer to whom she had just communicated a problem. This was also referred to as a Scale of Understanding (Appendix A-2).

Trainer (also the experimenter): The person who communicated with and asked for interactions from trainees for the purpose of increasing trainees' ability to understand another person and to respond with empathy.

Treatment-effectiveness measures: Scores on rating scales were used to indicate increased empathy as judged by raters. Rating scales used were:

(a) Carkhuff Scale for the Measurement of Empathy (understanding in interpersonal processes), and

(b) a self-constructed 5-point scale for rating of experienced understanding by naive peer-client-raters.

Judges: Three doctoral students in the Department of Counselling Psychology, experienced in the use of the Carkhuff scale, who judged the level of empathy expressed by subjects.

Trainees: Sixteen female grade-six students who were randomly selected from among the volunteers to take part in the training program. They were randomly divided into two experimental groups of eight trainees each.
**Stimulus statements**: Messages, in print, of a person who was expressing a suitable concern for discussion. Different tape recorded messages were used at pre and posttest one.

**Client**: A person who adopted the role of one who was expressing personal concerns to another person who, in turn, was trying to be understanding or facilitative.

**Communications training**: A planned program of instruction that involved activities focused on the learning of specific skills for improving verbal, face-to-face, one-to-one communication.

**Data Analysis**

The statistical techniques used were the Pearson Product-Moment Correlation, $r$, the $t$ test for dependent means, and analysis of variance. All data were processed at the University of British Columbia Computing Centre.

In order to test hypotheses one, two and three, $t$ tests for dependent samples were performed to determine whether or not there were significant differences between pre and posttest means of each of the three groups. Analysis of variance was used to examine the data for significant differences among the three groups on the pretests and posttests. A multiple comparison test, if necessary, was proposed involving the Tukey method.

A Pearson Product-Moment correlation between ratings by expert and naive raters was determined for each of the three groups at pretest and at posttest. Ratings by expert judges using audiotapes only, and by an expert judge in a live interview situation were also correlated with ratings by naive raters
all of whom were involved in a live interview situation.

Hypothesis Testing

Initial equivalence of the three groups with regard to empathic responding was ascertained by analysis of variance. The means of empathy scores, as rated by expert judges, were used in assessing the magnitude of the differences in performance of the three groups for both pretest 1 and pretest 2. Means of empathy scores for all three groups, as rated by naive-peer-client raters, were also used and an analysis of variance performed.

The assumptions underlying the use of a t test for dependent samples are that the subjects are drawn randomly from populations within which the dependent variable is normally distributed and that population variances are homogeneous. Subjects in this study were volunteers randomly assigned to groups. Since sample one was composed of ratings made before administration of the treatment and sample two a collection of scores made by the same subjects after treatment, they were considered to be scores for dependent samples.

Analysis of variance was selected to determine if the differences among groups were significant. Assumptions for use of this statistical procedure are that subjects used have been drawn at random from normal populations with equal variances and that the different samples are independent. These assumptions were approximately met in the present study.

The .05 level of significance was selected as the level at which the null hypothesis would be rejected.
For calculating correlations the Spearman Rank-Order Correlation Coefficient was rejected as being less satisfactory than the Pearson Product-Moment Coefficient. The Carkhuff scale provides for ratings ranging from 1 to 5 so that there would be, of necessity, a large number of tied scores if ordinal ranking were imposed upon the data and much useful information would be lost.

Empathy appears to vary among people. Some individuals seem to almost merge with others in sensitivity, seeming to blend the boundaries of self so that their objective appraisal may be minimal in some encounters. Other individuals appear totally unaware of the thoughts and feelings of others and to be wholly involved in their own thoughts. Although the Carkhuff scale provides descriptions which are quite exact, even trained judges' ratings are not identical and some doubt is evident as to the exact placement of ratings which take into consideration both verbal and nonverbal aspects of an encounter. Empathy, like most characteristics of people, appears to be distributed normally but, unlike height or weight, cannot be measured with sufficient accuracy to consider an underlying interval scale. However it can be thought of as being quasi-interval. Parametric tests can be used with such a continuous scale characteristic.

The Tukey method is sometimes used to detect, after an analysis of variance, which group means are significantly different from each other. The Tukey method is superior, in terms of its power to detect significant differences
between sample means to the Scheffé method when considering pairwise comparisons and it accounts for almost all of the applications of multiple comparison procedures used in educational research (Glass & Stanley, 1976). Thus, it was used in this research.

**Design**

a) **General Design**

This study focussed on the teaching of empathic responding to early adolescents using two experimental and one control group. A pretest, posttest control group design was used, diagrammatically represented as follows:

```
R  0_1  X_1  0_2
R  0_1  X_2  0_2
R  0_1  --  0_2
```

Key:  
- **R** = random assignment
- **0_1** = pretests
- **X_1** = treatment plus empathic responding practice (i.e., treatment one)
- **X_2** = treatment plus cognitive self-instruction (i.e., treatment two)
- **0_2** = posttests

b) **Dependent Variable**

The dependent variable was communicated empathy as measured by:

(i) experienced raters using the Carkhuff Scale for Measurement of Empathy, and
(ii) naive-peer-client raters assessing on the basis of experienced or received empathy, using a 5-point scale based upon the degree of understanding and caring that raters felt was given them.

c) Hypothesis Testing

Null Hypotheses with regard to judged empathy were examined using the Carkhuff Scale for Measurement of Empathy scores.

Null Hypotheses with regard to experienced empathy were examined using the scores registered by naive-peer-client raters on a self-constructed scale of empathy called a Scale of Understanding. Naive raters were strangers to the subjects until the testing situation.

d) Group Comparisons

Comparisons were made between:

(i) Experimental Group 1 and the control group,
(ii) Experimental Group 2 and the control group,
(iii) Experimental Group 1 and Experimental Group 2.

e) Specific Procedures

Training proceeded for five weeks exclusive of the pretest and posttest sessions. The first training session was a group session for orientation. All other training sessions were individualized and lasted 35 minutes.

In the study there were two experimental conditions and one control condition.

Procedures

a) Treatment Procedures

Specific procedures are detailed in Appendix C and an overview of procedures is presented in Specific Design (p. 33).
### Specific Design

<table>
<thead>
<tr>
<th>Day</th>
<th>Experimental Treatment</th>
<th>Experimental Treatment</th>
<th>Control:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Condition 1</td>
<td>Condition 2</td>
<td>Group 3</td>
</tr>
<tr>
<td>1, 2</td>
<td>Pretest 1 and 2</td>
<td>Pretest 1 and 2</td>
<td>Pretest 1 and 2</td>
</tr>
<tr>
<td>3</td>
<td>group orientation</td>
<td>group orientation</td>
<td></td>
</tr>
<tr>
<td>4-8</td>
<td>5 minutes: trainee's presentation of concerns, and trainer responses.</td>
<td>5 minutes: trainee's presentation of concerns, and trainer responses.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 minutes: trainee rates trainer, using taped trainer responses (above)</td>
<td>5 minutes: trainee rates trainer, using taped trainer responses (above)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 minutes: trainee practices paraphrasing and reflection of feeling.</td>
<td>10 minutes: trainee practices paraphrasing, reflection of feeling, and positive self-instruction.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 minutes: listening to trainee's practice session on audiotape.</td>
<td>5 minutes: listening to trainee's practice session on audiotape.</td>
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<tr>
<td>9, 10</td>
<td>Posttest 1, 2 and 3</td>
<td>Posttest 1, 2 and 3</td>
<td>Posttest 1, 2 and 3</td>
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</table>

Total training time was the same for each of the experimental groups. Each training session was 35 minutes long. Details of treatment and rating procedures are included (Appendix C-6 and C-7).
b) **Testing Procedures**

All subjects were informed that this testing and training would be part of a research project and that their level of skills at enabling a person to feel understood and cared for would be assessed before and after training. Subjects were given extensive written information for themselves and their parents outlining procedures and time expectations as well as their rights (see Appendix B). There were no extraneous incentives offered to subjects such as academic grades. In fact, they were told that their teachers would hold them responsible to make up any work missed while they were participating in the training.

For Pre and Posttest 1, individual subjects were asked to respond to an audiotaped stimulus statement and the response was audiotaped for later rating. Pre and Posttest 2 consisted of an interaction with a peer, a stranger to the subject, with whom she communicated. This interaction was rated not only by a naive-peer-client rater but, also, through the use of audiotape, by expert raters. For an additional posttest, an adult male acted as client and also as a rater of the empathy for each subject. Details of the above testing procedures are given in Appendix C.

After completion of all testing, audiotapes were retaped before experts rated them. Pre and Posttests 1 and 2 were numbered and a table of random numbers used in order to randomize the order of rating.
Sampling Procedures and Assignments

Because of individualized training, random assignment of subjects to experimental and control groups was possible. In order to be able to correct statistically for possible imbalances in pretraining performance, pretests were used and an analysis of variance performed on the results. A table of random numbers was used to prevent systematic biases in the selection of the 24 females from among the volunteers. Subjects were then randomly assigned to three groups. Treatment for groups was decided randomly as well.

Random sampling was also used to select eight students from among the female volunteers from a different elementary school to act as client-raters. Four of these grade six student-raters were randomly selected for the pretest situation and four for the posttest. They were randomly assigned to two subjects from each of the three experimental groups. They discussed a similar concern with each of the six and rated each as to the degree of empathic responding they experienced during each session of up to five minutes duration. Prior to the interview they were given minimal instruction in the use of the Scale of Understanding (Appendix A-2). Suggestions were also given regarding the types of concerns considered suitable for discussion during the testing interview (Appendix D-1).
Measurement of Dependent Variable

(a) The Carkhuff Scale for Measurement of Empathy was used by experienced raters to assess the level of the subjects' empathy. Raters listened to audiotaped recordings of the subjects' responses to:

(i) stimulus statements prerecorded on audiotapes, and
(ii) peer-client raters during a counselling interaction of up to five minutes duration.

(b) An expert judge, acting as client and also as rater of the same interview presented a problem situation, similar for each of the 24 subjects, and rated the level of apparent empathy of each subject directly after each interaction. He used the Carkhuff Scale for Measurement of Empathy.

(c) A 5-point scale was used by naive-peer-client raters to assess the level of empathy experienced from the subjects during a counselling interaction of up to five minutes duration.

Scoring Instruments

a) Carkhuff Scale for Measurement of Empathy (Appendix A-1)

Carkhuff's empathy scale has been used much more frequently to assess levels of facilitation of counsellors and trainees than has any other of Carkhuff's scales such as those for genuineness or nonpossessive warmth. Empathy has shown a closer relationship to outcome criteria than have other of the facilitative skills (Gurman & Razin, 1977). The empathy scale ranges from level 1, at which the responses of the helper indicate little or no awareness of even obvious
feelings expressed by the helpee, to level 5, at which the helper expresses accurately the feeling levels and seems to be fully "with the helpee in his deepest moments." Carkhuff described the levels as indicated in Appendix A-1.

With regard to test reliability and interrater reliability there are a number of studies contributing data. Carkhuff, Kratchovil and Friel (1968) reported internal consistency reliabilities of .90, .99, and .94; Cannon and Carkhuff (1969) reported Pearson Product-Moment correlations for rater-rater reliability of two raters of .94, .93, and .92.

There does not appear to be very clear evidence concerning the construct validity or predictive validity of Carkhuff's scale for measurement of facilitative conditions (Caracena & Vicory, 1969; Kiesler, Mathieu & Klein, 1967; Rappaport & Chinsky, 1972; Shapiro, 1968). Shapiro (1969) contended that although the scale may have apparent face validity "there was little evidence of what the scale actually measures since most of the research evidence relates the scale to outcome and other therapy variables" (p. 352). The fallacy of reasoning that correlational data between a variable and outcome indicate a cause-effect relationship has been frequently pointed out (Rappaport & Chinsky, 1971, p. 401).

Many studies have shown a correlation between empathy as measured by the Carkhuff scale and outcomes such as global rating of client improvement; however, the judging of improvement has generally been rated by the client or therapist
In addition, research evidence has failed to show that, even in normal clients, objectively measured levels of empathy match the clients' perception of facilitative conditions (Caracena & Vicory, 1969). The construct validity of the scales remains very much in question but the critics have yet to produce instruments in which one can place greater confidence. The scales continue to be utilized by many researchers.

b) Naive-Peer-Rater Scale of Understanding: Auto-Scale of Empathy

A 5-point scale was used for peers' judgments of what they considered understanding and caring; that is, empathic or non-empathic responding. Each peer-client rater was asked to check the description which was closest to her opinion about a just-completed interaction with a subject.

A level 1 judgment was one in which the peer-client rater felt that her ideas and feelings were not understood by the subject. For a level 5 rating, the peer-client rater indicated that she thought that her feelings and ideas were understood extremely well and that she, as a person, was cared about. Levels 2, 3 and 4 provided for levels of empathy between the two extremes (Appendix A-2).

A scale on which the reliability and validity have been assessed, such as the Carkhuff scale, was rejected because training these early adolescents to score accurately on the scale may have prejudiced them in favour of comments and
interactions which adults tend to rate as empathic when a major objective of the study was to discover more about communication deemed understanding by adolescents. Therefore the naive-peer-client raters were asked to rate the following statement on the 5-point scale:

"I think that the girl I just talked to understood what I was saying and how I felt and that she also cared about me and what I was talking about."

Shapiro (1968) reported correlations of three Carkhuff scales with a semantic differential rating for dimensions of understanding - not-understanding and good - bad. Accurate empathy ratings correlated .67 and warmth .87 with the understanding - not understanding dimensions. Accurate empathy correlated .71 with the evaluation of good - bad.

The study involved relationships between expert and neophyte ratings of therapeutic conditions.

A semantic differential measure of empathy was developed by Bellucci (1973). The Truax-Carkhuff measure of accurate empathy showed a correlation of .79 with the empathic differential scale. The words understanding-nonunderstanding, listening-nonlistening, caring-uncaring, trusting-distrusting, and liking-disliking were those with the highest loading on the factor called empathy. It would therefore seem reasonable that the scale used by the naive peers should satisfactorily measure their idea of empathy. If we assume that there will be little change in the empathic responding of the control group between pre and posttesting then the ratings of the naive peers for this group should offer a measure of the
variability of peer ratings.

c) Scoring Procedures. Expert raters were three experienced counsellors who had almost completed a doctoral program in counselling psychology. They had all taught communication skills professionally and all had extensive practice in the use of the Carkhuff Scale for Measurement of Empathy. Also, they had rated empathy in previous pilot studies and showed very close agreement in their judgment of empathy. Before rating in this study they were each given a copy of Carkhuff's descriptions of empathic understanding (Appendix A-1).

Rating for Pre and Posttest 2. Each expert rater listened to each tape-recorded interview and recorded a score on the Carkhuff scale representing the raters' judgment of the subject's empathy. A global score for the entire interview between the subject and the naive-peer-client rater was given.

Rating for Posttest 3. An expert rater performed the functions of both client and rater. He had had many years of experience working with young people in counselling situations and now taught communication skills professionally. He had used the Carkhuff Scale for Measurement of Empathy extensively.

The rater, in his role as client, talked about a personal problem situation relating to insincere behavior of some of his friends, a problem to which each of the subjects responded readily. He stopped each interview after five
minutes. After each subject had returned to class the rater immediately recorded an empathy score along with brief notes as to cues which helped to provide the basis for his assessment (Appendix E-2).

Ratings by Naive-Peer-Client Raters. A score from one to five was indicated by each of these raters, right after each interview with a subject, to reflect the degree of understanding and caring the naive-peer-client rater thought was shown by the subject. Details of preparation for rating by peer raters is included in Appendix C-2.

Limitations of the Study

Design

The design of the study, with its pretest, posttest, and control groups, should control for the following sources of internal invalidity: history, maturation, testing, selection and instrumentation (Campbell & Stanley, 1963). With regard to external validity, however, it may be weak in controlling for the interaction of some of the testing and treatment.

There may be reactive effects of the treatment and testing where ratings are made by trained judges of empathy using the Carkhuff scale because the trainer, aware of the nature of responses rated highly on the Carkhuff scale, may have encouraged similar responses during training. Therefore, perceptions of empathy by naive peers were added in an attempt to alleviate the problem and to provide a comparison for the two forms of rating.
Three further possible limitations of the study's design are as follows:

a) that subjects become sensitized to experimental testing;
b) that factors other than treatment—such as the amount of individual attention subjects received—may be operating in changes in their performance, invalidating the comparison between the experimental and control groups, and
c) that the smallness of the sample, although randomly assigned to groups, admits the possibility that the groups were not comparable in variables which may be relevant, such as positive or negative sets, or motivation for change.

Scales

A simple rating scale (Scale of Understanding) was constructed for this study. There are no empirical data on its reliability or validity, but its use was considered desirable in an attempt to see whether sixth-grade girls generally agreed with the ratings of experts.

Conclusions based upon the Carkhuff Scale may be weakened by criticisms which have been levelled at this instrument (Caracena & Vicory, 1969; Kiesler, Mathieu & Klein, 1967; Rappaport & Chinsky, 1972; Shapiro, 1968).
Rationales

Subject Choice

Participants in this study, sixth-grade girl volunteers who had received parental consent, had spent their school lives in the same largely middle-class suburb. Only one student lived outside the school's catchment area. Thus, there is likely to be more homogeneity of subjects than would be the situation in schools serving widely differing socio-economic groups.

Boys were not included in the study for two reasons: First, sex may be a confounding factor where empathy is concerned, because some young adolescents lack openness in discussing anything with peers of the opposite sex (Muus, 1968). In addition, girls of 11 to 13 have matured much more homogeneously than boys (Hembling, 1971). Using girls as subjects, therefore, provides a greater possibility that measured effects will be the result of training and not of random factors resulting from maturational level.

Attempts were made to eliminate selection bias. Almost every student given the opportunity to volunteer did so.

One-to-one Setting

Individualized treatment enabled randomization of experimental occasions to occur. Possible sources of bias, such as the time of day, the day of the week or the nearness of examinations, were more balanced among subjects than if the training had been done in groups with treatment history shared by all group members. Also, because of concerns about students
losing classroom instructional time, it seemed that individu-
alized rather than grouped instruction would be more efficient.

Null Hypotheses

$H_1$: There will be no statistically significant difference ($\alpha = .05$) between the pretest mean and the posttest mean of Experimental Group 1 based on:

a) Carkhuff ratings of audiotaped responses of trainees to a given stimulus statement.
b) Carkhuff ratings of audiotaped responses of trainee interviews with naive-peer-clients.
c) Ratings of trainee interviews by naive-peer-client raters using a self-constructed, Carkhuff-like, 5-point scale for empathy.

$H_2$: There will be no statistically significant difference ($\alpha = .05$) between the pretest mean and the posttest mean of Experimental Group 2 based on:

a) Carkhuff ratings of audiotaped responses of trainees to a given stimulus statement.
b) Carkhuff ratings of audiotaped responses of trainee interviews with naive-peer-clients.
c) Ratings of trainee interviews by naive-peer-client raters using a self-constructed, Carkhuff-like, 5-point scale for empathy.
$H_3$: There will be no statistically significant difference ($\alpha = .05$) between the pretest mean and the posttest mean of the control group based on:

a) Carkhuff ratings of audiotaped responses of subjects to a given stimulus statement;

b) Carkhuff ratings of audiotaped responses of subjects' interviews with naive-peer-clients;

c) Ratings of subject interviews by naive-peer-client raters using a self-constructed, Carkhuff-like, 5-point scale for empathy.

$H_4$: There will be no statistically significant difference ($\alpha = .05$) among the posttest means of Experimental Group 1, Experimental Group 2, and the Control Group based on:

a) Carkhuff ratings of audiotaped responses of trainees to a given stimulus statement.

b) Carkhuff ratings of audiotaped responses of trainee interviews with naive-peer-clients.

c) Carkhuff ratings by an expert judge acting also as client in an interview.

d) Ratings of trainee interviews by naive-peer-client raters using a self-constructed, Carkhuff-like, 5-point scale for empathy.

$H_5$: There will be no statistically significant correlation ($\alpha = .05$) between the empathy scores assigned by expert raters and naive-peer-client raters for the posttest
interview involving each group and measured by the Pearson Product-Moment correlation, \( r \).

**H_6:** There will be no statistically significant correlation \((\leq .05\) between the empathy scores assigned by expert raters and naive-peer-client raters for the posttest interview involving each group and measured by the Pearson Product-Moment correlation, \( r \).

**H_7:** There will be no statistically significant correlation \((\leq .05)\) between the empathy scores assigned in a live interview situation by an expert rater and naive-peer-client raters, involving each group and measured by the Pearson Product-Moment correlation, \( r \).
CHAPTER IV. RESULTS

This study was specifically addressed to an investigation of the following:

1. An assessment of the impact of a training program on the empathic responding of early adolescents, as judged by:
   (a) expert raters, based on audiotapes;
   (b) an expert rater in a live interview situation;
   (c) naive-peer-client raters.

2. An assessment of the impact of a positive-self-verbalization component included in the training.

3. An investigation of the relationship between empathy scores as judged by:
   (a) expert and naive adolescent raters;
   (b) expert raters using audiotapes and an expert rater in a live interview situation;
   (c) naive adolescent and expert client-raters.

Analysis of Data

The processing of data was performed by computer program (SPSS, version 8) and yielded means, standard deviations, standard errors, t and F values as well as Pearson Product-Moment correlations. The findings of this study are presented by stating the hypothesis, giving the statistical results and the conclusions based on the findings. Figures 1, 2, 3 and 4 are presented to give an overview of results.
Figure 1
Effect of Empathy Training on Interview Behaviour:
(Expert Raters)
Means of Empathy Scores

Figure 2
Effect of Empathy Training on Interview Behaviour:
(Naive Raters)
Means of Empathy Scores
Figure 3
Mean Empathy Ratings for Three Groups: (Pretest)

Expert Raters    Naive Client Raters

<table>
<thead>
<tr>
<th>Group:</th>
<th>1</th>
<th>2</th>
<th>Control</th>
<th>1</th>
<th>2</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.40</td>
<td>1.48</td>
<td>1.52</td>
<td>3.50</td>
<td>3.25</td>
<td>3.13</td>
</tr>
</tbody>
</table>

Figure 4
Mean Empathy Ratings for Three Groups: (Posttest)

Expert Raters    Expert Client Rater    Naive Client Raters

<table>
<thead>
<tr>
<th>Group:</th>
<th>1</th>
<th>2</th>
<th>Control</th>
<th>1</th>
<th>2</th>
<th>Control</th>
<th>1</th>
<th>2</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.83</td>
<td>2.90</td>
<td>3.31</td>
<td>3.50</td>
<td>3.75</td>
<td>4.13</td>
<td>3.69</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.42</td>
<td>1.38</td>
<td>1.38</td>
<td>1.38</td>
<td>1.38</td>
<td>1.38</td>
<td>1.38</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
There are separate subsections to each of the major hypotheses. The subsections will be examined separately rather than treating the major hypothesis as a unit.

**Hypothesis One:**

There will be no statistically significant difference ($\leq .05$) between the pretest mean and the posttest mean of Experimental Group 1 based on:

a) Carkhuff ratings of audiotaped responses of trainees to a given stimulus statement.

b) Carkhuff ratings of audiotaped responses of trainee interviews with naive-peer-clients;

c) Ratings of trainee interviews by naive-peer-client raters using a self-constructed, Carkhuff-like, 5-point scale for empathy.

Inspection of Table 1 and Table 2 reveals statistically significant increases in trainees' communicated empathy as indicated in responses to a stimulus statement and also in a live interview situation with a peer. These measurements were made by raters expert in the use of the Carkhuff Scale. However, when measurements were made by naive-peer-clients (Table 3), a non-significant gain was noted. Chapter V will address a number of possibilities for explaining these differences in mean empathy scores.
Table 1
Means, Standard Deviations and t-Value for Empathy Scores: Audiotaped Responses to Stimulus Statement (Expert Raters: Group 1)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Means</th>
<th>Standard deviation</th>
<th>t-Value</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest 1</td>
<td>1.31</td>
<td>.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posttest 1</td>
<td>3.40</td>
<td>.44</td>
<td>12.97</td>
<td>.000</td>
</tr>
</tbody>
</table>

Table 2
Means, Standard Deviations and t-Value for Empathy Scores: Audiotaped Responses of Trainee Interviews (Expert Raters: Group 1)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-Value</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest 2</td>
<td>1.40</td>
<td>.15</td>
<td>6.05</td>
<td>.001</td>
</tr>
<tr>
<td>Posttest 2</td>
<td>2.83</td>
<td>.78</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3
Means, Standard Deviations and t-Value for Empathy Scores: Trainee Interview (Naive-Peer-Client Raters: Group 1)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-Value</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>3.50</td>
<td>.89</td>
<td>.43</td>
<td>.681</td>
</tr>
<tr>
<td>Posttest</td>
<td>3.75</td>
<td>1.28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 indicates that the gains in empathy, as rated by sixth-grade girls, did not reach the significance level of .05.
Hypothesis Two:

There will be no statistically significant difference \((\alpha = .05)\) between the pretest mean and the posttest mean of Experimental Group 2 based on:

a) Carkhuff ratings of audiobtain responses of trainees to a given stimulus statement.

b) Carkhuff ratings of audiobtain responses of trainee interviews with naive-peer-clients.

c) Ratings of trainee interviews by naive-peer-client raters using a self-constructed, Carkhuff-like, 5-point scale for empathy.

Inspection of Tables 4 and 5 reveals similar results for Group 2 to those for Group 1. Significant pretest to post-test gains in empathic responding are noted when based upon expert ratings. Naive ratings (Table 6) indicate statistically nonsignificant gains in empathy.
## Table 4
**Means, Standard Deviations and t-Values for Empathy Scores: Audiotaped Responses to Stimulus Statement**  
(Expert Raters: Group 2)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-Value</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest 1</td>
<td>1.27</td>
<td>.12</td>
<td>20.37</td>
<td>.000</td>
</tr>
<tr>
<td>Posttest 1</td>
<td>3.67</td>
<td>.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Table 5
**Means, Standard Deviations and t-Value for Empathy Scores: Audiotaped Responses of Trainee Interviews**  
(Expert Raters: Group 2)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-Value</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest 2</td>
<td>1.48</td>
<td>.17</td>
<td>3.87</td>
<td>.006</td>
</tr>
<tr>
<td>Posttest 2</td>
<td>2.90</td>
<td>1.14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Table 6
**Means, Standard Deviations and t-Value for Empathy Scores: Trainee Interviews**  
(Naive-Peer-Client Raters: Group 2)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-Value</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest 2</td>
<td>3.25</td>
<td>1.17</td>
<td>1.99</td>
<td>.087</td>
</tr>
<tr>
<td>Posttest 2</td>
<td>4.13</td>
<td>.84</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 6 indicates that the gains in empathy, as rated by the young counsellors' peers, did not reach the significance level of .05.

Hypothesis Three:

There will be no statistically significant difference (\( \alpha = .05 \)) between the pretest mean and the posttest mean of the control group based on:

(a) Carkhuff ratings of audiotaped responses of subjects to a given stimulus statement;

(b) Carkhuff ratings of audiotaped responses of subjects' interviews with naive-peer-clients;

(c) ratings of subject interviews by naive-peer-client raters using a self-constructed, Carkhuff-like, 5-point scale for empathy.

In examining the results of Table 7 it is apparent that expert raters noted a significant posttest gain in empathy by the control group with respect to their responses to an audiotaped stimulus statement. Some possible reasons for this result will be discussed in Chapter 5.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-Value</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest 1</td>
<td>1.25</td>
<td>.13</td>
<td>3.87</td>
<td>.006</td>
</tr>
<tr>
<td>Posttest 1</td>
<td>1.52</td>
<td>.14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The control group made significant gains in expressed empathy in responses to a taped stimulus statement (see Table 7) but not to a peer in a counselling interview (Table 8).

Table 8
Means, Standard Deviations and t-Value for Empathy Scores: Audiotaped Responses of Subject Interviews (Expert Raters: Control Group)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-Value</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest 2</td>
<td>1.52</td>
<td>.30</td>
<td>-.96</td>
<td>.370</td>
</tr>
<tr>
<td>Posttest 2</td>
<td>1.42</td>
<td>.22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There was not a significant gain in empathic responding for the control group as rated by naive peers (see Table 9).

Table 9
Means, Standard Deviations, and t-Value for Empathy Scores: Subject Interviews (Naive-Peer-Client Raters: Control Group)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-Value</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest 2</td>
<td>3.13</td>
<td>.99</td>
<td>1.76</td>
<td>.122</td>
</tr>
<tr>
<td>Posttest 2</td>
<td>3.69</td>
<td>1.22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Hypothesis Four:

There will be no statistically significant differences (<= .05) among the posttest means of Experimental Group 1, Experimental Group 2, and the control group based on:
a) Carkhuff ratings of audiotaped responses of trainees to a given stimulus statement;
b) Carkhuff ratings of audiotaped responses of trainees' interviews with naive-peer clients;
c) Carkhuff ratings by an expert judge acting as a client in an interview;
d) ratings of trainee interviews by naive-peer-client raters using a self-constructed Carkhuff-like, 5-point scale for empathy.

The term "Honest Significant Difference" (HSD) is used to indicate the selected critical value when using the Tukey procedure. With regard to the application of this procedure to the significant differences between means (Tables 10, 12 and 15) for hypothesis 4 a), b), c) and c), the findings were as follows:

There was a significant difference between the means for Group 1 and Group 3 (Tables 11, 13 and 16).

There was a significant difference between the means for Group 2 and Group 3 (Tables 11, 13 and 16).

There was no significant difference between the means for Group 2 and Group 1 (Tables 11, 13 and 16).

For Hypothesis 4 (d) there were no significant differences among the group means (Table 14).
Table 10

Analysis of Variance for Three Groups, Posttest 1: Audiotaped Responses to Stimulus Statement (Expert Raters)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>21.85</td>
<td>10.92</td>
<td>110.49</td>
<td>.000</td>
</tr>
<tr>
<td>Within Groups</td>
<td>21</td>
<td>2.08</td>
<td>.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>23</td>
<td>23.92</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 11

Tukey Multiple-Comparison, Posttest 1: Audiotaped Responses to Stimulus Statement (Expert Raters)

<table>
<thead>
<tr>
<th>Group</th>
<th>Means</th>
<th>Standard deviations</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp. 1</td>
<td>3.40</td>
<td>.44</td>
<td></td>
</tr>
<tr>
<td>Exp. 2</td>
<td>3.67</td>
<td>.30</td>
<td>.27</td>
</tr>
<tr>
<td>Control</td>
<td>1.52</td>
<td>.14</td>
<td>2.15*</td>
</tr>
</tbody>
</table>

*H S D (Critical value): .39

There were significant differences between Group 1 and the control group and between Group 2 and the control group but not between the two trained groups in this assessment of empathy by expert raters (see Tables 10 and 11 above).
Table 12

Analysis of Variance for Three Groups, Posttest 2:
Audiotaped Responses of Interviews with Peers
(Expert Raters)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>11.20</td>
<td>5.60</td>
<td>8.57</td>
<td>.002</td>
</tr>
<tr>
<td>Within Groups</td>
<td>21</td>
<td>13.72</td>
<td>.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>23</td>
<td>24.92</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 13

Tukey Multiple-Comparison, Posttest 2:
Audiotaped Responses of Interviews with Peers
(Expert Raters)

<table>
<thead>
<tr>
<th>Group</th>
<th>Means</th>
<th>Standard Deviations</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp. 1</td>
<td>2.83</td>
<td>.78</td>
<td></td>
</tr>
<tr>
<td>Exp. 2</td>
<td>2.90</td>
<td>1.14</td>
<td>1.41*</td>
</tr>
<tr>
<td>Control</td>
<td>1.42</td>
<td>.22</td>
<td></td>
</tr>
</tbody>
</table>

*H S D (Critical value): 1.01

Expert ratings of the peer counselling interviews indicated significant differences between Group 1 and the control group and between Group 2 and the control group but not between the two trained groups (see Tables 12 and 13).
Table 14
Analysis of Variance for Three Groups' Empathy Scores
(Naive-Peer-Client Raters: Posttest Interview)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>.90</td>
<td>.45</td>
<td>.35</td>
<td>.710</td>
</tr>
<tr>
<td>Within Groups</td>
<td>21</td>
<td>26.84</td>
<td>1.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>23</td>
<td>27.74</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ratings by peers taking the role of clients in a counseling interview did not indicate significant differences among the three groups in the study (see Table 14, above).

Table 15
Analysis of Variance for Three Groups' Empathy Scores
(Expert Client Rater: Posttest Interview)

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>SS</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>2</td>
<td>22.15</td>
<td>11.07</td>
<td>16.21</td>
<td>.000</td>
</tr>
<tr>
<td>Within Groups</td>
<td>21</td>
<td>14.34</td>
<td>.68</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>23</td>
<td>36.49</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There was a significant difference among the three groups' empathy scores as rated by the expert in the role of client, as indicated in Table 15, above.
Table 16
Tukey Multiple-Comparison
(Expert-Client Rater: Posttest Interview Empathy Scores)

<table>
<thead>
<tr>
<th>Group</th>
<th>Means</th>
<th>Standard deviations</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp. 1</td>
<td>3.31</td>
<td>.96</td>
<td>.19</td>
</tr>
<tr>
<td>Exp. 2</td>
<td>3.50</td>
<td>1.04</td>
<td>2.12*</td>
</tr>
<tr>
<td>Control</td>
<td>1.38</td>
<td>.23</td>
<td>1.93*</td>
</tr>
</tbody>
</table>

*H S D (Critical Value): 1.04

The expert judge acting as client in an interview noted significant mean differences in empathy between Group 1 and the control group and between Group 2 and the control group but not between the two trained groups (see Table 16).

In summary, the test results for training effects produced evidence that training contributed to greater empathic responding as assessed by expert raters using the Carkhuff scale. However, there were no significant differences in empathy measures involving rating by naive-peer-clients. The experimental group which used positive self-verbalization (Group 2) did not show significant improvement in empathic responding over the other trained group.

Hypothesis Five:

H5: There will be no statistically significant correlation (α = .05) between the empathy scores assigned by expert raters and naive-peer-client raters for the pretest interview involving each group and measured by the Pearson Product-Moment correlation, r.
There were four naive raters at pretest and four at posttest each of whom rated six subjects, two subjects from each of the three groups. Therefore, naive ratings for each group are a result of ratings by all four naive raters, whereas each expert rated all subjects.

Naive ratings should be representative of ratings which would be made by peers under similar circumstances.

As hypothesized, the correlations among scores assigned by expert raters and those by naive raters were non-significant. Results for the pretest are presented in Table 17.

Table 17
Correlation Coefficients: Expert versus Naive Raters (Pretest Interview)

<table>
<thead>
<tr>
<th>Experimental Group 1</th>
<th>Experimental Group 2</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>.00</td>
<td>.28</td>
<td>.23</td>
</tr>
</tbody>
</table>

Hypothesis Six:
There will be no statistically significant correlation (\( \alpha = .05 \)) between the empathy scores assigned by expert raters and naive-peer-client raters for the posttest interview involving each group and measured by the Pearson Product-Moment correlation, \( r \).

At posttest the correlations among scores assigned by expert and by naive raters were nonsignificant and are shown
in Table 18. Correlation for Experimental Group 2 was negative but nonsignificant.

Table 18
Correlation Coefficients: Expert versus Naive Raters
(Posttest Peer Interview)

<table>
<thead>
<tr>
<th>Experimental Group 1</th>
<th>Experimental Group 2</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>.12</td>
<td>-.26</td>
<td>.38</td>
</tr>
</tbody>
</table>

Hypothesis Seven:

There will be no statistically significant correlation ($<^* = .05$) between the empathy scores assigned in a live interview situation by an expert rater and by naive-peer-client raters involving each group and measured by the Pearson Product-Moment correlation, $r$.

As hypothesized, significance was not reached for ratings assigned by the naive and expert raters even though all raters were in a position to assess nonverbal as well as verbal aspects of empathy. In general, it appeared that in this study sixth-grade girls signified that they generally experienced as more caring and understanding different subjects than those experienced as empathic by the adult rater. Some possible explanations for this will be explored in Chapter 5. As noted in Table 19, however, all correlations were positive.
Table 19
Correlation Coefficients for Empathy Scores:
Naive and Expert Client-Raters
(Posttest Interviews)

<table>
<thead>
<tr>
<th></th>
<th>r</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental Group 1</td>
<td>.42</td>
<td>.30</td>
</tr>
<tr>
<td>Experimental Group 2</td>
<td>.25</td>
<td>.55</td>
</tr>
<tr>
<td>Control Group</td>
<td>.60</td>
<td>.12</td>
</tr>
<tr>
<td>All Subjects</td>
<td>.29</td>
<td>.17</td>
</tr>
</tbody>
</table>

In summary there seems to be some evidence that suitably training early adolescent girls produces an increase in their empathic responding as judged by expert judges based upon Carkhuff ratings of their responses to audiotaped statements and in live interviews with both peers and an adult. There was not statistically significant evidence of additional improvement by the inclusion of a positive-self-verbalization component in training.

Empathic responding as judged by expert adult raters did not show a significant relationship to peer ratings of empathy nor was there evidence that peers found empathic responding to be more understanding and caring from their point of view. However, there was a positive relationship between subjects' empathy as judged from two different perspectives by experts, one as a participant client and others as external raters.

On the 5-point Carkhuff scale, a level 3 response is considered to be minimally facilitative for the client.
Trained groups in this study generally reached Level 3, the type of response which Truax (1964) considered to be necessary to effect positive personality change in clients (see Table 20). Summaries of pretest and posttest levels of empathic responding are presented in Tables 20 and 21.

Table 20
Empathy Scores: Pretest and Posttest Means and Standard Deviations, t-Values and Probabilities: Audiotaped Responses of Subject Interviews

<table>
<thead>
<tr>
<th>Group</th>
<th>Variable</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>t-Value</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp. 1</td>
<td>Pretest 2</td>
<td>1.40</td>
<td>.15</td>
<td>6.05</td>
<td>.001</td>
</tr>
<tr>
<td></td>
<td>Posttest 2</td>
<td>2.83</td>
<td>.78</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exp. 2</td>
<td>Pretest 2</td>
<td>1.48</td>
<td>.17</td>
<td>3.87</td>
<td>.006</td>
</tr>
<tr>
<td></td>
<td>Posttest 2</td>
<td>2.90</td>
<td>1.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>Pretest 2</td>
<td>1.52</td>
<td>.30</td>
<td>-.96</td>
<td>.370</td>
</tr>
<tr>
<td></td>
<td>Posttest 2</td>
<td>1.42</td>
<td>.22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>Variable</td>
<td>Mean</td>
<td>Standard deviation</td>
<td>t-Value</td>
<td>p</td>
</tr>
<tr>
<td>-----------</td>
<td>----------</td>
<td>------</td>
<td>--------------------</td>
<td>---------</td>
<td>------</td>
</tr>
<tr>
<td>Exp. 1</td>
<td>Pretest 2</td>
<td>3.50</td>
<td>.89</td>
<td>.43</td>
<td>.681</td>
</tr>
<tr>
<td></td>
<td>Posttest 2</td>
<td>3.75</td>
<td>1.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exp. 2</td>
<td>Pretest 2</td>
<td>3.25</td>
<td>1.17</td>
<td>1.99</td>
<td>.087</td>
</tr>
<tr>
<td></td>
<td>Posttest 2</td>
<td>4.13</td>
<td>.84</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>Pretest 2</td>
<td>3.13</td>
<td>.99</td>
<td>1.76</td>
<td>.122</td>
</tr>
<tr>
<td></td>
<td>Posttest 2</td>
<td>3.69</td>
<td>1.22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER V. DISCUSSION AND IMPLICATIONS

The study was conducted to explore the feasibility of teaching sixth grade girls to respond with empathy and to assess whether or not such responding was considered more understanding and caring by other girls of similar ages. Another area investigated was the feasibility and effect of including positive-self-instruction into the basic training.

This final chapter will address the implications of the findings and then, after discussion and conclusions, suggestions for further study of young people's empathy training will be made. Answers to the four research questions presented at the conclusion of Chapter II are presented first.

Findings

Research Question (a)

Can 11- to 13-year-old girls achieve a minimally facilitative level of empathic responding?

Expert judges working from audiotapes found significant increments in the empathy displayed by trainee counsellors. There were generally facilitative responses at posttest for trainees. Although peer-client raters noted no significant rise in empathic responding, peer ratings indicated generally facilitative responding even before training. After training, the girls rated trainees' mean scores above level 3,
the facilitative level, and level 4 for Groups 1 and 2 respectively (Table 21).

One possible explanation for the fact that the young adolescent girls failed to note significant pretest to posttest increments in empathic responding may be that the mean scores for all three groups they rated at pretest were above level 3 so that there was not a great deal of room for improvement. The experience of having time away from their own school to talk with peers whose purpose was to understand them and their problems was exciting for all raters and may have provided a "halo" effect so that all interactions seemed satisfactory. It appeared that the raters had not had the experience of discussing these problems with their peers prior to the testing situation and, therefore, found the experience itself so positive that the pretest scores were high and the pretest to posttest differences not significant. Figure 2 illustrates changes in scores.

Thus, the findings show that trainees apparently learned to respond with empathy, as measured by the Carkhuff scales, although empathy skills were not familiar to them before training. Furthermore, expert raters judged that none of the trainees in the study responded with close to facilitative empathy before training whereas, after training, the majority of them did so.

The gains in empathic responding were greater than those reported for many adult training programs when judged by expert raters. Carkhuff (1969), in a review of results from a number
of such programs, noted that the average gain was approximately .5 of a level and he recommended that trainees should be selected who were already functioning at a fairly high level of empathic responding. Truax and Lister (1970) reported a .80 increase in empathy level after a 40-hour training program. In the present study, the total training time for each student was approximately two hours. Therefore, there are implications for the desirability of training at the 11 to 13 age level in line with Schoeppe and Havighurst's (1952) finding that change was much more likely to occur at an earlier age. The mean gain in trainees' empathy, as rated by experts, was 1.84.

Research Question (b)

Does the addition of positive self-instruction enhance empathic responding in young people?

The inclusion of the positive self-instruction (PSI) procedure did not significantly add to the success of basic empathy training, as it did in the study by Yager et al (1975).

Ratings of the PSI empathy group (Group 2) made by clients, both sixth-grade clients and an expert client, showed negative correlations with ratings by external judges (p. 128). Because this was not true of the two other student groups further study with nonverbal behaviour as the dependent variable may be warranted in case the PSI technique has its greatest impact on nonverbal rather than on verbal behaviour.

It is possible that the use of PSI may be detrimental to performance of some students in certain cases. For example, in a study which used PSI to control impulsivity of young
students (Meichenbaum & Goodman, 1971), those students who had been labelled "reflective" rather than "impulsive" performed more poorly as well as almost 25 percent more slowly in the posttest situation. Similarly, it is possible that some people intuitively respond with empathy in a sensitive way which would be hampered by reminders to concentrate on the other person. It seems to follow that those who are self-conscious would be the persons most helped by learning PSI techniques in conjunction with empathy training whereas confident, aware, sensitive people would possibly not benefit at all from it. These possibilities are, as yet, untested.

It cannot be stated with any degree of certainty what the reasons are for the equivocal nature of the results in the present study.

**Research Question (c)**

What is the relationship between empathic responding judged by experts and empathic responding judged by young counsellors' peer-clients?

The findings indicate no significant correlation between the two forms of rating. That is, there is no evidence that counselling deemed high in empathy by expert judges was perceived as more understanding and caring, or was, indeed, preferred by sixth-grade girls. There are a number of possible explanations for the fact that the young adolescent girls failed to note significant differences in empathy among the three groups. For one thing, all subjects appeared to be as understanding and caring as they could be under these
circumstances and often provided suggestions, the kind of help they thought best and, because the raters appeared to be seeking answers to real problem situations, client-raters welcomed suggestions along with empathy. Most peer clients commented upon the positive influence of good advice whereas expert raters focussed more directly upon empathy. At this age level, the common form of helpful communication among peers appeared to be the giving of advice so that this was familiar to peer raters and appeared to be generally welcomed (see Appendix E-1).

Findings such as these could tend to support the contention of Jacobson and Margolin (1979) that a person whose ideas have been reflected may feel as if she is not being understood if she is looking for concrete helpful suggestions. The results also bear on Gladstein's (1979) finding that empathy, as measured by Carkhuff-type scales, appeared to be more relevant to people with deeper emotional problems than those seeking general counselling where the need may be to obtain some useful advice.

Also, this study sought answers in a first session, time-limited interview, whereas more time may be needed for trust to be established and empathic responding to become more valued. These young counsellors were strangers to their clients who had brought with them problems which were of real concern. At this developmental stage, girls are typically eager to learn from their peers. They want new and different ideas because they rely less upon direction from their parents than they did
formerly. Therefore, they may need a period of time in a
counselling relationship to ask for and consider the suggested
solutions of their peers while they weigh the possible con­
sequences of alternative actions. Thus, it may be only in
the latter part of a longer counselling session that empathic
responding is most valued by young people at this developmental
stage. It would be interesting to seek results from longer
counselling sessions in an ongoing counselling relationship
when empathy may be more valued than in a short first inter­
view.

Nonverbal aspects of empathy obviously cannot be picked up
by raters using audiotapes, and some of the young client rated
ners indicated verbally that they felt peer counsellors were more
understanding, for example, if they didn't fidget and if they
looked friendly. Client-perceived empathy ratings have gener­
ally shown little relationship to external judgments of empathy
(Gurman, 1977; Kurtz & Grummon, 1972). However, factors other
than nonverbal differences must be involved in the finding of
nonsignificant correlations because the adult client also
disagreed with naive client ratings.

Research Question (d)

Do young adolescent clients rate empathy differently from
an adult expert client?

The ratings of the male adult expert in the role of client
showed no significant correlation with ratings by the young
clients but he was able to judge empathy on the basis of both
nonverbal and verbal cues, unlike the other expert raters
(Appendix E-2). There is a possibility that expert raters using the Carkhuff Scale have been trained to value certain forms of responses which may not appear as high in empathy to untrained raters or clients in general. Some critics have made such claims (Buetler, Johnson & Neville, 1973; Goldstein, 1971).

It is possible that the adolescent raters perceived more accurately the deeper feelings of their peer counsellors than did the expert raters. The adolescents may have been responding more to the counsellor-as-person in their ratings and were giving realistic views of aspects of the process not accessible to the adult raters whose ratings may reflect a view of the counsellors as technicians.

In this connection, it may be relevant to mention a study (Mitchell, Bozarth & Krauft, 1977). Empathic responding was elevated from low levels (less than 1.5) to minimally facilitative levels (3.0) in a systematically designed training program of less than 100 hours. While this was true for empathy it was not true for other facilitative conditions—warmth and genuineness. Perhaps this was because trainees needed to change only certain specified modes of responding in order to improve their ratings of empathy. It was suggested that empathic responses can be increased in a way which is similar to how reading speed can often be increased, by merely concentrating on response patterns in a rather mechanistic, stereotyped way. Perhaps warmth and genuineness are better indicators of deeper feelings.
It seems likely that nonverbal aspects, empathy, and good suggestions contributed to the ratings of the peer clients whereas experts were negatively influenced by the giving of advice (see Appendix E-1 and E-2).

Summary of Findings and Conclusions

The study confirms Vogelsong's (1976) contention that some young students can be trained to use empathy in counselling interviews. Unlike his study, however, the individual interviews involved untrained strangers and also a counselling interview with an adult as client. Trainees in the present study were not especially selected for their role-model characteristics, as they were in most studies involving elementary school students (Delworth, 1974; Gumaer, 1973; Keat, 1976), but were a random sample of girls.

All trainees, even those with reputations for antisocial behaviour and lack of peer acceptance, were eager to improve their empathic skills. However, an observation was made at the beginning of training which pointed to a need for training in order to effectively utilize this motivation to communicate well. Pairs of trainees willingly reported after school for practise sessions. However, almost all of the trainees asked for help in deciding what to talk about and claimed that they did not know what to talk about. This difficulty in communicating without an assigned topic persisted for varying lengths of time, but was finally overcome. Later, as reputations for
being good listeners apparently spread, two trainees reported that even seventh-grade students were coming to them to discuss problems. The willingness and ability of these 11- to 13-year-old girls to learn skills which were designed to help them to be more understanding and caring of others lends support to the desirability of encouraging training for this age group.

However, the most desirable form and content of the training which would best equip young students to help each other find solutions to their problems is not known. Individual training, as used in the present study, appeared to be efficient in terms of the students' time and the level of empathy achieved, but empathic responding, alone, seemed insufficient for the needs of the young adolescents and the suggestion is made that further analysis of the components of empathic peer counselling be carried out as well as followup studies of the effects of training.

The positive self-instructional technique was well accepted by trainees but apparently did not add significantly to empathy beyond that achieved with the basic training, unlike the results claimed for the Yager et al (1975) study.

Despite the lack of clear indications that students preferred empathy, as measured by the Carkhuff Scale, in counselling from their peers, the study concurs with the conclusion of Martin and Carkhuff (1967) that trainees' empathy skills can be sharpened. It also underlines McNally's (1973) contention that the effect of responding with empathy is contingent upon the receiver and Gladstein's (1977) conclusion that
empathy may be more closely related to client outcome in therapy than in counselling.

There was not a significant correlation between the rating of empathy by experts and by sixth-grade clients. Peer ratings did not show a significant difference between the empathic responding of trainees and the control group but peer ratings for all subjects indicated generally facilitative empathic responding. However, the young clients indicated verbally that they wanted a peer counsellor to listen well and care about them and their problems and to help them to find solutions by giving good advice. A conclusion could be drawn that girls at this developmental stage may require more than empathy, as generally rated by experts, in order to feel that they are fully understood.

A question remains as to the disparity between the findings of this study and those of Hundleby (1973), namely, that trained senior secondary students were perceived by peer raters as significantly more understanding in a counselling interview than those who had not been trained. Students in the present study were at a different developmental stage and possibly just beginning to break away from dependence upon parental advice for solutions to interpersonal problems. Possibly, as a transition from parental advice, that of their peers was sought and they were not yet ready to think through to solutions on their own. Hundleby's older students no doubt had more experience with solving problems and were more self-directed, which would enable them to more easily find solutions to problems through
the expressed empathy of their peers. The implication of this finding is that it is important to train peer counsellors, at this developmental stage, in problem-solving skills as well as in the communication of empathy.

Limitations of this study should be addressed. The fact that the activities of the control group between pretest and posttest remained as unspecified classroom activities, may suggest that individual attention, rather than the training given to trainees, may account for trainees' posttest performance. It was not possible in the present study to have a true placebo control group which would receive the same amount of individual attention as the trainees. Classroom instructional time was highly valued by parents and school personnel; thus, time out of class was not generally permitted to students unless learning activities took place. Parents gave permission for empathy training to take place because specific skills were being taught. Future studies might attend to the control group problem if they could offer placebo control subjects suitable individual instruction which parents, teachers and students believed to be potentially useful and which would not lead to feelings of failure in the posttest situation, which placebo treatment may do in certain situations (Duncan & Laird, 1981).

Findings of the study are influenced by the perceptions of empathy by sixth-grade girls who used a simple scale constructed for the study. Questions naturally arise about the validity of the scale and the ability of the raters to discriminate levels of understanding. However, naive perceptions were chosen for
the study because it was considered valuable to use perceptions unbiased by training and because there is some evidence that even young children perceive fairly accurately the attitudes of others (Hembling, 1978). Nevertheless, more study should be directed to the examination of variability of young raters' perceptions of empathy. In the present study, the only data which offer information regarding this variability come from naive ratings of the control group because it is assumed that very little change took place between pretest and posttest in the interview behaviour of members of this group. The correlation coefficient between naive ratings at pretest and those at posttest for this eight-member group was .69, p = .06. This seems to be a satisfactory correlation when it is considered that the 16 ratings resulted from eight different peer raters.

There may be a need to look critically at the Carkhuff-type scales typically used by experts for measuring empathy for, as Bergin (1971) suggested, the scales may not be appropriate when outcomes are not closely related to Rogerian therapy. Perhaps other scales should be developed which more clearly reflect empathy to the clients for which the treatment is designed. As a start, there may be value in examining the cues which indicated empathy to the sixth-grade girls in the present study (Appendix E-1). These, along with the statistical data, point to young adolescents' need to obtain sound alternative suggestions as indications of empathy for the solution of their problems.
The close friendships and, possibly, sharing of information among the girls in the study may have been partly responsible for the significant Pretest 1 to Posttest 1 difference noted in the empathy of the control group when responding to a pre-recorded stimulus statement. An additional point to note is that the variance in their scores for this test was very small, .13 and .14. Familiarity with the testing situation and the possibility that the control group had heard from their friends about the methods of training may have been responsible for the .25 level change in performance noted by the expert raters (see Table 7). However, no significant change in communicated empathy was noted when the control group took part in the longer interview situation with their peers; that is, the situation to which it was hoped that the training would generalize. Test 1 may be useful, however, in comparing results of this study with others in which outcome is not measured in a live interview situation.

**Directions for Future Research**

The results of this study indicate that individualized short-term training is effective in teaching skills of communicated empathy to early adolescent girls. In addition, it seems that the study also indicates that the girls at this developmental stage value other behaviours in addition to communicated empathy. A study could compare the effects of training for empathy, training in problem-solving skills and training comparing both
skills. However, a major suggestion coming out of this study is that basic research be undertaken to discover what communication adolescents actually value and then to tie training for such communication into outcome studies.

Results of the present study were not conclusive with regard to the effects of combining positive self-instruction (PSI) with empathy training and it may be that the PSI technique is selective in its effects. Perhaps comparative studies of empathy training and PSI could be undertaken with groups of students perceived to have certain personality characteristics in common, such as shy students, who seem to be likely candidates to profit from this technique. In such studies it would be of interest to assess nonverbal effects separately from verbal. The role of cognitive-behaviour-modification methods in training for peer counselling is not clear and needs further research.

The present study did not assess nonverbal behaviours as such, even though such behaviours are very important in communication and in perceptions of empathy. Student raters in this study appeared to be aware of and willing to verbalize just what it was that they found helpful and understanding in communications from their peers and nonverbal attending behaviours were frequently mentioned (see Appendix E-1). Nonverbal effects of training could be assessed through the use of videotape or viewing interviews through one-way glass.

In line with the recommendation that basic research be undertaken to determine what skills are useful in meeting the communication needs of adolescents at different stages of development, a study could pattern itself after the training
model used by Kagan (1967). Adolescent dyads could watch videotaped presentations of their counsellor-client interactions while a moderator asked each to rate and to say how she felt about each response. The verbal interaction could be transcribed and the rating would give an adolescent's idea of what responses were perceived as understanding or, alternatively, as lacking in empathy. This information and the videotapes could be used for training purposes. As mentioned earlier, the present study gives data only on the first session of counselling and data such as that just described from sessions of ongoing counselling relationships, would be valuable.

As mentioned in Chapter 2, counsellors low in empathy may be detrimental to the health of their clients (Bergin, 1971; Truax & Carkhuff, 1967). One reason for the present study was to determine if young counsellors were capable of attaining a level of empathy thought to be beneficial to their peers. It has been demonstrated that they are capable of responding with that level of empathy but there is no evidence that empathy judged facilitative by experts on the Carkhuff scale predicts favourable outcome with young clients, and this aspect of empathy remains to be researched. Followup studies may indicate what types of training, the amount of supervision, and the kinds of practical experience which provide benefit to trainees, their clients, and school personnel. Long-term studies might show the degree to which the experimental trainees retained their skills, and could suggest appropriate reinforcements to maintain the skills which had been related to favourable outcomes for
trainees and others.

Some classroom learning activities provide the means for helping students to find solutions to problems. However, a connection may need to be drawn for students between these activities and their practical application to personal problems. This can be handled through group guidance activities (Buck, 1980; Cline & Wheeler, 1967; Gelatt, Varenhorst & Carey, 1972). However, many personal problems will not be, and probably should not be, shared among a group of young students and this is one reason why individual training for one-to-one peer counselling may be needed and possibly more effective in enhancing empathy than are group activities. Research could be directed toward finding the best combination of group and individual training to maximize benefits to young participants.

Improvement and innovation is needed in assessment instruments of adolescent empathy, as well as in empathy training. In addition, assessments from numerous vantage points, such as that of teachers, would be of interest. Although there are fine training models available for young student counsellors, and some incorporate training in problem-solving (Buck, 1979; Carr & Saunders, 1980), we need assessments of the effects of component parts of these training models in order to improve training and make any helpful modifications for students of differing ages, cultural backgrounds, and personality characteristics. Training may need to be tailored
somewhat for particular situations. One aim of counselling training could be to improve efforts to teach people skills which will aid them in solving some of their own problems through peer counselling, and research would need to focus on evaluation of such programs.
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## APPENDICES

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Rating Scales</td>
<td>94</td>
</tr>
<tr>
<td>A1</td>
<td>Carkhuff Scale of Empathy</td>
<td>95</td>
</tr>
<tr>
<td>A2</td>
<td>Naive-Peer-Client Rating Scale: Scale of Understanding</td>
<td>96</td>
</tr>
<tr>
<td>B.</td>
<td>Letters and Consent Forms</td>
<td>98</td>
</tr>
<tr>
<td>B1</td>
<td>Letter to Student Trainees</td>
<td>98</td>
</tr>
<tr>
<td>B2</td>
<td>Letter to Parents of Volunteer Trainees</td>
<td>100</td>
</tr>
<tr>
<td>B3</td>
<td>Letter to Parents of Control Group</td>
<td>102</td>
</tr>
<tr>
<td>B4</td>
<td>Letter and Permission Form for Parents of Naive-Peer-Client Raters</td>
<td>104</td>
</tr>
<tr>
<td>B5</td>
<td>Consent Form for Naive-Peer-Client Raters</td>
<td>106</td>
</tr>
<tr>
<td>C.</td>
<td>Procedures</td>
<td>110</td>
</tr>
<tr>
<td>C1</td>
<td>Selection of and Testing by Naive-Peer-Client Raters</td>
<td>110</td>
</tr>
<tr>
<td>C2</td>
<td>Preparation for Rating by Naive-Peer-Client Raters</td>
<td>112</td>
</tr>
<tr>
<td>C3</td>
<td>Pretest and Posttest 1</td>
<td>113</td>
</tr>
<tr>
<td>C4</td>
<td>Pretest and Posttest 2</td>
<td>114</td>
</tr>
<tr>
<td>C5</td>
<td>Posttest 3</td>
<td>115</td>
</tr>
<tr>
<td>C6</td>
<td>Treatment Conditions and Procedures</td>
<td>116</td>
</tr>
<tr>
<td>C7</td>
<td>Explanation and Scale for Rating of Trainer by Trainees</td>
<td>120</td>
</tr>
<tr>
<td>D.</td>
<td>Stimulus Items</td>
<td>122</td>
</tr>
<tr>
<td>D1</td>
<td>Topics for Naive Raters' Interviews</td>
<td>122</td>
</tr>
<tr>
<td>D2</td>
<td>Stimulus Statements for Pretest and Posttest 1</td>
<td>123</td>
</tr>
<tr>
<td>E.</td>
<td>Assessment Cues Used by Raters</td>
<td>125</td>
</tr>
<tr>
<td>E1</td>
<td>Naive-Peer-Client Raters</td>
<td>125</td>
</tr>
<tr>
<td>E2</td>
<td>Expert-Client Rater</td>
<td>127</td>
</tr>
<tr>
<td>F.</td>
<td>Average I.Q., Age, Grade Point Average of Subjects; Order for Testing</td>
<td>130</td>
</tr>
<tr>
<td>G.</td>
<td>Correlation Coefficients for Raters</td>
<td>134</td>
</tr>
<tr>
<td>H.</td>
<td>Posttraining Questionnaire</td>
<td>133</td>
</tr>
</tbody>
</table>
EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES: A SCALE FOR MEASUREMENT

Level 1

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

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

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

Level 2

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

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

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

Level 3

The expressions of the first person in response to the expressed feelings of the second person(s) are essentially interchangeable with those of the second person in that they express essentially the same affect and meaning.
EXAMPLE: The first person responds with accurate understanding of the surface feelings of the second person but may not respond to or may misinterpret the deeper feelings.

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

Level 4

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

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

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

Level 5

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

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

In summary, the facilitator is responding with a full awareness of who the other person is and a comprehensive and accurate empathic understanding of his deepest feelings.
Rating Scale for Naive-Peer-Client Raters

Rating by Peer Client-Raters

Directions to supervisor.

Please fill out the names of the rater and of the girl rated on the back of each of the "A" sheets as soon as the rating has taken place. Give out the "B" comparative rating slip after the rater has finished the rating of all three girls she talked to.

Sheet "A"

Directions to grade six student-rater:

Please check ✓ the description which is closest to what you think about the interview you have just completed:

1) "I think that the girl I just talked to understood what I was saying and how I felt and also cared about me and my problem."

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<thead>
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<tbody>
<tr>
<td>1. Not at all</td>
<td>2. a little</td>
<td>3. fairly well</td>
<td>4. very well</td>
<td>5. extremely well</td>
</tr>
</tbody>
</table>
"B" Rating by Naive-Peer Client Raters

After you have finished talking to three different girls and rating each one, will you please decide who you found most understanding and liked talking to the best?

The girl I liked to talk to the most was ________
The girl I liked to talk to the second best was ________

In your own words will you please say why you think you liked to talk to one girl more than you liked to talk to another? If you do not understand this question, will you please ask me to explain it to you?
Dear student,

Will you please go over this outline with your parents? The purpose of this training project is to improve your ability to help another person through your understanding of what they say and feel. Other people should find discussions with you more helpful after you have been trained and you should find it much easier to talk to some of your friends and also to new acquaintances.

Before training begins and again right after training you will be asked to talk for five minutes to a girl from another grade six class in a different school and to be as understanding in your talk as you can be. Nobody else will listen while you talk to her but we want to have a tape recording of the discussion so that we can get an idea of how much you learn during training.

The total number of girls to be trained will be 16. In order to give you an idea about how you can be trained to help yourself and others in this way, all 16 of you in a group will see a videotape presentation of what training will be like and the way in which you might respond after training. There will then be five sessions for training, each one a school period in length. The counselor who is doing the training will see you by yourself and you will practice
with her, giving her helpful kinds of responses. You will also be expected to practice after school in between training sessions. The counselor will arrange for some of you to practice together.

The total amount of time needed to train you will be:

Before training, to see videotape
   and answer questions one noon hour - 55 minutes
Training 245 minutes
Total In-school training time 5 hours

In addition, some after-school practice will be expected of trainees, and there will be about 15 minutes required for talking to a grade six girl from another school on two occasions.

Will you please make sure that you go over this outline with your parents?

Student permission.

I wish to take part in the training as described. I understand that I may withdraw from training at any time if I wish to do so.

Signed ____________________
Letter to Parents of Volunteer Trainees

Dear parent,

We are offering an opportunity to 16 girls who wish to increase their ability to listen, understand and to be the kind of person whom others like to talk to. Increasing the girls' ability to understand from someone else's point of view, whether that person is peer, adult or a child, is the overall objective. Individual instruction will be given once or twice a week during class time. Short practice sessions will also be available between training sessions, directly after school.

In order to evaluate the effectiveness of training it will be necessary to have some girls who do not take part in the training but participate only in two short (five minutes or less) individual interviews with another grade six girl from a different school. Those who participate in training will be decided by random selection from among volunteers. Thus, your daughter may or may not participate in training but will participate in the interviews if you agree to have her volunteer for this program. This is a voluntary program and students will be expected to keep their school work up to date. Although it is sincerely hoped that your daughter will wish to complete the training she is free to withdraw from the training at any time she wishes.

Training will be given by a teacher-counselor with 17 years of experience in the schools and with extensive training in the counselling field. Tape-recordings will
be used during practice sessions so that the girl who is being trained can go over part of it with me in her training session so we can see her progress and possibly practice new responses. Short tape-recordings will be made at the beginning and again at the end of training to assess what has been learned. A few grade six girls, students from another school, will talk to and later evaluate the degree of understanding and caring which they experienced from the girls who participated in this program. Tape recordings of this interaction will also be assessed by graduate counselling students. Tape recordings will be erased as soon as assessments have been made.

A questionnaire will be given to the girls to find out what they think about the training. I feel confident that the girls will value the skills they have been taught but I want to get their opinions about different aspects of the training program. An explanation of the program is included so that you and your daughter can examine it. If you have any questions at all I will welcome them and will be happy to explain more fully. Please phone me at home, 681-1846, or phone the school secretary at 435-3838 and you will be contacted. Please feel free to phone at any time during the training if you have any questions or concerns.

Yours very truly,
Letter to Parents of the Control Group

Dear parent,

A few girls will be given training which is designed to increase their ability to listen and understand from another person's point of view. The training group was chosen at random from among volunteers. Although your daughter's name was not chosen for the prospective training group I would very much like to have her take part in two short (five minutes or less) interviews with another grade six girl during which your daughter would try to listen as carefully and to be as understanding as she could be. This other girl will be from another school and will be unacquainted with your daughter but will assess the degree of understanding she feels your daughter has exhibited in listening to and talking to her for this brief period. Interviews will be tape-recorded so that they can be listened to by three graduate counselling students from U.B.C. The tapes will then be erased.

Your daughter's participation is necessary in order to judge how helpful the training program is. I sincerely hope that you will give her permission to take part in this. There will only be a total of approximately 12 minutes of her time involved and it should prove to be an interesting experience.

If you have any questions at all please phone me at home, 681-1846, or leave a message with the school
secretary at 435-3838 and you will be contacted. I welcome your interest in this project.

Yours very truly,

----------------------------------

Please return this as soon as possible to your daughter's home-room teacher.

I give permission for my daughter______________ to take part in the activity as described above. I understand that my daughter is free to withdraw if she or I should decide she should do so.

Signed__________________________

or

I do not wish my daughter to take part in this activity.

Signed__________________________
Letter and Permission Slip for Parents of Naive-Peer-Client Raters

Dear parent,

A training program is being conducted at a Burnaby elementary school but not the school attended by your daughter. However, in order to determine how effective the training program with the girls has been it is necessary to have a few girls from the same grade level, grade six, take part in three interviews of five minutes or less with the girls in the training project in order to give us their ideas of how effective and helpful they think the girls have been in the interview. I would very much like your daughter to take part in this essential interviewing and judging process if you will give your consent. About two periods of school time will be involved including the time required for me to drive your daughter and the other girls to and from the school in which the training is taking place. The girls will be asked to bring along some school-work so that they may work in the library while they are waiting for all interviews to be completed. Your daughter will be notified in advance as to which day the testing will take place.

I hope that this interviewing and judging process will provide an interesting experience for the girls. The assistance of students in your daughter's age group is essential in measuring the effectiveness of a training program in teaching girls to develop their skills
in being the kind of person whom others like to talk to and in understanding things from someone else's point of view. Expert judges will also evaluate the training program by listening to audiotapes of the interviews with the girls who have been trained but the opinion of people their own age may be more important to the trained girls. Audiotapes will be erased after the judging is finished.

I will be contacting you by phone shortly to discuss this more fully or ask that you phone me at home at 681-1846 or at school at 435-3838 if you prefer. I would appreciate it very much if you will please sign the following slip and have it returned to your daughter's home-room teacher as soon as possible.

Yours very truly,

-----------------------------------------------------------------------------------------------------------------

I give permission for my daughter,________________________ to participate in the interviewing and judging process as described above and to be driven by Mrs. Pachal to and from Chaffey-Burke school for this purpose. I understand that I am free to withdraw my permission by telephoning the school secretary at 435-3838 or at 434-5054 or by phoning Mrs. Pachal at 681-1846.

Signed:________________________

or:

I do not give permission for my daughter to take part.

Signed:________________________
Consent Form for Naive-Peer-Client Raters

Date:

Dear student rater,

In order to judge the success of a training project in another school eight girls will be needed to help and I would like you to understand what is involved in doing the judging before you decide whether or not you would like to volunteer. The names of all who want to take part will be listed and then eight names chosen at random.

The girls in the other school are being trained to be more understanding and helpful listeners. The purpose of your participation in this project is so that we can learn whether or not you enjoy talking more to the girls who have been trained or the girls who have not been trained. You will talk to six different girls, one at a time, for up to five minutes each. You won't be told who has been trained and who has not. We want you to say what you honestly think. With these girls you will be asked to discuss a situation possibly like the suggestions on a list I gave you. These are some of the things that have bothered other people about your age. Will you please think of something on the list or something that seems more important to you and ask if that is the kind of situation which could be talked about?

You are asked not to talk about anything concerning your home, however. Please ask if you wonder what you should talk about.
If you are chosen, your parent must sign a permission slip before you can take part. Four of you will do the interviewing and judging soon, before the girls in the other school are trained, and four others will judge after the training is finished in June. You will be told in advance when you will be going. I will drive you to the other school. You will miss one afternoon of school but should take along some homework for when you are waiting.

At the other school someone will show you where to go and will introduce you, by first name only, to a girl you are going to talk to first. You will help that girl by being ready to talk about the situation you have decided to talk about already. She will talk with you and try to be as understanding as she can. I want to tape-record the discussion so that some university graduate students can later listen and judge how understanding and how helpful the girl who spoke to you seemed to be. The tapes will be erased right after the judges have finished.

When your interview is over, someone will knock on the door to indicate that time is up but she will wait about half a minute so that you can finish whatever you were saying. Some girls may leave early. The girl you were talking to will leave but you will stay and be asked to judge that girl for how understanding she was to you and how much you enjoyed talking to her. I
have the papers here like the ones you will use and we can look at them in a few minutes. You will talk to six girls and the procedure will be the same for each one. When you have finished talking to all six of them you will be asked to decide which you enjoyed talking to the most and so on. You can give any comments about what it was like to talk to each of them and that will be helpful. The girls will not be told how anybody rated them.

When you have interviewed and judged three girls someone will show you the way to the room where the other girls will be waiting. You can have a rest before coming back to talk to three more girls, one at a time, and rate them as you did before. I will drive you back to your own school when all are finished. It is essential that we have your help in order to know how well the training is working and I do hope that some of you will be willing to volunteer.

In order to be fair about who is chosen I need to have the names of volunteers who think their parents will let them take part in this project. If you wish to volunteer to be a student rater I would like you to sign your name on the numbered sheet I will pass around. Then you can watch while I use a table of random numbers to decide which girls to choose. I would like those girls who are chosen to take home an explanation and a permission slip to their parents and bring it back, signed, within a day or two and give it to your teacher.
Please sign below if you have been chosen as a student-rater.

I have read the explanation above and asked any questions I wanted to ask about the project. I wish to volunteer to take part in it as described above.

Date: ___________________________  Signed ___________________________
Procedure for Selection of and Testing by Peer-Client Raters

A client rater was a student who had no experience with empathic responding-skills training and did not know personally the subjects in the experiment. This rater communicated with a subject in an interaction of up to five minutes duration subsequently rated the subject as to the degree of empathy she felt was communicated to her. This client experienced assessment was of value to ascertain its relationship to the ratings of expert judges as to the degree of empathy communicated.

Grade six girls in a school other than the one in which training took place were asked if they were willing to volunteer. Client raters were chosen randomly from among the volunteers, with student participation in the process of random selection. Eight students in all participated, four for the pretest and four for the post-test. Parental permission slips were distributed and teachers asked to accept them when returned. To prepare for rating, client raters met in a group of four prior to the time of testing. They were presented with stimulus statements, a mimeographed list of problems encountered by some early adolescents (Appendix D-1). These illustrated types of concerns they were willing to discuss but client raters were invited to suggest concerns of possibly greater relevance to themselves either during the group meeting or afterwards when they individually
asked questions about the suitability of concerns for discussion. Client raters were reminded that this concern was to be one they were willing to talk over with a person of about their own age whom they do not know and who attended another school and that this concern they discussed must not be about their parents.

Client raters were told they would talk for up to five minutes each to six different subjects and would be asked to rate each as soon as their interaction had ended. The same problem was to be discussed with each subject. A date was set for the testing to take place and arrangements made for transportation of client raters to the school where testing took place.

Parental permission to take part in the project was obtained.
Preparation for Rating by Naive-Peer-Client Raters

After a brief explanation by the trainer-experimenter about the nature of the task, grade six girls in a different school from the one in which the training took place were asked if they were willing to volunteer. Client-raters were chosen randomly from the volunteers. Eight students were chosen, four for the pretest and four for the posttest. Detailed explanations and parent-permission slips were distributed. The trainer phoned the parent of each client-rater to further explain and answer questions. The principal of the school also phoned the parents to lend his support.

To prepare for rating, client-raters met in a group of four prior to the time of testing. They were presented with stimulus statements; that is, a mimeographed list of problems encountered by many early adolescents (Appendix D-1). These illustrated the types of problems considered relevant and suitable for discussion. Client raters were also invited to suggest concerns of possibly greater relevance to themselves. The trainer asked them to remain if they wished, individually, to ask any questions about the suitability of a concern for discussion. Client-raters were reminded that this concern was to be one they would be willing to talk over individually with six girls whom they did not know and who attended the sixth grade in another school and that this concern must not be about their parents. All client raters found, among the stimulus statements, situations of genuine concern to themselves which were suitable for discussion.
Procedures for Pretest and Posttest One

Individual subjects were called in random order from their classrooms to an office. Each subject was asked to respond to an audiotaped stimulus statement (see Appendix D-2). The subject was told to imagine that a friend or acquaintance had spoken to her in that way and that the subject was to reply in a manner that indicated caring and understanding. The reason for the tape-recorded presentation was given; namely, that it gave an opportunity to become accustomed to the tape recorder before the next pretest session and it standardized the presentation.

The stimulus statement was played one time so that the subject could hear and understand what was said. After the second playing of the statement the subject responded and this response was audiotaped for later scoring by expert raters using the Carkhuff empathy scale (Appendix A-1). The experimenter then returned with the girl to her classroom and called the next subject, proceeding in the same manner until each subject had participated.
Testing Procedures; Pretest and Posttest Two

Two female adult volunteers, not known by the students and unaware of which subjects were trained, assisted with the training procedures. The experimenter introduced the first naive-peer-client rater to the adult volunteer, and started the tape recorder. The volunteer then took responsibility for the tape recorder, later changing the tape when necessary at a time which would not interfere with an interview.

The adult introduced the two girls and told them she was leaving but would knock on the door after five minutes if they were still talking, in order to indicate it was time to end the interview. Subjects had been told by the experimenter that they could leave before that time if they felt they wanted to. After the interview, when the subject had left the room, the volunteer asked the naive-peer-client rater to check the rating sheet. Names of both girls participating were then noted on the rating sheet.

After three interviews had been completed the adult volunteer asked the peer-client rater to think of the past three interviews and decide which of the girls she had found to be most understanding of her and with whom she most liked to talk about her problem. This gave the client rater an opportunity to compare and sometimes re-evaluate a score given earlier. The client rater then left until the next three interviews were over. A different naive-peer-client rater then took part in the next three interviews as indicated in the chart (F). At the completion of the interviews and rating, all client raters were returned to their own school.
Testing Procedures: Posttest Three

An expert judge, well trained in the use and rating of empathy, acted as client and also as rater of the interview he had just completed with each subject. He presented a problem situation, the same one for each of the 24 randomly selected subjects, and rated the level of apparent empathy of the subject. An adult male rater was employed in order to give a dimension of empathy which included non-verbal as well as verbal cues. In this way his rating would incorporate similar cues to those the naive-peer-client raters might use. His rating of empathy, however, is that of an adult trained in the use of the Carkhuff Scale.
Procedures

a) Treatment Conditions and Procedures

(i) Session One of training (Group 1 and Group 2):

Both experimental groups viewed excerpts from a counselling skills videotape and also from a videotape illustrating empathic responding by grade-nine students. After an explanation, trainees then practiced restatements with mimeographed statements. Homework was further explained and each trainee asked to be responsible for enlisting the support of another trainee who was willing to express topics of personal interest or concern in order to provide practice in empathic responding.

Trainees were told they were expected to report after school one day a week during training along with a peer in order to practice responding empathically to that trainee and to audiotape the practice session for later reviewing with the trainer. The trainer assured trainees that she would be available to handle problems of equipment and space. Sample problems were distributed to trainees as examples of types of problems they might wish to discuss.

(ii) Session Two and subsequent sessions (Experimental Group 1):

(a) In these individual training sessions there was a five-minute interaction of trainer and trainee to allow for the expression of trainee's concerns, sometimes about training, loss of school time or other difficulties. The interaction was audiotaped for rating by the trainee of the
trainer's empathy. The purpose of this rating by the trainee was largely so that by examining and remembering her own recent statements and feelings and by recognizing whether or not the trainer adequately understood her thoughts and feelings the trainee could be learning to better identify what was meant by empathic or understanding responses. The relationship between trainer and trainee may also have been enhanced by the trainer's apparent desire to be truly understanding.

(b) There was a five-minute period during which the trainee listened to segments of the preceding interaction and filled out ratings of interactions with the trainer as to the level of empathy experienced. A five-point scale was used (Appendix A-2). The trainee rated trainer communications. The tape recorder was rewound to a point approximately half way through the previous interaction and then was played back while both participants listened. After the next trainer response to a trainee's statement, a rating was given by the student to the trainer's response.

(c) A ten minute period during which the trainee practiced restatement, reflection of feeling or understanding responses followed. The trainer at this time adopted the role of client starting with simple one-sentence statements and worked up to longer expressions. This interaction was audiotaped and segments played back so that the trainer could encourage the adequate responses of the trainee.
(d) Five minutes were allowed for listening to segments of the trainee's homework audiotape. The trainer gave positive feedback whenever merited regarding the trainee's level of empathic skill as demonstrated on the tape.

(e) The remaining period of this 35-minute training session was used for the trainer to express personal concerns, past or present, and for the trainee to respond with a degree of empathy while the interaction was being audiotaped for playback during this same time period. The trainer pointed out the most empathic of the responses.

(iii) Session Two and subsequent sessions (Experimental Group 2):

These were identical to sessions for experimental group one except for the 10-minute period indicated in (c) above of each 35-minute training period. Group 2 practiced positive self-instruction and positive self-encouragement for the task before responding empathically. Verbalizations which had been adapted from a cognitive-behavior modification procedure, such as that used by Meichenbaum (1971), were modeled, rehearsed by the trainee overtly, then whispered. Instructions were for the trainee to then rehearse silently the following verbalizations (one to six inclusive) before responding to the trainer's stimulus statements and to think silently number seven after responding. The trainee was instructed to think in this manner when responding to persons to whom they wished to respond empathically.
Cognitive Self-Instruction

1) "I may be nervous but I'll concentrate on her, not me."
2) "I can really let this person know that I understand."
3) "What has she said?"
4) "How might I feel if I said that?"
5) "I think I know how she feels."
6) "I'll let her know what I understand of her thoughts and feelings."

Then, after responding to the person,

7) "I have helped her. I'm a really good listener."

Each group, one and two, spent the same amount of time in training. The control group received only pre and posttesting.
Verbal Explanation to Trainees for Use of the Relationship-with-Trainer Rating Scale

"The questions about how well I listen to you will give me an idea of when I should pay closer attention to your thoughts and feelings which will help me to be a better trainer with you and also will help you to notice what it is like to be listened to better at some times than at others. This should help you to notice how you are listening to other people and know that you can improve your listening if and when you decide to."

Procedure for Use of the Relationship-with-Trainer Rating Scale

During each training session one of these "relationship" sheets was completed by the trainee. Each trainer response in a randomly selected segment of an audiotape made during the current training session was rated. The audiotape included those times in the current session when the trainer was responding to the trainee.

The purpose of this questionnaire was:

1. to give the student-trainee a growing experience with the nature and possible degrees of empathy.
2. to give feedback to the trainer in order to improve the trainer-trainee relationship which is considered vital to training success.
3. to explore a vehicle for assessing client-perceived empathy.
Relationship-with-Trainer Rating Scale

Directions: Check \( \checkmark \) ONE of these levels for each response, please.

Level 1. "I don't think you understood what I said and "E" I don't think you even cared about my ideas."

Level 2. "I think you may have tried to understand but "D" you didn't really understand me."

Level 3. "I think you understood what I said and felt."

"C"

Level 4. "I think you understood me very well."

"B"

Level 5. "I think you understood extremely well and I "A" felt very good about this part of training."

Your name________________________

Date___________
Suggestions of Topics for Interviews

By Naive-Peer-Client Raters

Peers of the subjects were asked to discuss any concerns they might happen to have with the subjects during an interview of up to five minutes in length and to rate the subjects' empathic responding after the interview. The terms "understanding and caring" were used rather than the term "empathy". Samples of typical concerns of young people were shared with these peer raters to give them some idea of what might constitute some topics for discussion. Thus, following are indications of the kinds of subjects discussed during the pre and posttest interviews:

Stimulus Statements

1. "Sometimes kids at school seem to hate or reject you for no reason. One day they're coming over to your place and the next they act as if they all hate you."

2. "I can't seem to do anything right in this one class. No matter what I do it never seems to be the right thing."

3. "I know a really noisy girl. She's a friend of mine, but when I tell her that I'm embarrassed at everybody looking at us because of her laugh, she just ignores me."

4. "I have so much fun with my friends that I want to be with them all the time and I never want to go home and work."
11. "I don't know if he really hates me or if he just acts that way and I wonder what I should do."
12. "I wonder if I'm ever going to be popular."
13. "I've always been able to beat up the other kids - even the boys. I'm strong and I know how to fight. I feel so angry sometimes that I feel like picking a fight. I can always make people do what I want them to do. But I wonder if anybody really likes me."
14. "On the way home from school some big kids sometimes chase me and once they even caught me and beat me up and told me I had better not tell or they'd hurt me worse next time. I didn't tell because I was scared but I got in trouble at home for being late and having my clothes dirty. I try to go home the long way around so they won't see me."
15. "All the other girls seem better developed than I am. The nurse says never mind, but that's easy for her to say. It bothers me."

Stimulus Statements

Pretest One

1. "Those people! Who do they think they are? I just can't stand them anymore. Just a bunch of phonies - and they're so mean! They make me furious when they keep putting me down. Then I get angry at myself. I don't even want to be bothered with them anymore. I wish I could just tell them all where to go. But I just - I just can't do that!"
Posttest One

2. "I'm really unhappy because my Dad makes me do hours of work even if I don't have any more homework. I never do well enough to suit him. He gets mad at me if I even think of arguing. Yet he seems to think my sister is so wonderful just because she's so phoney. She is nice when she wants something but she does all sorts of things behind his back. I get nothing but lectures and bawling out yet I really try so hard to please my Dad & I really love him."
Reasons Given by Naive-Peer Raters for Ratings

"_________ was easiest to talk to because she seemed to listen better and to have the same problem and understand and wasn't so fidgety".

"_________ didn't seem to listen to me. She turned her head around to look at things, fidgeted, put her head down and didn't look at me. She didn't seem to understand me".

"_________ gave me a few tips about what to do but ______ just said to do what I've already done. Her advice wasn't as good as the other two".

"_________ didn't stay very long. I waited for her but she didn't say anything. She'd just sit and not talk at all".

"_________ didn't look around the room or anything. She just looked straight at me and tried to solve my problem. She took me seriously."

"_________ explained things and talked about the problem and gave me advice about what I should do - and really good advice".

"_________ and _________, they talked more and really explained to me and the problems they had too and what I thought about it. They talked about their problems too and gave me advice about what I should do - and really good."

"_________ was O.K. but she didn't really have much to say - like didn't really have any explanation for anything."
Reasons Given by Naive Peers for Ratings

"_______ kept looking around the room but she gave me some pretty good advice about how to stop the bugging. She didn't seem to really care about my problem, though, and she seemed more interested in the room than in me."

"_______ looked at the floor and she didn't say very much of anything and she didn't even tell me very good advice or anything. She just said what anybody would say only she didn't really care about my problem."

"_______ understood my problem. She really understood. She gave me good advice. She told me to go and _________. She didn't look around the room or anything and she really understood it."

"_______ gave me a few good points about what to do."

"_______ gave me a few tips about what to do and I found it easy to speak to her."

"_______ just said to go up to the office and tell the principal and I've already done that. She didn't stay very long and she didn't want to talk. She just said the same things that everybody else is going to say."

"_______ was nice and understood. I liked her and she understood me more than the other two. I liked her just when I first saw her."
Comments by Expert Judge as to Cues used in Assessing

Empathy

Judge Acting as Client and Also as Rater of Same Interview

Rating given: Comments Group One

3.5 -caught the ideas, warm, good eye contact.

3.0 -caught emotions and ideas but a little by rote.
Understood and had good eye contact.

4.5 -excellent at catching emotions and ideas. Warm and receptive, followed through, was continually aware of the emotions, kept continual empathy throughout. Did not miss any of the ideas or thoughts.

5.0 -excellent - caught emotions and ideas - was involved facially and bodily - good concentration and eye contact.

3.0 -generally eye contact very good. She was not distracted. Stuck to understanding, but mostly caught ideas and emotions on an idea level. But I felt understood generally and she knew what I was saying.

2.5 -caught ideas and emotions but it seemed a bit by rote. Her eyes wandered a bit.

2.5 -very good at getting the idea but missed the emotions a bit. Not as warm as some.

2.5 -very good at getting the idea. Warm but missed the emotional aspects somewhat. Very good at understanding ideas nevertheless.

Total

26.5
Comments by Expert Client-Rater regarding cues

<table>
<thead>
<tr>
<th>Rating given:</th>
<th>Comments</th>
<th>Group Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>Excellent at the beginning at getting ideas and the emotions. A slight tendency to give advice. Good eye contact.</td>
<td></td>
</tr>
<tr>
<td>4.0</td>
<td>Showed empathy. Caught emotions and ideas. Worked hard at understanding. Stayed with me.</td>
<td></td>
</tr>
<tr>
<td>2.5</td>
<td>Good at the very beginning and got the ideas. At the end was a bit distracted.</td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>Caught emotions at times but advice-giving, &quot;If I were you...&quot; Eye contact good. Not consistent - sometimes understanding and sometimes 'Anne Landers'.</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>Warmth. Good at catching emotions and ideas. Good understanding. Some questions and tendency to advise.</td>
<td></td>
</tr>
<tr>
<td>5.0</td>
<td>Excellent at catching emotions, feelings and ideas. Showed genuine empathy and concern. Good facial involvement. Did very, very well. Stuck with it and gave some very good, quick responses.</td>
<td></td>
</tr>
<tr>
<td>3.0</td>
<td>Understood ideas and emotions only sometimes. Stuck mainly to an understanding level.</td>
<td></td>
</tr>
<tr>
<td>4.5</td>
<td>Very good. Caught both emotions and ideas. Stuck strictly to my problem and didn't get into advice-giving even though I really tested her to see if she would.</td>
<td></td>
</tr>
</tbody>
</table>

28.0 Total
Judge Acting as Client and also as Rater of Same Interview

<table>
<thead>
<tr>
<th>Rating given</th>
<th>Comments</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No empathy. No understanding. She finished quite early and left; that is, she got stuck.</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>Gave advice continually.</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>Made suggestions based on her ideas, not those communicated.</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>Gave advice continually and then didn't know what to do.</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>Understood a bit. Still, a lot of advice.</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>Lots of advice.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>No empathy shown. Eyes wondered. Tells of her own experience.</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>Only asked questions and gave advice. Was not aware of imparting empathy.</td>
<td></td>
</tr>
</tbody>
</table>

Total
11.0
APPENDIX F

Subject Order for Testing:

Naive-Peer Client Raters

<table>
<thead>
<tr>
<th>Location X</th>
<th>Location Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject number</td>
<td>Group</td>
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<tr>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>07</td>
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<td>3</td>
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<tr>
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<tr>
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</table>

Average Age, IQ, and Grade Point Average of Subjects

<table>
<thead>
<tr>
<th>Age, in Months</th>
<th>Average Otis</th>
<th>Recent 3-year Grade Point Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group 1</td>
<td></td>
</tr>
<tr>
<td>139.38</td>
<td>109.75</td>
<td>4.14</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td></td>
</tr>
<tr>
<td>142.25</td>
<td>116.87</td>
<td>4.37</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td></td>
</tr>
<tr>
<td>143.38</td>
<td>117.25</td>
<td>4.63</td>
</tr>
</tbody>
</table>

*A = 7, B = 6, Cplus = 5, C = 4, Cminus = 3, D = 2, E = 1. G.P.A.
**APPENDIX G**

**Interrater Reliability:**

**Pearson Product-Moment Correlations: 24 Subjects**

<table>
<thead>
<tr>
<th></th>
<th>Posttest 1</th>
<th>Posttest 2</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$r$</td>
<td>$p$</td>
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<tr>
<td>Raters 1 and 2</td>
<td>.94</td>
<td>.000</td>
</tr>
<tr>
<td>Raters 2 and 3</td>
<td>.93</td>
<td>.000</td>
</tr>
<tr>
<td>Raters 1 and 3</td>
<td>.95</td>
<td>.000</td>
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**Interrater Reliability**

**Pearson Product-Moment Correlations: By Group:**

<table>
<thead>
<tr>
<th></th>
<th>Posttest 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$r$</td>
</tr>
<tr>
<td>Raters 1 and 2</td>
<td>.78</td>
</tr>
<tr>
<td>Raters 2 and 3</td>
<td>.89</td>
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<tr>
<td>Raters 1 and 3</td>
<td>.92</td>
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</table>

**Experimental**

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Correlation Coefficients: Experts Versus Naive Raters
(Posttest Peer Interview)

<table>
<thead>
<tr>
<th>Expert Rater</th>
<th>Naive Raters</th>
<th>Control Group</th>
<th>Total Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group 1</td>
<td>Group 2</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>-.05</td>
<td>-.33</td>
<td>.56</td>
</tr>
<tr>
<td>2</td>
<td>.29</td>
<td>-.24</td>
<td>.13</td>
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<tr>
<td>3</td>
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<td>-.16</td>
<td>.00</td>
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<tr>
<td>Combined</td>
<td>.12</td>
<td>-.26</td>
<td>.38</td>
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</table>

Correlations Between Expert Raters of Peer Interview and Expert Rater in Live Interview (By Group)

<table>
<thead>
<tr>
<th>Non-Participant Expert Raters</th>
<th>Expert Client-Rater</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group 1</td>
</tr>
<tr>
<td>1</td>
<td>.50</td>
</tr>
<tr>
<td>2</td>
<td>.47</td>
</tr>
<tr>
<td>3</td>
<td>.53</td>
</tr>
<tr>
<td>Combined</td>
<td>.53</td>
</tr>
</tbody>
</table>

* P .05
Dear student,

Your opinion and your feelings about the training we have just completed are very important. We did some difficult things and you probably did not feel the same about all of them. Will you please tell me as honestly as you can your thoughts and feelings about the following parts of the training?

You do not have to answer the questions but I hope that you will. If you do answer them it will be assumed that you have agreed to do so.

1. At the beginning of each session I asked you to tell me how you thought training was going for you and if there were any things you were not liking about it or things that were difficult for you. What did you think of this part of training?

2. You and I listened to a tape-recording of part of your "homework"; that is, when you practiced with a friend. Sometimes we would think of different things you could have tried saying to your friend. What did you think of this part of training?

3. I asked you to practice saying back to me a summary of what I had just said and to try and tell me how
you thought I felt. What did you think of this part of training?

4. I asked you to listen to a bit of a tape-recording of how I just finished talking to you and you gave me a "mark" from an "E" to an "A" depending upon what you felt about what I had just said to you. What did you think about this part of the training?

5. I asked you to practice after school with a friend. What did you think of this part of the training?

6. How did you feel about talking to a girl from another school for a few minutes while you tried to be interested in and understanding of her?

7. What was there about the training that you liked the best? Why?

8. What was there about the training that you liked the least? Why?
Your opinion and your feelings about the training we have just completed are very important. We did some different things and you probably did not feel the same about all of them. Will you please tell me as honestly as you can your thoughts and feelings about the following parts of the training?

You do not have to answer the questions, but I hope that you will and if you do it will be assumed that you have agreed to answer them.

1. At the beginning of each session I asked you to tell me how you thought training was going for you and if there were any things you were not liking about it or things that were difficult for you. What did you think of this part of the training?

2. You and I listened to a tape-recording of part of your "homework"; that is, when you had practiced with a friend. Sometimes we would think of different things you could have tried saying to your friend. What did you think of this part of the training?

3. I asked you to "say out loud" the kinds of things that many people think when they are trying to be
helpful, understanding and interested in another person. I would tell you what words to say. What did you think of this part of the training?

4. I asked you to listen to a bit of a tape-recording of how I just finished talking to you and you would give me a "mark" from "A" to "E" depending upon how you felt about what I had just said to you. What did you think about this part of the training?

5. I asked you to practice after school with a friend. What did you think of this part of training?

6. How did you feel about talking to a girl from another school for a few minutes while you tried to be interested in and understanding of her?

7. What was there about the training that you liked the best? Why?

8. What was there about the training that you liked the least? Why?