A STUDY OF RELATIONSHIPS BETWEEN MORAL

DEVELOPMENT AND EMPATHY IN

A CHURCH'S PEER MINISTRY

TRAINING PROGRAM FOR

ADOLESCENTS

DISSERTATION

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By

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This study was designed to assess the effects of a peer ministry training course upon adolescents' ability to respond empathically and upon their level of moral development. Volunteers from a church's high school group were blocked by gender and randomly divided into two groups. Adolescents in the treatment group were trained in thirteen sessions in basic helping skills (emphasizing empathy) and measured before and after training on variables of empathy, moral development, and internality - externality. Adolescents in the second group were used as a control and were measured with the same assessment devices. Complete sets of data were available on twenty six high schoolers - with thirteen subjects in each of the two groups.

Empathy was measured by having subjects listen to audiotaped statements of adolescent voices talking about their concerns and having the subjects write "helpful" responses. Carkhuff's Empathic Understanding (EU) Scale was used by three mental health professionals to assess the level of empathy offered. To measure moral development, subjects

were administered the Defining Issues Test (DIT). The personal orientation (introversion or extroversion) of subjects was measured by the Internality - Externality Scale of the California Personality Inventory (CPI).

Four hypotheses were developed for the study. The first three compared the treatment and control groups on measurements of empathy, moral development, and internality - externality. Analyses of covariance were used with the pre- and posttest data to assess effects of the peer ministry course. The fourth hypothesis concerned the correlation between empathy and moral development.

The results indicated that there were no statistically significant differences between the two groups after training. Empathy, moral, development and internality - externality were not significantly impacted by the training course. There was a positive correlation between the ability to empathize and the subjects' moral development level, but this finding did not reach a statistically significant level.

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CHAPTER I

INTRODUCTION

Formal training of adolescents in basic helping
skills is a recent phenomenon. The first major study
reporting on training of high school students to help other
teenagers was a 1969 project by Vriend, who trained
academically high achieving students and placed them in
counseling groups with underachieving students. Results
showed that the underachieving students benefited by having
higher grades, better classroom skills, and higher
aspirations of vocational and educational success.

This movement of training adolescents to provide
guidance to similar age and younger students was originally
called peer counseling. Early debate questioned whether the
word counseling was appropriate. Although the phrase peer
counseling is still used, to avoid a misleading over-
representation of the skills of adolescents, terms such as
peer helping or peer facilitating are now used more
frequently in the literature (Varenhorst, 1984).

This writer agrees with the caveat issued by Myrick and
Erney (1985), who stated that few students could learn to
counsel -- that is a special skill that requires extensive
training, study, and practice. However, students can learn

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to facilitate the development of other students. <u>Peer</u>
<u>facilitator</u> or <u>peer</u> <u>helper</u> are the preferred phrases for this
writer but similar terms will be used throughout this paper
because of their use in the literature.

One of the early researchers in the field of peer
facilitation, psychologist Barbara Varenhorst, helped develop
a program in the Palo Alto, California, School District to
train teens to assist their peers in dealing with social and
developmental problems (Hamburg & Varenhorst, 1972). The
training model developed by Dr. Varenhorst and her associates
has been adopted by many peer facilitation programs for: (1)
teaching basic helping skills that emphasize listening and
empathic responding, (2) providing counseling tasks
appropriate to the adolescents, and (3) supervising the
trained students. Typical peer facilitator training involved
participation in a small group setting for one or two
semesters. The training consisted of a focus on communica-
tion skills, decision making, assertiveness training, and
developmental concerns of adolescents. Training was
generally more experiential than didactic. After training,
the teens were paired with other students or assigned to
groups or projects with targeted students. Many of the
counselees were referred for assistance because of
difficulties with shyness, loneliness, interpersonal problems
or because they were new students who needed to make
friendships. The peer facilitators usually received weekly

professional supervision of their assignments and were taught
the importance of both confidentiality and referral. These
early programs of Vriend and Varenhorst were considered
revolutionary because they suggested that adolescents could
be trained in meaningful skills that could actually expand
the range of guidance services offered in the schools. Many
school districts subsequently started peer facilitation
programs in the 1970's (Varenhorst, 1984).

Brown (1974) suggested that the emergence of non-
professionals in counseling arose in response to increasing
demands for counseling and inability of professionals to meet
demands for these needed services. Tindall and Gray (1985)
justified providing counseling skills to lay persons because
"counseling skills, are in reality, human skills and need to
be taught to as large a number of nonprofessionals as
possible" (p. 13).

Myrick and Erney (1985) gave a lengthy explanation why
peer facilitation could be beneficial to students:

> (1) The number of certified professional counselors
> is limited and the needs of students are more
> extensive than most professional staffs can meet.
> (2) Students provide a practical and economical means
> for meeting the increasing number of guidance and
> counseling needs.
> (3) Research indicates that student counselors and
> facilitators can often be as effective as pro-
> fessional counselors in many guidance activities.
> (4) Evidence also indicates that student facilitators
> are as accepted by student "clients" as are
> professional counselors. In some cases they are
> even more readily accepted, especially in the
> initial stages of developing a relationship.

(5) With some groups, particulary minorities, developing trust and credibility between students and those associated with the educational establishment -- teachers, administrators and counselors -- has been a problem. Students tend to trust other students more. Minority counselors or therapists are relatively few in number and minority students often avoid traditional mental health services.

(6) Sometimes information can be presented to students in an informal and less intimidating manner when peers provide the information.

(7) Many times adults do not understand the straight-forward language and customs of the younger generation. Student facilitators can help bridge this gap and assist older professionals in gaining a better perspective on student problems and issues.

(8) The range of guidance services can be extended in a school when peers are used as resources.

(9) A peer facilitator program provides an "outreach" approach to guidance, which is most appropriate for contemporary times.

(10) Peer facilitators can function as models within a work or educational setting.

(11) Learning is more efficient when students assist other students and accept more responsibility for creating the learning climate.

(12) "Training is treatment." The facilitator gains from being a facilitator of others.

(13) Peer facilitator programs are the heart of a developmental approach to guidance and counseling. In developmental guidance programs, life skills are developed prior to a crisis. Many times crises are avoided because stress and tension are reduced.

(Myrick & Erney, 1985, pp. 187-188)

Increased use of nonprofessionals has caused concern to some professional counselors. Both Patterson (1965) and Allen (1973) deplored the implication that brief training experiences could prepare individuals for counseling. They each suggested strong guidelines if peer facilitation training did occur: including participation by represent-atives of the clientele in the program development, quality

training and supervision, ongoing evaluation of effective-
ness, and clear definition of what peer facilitation could
and could not do for clients.

The rise of the peer facilitation movement also met some
resistance from professional counseling organizations. In
the late 1960's, both the American Personal and Guidance
Association (APGA) and the American Rehabilitation Counseling
Association (ARCA) urged caution in using paraprofessionals
in any manner that would replace the more comprehensively
trained professional counselor. By 1974, however, the APGA
seemed to have adopted a more receptive position to para-
professionals. An APGA publication (Zimpfer, 1974), reported
on the expanding and positive use of paraprofessionals and
peer facilitators.

Most of the early reports on peer facilitation programs
were descriptive "idea papers" reporting how programs were
initiated in schools. The writers generally reported
positive feelings from the trained students and their
counselees but little experimental research (Crosson-Johnson,
1976; Leibowitz & Rhoads, 1974; Pyle, 1977; Rockwell &
Dustin, 1979; Samuel & Fain, 1977).

In a 1974 review of the literature, Scott and Warner
found seven studies of high school and junior high programs
that contained some form of empirical evaluation. The two
studies previously mentioned (Vriend, 1969; Hamburg &
Varenhorst, 1972) were citied along with five other studies.

Engle and Szyperski (1965) focused more on peer tutoring skills than counseling skills finding there was little effect on grades or anxiety level of targeted students, but the number of disciplinary problems was reduced. Margro (1973) and Parker (1973) found that individuals and groups who received peer assistance were not significantly different in several outcome measurements than professionally counseled adolescents. Koch (1973) used a self report evaluation and found that peer counselors were effective providers of information. Lobitz (1970), in an experimental study that emphasized tutoring, found that peer counselors were effective in helping other students improve their grades. Scott and Warner concluded that even though the research was scarce, there was reason for optimism regarding the benefits of peer counseling.

Some articles on peer facilitation have focused on changes in peer helpers themselves: Aldrige (1971) found a significant increase in attending behavior for ninth graders after peer helper training. Based upon self report and teacher evaluations, Samuels and Samuels (1975) found positive increases in attitudes and self esteem of peer helper students. Cooker and Cherchia (1976) trained high school students to serve as group facilitators with other students. Using rating scales and taped interviews of these group sessions, the trained students were rated significantly higher in communication skills than an untrained control

group. Bell (1977) investigated changes in self concept and academic achievement of peer helpers, but found no significant differences between trained and untrained students. Tuff (1977) also found no significant results in counseling skills level between trained and untrained students. However, Emmert (1977) found that trained helpers did have significantly higher empathy scores after training than a comparison group. Tindall (1978) trained students in communication skills and then evaluated them using Carhuff's communication scales. Although her sample was small (N=13), she found the trained students to be evaluated significantly higher than an untrained control group. Barclay (1982) found that female peer helpers had significantly higher scores than their male counterparts on a social interest index after peer helper training, but, generally, the results were nonsignificant compared with a control group.

Because of the informal nature of many peer helper/ helpee relationships, research data on the counseled students is more difficult to obtain. Varenhorst (1984) encouraged reseachers to advance the field of study by assessing actual changes in the ones being targeted for help. Some research evaluated outcome results: Murphy (1977) found that students with chronic attendance problems who had peer helpers had fewer absences than noncounseled students. Samuels and Samuels (1975) found a decrease in disruptive incidents at school and an increase in counseled students' self concept.

One study reported that students had positive feelings about
their experiences with peer helpers although other personal-
ity changes were not measured (Gumaer, 1976). Other
researchers found students counseled in small groups by
trained students showed a significant gain in attendance and
decisiveness but found the overall results inconclusive
regarding benefits from peer helping (Schweisheimer &
Walberg, 1976). Kelly (1980) found that counseled students
showed a significant gain in school interest over non-
counseled students, but no significant differences were found
in self concept or interpersonal relations. Bowman (1982)
found significant differences in problem-behavior students
after peer facilitation in areas of behavior and attitudes.
Creange (1982) trained students to work with low achieving
students in counseling and study groups. Results showed
significant gains for students in their grade point averages
and test scores.

This researcher found no published empirical research on
training adolescents in church settings to help other
teenagers. Materials have been developed by the Lutheran
Synod for peer ministry training for adolescents under the
authorship of Dr. Barbara Varenhorst (1981), but no research
has been reported (personal communication with Dr.
Varenhorst, April, 1989). Teenagers have the same type of
concerns and personal difficulties in churches as they do in
school settings. The uniqueness of the peer ministry

curriculum is that a theological component is added to each training session. Each session of this curriculum is built upon Biblical passages and concepts. Collins and Tornquist (1981) recommended that any kind of training of Christian people helpers be built upon a theological foundation.

Purposes of the Study

This study was designed to assess effects of a church's peer helper training course upon adolescents' ability to empathize, their level of moral development, and their internal or external orientation. Churches have begun training adolescents in basic helping skills, but this researcher found no published findings on outcomes of training.

Hypotheses

This study tested the following hypotheses:

H_1 There will be a significant difference between trained and untrained subjects in their empathy scores as evaluated on Carkhuff's Empathic Understanding (EU) Scale with the trained subjects scoring higher on empathy after the 13 class sessions.

H_2 There will be a significant difference between trained and untrained subjects on the Internality - Externality (I-E) scale of the California Personality Inventory (CPI) with the trained subjects scoring higher on externality after the 13 class sessions.

H_3 There will be a significant difference between trained and untrained subjects in their moral reasoning scores as measured by Rest's Defining Issues Test (DIT) with the trained subjects scoring higher on moral reasoning after the 13 class sessions than the untrained subjects.

H_4 There will be a significant positive correlation between the empathy scores and the moral reasoning scores for the subjects in the study.

<div align="center">Background and Significance</div>

Relationships between moral development and empathy have been tangentially explored with increased attention since the late 1960's. Sprinthall and Mosher (1970) were concerned with promoting psychological growth as well as intellectual growth in high school students. To this end, they taught psychological principles to students and trained them as peer helpers. Along with tutoring other students and exploring creative arts to enhance communication, adolescents were trained in basic helping skills. Sprinthall and Mosher discussed a three year plan to fully develop this psychological education program with their classes. They used Kohlberg's Moral Dilemmas Test (1969) on a pre- and posttest basis to assess changes in moral development of the students. This instrument was an early effort to assess an individual's stage of moral development. Other assessment instruments were also used to study personality changes in the students as a result of the deliberate psychological

education courses. According to Sprinthall and Mosher, there
was not a specific interest at that time as to how empathy
development impacted moral development.

In 1971, Mosher and Sprinthall reported on the results
of these classes. After one semester, measurements were
taken on moral development (as assessed by Kohlberg's Moral
Dilemmas Scale) and counseling skill (as assessed by
Carkhuff's 1969 scales of Empathy, Genuineness, and
Immediacy). Results showed an average amount of change of a
one-third stage increase on Kohlberg's Scale by the
experimental group. Individual scores showed an upward
movement in seven students, no change in nine, and regression
in two. The control group showed no change in their level of
moral judgment. Ratings of counseling tapes were made by two
judges at three different time intervals. The results showed
significant shifts on all three of Carkhuff's scales from the
first to second rating, with a continued shift in a positive
direction on the third rating. No report was given on the
correlation of their moral judgment and empathy scores.

Sprinthall and Erickson (1974) assessed psychological
growth of high school students in a peer counseling class.
The goal of the class was "to promote the learning of
listening skills and the developing of empathic responses
through actual peer counseling experience" (p. 398). The
investigators assessed students' preclass counseling skills
using the Porter Scales (1950) - 10 situations with multiple

- choice responses. Students' original scores averaged just above 1 on a 5 - point empathy scale. On the posttest measure, students scored close to level 3 on the empathy scale - significantly higher. The researchers also used Kohlberg's Moral Dilemmas assessment device to measure moral development but had not fully analyzed the data before writing the article. They said inspection of the data, however, indicated an upward trend. Again, no correlation statistics were reported between empathy scores and moral development scores.

Rustad and Rogers (1975) taught a psychological curriculum to high school students. They found positive movement in moral development and empathy scores for adolescents trained in helping skills, but no correlational study was done between these two concepts.

In a review of the literature on research of students' moral development, Lockwood (1978) found eleven studies on attempts to increase moral judgment levels. One type of attempt used direct discussion of moral dilemmas and issues - as pioneered by Blatt and Kohlberg (1975). These researchers found that students who were led by a trained teacher in discussing moral dilemmas increased their moral judgment scores on the average by one third of a stage by the end of a semester in comparison to no gain by a control group. Other researchers using similar discussion procedures found generally a one-third to one-half stage increase in moral

reasoning (Beck, Sullivan, & Taylor, 1972; Lieberman, 1975; Schaffer, 1974).

Lockwood (1978) reviewed five studies that he identified as psychological education. In these studies, students were trained in empathy, peer counseling, and role-playing. Most of these classes contained some elements of discussion of moral issues as well, thereby to confound the pure psychological education approach. Dowell (1971) trained 20 high school students in empathy and counseling skills one evening a week for 16 weeks. Their moral reasoning scores increased by one-third of a stage, but the treatment group's scores were not significantly different from the control group's. Mackie (1974) taught counseling skills to low achieving eleventh graders. There were several methodological difficulties in this research plus a small sample, but four of the eight students advanced one-third of a stage. Paolitto (1976) trained seventeen eight grade students in role playing and interviewing skills (as well as discussing moral issues). Her treatment group scored significantly higher on moral reasoning than her control group. Sullivan (1975) also had a combination of the direct discussion and psychological education approaches. With 14 high school students in the treatment group, Sullivan found a significant difference in the moral reasoning scores between the treatment and control group. Erickson (1975) trained 23 college women in empathy and communication skills in a class

that emphasized women's issues. With no control group for comparison, her students increased their level of moral reasoning by one-third of a stage. Lockwood summarized his review of psychological education approaches to moral education by stating: "The studies consistently report development of approximately one-third of a stage. As indicated earlier, each study has substantial weaknesses, but taken together, the consistency of their findings offers tentative support for a general treatment effect" (1978, p. 358).

Rest (1986a) later did a comprehensive review of 55 studies that had used his Defining Issues Test to assess effects of moral education programs. Lockwood (1978) had only reviewed studies using Kohlberg's system of scoring. Rest noted that many of the studies he examined suffered from methodological shortcomings:

1. Only nine studies employed a fully randomized, experimental design. Since most of the studies were conducted in existing school settings, quasi-experimental designs with comparison groups were often employed; however, 18 lacked even the features of a quasi-experimental design.
2. Nineteen studies employed ANCOVA or two-way ANOVA in statistical analyses, thus simultaneously testing for treatment effects and controlling for pretest differences. The others compared before and after scores of the experimental group by t-test without simultaneously correcting for pre-post changes in a control group.
3. Some studies included exposure to and discussion of Kohlberg's stage theory, thereby introducing a possible contamination into the posttesting (because moral judgment tests were developed presupposing a subject untutored in moral judgment theory).

4. A few studies reported that their subjects did not really understand the test, or were too young to take the test, or were given so many tests that motivation to fill out the tests became a problem.
5. Most studies did not include follow-up testing to determine if the gains on the posttest were maintained.
6. Some of the interventions were so brief that it is theoretically unlikely that significant gains could be detected in a broad-gauge instrument like the DIT.
7. Most of the interventions were taught by inexperienced teachers who were trying out the program for the first time without previous piloting.
8. Several studies had such small sample sizes that inferences were difficult to make.

(Rest, 1986a, p.62)

Rest (like Lockwood) found that moral dilemma discussions had the greatest impact on scores of moral development, followed by personality development programs. He said both of these types of programs have "modest to small effect sizes" (p. 81).

Eisenberg-Berg and Mussen (1978) studied relationships between empathy and moral development in adolescents. However, they described moral development as prosocial moral reasoning and helping. They used volunteerism as an indicator of moral development. Empathy was not measured through counseling skills but as a trait that could be assessed by a questionnaire. Results showed that empathy was significantly related to moral reasoning for the adolescents. They concluded that empathy is a "critical predisposing" factor (p. 186) for moral reasoning in adolescents.

In her dissertation research with nursing students, Greene (1980) composed a curriculum to develop empathy. She measured moral development with a pre- and posttest design using Rest's Defining Issues Test (DIT). Results showed that the experimental subjects did not change with respect to either moral or empathic development. She attributed the negative findings to the brevity of the two month training. Her assessment of empathy was not based upon actual counseling skills but upon how one perceives anothers situation.

Kwasnick (1986) used college age subjects in her research on the effects of psychological education. She randomly divided 159 students into three experimental groups of an "Introduction to Psychology Class," a contrast group, and a control group. The experimental classes focused on affective education, communication skills, and role playing. The contrast group was a traditional didactic course in psychology. The control group studied another academic subject. She used Loevinger's Sentence Completion Test, Rest's Defining Issues Test, and Carkhuff's Empathy Communication Scale on a pre- and posttest basis. No significant differences on the three measures were found for any of the groups. She postulated that the negative findings could have occured because in this college most of the courses focused on independent thinking and communication skills (not just the experimental classes). Additionally,

she thought a semester was too short of a time for significant developmental differences to occur.

Two counselor educators, Zahner and McDavis (1980) reported that research on moral judgment of counselors was non-existent; noting that any previous research was restricted to counselors' knowledge of ethical standards. They conducted research to determine: (a) if differences existed in the moral development level of professional counselors and trainees and, (b) if training programs in counseling had an effect on moral judgment levels. The results indicated that the moral development level of professionals and paraprofessional counselors was significantly different - not surprising, given the possible differences in education and intelligence. However, they also found no significant differences across training levels (beginning or experienced) for either professional or paraprofessional counselors. They stated "the results indicate that training for both the professional and paraprofessional groups has minimal influence on moral development of its current or past students. Further research is needed to validate this finding" (p. 248).

Welfel and Lipsitz (1983) also had an interest in the moral reasoning level of counselors and sought to test the implication of Zahner and McDavis' 1980 study - that the practice of counseling fails to influence the sophistication of moral reasoning. They hypothesized that both level of

training and amount of counseling experience would be
significantly related to stage of moral reasoning. Scores on
the Defining Issues Test (DIT) were as hypothesized.
Doctoral students in counseling scored highest, followed by
advanced Master's students, beginning Master's students, then
undergraduate students. Their research showed that moral
reasoning is associated with level of training in graduate
education and, thus, contradicted Zahner and Davis' findings.
A significant positive correlation was also found between
years of experience in counseling and the DIT score.

Welfel and Lipsitz discussed the issue of the impact of
graduate training in counseling upon moral development. They
conceded their small sample and the nonrandom nature of their
research caused the findings to be nongeneralizable. In view
of the correlational nature of the study, too, one could not
say that graduate training or counseling experience caused
growth in moral development. They indicated a need for
further research in this area, but did suggest that counselor
training influences moral development.

Bowman and Allen (1988) studied moral judgment as a
contributing factor to counseling effectiveness. They
assessed 30 beginning graduate students in counselor
education with the DIT before and after a 10 week course on
facilitative skills training. They divided the group into
students with high and low DIT scores. The students were
then rated on a counseling session audiotape using Carkhuff's

Empathic Understanding Scale by expert judges who did not
know the DIT scores. Results confirmed the hypothesis that
counselor trainees with high scores in moral reasoning would
have significantly higher scores on empathy than those with
low scores. They stated "the data support the possibly that
moral development level has the potential to influence the
degree to which counselor trainees can benefit from
facilitative skills training" (p. 145).

In a follow-up study, Bowman and Reeves (1987) again
used the Defining Issues Test and the Empathic Understanding
Scale. The subjects responded in writing to a videotaped
counseling interview with pauses for the counselors'
responses. Subjects also submitted a counseling tape for
rating by trained judges. Significant relationships were
found between DIT scores and the two empathy ratings on the
videotape and audiotape as well as a significant positive
correlation between the two empathy ratings. The results
indicated a significant correlation between moral development
and empathy. They stated "although the constructs of empathy
and moral development seem to be closely related, the
implications for counselor education and related fields have
yet to be fully explored. The results are consistent with
the theory that role-taking ability is central to the
development of successively higher levels of moral reasoning
and the ability to empathize" (p. 296).

To summarize, research has shown that adolescents can be taught basic helping skills so that empathy scores and levels of moral reasoning increase (Sullivan, 1975; Paolitto, 1976; Dowell, 1971; Mosher & Sprinthall, 1971; Mackie, 1973; Sprinthall & Erickson, 1974; Rustad & Rogers, 1975: Eisenberg-Berg & Mussen, 1978). In a combination curriculum of discussion of moral dilemmas and teaching of helping skills (Mosher & Sullivan, 1976), adolescents' scores increased in moral development.

With adults, findings are less clear regarding the relationship of empathy and moral development. With college age women, Erickson (1975) found an increase in moral reasoning after training in empathy skills, but there was no control group. However, Greene (1980) found no significant changes in moral reasoning or empathy scores in nursing students after training. As well, Kwasnick (1986) found no increase in empathy or moral development scores among college students after a semester length class in introductory psychology. Zahner and McDavis (1980) found that training in counseling had no significant impact on moral development scores. However, Welfel and Lipsitz's study (1983) implied a positive relationship between counselor training and moral development. Bowman and Allen (1988) found a positive correlation between empathy and moral development scores but did not test for cause and effect. In a similar study Bowman and Reeves (1987) found a positive relationship between these

two concepts but did not test to see if the moral judgment scores increased as a result of training in helping skills.

Definitions of Terms

Development - Progressive and continuous changes in the organism from birth to death.

Empathy - The ability to identify with the feelings of another person.

Externality - Personally oriented to be extroverted, outgoing in manner. (Hough, 1987)

Internality - Personally oriented to be introverted, reserved in manner. (Hough, 1987)

Moral Development - Growth of the individual's ability to distinguish right from wrong, to develop a system of ethical values, and to learn to act morally. (Rich & DeVitis, 1985)

Morality - A system of conduct based on moral principles.

Peer - "A person who shares related values, experiences, and lifestyle and is approximately the same age." (Tindall & Gray, 1985, p. 8)

Peer Facilitation - "A variety of interpersonal helping behaviors assumed by nonprofessionals who undertake a helping role with others." (Tindall & Gray, 1985, p. 5); "A process in which trained and supervised students offer listening, support and alternatives, and other verbal and non-verbal interactions, but little or no advice, to students who refer themselves." (Sussman, 1973)

Delimitations

Data compiled and analyzed from this study are limited
to the one church's training program under investigation.
Findings and conclusions may not be applicable to a broader
population; however, findings and conclusions may be
applicable to similar populations.

This study also confined itself to the issue of high
school age students preparing to help similar age students.
Though many teenagers have been trained to work with
elementary age children, these studies are not cited. Also,
functions outside the scope of attending to the emotional
health of fellow adolescents (e.g., tutoring) were excluded
from this paper.

A distinction also needs to be made between a <u>peer</u> and a
<u>paraprofessional</u>. Peer facilitators generally are not
involved in clerical work as are paraprofessionals. As the
name implies, peer facilitators work with similar age
clientele whereas paraprofessionals often work with any age.
Systematic models of training have been developed for peer
facilitators whereas there is a less established training
model for paraprofessionals. Finally, peer facilitators are
usually not paid for their services while many para-
professionals are paid (Varenhorst, 1984). This research
will focus on peer facilitation rather than on the broader
concept of paraprofessional counseling.

Summary

This chapter described some of the research that has been done on the "peer helping" movement within schools in this country. Findings are mixed, but generally positive outcomes are reported for the peer helpers themselves and upon those students with whom they work. There has been no reported research, however, on the effects of trained students within a church setting.

In Chapter II, a review of relevant literature concerning moral development and empathy is presented. Chapter III describes the experimental research design and procedures. A presentation and analysis of the study are included in Chapter IV. Chapter V contains a summary of findings, implications, and recommendations for further research.

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CHAPTER II

REVIEW OF RELATED LITERATURE

This researcher is interested in relationships between moral development and empathy. Therefore, literature on moral development (as represented by Lawrence Kohlberg's work) and empathy will be reviewed.

Moral Development

The scholarly study of moral development has been dominated by Lawrence Kohlberg and his colleagues for the last three decades. Kohlberg' 1958 doctoral dissertation was an extension of Jean Piaget's study of children's moral development. Kohlberg used adolescent male subjects to study moral development longitudinally. Instead of Piaget's two stages of development (heteronomy and autonomy), Kohlberg hypothesized three levels of development with two stages in each level.

Definition of Moral Stages
Preconventional Level

At this level, the child is responsive to cultural rules and labels of good and bad, right or wrong, but interprets these labels in terms of either the physical or the hedonistic consequences of action (punishment, reward, exchange of favors) or in terms of the physical

power of those who enunciate the rules and labels. The level
is divided into the following two stages:

Stage 1. The Punishment and Obedience Orientation

The physical consequences of action determine its
goodness or badness regardless of the human meaning or value
of these consequences. Avoidance of punishment and
unquestioning deference to power is valued in their own
right.

Stage 2. The Instrumental Relativist Orientation

Right action consists of that which instrumentally
satisfies one's needs and occasionally the needs of others.
Human relations are viewed in term like those of the market-
place. Elements of fairness, reciprocity, and equal sharing
are present, but they are always interpreted in a physical,
pragmatic way. Reciprocity is a matter of "You scratch my
back and I'll scratch yours."

Conventional Level

At this level, maintaining the expectations of the
individual's family, group or nation is perceived as valuable
in its own right, regardless of immediate and obvious conse-
quences. The attitude is not only one of conformity to
personal expectations and social order, but of loyalty to it,
of actively maintaining, supporting, and justifying the order
of identifying with the people or group involved in it. At
this level, there are the following two stages:

Stage 3. The Interpersonal Concordance or "Good Boy-Nice Girl" Orientation

Good behavior is that which pleases or helps others and is approved by them. There is much conformity to stereotypical images of what is majority or natural behavior. Behavior is frequently judged by intention - the judgment "he means well" becomes important for the first time. One earns approval by being nice.

Stage 4. Society Maintaining Orientation

There is an orientation toward authority, fixed rules, and the maintenance of the social order. Right behavior consists of doing one's duty, showing respect for authority, and maintaining the given social order for its own sake.

Postconventional, Autonomous, or Principled Level

At this level, there is a clear effort to define moral values and principles that have validity and application apart from the authority of the groups or people holding these principles and apart from the individual's own identifiction with these groups. This level again has two stages:

Stage 5. The Social Contract Orientation

Right action tends to be defined in terms of general individual rights and in terms of standards that have been critically examined and agreed on by the whole society. There is a clear awareness of the relativism of personal values and opinions and a corresponding emphasis on

procedural rules for reaching consensus. Aside from what is constitutionally and democratically agreed on, the right is a matter of personal values and opinion. The result is an emphasis on the legal point of view, but with an emphasis on the possibility of changing law in terms of rational considerations of social utility (rather than freezing it in terms of Stage 4 "law and order"). Outside the legal realm, free agreement and contract are the binding elements of obligation. This is the official morality of the American government and Constitution.

Stage 6. The Universal Ethical Principle

Orientation

Right is defined by the decision of conscience in accord with self-chosen ethical principles appealing to logical comprehensiveness, universality, and consistency. These principles are abstract and ethical (the Golden Rule, the categorical imperative); they are not concrete moral rules such as the Ten Commandments. At heart, these are universal principles of justice, of the reciprocity and equality of human rights, and of respect for the dignity of human beings a individuals.

Kohlberg traced the roots of this cognitive-developmental theory back to Jean Piaget and John Dewey. Both Piaget and Dewey claimed that mature thought emerged from an interation between the person and the environment. Kohlberg gave credit to both for postualing levels of moral

development that he extended through his research with
adolescent males in his 1958 dissertation (Kohlberg &
Wasserman, 1980).

The six stages postulated by Kohlberg have important
characteristics. First, they are cognitive stages. How one
thinks or reasons regarding issues was his primary interest.
Kohlberg has been criticized for ignoring the affective and
behavioral realms of morality, but he counterargued that to
fully understand morality one must understand the reasoning
that underlies feelings or behavior. One can see the
influence of Immanuel Kant (who argued that one cannot merely
look at the behavior of a person to understand that person)
and Aristotle (who hypothesized that to know the good is to
do the good) on Kohlberg's emphasis upon moral reasoning
rather than emotions or behavior (Rich & DeVitis, 1985).

Blasi (1980) reviewed the literature on the relationship
between moral judgment and behavior. He found the higher the
stage of moral reasoning, the more likely action would follow
consistent with the moral choice made in a dilemma. Fifty-
seven of the 75 studies reviewed reported a significant
relationship between moral judgment and behavior, but the
strength of the relationships was generally modest. It is
possible to render sophisticated moral judgments and not
follow through with moral actions, but Blasi's analysis lends
support to the idea that understanding moral reasoning can
help better understand and predict moral behavior.

Second, each stage is a structured whole. Each stage is qualitatively distinct from the other stages. Cognitive development is more similar to ascending steps than walking up a slope. Each stage brings a whole new way of looking at the world. Almost all individuals respond to moral dilemmas with over fifty percent of their reasoning from one stage with the rest of the responses at adjacent stages, thus showing a basic consistency of thought (Kohlberg, 1984).

Third, the stages form an invariant sequence. While cultural factors may speed up, slow down or arrest development, they do not change its sequence. Longitudial studies of American and other nationality subjects showed that movement throught the stages was forward and step by step without skipping stages (Kohlberg & Turiel, 1971; Kohlberg, 1979). Other research and reviews of the literature support Kohlberg's claim of the sequentiality of the stages (Kuhn, 1976; Walker, 1982, 1986).

Fourth, the stages are heirarchical, that is, each higher stage is a more comprehensive way of solving moral conflicts. Kohlberg emphasized that those who reason using higher stages are not better or more moral than those using lower stages, but their reasoning is more sophisticated. Research has shown that subjects are able to comprehend all stages below their own, but not more than one stage below their own (Kohlberg & Turiel, 1973). Walker's 1984 research with 64 adolescent and adult subjects showed support for the heirarchical nature of the stages.

Fifth, perhaps the most controversial of all of Kohlberg's claims for the stages are their universality. He posited that the same basic stages are found in each culture. Moral specifics on what is right or wrong may differ culturally, but the structure of moral reasoning is the same. Some have criticized the claim of applicability to other cultures because of the insufficiency of the data and the question of why U.S. subjects consistenly score higher than others (Simpson, 1974). In response to critics, Kohlberg acknowledged that U.S. subjects have consistently scored higher than other culture subjects, but he attributed this phenomenon to a lack of opportunities for development in other cultures plus, perhaps, difficulties in translation of his assessment procedures (Kohlberg, 1981). As early as 1969, Kohlberg claimed evidence from six different cultures supporting the tenets of the stages. Research reported in 1984 from Turkey (Kohlberg & Nisan) and Israel (Kohlberg, Snarey & Reimer) supported the universal nature of the stages. Rest (1986a) reviewed 20 crosscultural studies and reported results were more similar than dissimilar to results of U.S. studies. Therefore, the data seem to support Kohlberg's contention that the stages are a universal pattern of development.

Most who learn of Kohlberg's stages have a keen interest in Stage 6 - wondering if they are operating at this level of moral reasoning. Kohlberg hypothesized characteristics of

those at this level: They consider human life sacred. They are willing to apply the same principles of judgment to themselves as to others. Stage 6 reasoners are able to imagine themselves in someone else's place, to consider fairly all of the claims that person would make, and then are willing to act toward that person as they feel would be appropriate if they were in the same situation - the epitome of justice. Kohlberg named only a few individuals who he felt reached this level - Socrates, Lincoln, Thoreau, Ghandi, Martin Luther King, Jr. Kohlberg believed all those using Stage 6 reasoning would eventually agree on solutions to moral dilemmas. This was not necessarily true of other stages of reasoning. Interestingly, however, Stage 6 has been eliminated from the actual scoring manuals because none of the longitudinal studies in the U.S. or other countries have shown subjects to actually attain this level (Kohlberg, 1984).

Kohlberg is his later writings hypothesized the existence of a 7th stage (Koblberg & Power, 1981). This stage has been categorized as a <u>faith</u> <u>stage</u> - not necessarily based on religion, but a philosophical stage to give ultimate meaning to life. In a 1984 chapter written with Charles Levine and Alexandra Hewer entitled "The current formulation of the theory," Kohlberg still conceptualized this 7th stage as a <u>high</u> <u>soft</u> <u>stage</u> that could answer questions which his <u>hard</u> <u>stages</u> could not answer.

> To answer the questions - Why be moral? Why be
> just in a universe filled with injustice, suffer-
> ing, and death? requires one to move beyond the
> domain of justice and derive replies from the
> meaning found in metathetic, metaphysical, and
> religious epistemologies." (Kohlberg, Levine, &
> Hewer, 1984, pp. 249-250)

It seems to this writer that Kohlberg was still struggling with an inadequacy he felt in his theory that would answer questions concerning the basic meaning of existence.

Kohlberg presented the concept of justice as being the ultimate value that subsumes all other values. He claimed this one moral principle is at the heart of all ethics. To act justly is to "act so as to treat each person as end (as having unconditional value), rather than a means" (Kohlberg, 1981, p. 210). Piaget (1932) also had assumed morality was ultimately a matter of justice. As he observed children, morality was looked upon as respect for rules and fair application of rules. This principle of justice draws it philosophical support from Immanuel Kant (1949) whose categorical imperative advocated acting "only as you would be willing that everyone should act in the same situation." Kohlberg had also been strongly influenced by reading Socrates who posited "Virtue is not many but is one, and its name is justice." Much of Kohlberg's theory seems to have been built upon the bedrock of classical Greek scholarship and his readings in philosophy.

Kohlberg has been strongly criticized on both philosophical and empirical reasons for his choice of justice as the cardinal virtue. Carol Gilligan, a colleague at Harvard, has challenged his theory in light of her own research on women's moral development (1977, 1982). Studying real life moral dilemmas (such as abortion) she defined an orientation of care and responsibility distinct from the justice orientation of Kohlberg. Her research showed that female moral development stressed emotional connectedness between individuals. Women "speak in a different voice." They seem to emphasize caring and interpersonal relationships whereas men emphasize justice, rights, and duties. Traditionally, the ethic of justice proposed by Kohlberg has been viewed as being rational, logical, and objective while Gilligan's ethic of care is seen as more intuitive, irrational, illogical, and subjective.

Gilligan cited Freud and Piaget to show the difficulty males had in defining and describing the morality of women.

> Women showed less sense of justice than men, that they are less ready to submit to the great exegencies of life, that they are more influenced in their judgments by feelings of affection or hostility. (Freud, 1925,pp.257-258)

> The most superficial observation is sufficient to show that in the main the legal sense (i.e., thinking about justice) is far less developed in little girls than in boys. (Piaget, 1932, p. 77)

Gilligan thought that Kohlberg's theory was biased against women not only because it emphasized justice reasoning over care reasoning, but because his original

research was based upon an exclusive male sample and the protagonists in his hypothetical dilemmas were male. Women seemed to cluster around level 3 in Kohlberg's stages where morality is conceived in interpersonal terms and goodness is equated with helping and pleasing others while men are scored at higher levels of reasoning where justice is emphasized.

In rebuttal to Gilligan, Kohlberg (1984) acknowledged that the principle of altruism, care, or responsible love had not been adequately represented in his work but he still thought these virtues were subsumed under the ethic of justice. Gilligan did not report conducting a systematic review of the research on sex differences to make her claims of sex bias. Rather, her argument was more from a philosophical stance than an empirical analysis. Walker (1984) actually reviewed the literature with a meta-analysis of 108 studies that presented data on males and females moral development. Only eight studies clearly indicated significant differences of males with higher scores than females. Walker concluded there was an overall pattern of no significant sex differences in moral reasoning.

However, the debate continues regarding sex differences in moral reasoning. New research continues to be added to the field showing that the final word has not been spoken. Two research articles appeared in 1986 that again showed differences in orientation for males and females. Langdale reported on a study that scored both the justice and care

orientations in real life dilemmas. Using 144 subjects from ages 6 to 60+ who were originally a part of Gilligan's research, Langdale found significantly more females than males to have the care orientation that Gilligan hypothesized, thus adding confirmation again to the differences in gender question. Brownfield (1986) studied fifteen men and fifteen women who were facing the divorce dilemma. The subjects were interviewed about their real life situation and hypothetical situations from Kohlbergs's research. A major outcome was that men scored significantly higher than women on Kohlberg's hypothetical dilemmas but there were no gender differences on the real dilemmas.

In a 1988 article, Pratt et al found that women were more likely than men to use Gilligan's care orientation than Kohlberg's justice orientation, but the differences were not as pervasive as Gilligan hypothesized. Using 12 subjects of each sex from across the life span, the researchers interviewed them regarding real life and hypothetical dilemmas. The results again added some credence to possible sex differences in moral reasoning.

Kohlberg in several essays discussed the importance of role-taking for the eventual development of principled moral reasoning. He did not use the word empathy nor was this concept exactly equivalent with his idea of the importance of taking the role or perspective of another. However, there is enough similarity between the concept of therapeutic empathy

and Kohlberg's idea of taking the perspective of another to warrant a discussion of his thinking on this subject. In 1971, Kohlberg wrote of the centrality of role-taking for moral judgment to take place. One must have sympathy for others and must adopt the perspective of another to make adequate moral decisions. He said the research indicated that opportunities for role-taking were important for stimulating moral development.

In 1976, Kohlberg continued his thoughts on the importance of taking the perspectives of others in order to reason morally. He wrote that cognitive development was a necessary but not a sufficient condition for the growth of role-taking, and that the development of role-taking abilities was a necessary but not sufficient condition for moral development. In other words, cognitive and role-taking abilities are built upon one another and constrain the development of morality. He said that role-taking involved interpreting the thoughts and feelings of another but that the role taking was not the same as empathy because of the emphasis upon the cognitive as well as the affective in role taking.

In 1981, Kohlberg wrote:

> The centrality of role taking for moral judgment is recognized in the notion that moral judgment is based on sympathy for others, as well as in the notion that the moral judge must adopt the perspective of the "impartial spectator" or the "generalized other" (p. 141).

Again, there appears to be a stronger emphasis upon cognitive than affective empathy in this statement.

In 1984, Kohlberg gave even a clearer statement on the importance of role taking and its distinction from empathy:

> Of more importance than factors related to stimulation of cognitive stage are factors of general social experience and stimulation, which we call role-taking opportunities. What differentiates social experience from interation with things is the fact that social experience involves role-taking: taking the attitude of others, becoming aware of their thoughts and feelings, putting oneself in their place. When the emotional side of role-taking is stressed, it is typically termed empathy (or sympathy). The term role taking, coined by G. H. Mead (1934), is preferable, however, because (1) it emphasizes the cognitive as well as the affective side, (2) it involes an organized structural relationship between self and others, (3) it emphasizes that the process involves understanding and relating to all the roles in the society of which one is a part, and (4) it emphasizes that role-taking goes on in all social interactions and communication situations, not merely in ones that arouse emotions of sympathy or empathy. (p.199)

In a 1978 review of the literature on perspective taking as a basis for moral development, Kurdek criticized researchers for failing to be clear about the type of perspective-taking being studied. He identified three kinds of perspectives: (1) perceptual (what we think the other person sees), (2) cognitive (what we think another person thinks), and (3) affective (what we think another person feels). Kohlberg does emphasize the cognition of others.

To summarize, the ability to take the role of another is important in moral developmental theory. This allows one to take the advantage point of others in making moral judgments

that are just. Kohlberg gives acknowledgment to under-
standing the feelings of others (empathy) but seems to more
strongly emphasize understanding the cognitions of another.
Kohlberg has been previously criticized for ignoring the
affective realm. This researcher is interested in how
training in the affective realm of role-taking contributes to
moral development.

Kohlberg was involved in the practical arena of moral
education in the schools. The question of whether schools
should be involved in moral education was answered affirma-
tively by him. He argued that schools could not avoid
teaching morality through the atmosphere of the classroom.
This is called the hidden curriculum - the values schools
reinforce or extinguish in subtle or not so subtle ways.

Kohlberg did not advocate the indoctrination of any
values. Even though he believed in moral absolutes, he was
critical of the approach that advocated certain values
(honest, neatness, quietness, respect, etc.) over other
values. This traditional character education approach he
called the bag of virtues approach. Everyone had their own
values they felt should be taught, but these virtues may not
be commonly agreed upon. Besides, Kohlberg criticized the
traditional character education approach as not being
effective in producing morality. He cited the massive
research of Hartshorne and May (1928-30) with 11,000
children. This research indicated that morality seemed to be

situational. Nearly everyone lies, cheats, or steals at times. Being involved in Boy Scouts or Sunday school did not lead to improvement as measured by tests of honesty, service, or self control. Kohlberg said the direct method of telling people what they should or should not be does not produce morality.

While Kohlberg opposed the teaching of specific values, he also opposed the opposite-that all values are relative so no attempt should be made to morally educate students. For example, he opposed the values clarification approach - merely helping students to articulate their own values without concern for the intrinsic worth of these values.

Moral education to Kohlberg involved stimulating moral reasoning to higher levels rather than inculcating certain values or by not teaching any values. The ultimate value that Kohlberg proffered was based upon what he said rational thought would reveal. He presented detailed philosophical arguments for the universal ethical principal of justice (1981). He defined justice as "equal respect for all persons" (p.xiii) and traced the primacy of justice back to the Old Testament prophets and Greek philosophers.

So we have seen that to Kohlberg moral education is neither the traditional indoctrination approach of teaching certain values or the laissez-faire approach of no specific education. Kohlberg also made the distinction between moral and religious education. To him, religious education had an

legitimate place if it were to teach specific tenets of
religion in certain settings, but religious education was not
appropriate or effective in moral education. "We can
conclude that religion is not a necessary or highly important
condition for the development of moral judgment and conduct"
(Kohlberg, 1967, p. 304). His research showed there was no
difference in stage development among Catholics, Protestants,
Jews, Buddhists, Moslems, or athiests (Kohlberg, 1981). He
opposed what he called the divine command theory of morality
- believing our morality should be based on laws given by an
outside authority (like God) rather than being self-chosen
principles (Kohlberg & Power, 1981).

So what is moral education to Kohlberg? Moral education
is a drawing out from within an individual through dialogue
(much like Socratic dialogue) of more mature ways of thinking
about situations. Moral development occurs through cognitive
dissonance and conflict. When individuals become aware of
discrepancies between their experiences and their percep-
tions, a disequilibrium is created and views must be
restructured. Kohlberg and his colleagues trained teachers
to lead discussions of moral dilemmas in their classrooms.
By presenting views at a stage higher in moral reasoning,
disequilibrium was created in students and perceptions
charged. For example, Blatt and Kohlberg (1975) showed that
by discussing moral dilemmas for a semester, the high school
class moved up one third stage on the average in moral

reasoning while the control group was unchanged. This basic model of exposure to the next higher level of reasoning has been replicated in other classrooms with similar results; so much so that this phenomenon has been termed the Blatt effect.

Kohlberg was also interested in creating just communities in schools and other settings. These communities were democratic societies with much dialogue and moral reasoning. Mixed results have been found regarding the success of these endeavors (Higgins, 1980).

To summarize, moral education for Kohlberg involved free discussion in democratic communities of moral issues. Moral growth would take place through the interchange of ideas; specifically, from the exposure to higher levels of moral reasonings. Traditional character education, values clarification, religious education - all are looked upon as being ultimately ineffective in producing higher levels of moral reasoning.

Empathy

When one thinks of the importance of empathy in counseling, one probably thinks first of Carl Rogers. In the classic 1957 article, "The necessary and sufficient conditions of therapeutic personality change," Rogers stressed that when the therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client, one

of the important conditions for therapeutic change takes place. He stressed the <u>as if</u> quality of empathy - being able to sense the client's private world as if it were your own and move around freely in it, but still being aware of the separation of the therapist's and client's worlds. Empathy involves being so involved with the client's experience that one can voice meanings of which the client is scarely aware. A therapist must be able to communicate to the client his or her empathic understanding to some degree for the therapist's understanding to be of help.

Rogers' thoughts on empathy have made a dramatic impact on the field of therapy. In 1975, he reflected on the development of his thinking concerning empathy. Empathy, he said, "is one of the most delicate and powerful ways we have of using ourselves" and it is rarely seen in relationships (p. 2). He attributed to an unnamed social worker the technique he learned of "reflecting" back the feelings of the client. He came to understand this as a way of being rather than a useful technique. Rogers stated that research findings had confirmed the value of empathy as an essential ingredient for therapeutic change. He described empathy as a highly interactive process:

> The way of being with another person which is
> termed empathic has several facets. It means
> entering the perceptual world of the other and
> becoming thoroughly at home in it. It involves
> being sensitive, moment to moment, to the changing
> felt meanings which flow in this other person, to
> the fear or rage or tenderness or confusion or
> whatever, that he/she is experiencing. It means

temporarily living in his/her life, moving about in
it delicately without making judgments, sensing
meanings of which he/she is scarcely aware, but not
trying to uncover feeling of which the person is
totally unaware, since this would be too
threatening. It includes communicating your
sensings of his/her world as you look with fresh
and unfrightened eyes at elements of which the
individual is fearful. It means frequently
checking with him/her as to the accuracy of your
sensings, and being guided by the responses you
receive. You are a confident companion to the
person in his/her inner world. By pointing to the
possible meanings in the flow of his/her experi-
encing you help the person to focus on this useful
type of referent, to experience the meanings more
fully, and to move forward in the experiencing. To
be with another in this way means that for the time
being you lay aside the views and values you hold
for yourself in order to enter another's world
without prejudice. In some sense it means that you
lay aside your self and this can only be done by a
person who is secure enough in himself that he
knows he will not get lost in what may turn out to
be the strange or bizarre world of the other, and
can comfortably return to his own world when he
wishes. (Rogers, 1975, p. 4)

Hackney (1978) traced the evolution of the concept of

empathy noting that, although Rogers popularized the word, it

had been used for at least 50 years prior to Rogers' publi-

cation in 1957. Empathy was the translation of a German word

Einfühlung used primarily to describe the aesthetic feeling

in experiencing various art forms (i.e. the emotion one

receives from hearing beautiful music or in comtemplating

manificient art pieces). G. H. Mead, sociologist, had in

1934 (p. 142) described empathy as the capacity to "take the

role of the other" and to adopt other perspectives than ones

own. He suggested, too, that practice at role-taking leads

to social sensitivity and the emergence of the self-concept

and self-control. Early psychologists Adler (1931), Reik (1948), and Sullivan (1953) also spoke of the condition that Rogers labeled empathy, but Rogers was the first to use the word _empathy_ in a way that truly highlighted this therapeutic quality.

Many therapists can accept the importance of empathy, but many have trouble with Rogers' claim of the the sufficiency of empathy for personality change to occur. Some therapists would say that more is needed. After the client's problem is clarified and the feelings about it are understood by both the client and the counselor, the client must still learn how to resolve his difficulty. Gladstein (1970) reviewed the literature on the therapist's empathic qualities and outcomes of therapy. Only six studies at that time could be located that touched on the relationships of empathy and counseling results. Only one of six studies had a completely positive result. More recent reviews also found mixed results on the importance of empathy to positive client outcome (Bergin & Suinn, 1975; Lambert, DeJulio & Stein, 1978; Parloff, Waskow & Wolfe, 1978).

Gladstein in a later paper (1983) stated that some confusion existed in the research findings because of various definitions of empathy. He stressed the difference between _cognitive_ empathy - taking the role or perspective of another and _affective_ empathy - responding with the same emotion as another person. He suggested that confusion reigns because

researchers are measuring various aspects of empathy with at least six different measuring devices.

Several writers from the psychoanalytic tradition suggested that an attempt should not even be made to measure empathy because it is so complex that it can not and should not be reduced to quantifiable measures. They contended that, by inserting the outsider's objective measurements, one ends up destroying what one is trying to measure (Stewart, 1956; Greenson, 1967; Kohut, 1978).

Gladstein (1983, p. 478) concluded by proposing "that in counseling/ psychotherapy, affective and cognitive empathy can be helpful in certain stages, with certain clients, and for certain goals. However, at other times they can interfere with positive outcomes." He specified that both affective and cognitive empathy should be helpful when client self-exploration is the goal, but that affective empathy would probably not be beneficial for problem-solving and action-oriented goals. He suggested that clients' expectations for certain kinds of therapists contribute to the outcome of therapy. Some clients want close emotional relationships and some do not. He stated that it is not clear what part empathy actually plays in producing positive outcomes in therapy.

Barrett-Lennard (1981, p. 94) helped clarify the concept of empathy by looking upon it as a cycle of five steps:

Step 1. A is actively attending (with an empathic set) to B, who is in some way expressive of his or her own experiencing (and concomitantly expecting, hoping, or trusting that A is receptive).

Step 2. A reads or resonates to B in such a way that directly or indirectly expressed aspects of B's experience become experientially alive, vivid, and known to A.

Step 3. A expresses or shows in some communicative way a quality of felt awareness of B's experiencing.

Step 4. B is attending to A's response sufficiently at least to form a sense or perception of the extent of A's immediate personal understanding.

Step 5. B then continues or resumes visible self-expression in a way that also carries feedback elements for A, potentially of two kinds. One kind is confirming or corrective in respect to the content of A's just-shared view or sense of B's felt experience (expressed at Step 3 above). The other possible kind is informative regarding the extent to which B generally is perceiving a relationship of personal understanding with A.

Thus, the cycle involves the therapist's attending, feeling, responding, and then being responded to by the client - and the cycle continues.

Robert Carkhuff has been another noted researcher in the area of therapeutic qualities for producing positive client change. He has emphasized the importance of being able to measure the amount of empathy or other qualities (respect, genuineness, self-disclosure, concreteness, confrontation, immediacy, etc.) of the counselor in the helping relationship (1984). He has advanced the field of study by developing stages of empathy that can be used in assessing this

concept. Carkfuff's five point empathy scaled was used in this research to assess levels of empathic responding.

Hogan (1975) discussed the importance of empathy in the counseling relationship noting that a non-threatening atmosphere for self-exploration is created when a counselor's empathy is present. Empathic counselors communicate more acurately and at more appropriate times than nonempathic counselors. Empathy is related to the personal soundness and psychological health of the counselor. Hogan supported on theoretical grounds the importance of empathy in the counseling relationship.

Hogan also defined difference between trait and state empathy. Trait empathy refers to the ability to feel the emotions of another. It has its roots in genetic factors, intelligence and early experience. Hogan says trait empathy probably cannot be trained since it is an internal disposition. State empathy, however, refers to the process of communicating ones feelings to another and this probably could be trained. Interestingly, he said, pragmatically it makes no difference to the client whether or not a counselor experiences trait empathy so long as the counselor acts as if he or she understands and cares. He suggested the deleterious effect of too much trait empathy - that a counselor might overidentify with a client and bring about a loss of objectivity.

As to whether empathy is a phenomenon that can actually
be taught, the research is contradictory. Carkhuff and his
associates have written of many research efforts that show
that responding empathically is a teachable skill (Carkhuff,
1968; Carkhuff, 1969a; Carkhuff, 1969 (b); Carkhuff,
Kratochvil, & Friel, 1968; Carkhuff, Piaget, & Pierce, 1968);
yet also stated that many training programs do a poor job in
this area. Bath and Calhoun (1977) reviewed the literature
in the field of professional counselor education and pointed
out methodological problems in the studies that found
positive results in training counselor students to be
empathic. They also found mixed and negative results in the
literature. "This review in our judgment presents as
discouraging a picture of professional counselor education,
at least with regard to empathy, as that drawn by Carkhuff a
decade ago..." (Bath & Calhoun, 1977, p. 103). They made
several recommendations to remedy this condition: better
selection of trainees, initiating compentency based skills
training programs rather than leaving empathy enhancement to
chance, and better practicum and supervision experiences.

To summarize, most researchers and therapists
acknowledge there is a place for empathy in the therapeutic
relationship. Differences exist among clinicians, however,
as to its overall importance. Research has yielded various
conclusions to the necessity of empathy for therapeutic
gains. Researchers have suggested that different kinds of

empathy exist and have offered different assessment devices for its measurement. Empathic responding has been found to be a teachable skill to various kinds and ages of subjects.

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CHAPTER III

METHODS AND PROCEDURES

Research Design

This study assessed effects of a peer ministry training
course upon adolescents' ability to empathize, their level of
moral development, and their internal or external orienta-
tion. In order to test the research hypotheses, a pre- and
posttest experimental design was utilized (Campbell and
Stanley, 1972). Analyses of covariance were performed to
assess effects of the treatment.

Subjects

The subjects of this study were high school freshmen
through seniors who attended a Church of Christ in the
southwest section of Dallas County. The adolescents of this
church reflect the general racial and socioeconomic level of
the community. Subjects were predominantly Caucasian with a
middle to upper-middle socioeconomic status. The community
and church are considered conservative politically and
morally. The Church of Christ is fundamentalist in belief -
accepting the inerrancy of the Bible.

A previous study (Sapp, 1986) found Church of Christ
members generally functioning at the conventional level of
moral reasoning. Sapp studied the relationship between level

66

of moral judgment and religious orientation of six major
Christian demoninations. Members of the Church of Christ
ranked third in this study on their moral reasoning level -
behind Methodist and Episcopalian subjects and in front of
Catholic, Lutheran, and Baptist subjects. Interestingly,
however, the major finding of this study was that the level
of moral judgment was not strongly predictive of religious
orientation. All of the groups functioned at the
conventional level of moral reasoning but there was a
tendency for the moral reasoning scores to decrease as the
degree of fundamentalism increased.

Defining Issues Test

In the literature reviewed by this investigator, the
Defining Issues Test (DIT) was the most widely used
instrument assessing moral judgment. Over 500 studies using
the DIT have been reviewed by its developers, and it has well
documented reliability and validity (Rest, 1986a).

The DIT is described as a questionnaire to its users.
Six different controversial social issues are presented to
the subjects. Respondents are instructed to rate the level
of importance (from _great_ to _no_) on each of twelve different
issues raised by each situation. Respondents are asked to
rank the issues a second time so that their four most
important considerations are made known.

Rest (1986a) advised the DIT can best be used with 9th
graders through adults. It is heavily dependent upon reading

skills, so it can be problematic with subjects whose first language is not English or those not reading on a high school level. Motivation to take the DIT can sometimes be a problem, too, unless the subjects are prepared by the researchers to engage in the types of reasoning required. The DIT can be administered to a large group simultaneously, usually taking 30-40 minutes. The DIT can be scored by hand or computer scored at the Center for the Study of Ethical Development at the University of Minnesota.

The DIT produces several items of information for the researcher. The score of greatest focus in the present study is the P score which represents the percentage of Principled Reasoning (reasoning at stages 5 and 6 of Kohlberg's theory). The P score is the relative importance a subject gives to principled moral considerations in making a decision about moral dilemmas (Rest, 1979).

The DIT research is based on Kohlberg's theory of moral development. However, there are some major differences between the DIT and Kohlberg's method of evaluating moral development (the Moral Judgment Inventory - MJI):

   a. Kohlberg's MJI asks subjects to spontaneously generate solutions to problems while the DIT asks subjects to evaluate various considerations already provided. Because the DIT is a recognition rather than a production task, generally the DIT produces higher scores than the MJI; hence, the scores produced by the DIT and MJI are not readily comparable.

   b. The DIT is an objective measurement; the MJI has to be scored by a trained judge who conducts a clinical interview.

   c. The DIT does not assign a definitive (1,2,3,4,5,
      or 6) stage to a subject as in Kohlberg's
      system. Rather, the P score indicates the
      percentage of stage 5 and 6 thinking involved in
      their reasoning.

                                          (Rest, 1986a)

Obviously, there are differences in the scoring of

Kohlberg's and Rest's moral dilemmas, but correlations as

high as in the .70's have been obtained between the MJI and

DIT (Rest, 1986b).

                   Reliability of the DIT

Rest, Davison, and Robbins (1978) reviewed several

studies and concluded that the test - retest reliability of

the DIT was generally in the high .70's or .80's and that

Cronbach's alpha index of internal consistency was generally

in the high .70's. There is no alternate form of the DIT.

Rest (1979) recommends retesting with the same six stories

because research indicates that even after a one to three

week interval, there is not a significant difference between

the mean scores; hence, the 13 week duration of the present

study should pose no difficulty on retesting.

There are two internal checks on subject reliability.

Some items are written in pretentious language but are

meaningless. If subjects check these items, they are

responding to the loftiness of the prose rather than the

issues' meaning. These items are assigned an M score.

Response sheets with a raw score of 8 or more M scores are

eliminated.

The second check on subject reliability is called the Consistency Check. Basically, items that are ranked from great to no importance in the first part of the decision making process should appear in a reasonable order again when the subject ranks these same consideration as the top four principles in making a decision. Scoring rules have been established to eliminate response sheets that do not meet the Consistency Check.

Validity of the DIT

Criterion-group validity. Rest (1979) has shown that subjects who ought to differ in scores on moral development do, in fact, differ on their P scores. Comparing doctoral students in moral philosophy and political science with high school students shows significant differences. Rest reported six different studies that contrasted different groups according to age and education and have found significant differences in the expected direction.

Longitudinal change validity. An important test for any developmental measure is to show change in the direction of higher stages for subjects who are repeatedly tested over time. Rest, Davison, and Robbins (1978) reported significant upward trends over four years with three testings and the same findings over six year with four testings. Analysis of individual patterns of change show an upward trend (i.e., over four years, 66% of the subjects moved upward). This is one of several studies that support the construct that moral

reasoning ability develops over time and thus, adds validity
to the DIT.

Convergent-divergent correlational validity. One can
show that variables which are theoretically similar to moral
judgment have a higher correlation with the DIT than
variables that are theoretically dissimilar. Rest's 1979
book presents hundreds of correlations. Briefly,
correlations with Kohlberg's MJI go up to the .60's and
.70's, averaging about .50. With other measurements of
cognitive development and intelligence the correlations are
lower but average .36.

Research shows that the DIT has the discriminant
validity to add information even when varibles such as IQ,
age, SES, and attitudes are controlled. That is, moral
reasoning as measured by the DIT is different than these
constructs. (Rest, 1979).

In conclusion, validation of a construct such as moral
judgment does not rest upon any single criterion. Confidence
that the DIT represents moral reasoning comes from
corroboration of basic theoretical tenets from several types
of studies.

California Personality Inventory

The California Personality Inventory (CPI) is a paper
and pencil 462 item personality test used to assess normal
personality characteristics. The CPI has been used for over
30 years with a data base of over 125,000 subjects. Twenty

scales have been developed to assess "the kind of everyday variables that ordinary people use in their daily lives to understand, classify, and predict their own behavior and that of others" (Gough, 1987, p.1).

Besides the twenty scales that are used, more complex information can be gathered from the CPI. Three major vectors of personality (external to internal, norm favoring to norm questioning, and lower to higher levels of realization) have been developed. As well, four major descriptions of personality types have been developed: alphas (externally oriented, norm favoring); betas (internally oriented, norm favoring); gammas (externally oriented, norm questioning), and deltas (internally oriented, norm favoring) along with seven levels of realization of potential for each type. For the purpose of this research, however, only the vector of internality - externality was evaluated since that was a primary focus of research.

This concept of internality - externality has been factored out of the research on the 20 scales of the CPI and has become one of the major tools for study of personality. High scores on this vector are associated with an internal orientation (introversion) and lower scores with an external orientation (extraversion).

The internality side of the scale indicates someone who is generally reserved in manner, shy and reluctant to initiate social action. Representative examples among those

answered <u>true</u> on the CPI are "I doubt whether I would make a good leader," "I usually don't like to talk much unless I am with people I know very well." Representative items for those answered <u>false</u> are "I think I would enjoy having authority over people" and "I like to be the center of attention."

The externality side of the scale indicate those who are seen as outgoing, confident, talkative, and as having social poise. This would be considered the more positive personality type for those who are involved in helping others. It was hypothesized that peer ministry students would develop more of the extraversion characteristics as a result of being in the training class.

The CPI is largely self administering by using a test booklet and a separate scoresheet that can be handscored or computer scored. The test usually takes from 45 minutes to one hour to complete. The inventory can be used with students beginning in the seventh grade because of the simplicity of the statements. Subjects are instructed to mark each statement as to whether it is generally true or false about him or her.

Reliability of the CPI

Considerable research has been done on the reliability of the CPI using high school and college age subjects. The internal consistency (alpha) correlations range from a low of .45 to a high of .85 for the scales. The researchers report

that these are typical findings for self report inventories.
Specifically for the internality - externality scale, 38 test
items are used. Alpha coefficients for this scale in college
samples of 200 males and 200 females were .81 and .77
respectively.

Validity of the CPI

On self-report instruments, there is usually concern
about validity of the measurements. Scales in the CPI have
been added to detect those who are faking good, faking bad,
and those responding in erratic or random fashions.
Equations have been developed to detect invalid results and
to eliminate these instruments. After testing thousands of
subjects, results show that in large scale testing
appropriately 0.6 percent of the tests will be invalid for
reasons of faking good, 0.4 percent for faking bad, and 0.7
percent for random answering. In this research, checks were
made following the suggested methods, and no invalid
instruments were found.

The CPI's validity has also been established by other
methods. The results have been compared with results from an
interviewer's checklist after a 90 minute interview. Results
have been correlated with information from peer
descriptions. Also, the CPI has been compared with spouse's
descriptions of their mates using a Q-Sort method. Results
indicate a general high pattern of correlation with these
observations and data obtained by the CPI.

The manual for the CPI lists an array of correlations of scales from the CPI with other measurement devices: 16PF Inventory, Guilford-Zimmerman Temperment Survey, Maudsley Personality Inventory, MMPI, Myers-Briggs Type Indicator, etc. The correlations indicate trends in the expected directions.

Studies have also been conducted of the predictive ability of the CPI. Research shows that the CPI can differentiate between segments of the population (i.e., those showing more versus less adaptive responses to stress). However, the main purpose of the CPI is to provide an accurate current personality description of the subject without necessarily predicting future behavior.

To summarize, the California Personality Inventory is a well established research instrument in the field of personality research. The reliability and validity of the inventory with large samples has been well documented over a 30 year period of research.

Empathic Understanding Scale

Carkhuff's Empathic Understanding (EU) Scale is used to measure the level of empathy offered in a relationship. The Scale ranges from Level 1 (where the response either does not attend to or detracts significantly from the client's communication) to Level 5 (where the response accurately helps clarify feelings of which the client might not have been aware). A Level 3 response is considered inter-changeable with the original statement, i.e. the response

expresses essentially the same affect and meaning. Carkhuff (1984) states that helpers who consistently function above Level 3 in empathy, respect, geniuneness, self-disclosure, concreteness, and confrontation can move clients towards positive gains.

Carkhuff and his associates have found that most people do not respond with Level 3 responses. His research (1984) reported mean scores of different segments of the population: parents - 1.5, college students - 1.6, lay counselors - 1.6, teachers - 1.8, experienced counselors (not systematically trained) - 2.2, and experienced counselors (systematically trained) - 3.0. Thus Carkhuff's data paint a generally bleak picture of people's ability to offer facilitative responses. Carkhuff has been quite critical of training approaches of psychologists and counselors because he claims that one can graduate from professional programs with less ability to communicate facilitatively than when one began training.

Carkhuff's five point EU has been widely used in research (along with his other scales that measure facilitative conditions). He reports over 50 research studies that have used these scales in studying effects upon helpers and helpees (1984).

Selection of Sample and Data Collection

The researcher used a recruitment letter (see Appendix D) to ask for volunteers to be trained in a peer ministry

program. Forty-three students volunteered for training from
a potential youth group of 60 students.

Volunteers were blocked by gender and randomly divided
into a treatment group (10 males, 10 females) and a control
group (10 males, 10 females). The three remaining students
were told they would receive training at a later time. The
treatment group received their training on Sunday mornings
during a Bible class session. The control group members were
told that, for training and research purposes, they would be
a part of the Peer Ministry class later in the year.

Treatment group members participated in 13 training
sessions (1 hour each week) in basic helping skills, with
emphasis upon the importance of empathic understanding. The
materials for this course were developed by Dr. Barbara
Varenhorst and are entitled "Curriculum Guide for Student
Peer Counseling Training" with an added section, "A
Theological Perspective for Peer Ministry" (See Appendix A
for the course outline). This researcher has a master's
degree in psychology, was specifically trained in a two
weekend seminar in the use of this curriculum, and was the
primary teacher of this course.

All 40 subjects were administered three measurement
instruments before training began. Rest's Defining Issues
Test (DIT) was used to measure the amount of principled moral
reasoning that a subject uses in resolving social dilemmas .
The P score (the main score from this instrument) reports the

percentage of stage 5 and 6 reasoning that subjects use in their responses. The DIT is a paper and pencil test that generally takes 45 minutes or less to complete.

All 40 subjects then listened to an audiotape produced by this researcher. Using the nine hypothetical student statements of Carkfuff's (1984) Index of Communication, this audiotape contained the voice of an adolescent making a statement as if he or she were a counselee. The subjects were told to write a helpful response. Two minutes were given for each response. The next audiotaped statement then was made by another adolescent voice, and two minutes were again given to write a response. This same pattern was followed for all nine situations using nine different voices. To facilitate this assignment, these counselee statements were also typed on a page, and the subjects were instructed to write their responses below the statements (see Appendix B). Written indicators of empathy have been shown to have high correlations with oral measurements of this same concept (Therrien & Fischer, 1978); therefore, it was assumed that a written response would be highly indicative of what the subject might actually say in a helping situation.

The written responses were evaluated by three mental health professionals (not including this researcher) on the level of empathy offered in the responses. A psychiatrist, a social worker with a MSW, and a Ph. D. counselor educator evaluated the students' responses. All three were already

familiar with Carkhuff's rating scales, but were also given written instructions on the use of Carkhuff's (1984) Empathic Understanding (EU) Scale (see Appendix C). The students' papers had their names erased and were coded by number. The three professionals separately scored each of the nine responses on each paper. The researcher then averaged all responses to obtain single empathy scores for each subject on the pre- and posttest.

The third measurement assessed the internality - externality orientation of the subjects. The California Personality Inventory (CPI) was used for this assessment. The CPI is a 462 item paper and pencil self-report inventory that takes from 45-60 minutes to complete. One indicates on a scoresheet whether the statement are generally true or false about oneself. Scores from the I-E scale of the inventory were used to assess differences between the subjects.

At the conclusion of thirteen weeks, the same three assessment instruments were administered to the subjects. There is not a different form for retest of the DIT or of the CPI. Because three months had elasped, it was doubtful that subjects would have remembered their earlier responses. The retest of empathy used the same nine statements that comprise Carkfuff's Index of Communication. As in the pretest, the DIT and CPI were computer scored. The subjects' written responses on the pre- and posttest were in random order and

were rated blindly by the three mental health professionals using Carkfuff's EU Scale. A reliability score of .91 was calculated to assess the amount of agreement among the evaluators. Even though two of the three professionals were not counselor educators, there was substantial agreement among them regarding the content of the students' responses.

Thirteen complete sets of data were collected from both the treatment groups (7 males, 6 females) and from the control group (8 males, 5 females), respectively. It was predetermined that a student must attend a minimum of nine of the 13 class sessions to be considered a graduate of the peer ministry training. Five of the 20 students in the training group either dropped out or did not attend enough sessions to have their posttest scores qualify for use in this research. The other two subjects did not complete the posttest measurements even after repeated attempts to gather this information.

In the control group, seven of the 20 students did not complete the posttest measurements. Some students could not see the reason for taking the same measures twice even after the necessity was explained to them. Others were so delinquient in returning their measures that their results had to be disqualified since they had already started the new peer ministry class. The end result was that 13 complete sets of data were available from the treatment group and 13 sets from the control group.

Testing of Hypotheses

Analysis of covariance procedures was used to test the first three hypotheses. The three dependent variables were: the P scores of the DIT to measure moral development, scores from the EU scale to measure empathy, and I-E scores from the CPI to measure internality-externality. The pretest scores on each subject were used as the covariate, and the posttest scores were used as the dependent variable.

The fourth hypothesis stated that a significant positive correlation existed between empathy and moral development. A Pearson product-moment correlation co-efficient was calculated to determine the relationship between these scores for the 26 subjects using both pre- and posttest measurements.

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CHAPTER IV

RESULTS

This chapter presents results of the data analysis concerning each of the four hypotheses investigated in this study. Examined were effects of a training course in basic helping skills upon adolescents' ability to offer empathic responses, moral development level, and orientation of their personalities (internality vs. externality). Also studied was the correlation between empathy and moral development scores.

Adolescents from a suburban Church of Christ in Dallas County, Texas, volunteered to be part of a peer ministry training class meeting weekly for 13 sessions. Subjects were randomly divided into a treatment group (who attended the class) and a control group. The groups were administered on a pre- and posttest basis the Defining Issues Test (DIT), California Psychological Inventory (CPI), and the student statements from Carkhuff's research. Data were analyzed on 13 students each in the treatment and control groups.

The first hypothesis stated that students trained in basic helping skills would score significantly higher in responding empathically than untrained students as measured by Carkhuff's Empathic Understanding (EU) scale. Students

responded in written form to an audio tape of adolescents talking about concerns. There were nine statements that the subjects were told to respond to in a helpful manner. Three mental health professionals rated the subjects' responses using Carkhuff's EU Scale. The composite score for each individual was used to determine the amount of empathy offered.

Table 1 shows the range, mean, and standard deviation for the experimental and control groups on the pre- and posttests. Hypothesis 1 stated subjects who had been trained would have higher empathy scores than the scores of untrained control group subjects, as measured by Carkhuff's EU Scale.

Table 1

EU Scale Scores Experimental and Control Groups on Pre- and Posttests

	Experimental Group	Control Group
Pretest		
Range	1.9 - 2.9	1.6 - 2.4
Mean	2.35	2.09
Standard Deviation	.35	.2
Posttest		
Range	2.0 - 2.6	1.5 - 2.7
Mean	2.29	2.22
Standard Deviation	.14	.32

Note: Scores can range from 1 to 5

An analysis of covariance was used to analyze data from the pre- and posttests. Table 2 presents the analysis of the empathy scores.

Table 2

Analysis of Covariance of Empathy Scores

| | Sources of Variation | | |
	Between	Within	Total
Sum of squares: Y	.45	1.78	2.23
Sum of squares: X	.03	1.57	1.60
Sum of products	.13	.09	.22
Degrees of freedom	1	24	25
Adjusted sum of squares	.013	1.565	1.578
Degrees of freedom for adjusted sum of squares	1	23	24
Variance estimates	.013	.068	

Note: $F = .19$ ($p > .05$)

The computed F value was .19 which was not significant at the .05 significance level. Therefore, hypothesis 1 (that the training course prepared subjects to respond more empathically than an untrained group) must be rejected. In fact, a small drop in the overall mean score of the experimental group was recorded from the pretest score of 2.35 to the posttest score of 2.29, while the control group experienced a rise from 2.09 to 2.22.

Hypothesis 2 stated that the experimental group would have significantly higher external orientation scores after training than the control group, as measured by the CPI scale of internality - externality. Table 3 presents range, mean, and standard deviation scores for the personal orientation of the subjects. Higher scores are indicative of an internal orientation and lower scores of an external orientation.

Table 3

I-E Scale Scores for Experimental and Control Groups on Pre- and Posttests

	Experimental Group	Control Group
Pretest		
Range	9 - 23	9 - 22
Mean	15.92	15.0
Standard Deviation	3.88	4.45
Posttest		
Range	11 - 26	8 - 23
Mean	16.23	14.92
Standard Deviation	4.21	5.52

Note: Scores can range from 0 - 34

The CPI manual reports normative data for this scale for males and females (1987). For high school students, the mean scores for males was 19.48 and for females - 20.43. This

research did not differentiate between gender because of the small sample size.

An analysis of corvariance was used to analyze the data from the pre- and posttests. Table 4 presents the analysis of the internality - externality scores.

TABLE 4

Analysis of Covariance of Internality - Externality Scores

	Sources of Variation		
	Between	Within	Total
Sum of squares: Y	5.54	452.92	458.46
Sum of squares: X	11.12	625.23	636.35
Sum of products	7.85	447.23	445.08
Degrees of freedom	1	24	25
Adjusted sum of squares	20.64	183.62	204.26
Degrees of freedom for adjusted sum of squares	1	23	24
Variance estimates	20.64		7.98

Note: $F = 2.59$ $(p > .05)$

The computed F value was 2.59 which was not significant at the .05 significance level. Therefore, hypothesis 2 (that the training produced subjects who had a more external orientation than the untrained group) must be rejected. In fact, a small increase in the overall mean score of the experimental group was recorded from the pretest score of

15.92 to the posttest score of 16.23. This was a trend in the opposite direction of the prediction.

Hypothesis 3 stated that the trained students would have higher moral development scores as measured by the DIT than the untrained students. Table 5 presents the range, mean, and standard deviation of the P scores from the DIT - the percentage of principled reasoning used by the subjects in their responses.

TABLE 5

DIT Scores for Experimental and Control Group on Pre- and Posttests

	Experimental Group	Control Group
Pretest		
Range	5.0 - 45.0	11.7 - 51.7
Mean	23.32	30.0
Standard Deviations	13.48	9.83
Posttest		
Range	11.7 - 48.3	19.0 - 70.0
Mean	26.57	32.86
Standard Deviations	9.42	12.53

Note: "P" scores are percentages so the range could be from 0 - 100

Rest (1986a) reported that the mean score of school students in the normative group was 31.8 on the P scores. Therefore, scores in this present study were generally lower than anticipated.

Analysis of covariance was used to analyze data from the pre- and posttests. Table 6 presents an analysis of the moral development scores.

Table 6

Analysis of Covariance of Moral Development Scores

	Sources of Variation		
	Between	Within	Total
Sum of squares: Y	290.44	3,619.42	3,909.86
Sum of squares: X	257.35	3,195.5	3,452.85
Sum of products	273.4	2,230.71	2,504.11
Degrees of freedom	1	24	25
Adjusted sum of squares	28.39	1,820.68	1,849.07
Degrees of freedom for adjusted sum of squares	1	23	24
Variance estimates	28.39		79.16

Note: $F = .36$ ($p > .05$)

The F value was .36 which was not significant at the .05 significance level. Therefore, hypothesis 3 was not supported that the training course was effective in helping increase the moral development level of the students.

The fourth hypothesis stated that a positive significant relationship exists between the empathy scores and moral development scores. These scores on all 26 subjects from both the pre- and posttest were correlated using the Pearson product-moment analysis. A positive relationship was found (.16) but this finding was not statistically significant at the .05 level.

To summarize, none of the four hypotheses were supported by this research. The peer ministry course was not effective in producing the desired changes in the participants in the class.

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CHAPTER V

SUMMARY, FINDINGS, DISCUSSION, IMPLICATIONS

AND RECOMMENDATIONS

Summary

This research was conducted to investigate relationships between empathy and moral development in adolescents. Subjects from a church's youth group were trained in basic helping skills (emphasizing empathy) and measured before and after training on variables of empathy, moral development, and internality - externality.

A total of 43 volunteers from a church's high school youth program were selected to be trained as peer ministers to other teenagers in the church. Public and private schools since the late 1960's have been involved in training adolescents to become peer helpers/ facilitators but no research had been reported from a church setting. The 43 volunteers were blocked by gender and randomly divided into a treatment group of 10 males and 10 females and a control group of 10 males and females. The 20 subjects in the control group (plus the three volunteers not studied) were told they would receive their training at a later date.

All 40 subjects were pretested with three measurement devices. Nine audiotaped statements of adolescent voices

talking about their concerns from Carkhuff's 1984 research were presented to the subjects. They were told to respond in a helpful manner. Each written response was evaluated by three mental health professionals for the amount of empathy offered by using Carkhuff's Empathic Understanding (EU) Scale. To measure moral development, subjects were administered the Defining Issues Test (DIT). The personal orientation (introversion or extroversion) of subjects was measured by the Internality - Externality Scale of the California Personality Inventory (CPI).

Treatment consisted of a 13 week training course on peer ministry skills developed by Dr. Barbara Varenhorst (1981). In hourly sessions, adolescents were taught basic helping skills with a Biblical perspective. Students were prepared to assist other adolescents with developmental concerns. The primary focus of this research was upon how the peer ministers themselves would be effected by training.

After treatment, the same three measurement devices were given to subjects in the treatment and control groups. Because of attrition from the groups, however, data from only 13 subjects in each group was available for analysis. Four hypotheses had been developed for the study. The first three hypotheses were tested by analyses of covariance using data from the three pre and posttest measurements. The fourth hypothesis concerned a correlation between scores of empathy and moral development.

FINDINGS

The first hypothesis stated that subjects who received training in basic helping skills would score higher on empathy ratings than an untrained control group as evaluated on Carkhuff's Empathic Understanding (EU) Scale. Results from an analysis of covariance, however, were not significant. This hypothesis, therefore, was not accepted.

The second hypothesis stated that students from the peer ministry class would be more externally oriented after the 13 week class than the control group. The Internality - Externality (I-E) Scale of the California Psychological Inventory was used to evaluate this dimension. Results from an analysis of covariance were not significant so this hypothesis, too, was not accepted.

The third hypothesis stated that the moral development level of trained subjects would increase as measured by the P score (amount of principled reasoning) on the Defining Issues Test. An analysis of covariance using pre- and posttest scores was used, but no significant results were found. The third hypothesis was not supported.

Finally, of primary interest was the relationship between empathy and moral development scores. A Pearson product-moment correlation was conducted. Although there was a slight positive relationship between empathy and moral development scores (as predicted by the fourth hypothesis) this finding was not statistically significant.

Discussion and Implications

The first hypothesis of this study stated that adolescents could be trained in helping skills so their level of empathic responding would increase. Previous research (Cooker & Cherchia, 1976; Emmert, 1977; Tindall, 1978) had indicated that teenagers could be taught to respond empathically. In fact, the whole peer helping movement is based on the assumption that lay persons can learn facilitative skills at least a minimal level.

This first hypothesis was not supported by the data. The treatment group's responses were rated basically the same from before to after treatment, and the quality of their responses was not significantly different from the control group. On Carkhuff's 5 point scale, most responses were judged between levels 2 and 3 but closer to level 2. Responses are evaluated at level 2 when expressed feelings are responded to, but in such a way that there is a noticable subtraction of affect from the communication (Carkhuff, 1984). The mean scores of the 13 subjects before treatment were 2.35, and 2.29 after treatment. The 13 subjects of the control group had pre- and posttest mean scores of 2.09 and 2.22, respectively. Fluctuations in the scores seemed to be chance occurances even though there was a slight dip in the treatment group scores in an unpredicted direction. Although the level of empathic responding did not increase, and the average empathy score was in the low 2's, the adolescents

were responding at a level comparable to many professional
counselors and higher than most lay counselors or school
teachers (Carkhuff, 1984). According to Carkhuff's research,
level 3 responses are difficult to achieve. Adolescents in
this study were already responding at a higher level than
might be expected from teenagers.

However, this research found that the adolescents had a
difficult time learning to respond to the full emotional
content of another person. Many provided reassurances
("Cheer up. Look on the bright side." or "Don't worry,
you'll be fine.") rather than responding to the emotions of
the speaker. During training, some could see the value of
responding to affect, but others looked upon this as not real
helping. Many also seemed to offer quick solutions to
problems ("Just go talk to your father." or "I wouldn't talk
to her again.") Learning to respond to the emotional content
of what another was saying was obviously a difficult chore
though this was taught and modeled.

The second hypothesis stated that training would make a
difference in the internal - external orientation of the
subjects; however, no significant differences were found. It
was hypothesized that training would provide a more external
outlook (focusing on the needs of others) than an internal
focus. Interestingly, mean scores of subjects in this study
indicated they were generally more externally oriented than
adolescents in previous reported studies. The California

Personality Inventory (CPI) manual reported separate data for males and females. For males, a mean score of 19.48 was reported and 20.43 for females. Subjects in this study had scores that ranged from 8 to 26 with the grand mean being 15.52.

The CPI manual does not report data on religious orientation and how this might impact scores. It is not known, therefore, if the religious orientation of the adolescents was a prime factor in their more external orientation or if this was a chance finding. Further research is needed to assess how the religious life of subject's effect their internal - external orientation.

The third hypothesis stated that subjects would score higher in moral development after training than the control group. This hypothesis was not supported. Earlier studies had found some advance in moral development by training in helping skills along with discussion of moral dilemmas (Mackie, 1974; Erickson, 1975; Rustad & Rogers, 1975; Sullivan, 1975; Piolitto, 1976). Other studies had found no significant gains in moral development after empathy training alone (Dowell, 1971; Greene, 1980; Kwasnick, 1986). Reviews of the literature had led investigators to conclude that modest gains might be expected by empathy training but more significant findings would be expected by direct discussion of moral situations (Lockwood, 1978; Rest, 1986a). This research added evidence that mere training in helping skills was not sufficient to impact moral development increases.

This research was not designed to evaluate direct efforts at increasing moral development. Rather, focus was upon how the less direct method of training in empathy might effect moral development. Bowman and Reeves (1987) had found significant positive correlations between empathy and moral development scores. Therefore, in this research, a correlation score was computed between subjects' scores on empathy and moral development. The fourth hypothesis was not supported that there would be a significant positive relationship between these concepts. A positive correlation was found but it was not statistically significant.

Results of this research supported none of the four hypotheses. It seemed that the peer ministry class was not effective enough to make a major impact that could be measured by testing.

The students did not seem as interested in training as this researcher had anticipated. Although many volunteered (43 out of a total of 60 students) several missed too many classes to have their results be valid for use or just dropped out because of competing activities or because of disinterest.

Many peer helping classes in schools across the country are regular curricular classes that meet daily for a semester and have tests involved. This peer ministry met only 13 times. Some students did not appear motivated enough to take the three assessment devices before and after the 13 week

period. Since class time was limited, voluntary testing periods were arranged and some of the testing was take home. Complete results on only 26 out of the original 40 were available. Having mandatory testing times might help to assure that all measurements would be collected.

Informal interviews with the adolescents showed they liked the class but that it was just one in a series of many at school and church. They said they learned new skills that could be useful in helping other teens. They felt closer to other teens in the youth group and to this researcher and believed the class had been beneficial to them. Subjectively, the majority of the subjects said they gained from being in the training but the objective results did not reflect this.

<center>Recommendations</center>

1. Peer ministry training needs to extend past than 13 weekly sessions. Although most religious education departments in churches are set up on a quarterly basis with 13 weeks in each quarter, this period was not sufficient for the training. Brevity of the class probably contributed to its ineffectiveness. Hence, a minimum of a two quarter training period would be recommended with at least 26 hours of instruction.

2. Subjects in training need concurrent involvement with peer ministry projects. One of the weaknesses of this training was the lack of specific future uses for the

students. Although references were made to how skills could be used, students would have been more motivated if they had opportunities to practice what they were learning. Future researchers need to arrange ongoing opportunities to use students as peer ministers throughout the training period. Role-playing seem to be not real enough to maintain motivation. Placing students in true helping situations with supervision appears necessary to keep interest alive.

3. The curriculum used in this study was not specifically designed to enhance the ability to empathize. While the religious component of Varenhorst's curriculum seemed appropriate for the present study with its focus on peer ministry, Varenhorst's curriculum covers a broad range of material needed for peer helpers and does not exclusively focus on the one skill of empathic responding (see Appendix A for course content). For empathy development, it would be recommended to use Carkhuff's training material (1984) or other curriculum designed specifically to build minimum empathy skills within the helper.

4. Gender differences need to be continually researched in peer helper training. Not enough subjects were available in this research effort to separate treatment effects by gender. Research is not definitive on how males and females differ in their moral development. Any study should try to differentiate between responses by gender to contribute to the continual research in this area.

5. If moral development increase is the goal of treatment, it appears that other methods besides basic helping skills training need to be tried. Although there may be some relationship between empathy and moral development this research suggests that the tie is not strong enough to conclude that a sole emphasis upon empathy development will make a significant difference upon moral development.

6. Future research needs to be done on effects of students being helped by peer ministers. One of the weaknesses in the peer helping movement is the lack of investigation on the results of peer helping to those targeted for assistance. Varenhorst (1984) stated that the peer helping movement could have a potentially strong future if backed by adequate research. Most investigation has been upon peer helpers themselves or upon short range measurements of the counselees. It would profit future researchers to focus more upon the lasting effects of those being helped by their peers.

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APPENDIX A

OUTLINE OF CURRICULUM OF

PEER MINISTRY TRAINING COURSE

CURRICULUM GUIDE FOR
STUDENT PEER COUNSELING TRAINING
and A THEOLOGICAL PERSPECTIVE FOR PEER MINISTRY

by: Dr. Barbara Varenhorst, 1981

Thirteen lessons were presented from this material designed for preparing adolescents with basic helping skills. The lessons were one hour each. Sessions are designed to be sequential; new helping skills are added to skills developed from previous sessions.

SESSIONS:

ONE - One-to-one Relationships

TWO - Conversational Skills - Questioning

THREE - Conversational Skills - Listening

FOUR - Non-verbal Communications

FIVE - Welcoming a Stranger

SIX - Communicating with Adults

SEVEN - Decision making and Values

EIGHT - Simulating Counseling

NINE - Family Concerns

TEN - Peer Relationship Concerns

ELEVEN - Communicating Sensitive Issues - Confrontation

TWELVE - Referral Sources and Confidentiality

THIRTEEN - Case Study

APPENDIX B

CARKHUFF'S STUDENT STATEMENTS

CARKHUFF'S INDEX OF COMMUNICATION

STUDENT STATEMENTS

1. I feel so bad--I have no friends. Nobody likes me. All
   the other kids lunch together and play together. They
   always leave me out--as if they don't even care about me.
   Sometimes when I'm alone and all the other kids are
   together I feel like crying. Why doesn't anyone like me?
   I try to be nice, but nothing seems to work. I guess
   there is nothing I can do.

2. It makes me so mad! Everybody is always telling me what
   to do and what not to do. When I'm at home, my parents
   tell me what is best for me. At school it's the teacher.
   Even my friends bother me. Everybody pushes me around.
   Sometimes I feel like punching them all in the nose! They
   had just better leave me alone and let me do things the
   way I want to.

3. I'm so excited and everything is going so great! I ran
   for president of my class and I won; I guess the other
   kids really like me. And today my teacher said I was one
   of the best students she had ever had; she makes me feel
   all warm inside. And next week, during spring vacation,
   I'm going to have a great time with my family. I'm so
   happy. It's unbelievable. Some people make me feel so
   good.

4. I just don't know what to do. I try very hard in school,
   but nothing seems to sink in. I guess I'm not very
   smart. Nobody seems to care that I try. What really
   hurts is when I see my parents bragging to others about
   how smart my brother is; they never even mention me--they
   even change the subject when I'm mentioned. Oh, I wish I
   could do better, but I can't. The smart kids are really
   lucky--everybody likes them because they are smart.
   Sometimes I even get mad at myself because I can't do any
   better.

5. I get so angry in school! Everyone tells you what you
   have to learn, and they don't even care about what you are
   interested in. You are supposed to like whatever they
   want to teach you. And some of the stupid things they
   make you do just to get a good grade! I learn more than
   some kids who get A's. For me school is a waste of time.
   The people there make me so mad that sometimes I want to
   tell them that I just don't care about all their stupid
   subjects. But I can't, because I'd get into trouble and

that would make me even more angry. I could scream and
blow the school up every time I see it.

6. Each day I get up at the crack of dawn and people wonder
   why. I do because I have a longing to learn about myself
   and the things around me. It's so exciting! Each moment
   I see or learn something new--caterpillars become
   butterflies, the sun is actully bigger than the earth, or
   my body is made of many tiny cells. I feel like I'm
   bubbling over with excitement. I want to learn and
   discover things all day long!

7. Whenever we divide up to choose sides to play I'm always
   the last one picked. I'm so awkward and I don't seem to
   play the way the others want me to. No one ever wants me
   on their side. It really makes me feel bad to be the last
   one left. When everybody is playing I just lean against
   the nearest wall--sometimes I could cry; when I do I
   simply feel worse than ever--and all the other kids laugh
   at me then. I hate my body; why couldn't I have gotten a
   different one?

8. People get me so mad! Sometimes I feel like really
   letting them have it. That would at least make them stop
   making fun of the way I look. Just because I'm bigger
   than most kids my age, they call me names. The other kids
   call me "lardy" or "fatso." Sometimes my teacher says I'm
   a big bully. Even my dad and mom don't like the way I
   look; they kid me by saying, "You'll grow out of it, we
   hope." Well, they just better watch out because I'll show
   them I can really be a bully if I want to. I'm not going
   to let them make fun of me and get away with it.

9. I could just run and run and run. I feel so strong! In
   gym today I beat everybody on the physical fitness test.
   At home I get my work done faster than anyone else. I'm
   so full of energy and I have so many ways to use it. I'm
   so happy and so strong I could work and play and never
   stop.

APPENDIX C

CARKHUFF'S EMPATHIC UNDERSTANDING

(EU) SCALE

SCALE 1

EMPATHIC UNDERSTANDING IN INTERPERSONAL PROCESSES:

A SCALE FOR MEASUREMENT

Level I

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

EXAMPLES: The first person communicates no awareness of even the most obvious, expressed surface feelings of the second person. The first person may be bored or 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 such a way that he
subtracts noticeable affect from the communications of the
second person.

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

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

Level 3

The expression 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 experiece 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 on going deep self- exploration on the second person's part, to be fully with him in his deepest monents.

EXAMPLES: The facilitor 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 is and a comprehensive and accurate empathic understanding of his deepest feelings.

APPENDIX D

RECRUITMENT LETTER TO HIGH SCHOOL STUDENTS

FOR PEER MINISTRY COURSE

Peer Ministry

Dear

We want to offer you a great opportunity!

We know that you already have skills in helping other teens. You know how to listen. You know how to give good advice. You know how to be a friend, but....

We think we can help prepare you to be even a better helper and friend to other teens.

You are invited to be a part of a 13 week class on <u>Peer Ministry</u>. "What's that?" you ask. "Peer" means "someone around your age." We want to help you develop skills in helping your peers - other teenagers. How many teens do you know who are troubled? - problems with parents, with boyfriends or girlfriends, with drugs, etc. We want to help equip you to better minister to them.

We are inviting next year's 10th - 12th graders from our church to be a part of this class. We will meet on Sunday morning from 9:00 - 10:00 AM throughout the summer (June, July, and August). We have a well developed 13 week curriculum that teaches basic helping skills for teenagers. Topics are:

    How to Really Listen
    Asking Good Questions
    How to Respond Helpfully
    Making Friends
    Making Good Decisions
    Developing Helping Skills, etc.

Each class session has a Biblical base. We will study what God wants us to do in building helpful relationships with others.

We can only take a limited number of people, however. We are doing research with this group of teens. We can only take 20 teens at a time. We will offer the same class again this Fall for others who want to be trained, but you will need to decide in May if you want to be a part of the training.

Also, we will measure what you learned from this Peer Ministry class. We have interesting assessment devices to administer to you before and after you are in this class.

If you want to be a part, you will need to make a commitment. We know you are busy, but we need you with us as often as possible. If you can join us for at least 10 of the 13 classes, we want you to be a part.

If you are interested in this class, please return the form on the bottom of this paper to me. We think this class can change your life!

Yours in Christ,

Frank Scott
Duncanville Church of Christ
298-4656

- -

Please return to:

                Frank Scott
                Duncanville Church of Christ
                P. O. Box 382000
                Duncanville, TX   75138

[ ] Yes, I am interested in learning more about the Peer Ministry Class.

_____   Grade Sept. 1989 _____
Name

_____
Address

_____
Phone

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