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The Short and Long Term Impact of the Egan Human Relations Training Model on Empathy

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THE SHORT AND LONG TERM IMPACT OF
THE EGAN HUMAN RELATIONS
TRAINING MODEL ON EMPATHY

by

Patrick J. Kennelly

A Dissertation Submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

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VITA

The author, Patrick J. Kennelly, is the oldest son of Robert and Mariann Kennelly. He was born May 7, 1951 in Chicago, Illinois.

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CHAPTER I

INTRODUCTION

The development of the Egan model for Human Relations Training is the outcome of a long history of both theoretical and empirical work. Carl Rogers and his colleagues were the first to develop brief, well formulated workshops for the training of psychotherapists and to attempt to measure their effectiveness (Blocksma & Porter, 1947). Rogers and his collaborators specified the graded procedures for facilitating the experiential learning that they judged was necessary to bring about change in the client.

Rogers (1957) was also the first to talk about the importance of the facilitative environment the therapist needs to provide the client. He described the "necessary and sufficient" conditions for therapeutic change and the therapists ability to communicate: 1) empathic understanding; 2) unconditional positive regard; and 3) congruency and genuineness as a person. Rogers further emphasized that these conditions were necessary and sufficient independent of the professional qualifications and training of the therapist, and independent of the type of client or diagnosis.

Rogers' formulations received an enthusiastic reception generally and led to the development of the

non-directive school of therapy. In order to evaluate Rogers' formulations, some investigators within this school developed scales to measure the three basic therapist conditions and other related aspects of therapist behaviors (Barret-Lennard, 1962; Halkides, 1958; Truax, 1970; Truax & Carkhuff, 1967).

The client centered group subsequently made several important research discoveries which have supported Rogers' concepts. The first finding of this research was that high therapist conditions are associated with constructive client change and that the absence of these conditions can lead to deterioration in patient functioning. It was concluded, therefore that counseling and psychotherapy may be "for better or for worse" (Rogers, 1967; Truax & Carkhuff, 1967). The second significant finding from this research was that it was possible to account in part for the "for better or worse" effects by examining the counselor's or therapist's level of functioning on emotional and interpersonal dimensions such as empathic understanding (Rogers, 1967; Truax & Carkhuff, 1967). In sum, counselees whose counselors functioned at relatively high levels of certain interpersonal dimensions tended toward constructive change or gain while counselees of counselors functioning at relatively low levels of these dimensions tended toward either no change or deteriorative change.

The next extension of these research efforts was to

conduct predictive studies which assessed the helper's level of functioning and predicted their effect upon helper process and outcome. The findings of the predictive studies, in general, were that counselees of high level functioning counselors moved toward higher levels of process involvement while counselees of low functioning counselors tended toward lower levels of process involvement (Carkhuff, 1969; Truax & Carkhuff, 1967). In the outcome studies the general finding was that helpees tended toward the direction of the level of functioning of their helpers (Carkhuff, 1969; Pagell, Carkhuff, & Berenson, 1967).

In response to the aforementioned discoveries concerning counselor offered facilitative conditions and counselor gain, Truax, Carkhuff, and Douds (1964), Truax and Carkhuff, (1967), and Carkhuff (1972b) added new procedures to the earlier training program outlined by Rogers. They charged that most psychotherapy training programs had taught theory and patient psychodynamics instead of how to relate to a patient and conduct psychotherapy.

The three essential elements of the training program were described as:

- 1) a therapeutic context in which the supervisor himself provides high levels of therapeutic conditions;
- 2) highly specific didactic training in the implementation of the therapeutic conditions; and
- 3) a quasi-group therapy experience where the trainee can explore his own existence, and his individual therapeutic self can emerge. (Truax & Carkhuff,

1967, p. 242)

Carkhuff also expanded Rogers' conception of helping to include not only the skills of responding but also the skills of initiating. Thus in Carkhuff's model the counselor was taught to take a more assertive role in counseling.

Egan (1975b), in a further refinement of the training program, proposes a three phase model. A unique feature of Egan's model is that all trainees agree to a core contract which outlines what is expected of each trainee, and what each trainee can expect from the training.

In Phase I of the Egan model the trainee learns the skills of relationship building and the skills of responding. These skills are learned in triads in which each trainee takes turns being the speaker, respondent, and observer. In Phase II the trainee learns group specific skills and the skills of challenge. These skills are learned and used in supervised group sessions. In Phase III, called Pursuit of the Core Contract, each trainee is assumed to have gained a sense of "agency" and therefore becomes an independent and active contributor in the group experience. In sum, Egan has further delineated the program of training by developing a contract, expanding the skills to be mastered by the trainee, and outlining a detailed step by step learning process.

Although a specific, well organized, comprehensive training program in interpersonal and counseling skills have been developed over the years through the efforts of Rogers, Carkhuff, and Egan, research on these training methods have not kept pace.

Up until this time the vast majority of studies in this area evaluate some aspect of the Carkhuff model. In general, this model is studied through a pretest posttest design in which subjects are exposed to a brief training session and are subsequently rated by judges in their level of counseling or interpersonal skill.

Collingwood (1971), after reviewing the research on the Rogers and Carkhuff training methods, was the first to note that these studies had primarily focused on the effects of training and had not emphasized follow-up of any changes that may occur after training. In response to his own criticism Collingwood (1971) and Bulter and Hansen (1973) attempted to evaluate the acquisition and retention of skills. Despite their good intentions their efforts fell short since the trainees in those studies were only exposed to 10 hours of training.

Gormally and Hill (1974), likewise dissatisfied with the research in this area, have offered some methodological guidelines for the body of literature around the didactic-experiential training programs. They point out that many aspects of the training programs have remained

unspecified and thus studies may not be measuring equivalent treatments. They also point out design flaws. They note that control conditions, if used, are often not clearly specified; placebo controls are not used; and placebo groups may not come from the same population as the experimental group.

These researchers also emphasize, as has Resnikoff (1972), that subjects in these training studies are not equally aware of the criteria for evaluation. Resnikoff (1972) has thus suggested providing all subjects with either the rating scale or instructing them in the criterion behavior before they are evaluated in order to determine what is attributable to an increase in communication skills through training.

Gormally and Hill (1974) further criticize the use of rating scales in the absence of judges who have received standardized training. Gormally and Hill (1974) state that we are not justified in assuming that naive judges, with no additional information regarding the patient and having no standardized training, can accurately rate the therapist variables. They question whether accurate measurements can be made from brief interview excerpts, especially without visual cues. Finally they note that significant pre-post differences on training related scales have been reported, but follow-up studies assessing the retention of training gains have not been

systematically incorporated into the model. They outline that what needs to be determined in follow-up studies is what is retained (formal technique versus facilitative behavior), whether training procedures have enduring effects, and why trainees gain or decrease in skills.

As can be noted by this brief review of the systematic skills training area, few studies have adequately researched the effectiveness of the aforementioned training models due to the narrowness of the studies and the inadequacy of designs. Therefore, it is my intention to incorporate some of the constructive criticisms of researchers in the area of the Carkhuff Training Model to study the Egan Human Relations Training Model.

In general, this study proposes to determine the effectiveness of the Egan Human Relations Training Model to train subjects to be empathic; to evaluate whether this training adequately prepares subjects to respond to clients who present two emotions; to determine the long term impact of the Egan Model on the retention of skills; to discover if retention of skill is determined by skill use since training; to study the relationship between empathic behavior, autonomy, and "trait" empathy; and to identify the personality variables and needs which are associated with empathic behavior.

CHAPTER II

REVIEW OF THE LITERATURE

Despite the phenomenal growth and interest in psychotherapy in the past few decades, there existed a considerable and growing amount of evidence that suggested that psychotherapy is ineffective (Eysenck, 1952; 1965; Levitt, 1957; 1963).

After careful review of the relevant literature dealing with the effects of counseling and psychotherapy, Truax and Carkhuff (1967) concluded that unfortunately Eysenck was essentially correct in saying that average counseling and psychotherapy, as it was currently practiced, did not result in average client improvement greater than that observed in persons who received no special counseling or psychotherapy treatment. As Frank (1961) and others have noted, studies consistently report that about two thirds of neurotic patients are improved immediately after treatment regardless of the type of psychotherapy received, but that the same improvement rate also has been found for those persons who have not received psychotherapy.

However, there does exist some relatively well controlled studies which spotlight conditions in the therapists relationship to his client which are correlated with client improvement (Truax & Mitchell, 1971). Thus,

in spite of overwhelming evidence that the average counselor or therapist is not significantly more helpful in producing improvement in client functioning beyond that observed in persons receiving no treatment, there are studies, involving specific therapists, that demonstrate positive effects of counseling and psychotherapy. In fact a careful reexamination of the evidence reported by Eysenck (1952) and Levitt (1957) shows the same pattern. Their overall average improvement rates, which were almost identical for treatment and control, were obtained by pooling studies reporting markedly different improvement rates for different therapists (Truax & Mitchell, 1971).

In some of the first reviews of virtually all published material dealing with the effectiveness of counseling and psychotherapy, Truax and Wargo (1966), Truax and Carkhuff (1967), and Truax and Mitchell (1968) concluded that: (1) the therapeutic endeavor is, on the average, quite ineffective; (2) counseling or therapy itself is a nonunitary phenomenon; (3) some counselors and therapists are significantly helpful, while others are significantly harmful, with a resulting average helpfulness not demonstratively better than average chance without professional help; (4) through close examination of existing theories and clinical writings, it is possible to identify therapeutic ingredients likely to lead to helpful and harmful client outcomes, and, through

research, to identify such ingredients; (5) it is possible to translate research findings into training and practice; and (6) it is therefore possible to markedly enhance the average effectiveness of counseling and psychotherapy by increasing the number of helpful counselors or therapists and decreasing the number of harmful practitioners.

Carl Rogers and his colleagues were among the first to begin systematic research to identify those ingredients or skills which facilitate change in clients and in training therapists to be more effective. Thus Rogers and his colleagues were the first to develop brief, well-formulated workshops for the training of psychotherapists and to attempt to measure their effectiveness (Blocksma & Porter, 1947). Rogers and his collaborators specified the graded procedures for facilitating the experimental learning that they judged was necessary to bring about change in the client.

Rogers' (1957) graded experience consisted of the student's (a) listening to tape-recorded interviews of experienced therapists; (b) role-playing the therapist with fellow students; (c) observing a series of live demonstrations by the supervisor; (d) participating in group therapy or multiple therapy; (e) conducting individual psychotherapy and recording his own interviews for discussion with a facilitative, nondirective supervisor; and (f) undergoing personal therapy. Rogers was the first

to talk about the importance of the facilitative environment the therapist needs to provide the client. He described the "necessary and sufficient" conditions for therapeutic change as the therapists' ability to communicate: (1) empathetic understanding; (2) unconditional positive regard; and (3) congruency and genuineness as a person (Rogers, 1957).

Rogers further emphasized that these conditions were necessary and sufficient independent of the professional qualifications and training of the therapist, and independent of the type of client or diagnosis.

Although many schools in psychology such as the psychoanalytic and behaviorist ignored Rogers' formulation, a more enthusiastic reception was expressed to the Rogerian hypothesis by those who founded the school of non-directive therapy. Some investigators developed scales to measure the three basic therapist conditions and other related aspects of therapist behaviors (Barrett-Lennard, 1962; Halkides, 1958; Truax, 1970; Truax & Carkhuff, 1967).

The non-directive group has published several studies in support of Rogers' formulations. The first finding of this research was that high therapist conditions are associated with constructive client change and that the absence of these conditions can lead to deterioration in patient functioning. It was concluded, therefore,

that counseling and psychotherapy may be "for better or for worse." (Rogers, 1967; Truax & Carkhuff, 1967).

The second significant finding from this group of research was that it was possible to account in part for the "for better or worse" effects by examining the counselor or therapist's level of functioning on emotional and interpersonal dimensions such as empathic understanding (Rogers, 1967; Truax & Carkhuff, 1967). Therefore, counselees whose counselors functioned at relatively high levels of certain interpersonal dimensions fostered constructive change or gain while counselees of counselors functioning at relatively low levels of these dimensions tended to bring about either no change or deteriorative change. At this point in the development, the scales employed to measure the interpersonal dimensions were gross measures of functioning. The dimensions that were assessed included empathy, unconditional positive regard and congruence as postulated by Rogers (Rogers, 1967), and accurate empathy, nonpossessive warmth and genuineness as modified by Truax (Truax & Carkhuff, 1967). In addition, client involvement in the therapeutic process was also measured by indices of experiencing developed by Gendlin (Rogers, 1967) and exploration developed by Truax (1967).

The next extension of these research efforts was conducting predictive studies which assessed the helper's

level of functioning and predicted its effects upon helper process and outcome.

The early predictive studies of helper process movement involved the experimental manipulation of counselor conditions and the study of their effect upon client self exploration. In general, the findings were that clients of high level functioning counselors tended toward higher levels of process involvement while clients of low functioning counselors moved toward lower levels of process involvement (Carkhuff, 1969; Truax & Carkhuff, 1967).

Through these studies it was discovered that when high functioning counselors experimentally lowered the level of their responses, their counselees continued to explore themselves. When moderate functioning counselors experimentally lowered their conditions, both low and high functioning counselees moved to lower levels of exploration (Carkhuff, 1969). It was hypothesized that if those seeking help tend to explore themselves differentially according to the level of functioning of their helpers, then over time, they should tend to move in the direction of their helper's level of functioning.

To test these hypotheses, studies were conducted to assess the differential effects of high-and-low functioning counselors upon indices of counselee outcome. In one series of studies (Carkhuff, 1969; Pagell, Carkhuff & Berenson, 1967), effects of the level of emotional

and interpersonal functioning of counselors and therapists upon the level of emotional and interpersonal functioning of their clients and patients were studied. With both outpatient, neuro-psychiatric patients, and college student counselors similar results were observed. In general, the counselees moved in the direction of the level of functioning of their counselors.

The success of Rogers' pioneering work in both the identification of facilitative conditions in therapy and the training of effective therapists was borne out by a review of the literature by Truax and Mitchell (1971). They concluded:

These studies taken together suggest that therapists or counselors who are accurately empathic, nonpossessively warm in attitude and genuine are indeed effective. Also, these findings seem to hold with a wide variety of therapists and counselors, regardless of their training or theoretic orientation, and with a wide variety of clients or patients including college underachievers, juvenile delinquents, hospitalized schizophrenics, college counselors, mild to severe outpatient neurotics, and the mixed variety of hospitalized patients. Further, the evidence suggests that these findings hold in a variety of therapeutic contexts and in both individual and group psychotherapy or counseling. (p. 310)

Thus, the facilitative conditions outlined by Rogers (1957), are considered by those researchers to be essential ingredients of counselor effectiveness. Carkhuff (1967) has further developed this orientation in which both counselors and clients are seen as having varying degrees of interpersonal functioning, with high

"therapeutic conditions" being the ingredients of effective living.

Carkhuff, using Rogers' work and the aforementioned findings as a foundation, has emphasized models that are testable empirically and experimentally. Briefly, we may summarize a sampling of the helping models which led to what Carkhuff (1972C) called Human Resource Development:

- I. Helping effects model: The effects of helping are in part a function of the helper's level of functioning in emotional and interpersonal skills. There are several corollaries of the helping effects model:
 1. Helping may have constructive or deteriorative consequences.
 2. Helping may be accounted for in part by the helper's level of functioning.
 3. Helpees move toward their helpers' modal level of functioning.
- II. A developmental model for helping: Helping is a developmental process. There are several corollaries to this developmental model:
 1. Interpersonal skills include initiative as well as responsive skills.
 2. Helping involves exploration, understanding and action.
 3. Exploration, understanding and action are recycled in an ongoing learning process.
- III. An outcome model for helping: The goal of helping is a fully functioning helpee. There are several corollaries of the outcome model:
 1. Helping must develop the helpee's level of functioning in physical, emotional, and intellectual skills.
 2. Helping must develop the helpee's level of functioning in specialty area skills.
 3. The helper must be both model and agent for the helpee's development.
- IV. A functional diagnostic model for helping: Helpees may be diagnosed on their level of development. There are several corollaries of the functional diagnostic model:
 1. Helpees may be assessed on their levels of functioning between physical, emotional and intellectual areas.

2. Helpees may be assessed on their levels of functioning within physical, emotional, and intellectual areas.
3. Treatment is initiated in relatively the highest area of functioning below minimally effective levels.
- V. A systematic eclectic model for helping:

There are potential preferred modes of treatment that contribute to helpee outcome. There are several corollaries of the systematic eclectic model.

 1. There are a core of emotional and interpersonal conditions shared by all helping processes.
 2. There are a variety of potential preferred modes of treatment.
 3. The most effective preferred modes of treatment include the trait-and-factor and the behavioristic.
- VI. A training model for helping: Training is the most efficient means of developing effective helping personnel.
 1. The basic selection paradigm is this: the best index of any future criterion is a previous index of that criterion. Accordingly, helpers should be selected on their level of functioning in the dimensions that they will discharge.
 2. Systematic training procedures are the most efficient means for developing effective helping personnel.

The basic training paradigm is this: the best means to achieve any outcome is a systematic training program that moves in a step-by-step manner toward the operationalized goals which it seeks to accomplish. In this regard, the most effective training programs incorporate the shaping or didactic approaches in an experiential and modeling context.
 3. Systematic training is the preferred mode of Human Resource Development (HRD).

The most effective means for developing helpee resources is systematic training in the dimensions which we wish to effect. (Carkhuff, 1972c, pp.80-82.)

As can be seen from this outline, Carkhuff expanded both Rogers' helping and training models. (For a complete review of Carkhuff's helping models refer to: What's it all about anyway? Some reflection on helping and human resource development models, (Carkhuff, 1972c).)

In accordance with his formulations based on the foundation laid by Rogers, Carkhuff added new procedures to the earlier training program outlined by Rogers. Truax, Carkhuff and Douds (1964), Truax and Carkhuff (1967) and Carkhuff (1972) charged that most psychotherapy training programs had taught theory and patient psychodynamics instead of how to relate to a patient and conduct psychotherapy.

The three central elements of the training program as outlined by his model were described as:

- (1) a therapeutic context in which the supervisor himself provides high levels of therapeutic conditions;
- (2) highly specific didactic training in the implementation of the therapeutic conditions; and (3)
- a quasi-group therapy experience where the trainee can explore his own existence, and his individual therapeutic self can emerge. (Truax & Carkhuff, 1967, p. 242.)

More specifically, as reported by Truax and Carkhuff (1967) the steps of the program were described as follows: Students were given extensive reading to do, followed by listening to taped individual psychotherapy sessions to increase their response repertoire. They rated experts from these tapes on the scales of "accurate empathy," "nonpossessive warmth" and "genuineness." Subsequently, they practiced making responses to tape recorded patient statements (especially empathic responses). Outside of class, pairs of students alternated playing "therapist" and "patient" roles in sessions that were

recorded, brought to supervisory sessions, and rated on the therapeutic conditions scales. After achieving minimal levels of therapeutic conditions, the students had single interviews with real patients. They were tape-recorded, and samples were played back for rating by the student, his or her peers, and the supervisor. Psychotherapeutic sessions were tape recorded on a continuing basis, and periodic samples were evaluated in the supervisory session. In the sixth week of the program, quasi-group therapy was initiated with the student, who met for two hour sessions once a week. The quasi-group therapy consisted of group discussion centered around the trainees' personal or emotional difficulties experienced in their role as therapists, and thus was not intended to provide personal psychotherapy for them.

The Truax and Carkhuff (1967) program, therefore:

- (1) began with a partial theory of the conditions essential to patient behavioral change;
- (2) included the development and some testing instruments for measuring those conditions;
- (3) cited some research to indicate that these conditions do foster constructive patient change while their absence is a deterrent to constructive change; and
- (4) reflected in its particular training steps, specific attempts to foster the appropriate attitudes and behaviors among the students.

A number of investigators have taken up the chal-

lenge of assessing the effectiveness of this training program. Carkhuff and Truax (1965) evaluated two separate but similar training programs. One involved 12-advanced graduate students and the other involved five-volunteer lay hospital personnel. The classes met twice a week for 2-hour sessions over a 16-week semester. At the end of the semester, six 4-minute excerpts from each student's taped interviews were rated by trained undergraduates for accurate empathy, unconditional positive regard, therapist self-congruence, and client depth of self exploration. These ratings were compared with ratings of taped excerpts from experienced therapists and from the publicly dispersed tapes of four prominent therapists. The scores tended to rank the group in this order: experienced therapists, graduate students, lay personnel. However, some of the differences were significant except in regard to the therapist self-congruence dimension. Carkhuff and Truax (1965) concluded that during 100 hours of training specifically directed toward variables empirically demonstrated to be necessary for therapist effectiveness, they could bring the performance of students and lay personnel to a level similar to that of experienced therapists. Berenson, Carkhuff, and Myrus (1966) attempted to measure the effect of different aspects of the integrated, didactic-experiential training program on the functioning of undergraduate students. Eighteen

male and 18 female volunteer students were randomly assigned to: (1) the training group, which received the total training, including quasi-group therapy; (2) the training control group, which received the same program minus the rest of the research scales and the quasi-group therapy; and (3) a control group, which received no training. Both training groups received 16 hours of training over eight weeks; Group I had, in addition, four hours of group therapy, and Group II had four hours of discussion on typical college problems. The students were assessed, pre-and-post training, in regard to empathy, positive regard, genuineness, concreteness, and degree of self exploration elicited. These behaviors were assessed by means of ratings of multiple, brief, taped interview segments, inventory reports of standard interviews as well as reports from significant others, and inventory self-reports. The greatest gain in interpersonal skill was by Group I; Group II was intermediate; and the least gain was made by Group III, supporting Berenson, Carkhuff and Myrus' (1966) hypothesis that the total program would have the most effect.

Perry (1975), using the same method of empathy rating, studied the training effects of verbal instruction in empathy followed by a high, or low empathy modeled interview, or no modeling. She found verbal instruction,

alone, to be ineffective. The high empathy modeling resulted in more and more empathic communication from baseline to the last section of a taped, stimulated interview; the negative modeling resulted in decreasingly empathic communication. An important additional finding was that there was no carryover from trainees' responses in taped interviews to their behavior in a 15 minute live interview. Uhleman, Lea, and Stone (1976) found that the most effective learning took place when didactic instruction preceded modeling, possibly thus directing the learner's attention to the most significant aspects of the model's behavior.

Fry (1973) hypothesized that trainees as well as clients have conditioned anxiety responses to closeness; they consequently used a deconditioning to closeness as part of training for helping skills. Fry found that both the control and experimental groups benefitted from training, but the experimental group benefitted significantly more in regard to communicating warmth, empathy, respect, concreteness, and genuineness. He concluded that systematic desensitization is useful to alleviate the defensiveness of the trainee and enable him or her to move faster to higher levels of interpersonal functioning.

Collingwood (1971) noted that the studies to date had focused primarily on immediate effects of training and had not emphasized followup of any changes that may

occur after training. In an attempt to answer the questions of long-term retention of facilitative communication and effects of retraining on slippages, Collingwood hypothesized that: (1) ratings of functioning levels of previously-trained subjects at followup points will be statistically significantly lower than training peak ratings; and (2) ratings of functioning levels of those trainees who are retrained will be statistically significantly higher following retraining than their pre-retraining ratings. Thus, 40 members of an undergraduate personality class who had been previously trained for 10 hours volunteered to participate in the follow-up study. All subjects were followed up at monthly intervals for five months following termination of training. Between the third and fourth follow-up periods, 18 subjects volunteered for 2.5 hours of retraining. Follow-up continued for two more months. Pre-and-posttraining measures and each follow-up measure consisted of all subjects responding in writing to eight taped client stimulus expressions. The hypotheses pertaining to slippage and retraining were supported. A potential explanation for the slippage may be that 10 hours of training does not allow for a consolidation at peak post-training functioning levels. The retraining data also suggest that a few hours of retraining does provide further consolidation in that trainees reached and maintained, for two months following retraining, a functioning

level commensurate with their post-training peak ratings.

Collingwood (1971) noted in his discussion that although the group data lead to the conclusion that individuals drop in functioning level after training, individually some dropped, some gained, and some remained the same. He suggests that one factor which may account for this observation is that some individuals use the responses learned during training to respond to people after training is completed and others do not.

Butler and Hansen (1973) also studied the effect of 10 hours of didactic-experiential training in facilitative functioning on acquisition, retention, and the equivalence of modes of assessing levels of facilitative functioning. Prerated moderate-level and low-level functioning counselors-in-training were assigned to treatment and control groups according to a randomized block design. Results confirmed previous research indicating levels of facilitation can be increased, whether assessed from written or oral modes of responding. Prerated moderate trainees appeared more able to use the training for formulating higher facilitative oral responses in a counseling interview than low-level counselors. Post-training levels of functioning were maintained throughout the 4-week latency period by both prerated moderate and low-level counselors. Equivalence in levels of facilitative functioning between written and oral modes of responding

was not found for any of the prerated groups.

In yet another study on training, Gormally and Hill (1974) address the fact that the studies outlined by Collingwood (1971) and Butler and Hansen (1973) were methodologically inadequate. First, Gormally and Hill (1974) comment that the time in training (10 hours) is too brief to assess retention. Secondly, they comment that the two studies measured empathic skills through written responses, which correlate poorly with verbal facilitative skills.

Gormally, Hill, Gulanick, & McGovern (1975) attempted to correct these shortcomings in a study in which graduate and undergraduate students follow-up data on communication skills were collected in both written and interview tasks after 40 hours of training. Their results were: (1) after nine months the graduate training group had gained significantly in interview skills; (2) after six months, the undergraduate group decreased in skills and both an interview and a written response measure; (3) for the undergraduate subsample, interview data did not relate to written data at follow-up. It was concluded that training skills do persist over relatively long periods of time and that gains during the follow-up period may be due to opportunities to use skills.

Although this study was an improvement on previous designs, Gormally and Hill (1975) admit to the shortcomings

of their own design: (1) the undergraduate students were measured on both written and verbal conditions while the graduate students were measured on only verbal responses; and (2) there was no control group for the graduate students.

In another publication, Gormally and Hill (1974) offer some other methodological guidelines for evaluating the body of literature around the didactic-experiential training programs. Despite Carkhuff's (1971) description of a typical 100-hour program and his published "programmed text" (Carkhuff, 1972), they point out that many aspects of the training remain unspecified and thus presumed that replication studies may not be measuring equivalent treatment. They point to design inadequacies: the control conditions are often not clearly specified; placebo controls were not used; and placebo groups may not come from the same population as the experimental group.

In addition, as pointed out by Resnikoff (1972), the same rating scales used for training are used to measure outcomes, and thus bias results in favor of the experimental group since they, but not the control group, are aware of the rating criteria. Resnikoff (1972) suggests that a good training control group would have to at least receive copies of the scales so they would know the desired behavior. In this same regard Gormally and Hill (1974) suggest that since the purpose of the inter-

view is to compare subjects on their ability to make helpful responses, a more adequate test of the situation would include a set given to all subjects on desirable and undesirable helper responses. Then, superior performance of experimental subjects at posttest would be clearly attributable to an increase in communication skills through training.

Gormally and Hill (1974) further criticize the extensive use of rating scales in the absence of judges who have received standardized training, inasmuch as use of the scales may then vary across studies. They point out the high intercorrelations among the scales, their certain lack of independence, and thus our uncertainty regarding what they measure. Furthermore, it seems that the raters' level of functioning, counseling experience, and even sex affect their rating accuracy. Also, the average change in a group of trainees is usually the statistic reported, even though the individual trainee changes are important. Long-term retention of skill has not been adequately measured. It is also questionable whether accurate measurements can be made from brief interview excerpts, especially without visual cues.

In conclusion, Gormally and Hill (1974) note that despite cogent criticisms of the preceding research methodology these criticisms do not invalidate the fact that the didactic experimental training programs are

innovative and have stimulated a quantity of research.

A further refinement of the non-directive school for training programs and the development of a Systematic Helping Model has been created by Egan (1975a, 1976). Like Rogers and Carkhuff before him, Egan is concerned with the necessary and sufficient skills needed by helpers to facilitate change in helpees. To this end he has developed both a skills/contract approach to human relations training in groups as well as a Model for Systematic Helping and Human Relations. Our concern here is with the training model. Those interested in the helping model should refer to The Skilled Helper (Egan, 1975b).

Egan, like his predecessors, believes that it is essential for helpers to be trained in the skills of helping. His model of training has three phases. Before outlining these phases it is important to note a unique contribution of Egan to the training programs: a contract. The contract makes it clear what will be taught during the training as well as what will be expected of the individual as a trainee. (For a complete statement of the contract, refer to Face to Face, Chapter 2, Egan, 1973).

Egan terms the first phase of his training program as: Training in the Skills of Relationship-Building, Support and Trust. These skills, as defined by Egan, are the skills of attending, listening, the communication of primary-level accurate empathy (AEI), respect, concrete-

ness, genuineness, and self disclosure.

In order to learn these skills the group of trainees are divided into subgroups of three. In learning each skill, the trainees take the roles of speaker, respondent, and observer. As speaker the person talks about his interpersonal style. As speaker, the trainee learns the skill of disclosing themselves appropriately, concretely and genuinely. As respondent, each trainee learns how to attend to and listen to others, how to respond to others with accurate empathetic understanding, and how to help others explore his interpersonal feelings, experiences, and behaviors concretely. As observer, the trainee watches the speaker and respondent interact and after they have interacted gives them feedback on their interaction. This feedback will be focused on the skill being taught as well as those previously learned. In sum, it will address the quality of the respondent's understanding and the quality of the speaker's self exploration. Each trainee relates to the others in each of the above roles in the practice sessions.

Also, in Phase I, the trainees learn about the theory of challenging skills. These skills are advanced accurate empathy (AEII), confrontation, and immediacy ("what's-going'on-between-you-and-me" talk).

Phase II addresses the use of the Challenging and Group-Specific Skills. In Phase II, therefore, the

trainees participate more directly in group interaction. In Phase II, trainees not only learn these skills, but they are provided opportunities to plan their use of these skills in the group and get personalized feedback on how successfully they use these skills. Neither the skills of relationship building nor the skills of challenge, if learned in one-to-one interactions, necessarily generalize to a group situation. Therefore, both response and initiating skills need to be practiced in the group itself. Thus trainees are instructed in responding and initiating in the group. The initiating skills are AEI, self disclosure, owning, challenging, and calling for feedback.

Phase III is termed Pursuit of the Contract. The contract governs all three phases of this training program. However, in Phase I and II, there is a great deal of structure. In Phase III this structure is reduced to a minimum and it is up to the trainees to use the skills they have acquired to pursue the goals of the group (examining interpersonal styles by trying to establish and develop relationships with one's fellow group members).

Unlike Carkhuff, Egan has not developed a large body of research on his training model. Following is a brief review of the research on the Egan model to date.

Kapp and Simon (Note 1) have developed a skills

training model for junior high school students based on Egan's work. Schevers (1978), in a study of the Kapp and Simon program, found that junior high students who participated in the interpersonal skills training program gained significantly in their ability to respond empathetically to others, but did not make significant gains in self esteem. In one of the few other studies on the Egan model, Banks (1979) studied the effects of interpersonal skills training on locus of control, dogmatism, and self-esteem in adults. His data indicated a significant increase in social functioning for those involved in training. He also concluded that skills training does not appear sufficient to influence locus of control, dogmatism, or self-esteem

Miro (1980) in a study on moral character, personality style, and human relations skills training discovered no significant relationship between mystical experience, moral character, social intelligence, personality style and helping skill performance. He did find a significant positive relationship between autonomy and helping skill performance in a counseling analogue situation. In addition, Miro's (1980) study found that the training program in helping skills led to a significant change in performance as a result of training; and a significant positive relationship between initial skill performance and final skill performance.

As can be seen by this review, Rogers, Carkhuff, and Egan have built upon each others work and have systematically improved the ability of psychology to train others in interpersonal helping and counseling skills. Although specific, well organized, comprehensive training programs in interpersonal, helping, and counseling skills have been developed over the years, research on these training methods have not kept pace.

As noted earlier, Collingwood (1971), Gormally and Hill (1974), and Resnikoff (1972) have emphasized that studies on training models have concentrated on the immediate effects of training with no follow-up. The actual time in training for subjects has been inadequate; many studies have used written responses only as the dependent variables which have been shown to correlate poorly with actual counseling; the experimental group is aware of the rating criteria; the judges themselves are not always experienced or trained; ratings are made from brief interview excerpts without visual cues; and long term retention of skills has not been adequately studied.

This study attempts to incorporate the constructive criticism of these researchers in order to improve this area of research. Therefore, the present study will attempt to assess the long term retention of skills learned by including an experimental group who were trained one year ago; provide for adequate training time (96

hours); assess skills on both written and analogue counseling dimensions; provide both experimental and control groups with the rating criteria; include judges who have completed the Egan program in counseling; and rate skills in both written and analogue video tape tasks.

The incorporation of the criticisms of researchers in the area of interpersonal, helping and counseling skills training should be the first step in helping the research keep pace with the development in this vital area of psychology. Only in this way can we validate the seemingly vital contribution of theoreticians like Gerard Egan in the area of helping and training helpers.

Hogan's Model of Moral Development

Hogan (1973) proposes a model of moral character and conduct which includes five dimensions of moral character that provide a useful basis for understanding moral conduct. These dimensions (moral knowledge, socialization, empathy, autonomy, and a dimension of moral reasoning) normally define five types of relationships that exist between the individual and the social group's rule system.

Each dimension, considered by itself, constitutes a conceptually independent set of approaches and attitudes toward social rules. Interaction between the five dimensions serves to mediate final decisions and behavior.

Three of the most important dimensions (socializa-

tion, empathy and autonomy) have been operationalized (Gough, 1969; Gough & Peterson, 1952; Grief & Hogan, 1973; Hogan, 1969; Hogan, 1970).

The first dimension, socialization (the internalization of society's moral rules) serves the function of maintaining stability in social group. As Waddington (1967) argues, the dynamics of human culture necessarily presuppose "the role of authority'acceptor." Consequently, a disposition to comply with authority is considered to be part of man's innate constitution. Thus a person is considered socialized to the degree that he regards the rules, values, and prohibitions of his society as personally mandatory. The socialization process is largely completed by the time a child enters school, and results in what Piaget (1964) called "moral realism."

It is with regard to the socialization dimension that a major measurement breakthrough in a study of moral conduct first occurred. The socialization scale of the California Psychological Inventory (Gough, 1969; Gough & Peterson, 1952), an empirically keyed measure developed by comparing the responses of a large number of delinquents and nondelinquents, was specifically designed to assess the degree to which a person has internalized the rules, values, and conventions of society. The measure was given in eight different languages in 10 countries to totals of 21,772 nondelinquents and 5,052 delinquents.



In every comparison the test differentiated significantly between delinquents and nondelinquents.

Needless to say, a society without agreement concerning a relatively stable core of moral values would soon disintegrate. Acceptance of society's moral rules, however, does not exhaust the parameters of moral conduct. A complete definition of moral character requires a perspective from which the rules can be evaluated. Kurt Baier, a modern utilitarian philosopher, has proposed that certain social rules are justified when seen from the "moral point of view," a perspective which tends to promote the common good. Thus, empathy, provides a perspective from which the rules can be assessed.

In spite of the importance of empathy or role-taking ability as an explanation of moral conduct, little is known about the antecedents of this disposition. Four factors which seem to be related to the development of empathy follow. First, Mead (1934) thought role taking ability was the "g" factor in intelligence. Role taking requires that a person adapt an alternative perspective. Second, being required to adapt alternative perspectives vis-a-vis one's parents should facilitate the development of the role taking skills. Consequently, parents who either overindulge or consistently reject their children probably fail to stimulate their children's natural empathic tendencies. Third, intelligence and practice at

role taking are necessary but insufficient conditions to produce empathic behavior--the child must also be willing to act on his empathic perceptions. The fourth factor that seems to contribute to an empathic disposition is a relative absence of repression or denial--an openness to inner experience, a willingness to attend to intuitive promptings and nonverbal cues.

In spite of the obvious importance of an empathic disposition in the formation of moral character, it is neither the only nor the most important factor in the process. The truly moral man has an autonomous will and governs his actions by a personal sense of duty. Thus the development of an autonomous set of moral standards serves to insulate one from the potential immorality of the community.

Hogan is not the only one to have identified the importance of autonomy in personality development. Kurtines (1974) notes that autonomy is a persistent theme in psychology. McDougal (1908), for example, considered moral autonomy the final goal of human development. Murray (1938) saw autonomy as a basic personality variable. Erikson (1963) saw the resolution of the conflict between feelings of shame and doubt and autonomy as one of the developmental stages in personality growth. For Piaget (1948), the course of moral development for a child is from heteronomous to autonomous morality. Wright (1971)

in a discussion of moral behavior, sees the most desirable (mature) character type is the person who combined independence and individuality with moral sensitivity and concern for others--the type he labelled "autonomous--altruistic" (p. 205).

The model presented by Hogan can thus be considered developmental. The emergency of socialization, empathy, and autonomy represent transition points which are followed by evaluative changes in the dynamics of social behavior. That is, until a child becomes socialized, he is egocentric, impulsive, and undisciplined. After socialization, but before empathy develops, he is excessively respectful of adult authority. An empathic but nonautonomous person places a greater priority on human needs than on the maintenance of rules, however his conduct remains closely tied to the expectation of his peer group. It is only after a degree of autonomy has been achieved that behavior may become independent of external controls.

Hogan (1973) suggests that socialization, empathy, and autonomy are major transition points in moral development which occur at progressively later points in time. Moreover, once attained, these capacities bring about qualitative changes in the underlying structure of moral conduct. In contrast to many developmental models, attainment of later "styles" is not dependent on successful transition through the earlier levels.

Using Hogan's model of moral maturity, it seems reasonable to expect that those who are morally mature (as defined by Hogan) possess an "inborn" empathic ability as well as the disposition to profit from direct training in empathy. Thus, this study proposes to evaluate the relationship between measures of empathy and autonomy and actual empathic behavior.

The Adjective Check List

The Adjective Check List (1965) had its inception as a technique for gathering the observations of staff members in personality assessment. The particular value of the check list approach is that it is a simple, brief method which uses words from everyday life in a format which is systematic and standardized. Although first developed for use by observers in describing others, an adjective list can be and frequently is employed in studies as a self description method. In the present study, the Adjective Check List was employed as a self description measure in order to evaluate the relationship between certain personality variables and needs as defined by the list, and empathic response behavior.

In a review of personality factors associated with therapeutic effectiveness, Matarazzo (1971) concluded that research in this area has been disappointing. She notes that there is some evidence to suggest that certain personality characteristics favor success as a psychothera-

pist. The characteristics are poorly defined, but lead one to say that psychological good health, flexibility, openmindedness, positive attitudes toward people, and interpersonal skill are associated with effective helping.

In a review of more recent literature, few studies were found that addressed the relationship between personality variables and empathic behavior. Hermat, Khajavi and Mehryar's (1975) study indicated that high empathy persons were significantly lower in signs depicting neurotic and psychotic disturbance as compared with low empathy persons. Schuman (1977) found no significant relationship between the Myers-Briggs Type Indicator, the Rotter I-E Scale and the Carkhuff Scale of empathic understanding.

In light of the inconclusive and disappointing research in this area, this study hopes to expand our knowledge of the relationship between personality characteristics and empathic response behavior through the use of the Adjective Check List.

This completes the review of the three component subjects of this research: the effectiveness of the Egan Human Relations Training Program to train subjects in empathic behavior; the relationship between Hogan's empathy scale, autonomy, and empathic behavior; and the relationship between certain personality variables and needs and empathic behavior.

Specifically this study proposed to determine whether the Egan Human Relations Training Model is effective in teaching subjects to discriminate helpful responses, to identify feelings in helpee statements, to respond empathically to written client statements containing two emotions and to respond empathically to a helpee in an analogue counseling situation who presented a problem containing two emotions. The long term impact of the Egan Model on the retention of empathic behavior was studied. The relationship between the use of empathic behavior after training and the retention of empathic behavior was evaluated.

The association among empathy as defined by Hogan, autonomy as measured by Kurtines, and empathic behavior as defined by Carkhuff and Egan was studied.

Lastly, the relationship between empathic behavior and several Adjective Checklist Scales was analyzed.

The specific hypotheses in terms of the instruments and measures of the study follow. Note that Experimental I Group refers to those subjects who completed the Egan Human Relations Training Model at least one year ago; the Experimental II Group refers to those subjects currently enrolled in human relations training; and the Control Group refers to those subjects who have not been exposed to human relations training.

Hypotheses

- 1) At initial testing the Experimental I subjects will demonstrate a superior ability to discriminate appropriate responses to client statements than the Experimental II and Control Group.
- 2) At initial testing the Experimental I subjects will respond to written client statements containing two emotions with a significantly higher level of empathic response than the Experimental II or Control Group.
- 3) At initial testing the Experimental I subjects will be more accurate in the identification of feelings in a client statement than the Experimental II or Control Group.
- 4) At initial testing the Experimental I subjects will respond to a client who presents two emotions in an analogue situation with a significantly higher level of empathic response than the Experimental II or Control Group.
- 5) Of the Experimental I subjects, those who have actively applied the Human Relations Training Course of the previous summer(s), will respond to client statements containing two emotions and to a client who presents two emotions in an analogue situation with a significantly higher level of empathic response than those

Experimental I subjects who have not actively applied the training.

- 6) At posttest the Experiment II subjects will demonstrate a superior ability to discriminate appropriate responses to client statements than the Control Group.
- 7) At posttest the Experimental II subjects will respond to a written client statement containing two emotions with a significantly higher level of empathic response than the Control Group.
- 8) At posttest the Experimental II subjects will be more accurate in the identification of feelings in a client statement than the Control Group.
- 9) At posttest the Experimental II subjects will respond to a client who presents two emotions in an analogue interview with a significantly higher level of empathic response than the Control Group.
- 10) Autonomy will correlate positively with the ability to discriminate helpful responses, to respond to a written client statement, and to respond to a client in an analogue situation.
- 11) Empathy, as measured by the Hogan scale, will correlate positively with the ability to discriminate helpful responses, to respond empathically to a written client statement, and to respond

empathically in an analogue situation.

- 12) The ability to respond empathically to a client in an analogue situation will correlate positively with the Adjective Checklist Scales measuring self-confidence, personal adjustment, and the need for endurance, intrareception, nurturance, change, and affiliation.
- 13) The ability to respond empathically to a client in an analogue situation will correlate negatively with the Adjective Checklist Scales measuring the need for dominance, exhibition, aggression, succorance, abasement, deference, and counseling readiness.

CHAPTER III

METHOD

Subjects

Subjects, who responded to a letter distributed in their classes (Appendix A), were 53 students enrolled in the six week summer session of the Institute of Pastoral Studies at Loyola University of Chicago. The students were classified into three conditions according to the following criteria. Those subjects who had completed the Human Relations Retraining Course in the past summer sessions were designated as Experimental Group I. Those subjects who were currently enrolled in the Human Relations Training course were designated as Experimental Group II. Those subjects who were enrolled in other courses at the Institute of Pastoral Studies, but who had never been enrolled in the Human Relations Training Course, were designated as the Control Group.

The Experimental I Group consisted of 20 students whose average age was 39 and average level of education was 18.6 years. The Experimental II Group consisted of 12 students whose average age was 42.5 and average level of education was 18.2 years. The Control Group consisted of 21 students whose average age was 36.7 and average level of education was 17.2 years. There were no significant

differences among the groups in age, education, sex or occupation.

Measures

The first measure employed was the Gough Adjective Check List (Appendix B). Each subject was asked to check off those adjectives which best described him.

The second and third measures employed were the Kurtines Measure of Autonomy (Appendix C), and the Hogan Empathy Scale (Appendix D). Each of these measures asked each subject to answer true or false to a number of statements.

The fourth measure used was a Discrimination Response Measure (Appendix E). This measure is an adaptation of the Carkhuff (1969a) Discrimination Assessment Task. The Discrimination Response Measure used in this study contained five written stimulus statements with four possible responses to each statement. The subject is asked to rank the responses from most helpful to least helpful.

The fifth measure used was the Written Response Measure (Appendix F). This measure contained five written stimulus statements to which the subject was asked to write a helpful response.

The sixth measure employed was the Identification of Feelings Measure (Appendix G). After completing the Written Response Measure each subject was asked to identify

the feeling or feelings contained in each statement of the Written Response Measure.

The seventh measure employed was the five-minute Analogue Counseling Measure. Each subject was asked to respond to a client during a five-minute videotaped counseling session according to the instructions outlined in the Procedure Section.

The aforementioned measures were scored in the following manner. The Gough Adjective Check List was computer scored. The Kurtines Autonomy Scale and the Hogan Empathy Scales were scored objectively. The Discrimination Response Measure was scored using Carkhuff's (1969c) Key to Design and Expert Ratings of Counselor Responses to Stimulus Expressions. The score for the measure was obtained by taking the square-root of the sum of the squares of the absolute differences between the standard rating and the subjects rating. The Identification of Feelings measures was scored against the standard outlined by Egan (1975a). A point was given for the identification of each of the two feeling areas expressed in each statement. Thus each statement has a possible score of 2, for a total of 10 possible points for the entire measure.

The Written Response Measure and the Analogue Counseling Session were rated by two judges using an adaptation of the Carkhuff (1969c) Scale for Assessment

of Interpersonal Functioning (Appendix H). Both judges had successfully completed the Egan Model Training Course in Interpersonal Skills and were familiar with the Carkhuff (1969c) Empathy Scale for the Assessment of Interpersonal Functioning. The judges were trained by the experimenter in the application of the scale employed in this study. With five hours of training the judges had achieved an inter-rater reliability of .97 for the Written Response Measure and .93 for the Analogue Counseling Session. Each judge rated half of the Written Response Measures which contained a random, equal distribution of materials from each experimental group at all testings.

The judges were presented the written materials, which were coded numerically, in random order. The judges were blind to both the experimental condition and the group membership of the subjects rated.

Subsequently, the judges rated the videotaped Analogue Counseling Sessions. As with the written materials, the judges were presented the videotapes in random order and were blind to both the experimental condition and the group membership of the subjects rated.

The Written Response Measure score was obtained by taking the average of the ratings assigned by the judge to the subjects' five responses to the client statements. The judges ratings were based on the Scale of Assessment

for Accurate Empathy for Two Emotions found in Appendix H.

Procedure

During the first day of class, all subjects received the Gough Adjective Check List, the Empathy Scale, the Autonomy Scale, the Discrimination Response Measure, the Written Response Measure, and the Identification of Feelings Measure. The subjects were informed that they were participating in a study of helping styles. Each subject was instructed to read and sign the consent form (Appendix I), fill out the data sheet (Appendix J) and to complete these materials at home according to the enclosed instructions. They were further instructed to bring the completed forms to class the following day. During the second and third day of classes each subject participated in an individual counseling analogue session with a coached client. Each subject was given the following instructions for the session with the coached client:

You are being asked to place yourself in a helping or counseling role for the five minute session. You are to imagine that this person has come to you for help. I will now present some guidelines for this session:

- 1) Listen carefully to what the person is saying or revealing about himself/herself.
- 2) Once the person stops talking, recall the feeling or feelings expressed.
- 3) Select the dominant feelings or feelings the person has expressed.
- 4) Identify the intensity of the dominant feeling or feelings expressed, i.e., the intensity may be mild, moderate or strong. For example a person could be a bit anxious (mild intensity), scared (moderate intensity) or panicked (strong intensity).
- 5) Select the feeling word or words that accurately

identifies both the dominant feeling or feelings and the intensity.

6) Identify the content of the response. The content can be defined as the 'because' of a statement. For example, if I say "I am happy because it is sunny outside today;" 'because it's sunny outside today' is the content of my statement.

7) Formulate a response that includes the dominant feeling or feelings and the content related to that feeling. For example, a response to a disgruntled Cub fan might be, "You were surprised and disappointed that the Cubs lost yesterday." 'You are surprised and disappointed' is the feeling portion of the response and 'that the Cubs lost yesterday' is the content portion of the response.

8) Do you have any questions about these instructions?

9) Although the actual time of the session is five-minutes, you are to imagine that you will be meeting with the person for an hour. Therefore, we are not asking you to solve this individual problem in five minutes. We are asking you to respond to the feeling or feelings and content of their problem.

After these instructions were presented, each subject was brought into the counseling room. The subject and client introduced themselves to each other and the coached client proceeded to present her problem (statement) which contained two emotions (Appendix K).

Upon completion of the pretest data gathering the Experimental Group II subjects were assigned to one of three six-week skills training groups consisting of five to seven members and one trainer. The Experimental I and Control Group attended their respective six-week courses.

The training received by the Experimental II subjects consisted of both didactic instructions in the form of lectures and experiential step-by-step practice in the basic interpersonal skills outlined by Egan (1976).

In the first phase of training subjects were assigned to a triad in order to master the skills of relationship building. The skills of relationship building include the skills of self-presentation (self-disclosure, concreteness, and expression of feeling) as well as the skills of responding (accurate empathy). Within the triad, each subject took his turn as speaker, respondent, and observer. As speaker each subject learned the art of disclosing oneself appropriately, concretely, and genuinely. As respondent each subject learned how to attend to and listen to others, how to respond to others with accurate empathic understanding, and how to help the other explore his interpersonal feelings, experiences, and behaviors concretely. As observers each subject watched the speaker and respondent interact and subsequently gave them feedback on the quality of respondents understanding and the quality of the speaker's self exploration. In Phase I the subjects also learned about the theory of challenging skills (advanced accurate empathy, confrontation, and immediacy) and saw them illustrated.

In Phase II each subject learned the skills of challenging and group specific skills: accurate empathy I, self disclosure, owning, challenging, and calling for feedback. In Phase II each subject not only learned these skills, but were provided opportunities to plan

the use of these skills in a group and get feedback on their effectiveness.

In Phase III the structure was reduced to a minimum and each subject participated in the group with the skills they had acquired to pursue the goals of the group. (The goal of the group member is to examine his interpersonal style by trying to establish and develop relationships with one's fellow group members.)

After the treatment phase (training of the Experimental Group II) the subjects in Experimental Group II and the Control Group received a second packet of materials which included a Discrimination Response Measure, Written Response Measure, and the Identification of Feelings Measure. Each subject was again instructed to complete these materials according to the enclosed instructions at home and to bring the completed forms to class, the following day. Upon completion of these materials, the subjects of the Experimental II and Control Group participated in another five minute individual counseling analogue session with a coached client following the same procedure as in the pretest. The coached clients presenting problem is contained in Appendix H under posttest. This completed the data gathering stage of this experiment.

CHAPTER IV

RESULTS

Results for Hypothesis One

The null hypothesis that there is no difference between the Experimental I and the Experimental II and Control Group on the ability to discriminate helpful responses to client statements can be rejected. Using a planned comparison, the Experimental I Group demonstrated a significantly greater ability to identify helpful responses to client statements than the combined Experimental II and Control Group, $t(50) = -3.04$, $p < .004$. (The results for Hypotheses 1 through 9 are presented in Table 1.)

Results for Hypothesis Two

The null hypothesis that there is no difference between the Experimental I and the Experimental II and Control Group on the ability to respond empathically to written client statements containing two emotions can be rejected. Using a planned comparison, the Experimental I Group responded with a significantly higher level of empathic response to written client statements than the combined Experimental II and Control Group, $t(50) = 3.75$, $p < .001$.

Table 1

Pretest and Posttest Analysis for the Discrimination Response Measure, Written Response Measure, Identification of Feelings Measure, Analogue Counseling Measure. Pretest Analysis of Users vs. Nonusers in Experimental Group I.

Pretest Results: Hypotheses 1-4

Planned Contrast - Discrimination Response Measure

	Value	S. Error	T Value	D.F.	T Prob.
Contrast	-1.1565	0.3799	-3.044	50.0	0.004

Planned Contrast - Written Response Measure

	Value	S. Error	T Value	D.F.	T Prob.
Contrast	0.6675	0.1780	3.750	50.0	0.000

Planned Contrast - Identification of Feelings Measure

	Value	S. Error	T. Value	D.F.	T Prob.
Contrast	1.8888	0.5900	3.202	50.0	0.002

Planned Contrast - Counseling Analogue Measure

	Value	S. Error	T. Value	D.F.	T Prob.
Contrast	0.5807	0.1310	4.208	50.0	0.000

Pretest Results: Hypothesis 5

	N of Cases	Mean	S.D.	S.E.	T Value	D.F.	Prob.
Users	12	2.51	0.557	0.161	.035	18	0.73
Non-Users	8	2.41	0.662	0.234			

Posttest Results: Hypotheses 6-9

T-Test - Discrimination Response Measure

	N of Cases	Mean	S.D.	S.E.	T Value	D.F.	Prob.
Exp. Gp. II	12	3.77	1.161	0.335	-1.16	31	0.254
Control Gp.	21	4.38	1.601	0.349			

T-Test Written Response Measure

	N of Cases	Mean	S.D.	S.E.	T Value	D.F.	Prob.
Exp. Gp. II	12	2.66	0.668	0.193	3.12	31	0.004
Control Gp.	21	1.97	0.581	0.127			

T-Test - Identification of Feelings Measure

	N of Cases	Mean	S.D.	S.E.	T Value	D.F.	Prob.
Exp. Gp. II	12	8.27	1.707	0.493	2.22	31	0.034
Control Gp.	21	6.74	2.022	0.441			

T-Test - Counseling Analogue Measure

	N of Cases	Mean	S.D.	S.E.	T Value	D.F.	Prob.
Exp. Gp. II	12	2.92	0.463	0.134	7.06	31	0.000
Control Gp.	21	1.79	0.425	0.093			

Results for Hypothesis Three

The null hypothesis that there is no difference between the Experimental I and the Experimental II and Control Group on the identification of feelings in a written client statement can be rejected. Using a planned comparison, the Experimental I Group was significantly more accurate in the identification of feelings in written client statements than the combined Experimental II and Control Group $t(50) = 3.20, p < .002$.

Results for Hypothesis Four

The null hypothesis that there is no difference between the Experimental I and Experimental II and Control Group on the ability to respond to a client who presents a problem containing two emotions in an analogue situation can be rejected. Using a planned comparison, the Experimental I Group responded to the client in the analogue situation with a significantly higher level of empathic response than the combined Experimental II and Control Group, $t(50) = 4.21, p < .001$.

Results for Hypothesis Five

The null hypothesis that there is no difference between the Experimental I subjects who actively applied the Human Relations Training Course since training and the Experimental I subjects who did not actively apply the Human Relations Training Course since training on the ability to respond empathically to written client

statements containing two emotions and to a client who presents two emotions in an analogue situation can not be rejected. The Experimental I Group members who applied the training were not significantly more empathic than the Experimental I subjects who did not apply the training in either the written, $t(18) = .42, p < .68$, or analogue conditions, $t(18) = .35, p < .73$.

Results for Hypothesis Six

The null hypothesis that there is no difference between the Experimental II and Control Group at the posttest on the ability to discriminate helpful responses to client statements can not be rejected. The Experimental II Group did not demonstrate a significantly greater ability to identify helpful responses to client statements than the Control Group, $t = -1.16, p < .25$.

Results for Hypothesis Seven

The null hypothesis that there is no difference between the Experimental II Group and Control Group at the posttest on the ability to respond empathically to written client statements can be rejected. The Experimental II Group responded with a significantly higher level of empathic response to written client statements than the Control Group, $t(50) = 3.12, p < .004$.

Results for Hypothesis Eight

The null hypothesis that there is no difference between the Experimental II Group and Control Group at the

posttest on the identification of feelings in a written client statement can be rejected. The Experimental II Group was significantly more accurate in the identification of feelings in written client statements than the Control Group, $t(50) = 2.22, p < .034$.

Results for Hypothesis Nine

The null hypothesis that there is no difference between the Experimental II Group and Control Group at the posttest on the ability to respond to a client who presents a problem containing two emotions in an analogue situation can be rejected. The Experimental II Group responded to the client in the analogue situation with a significantly higher level of empathic response than the Control Group, $t(50) = 7.06, p < .001$.

Results for Hypothesis Ten

The results of hypothesis ten are presented in Table 2. The null hypothesis that autonomy does not correlate positively with the ability of subjects to discriminate helpful responses, to respond to written client statements, and to respond to a client in an analogue situation can not be rejected. Autonomy did not correlate significantly with any of these variables.

Results for Hypothesis Eleven

The results of hypothesis eleven are presented in Table 3. The null hypothesis that the empathy, as measured by the Hogan scale, would not correlate signifi-

Table 2
 Pearson Product-Moment Correlation Between
 Autonomy and the Discrimination Response,
 Written Response, and Analogue Measure

	Autonomy
	r
Pre-Discrimination	-.15
Pre-Written	.17
Pre-Analogue	.11
Post-Discrimination	-.22
Post-Written	.0001
Post-Analogue	-.13

Note: N = 53 for pretest and 33 for posttest. All r's were not significant.

Table 3
 Pearson Product-Moment Correlation Between
 Empathy and the Discrimination Response,
 Written Response, and Analogue Measure

	Empathy
	r
Pre-Discrimination	-.15
Pre-Written	.22
Pre-Analogue	.02
Post-Discrimination	-.19
Post-Written	.04
Post-Analogue	-.10

Note: N = 53 for pretest and 33 for posttest. All r's were not significant.

cantly to the ability of subjects to discriminate helpful responses, to respond empathically to written client statements, and to respond empathically in an analogue situation, can not be rejected. Empathy did not correlate significantly with any of these variables.

Results for Hypothesis Twelve

The results of hypothesis Twelve are presented in Table 4. The null hypothesis that there is no relationship between the ability to respond empathically to a client in an analogue situation with the Adjective Check List Scales measuring personal adjustment, and the need for endurance, intraception, nurturance, change, and affiliation, can not be rejected. The ability to respond empathically to a client in an analogue situation did not correlate significantly with any of these variables. Contrary to the hypothesized relationship, self-confidence correlated negatively with the ability to respond empathically in the analogue conditions at the posttest.

Results for Hypothesis Thirteen

The results of hypothesis thirteen are presented in Table 5. As can be noted, this hypothesis resulted in mixed findings. The null hypothesis that there is no relationship between the ability to respond empathically to a client in an analogue situation with the Adjective Check List Scales measuring succorance, and counseling readiness can not be rejected. The null hypothesis that

Table 4

Pearson Product-Moment Correlations Between
 Pre Analogue-Post Analogue Measures of Empathy and
 the Adjective Check List Scales of Self Confidence,
 Personal Adjustment, Endurance, Intraception,
 Nurturance, Change, and Affiliation

	Pre-Analogue		Post Analogue	
	r	N	r	N
Self Confidence	.22	53	-.41*	33
Personal Adjustment	.21	53	-.16	33
Endurance	.12	53	-.01	33
Intraception	.09	53	-.04	33
Nurturance	-.02	53	.24	33
Affiliation	.07	53	-.02	33
Change	.01	53	-.20	33

* $p < .01$

Table 5

Pearson Product-Moment Correlations Between
Pre Analogue and Post Analogue Measures of Empathy
and the Adjective Check List Scales of Dominance,
Exhibition, Aggression, Succorance, Abasement,
Deference, and Counseling Readiness

	Pre-Analogue		Post-Analogue	
	r	N	r	N
Dominance	.16	53	-.28*	33
Exhibition	.15	53	-.37**	33
Aggression	.13	53	-.36**	33
Succorance	.01	53	.17	33
Abasement	-.12	53	.37**	33
Deference	-.15	53	.40**	33
Counseling Readiness	-.01	53	.03	33

$p < .05$

$p < .01$

there is no relationship between the ability to respond empathically to a client in an analogue situation with the Adjective Check List Scales measuring dominance, exhibition, and aggression can be rejected. These scales correlated negatively with the ability to respond empathically to a client in an analogue situation in the posttest condition. Contrary to the hypothesized relationship, abasement and deference correlated positively with the ability to respond empathically to a client in an analogue situation in the posttest condition.

CHAPTER V

DISCUSSION

There were several purposes to this study. First, this study proposed to determine the effectiveness of the Egan Human Relations Training Model to train subjects in the ability to identify feelings, discriminate helpful responses, to respond empathically to written client statements, and to respond empathically to written client statements, and to respond empathically to clients in an analogue counseling session. Second, this study proposed to determine the long term impact of the Egan Human Relations Training Model on the retention of the aforementioned skills. Third, this study proposed to determine whether skill use after training is an essential ingredient to the long term retention of empathic skills. Fourth, this study proposed to study the effectiveness of the Egan Human Relations Training Model to prepare those trained to respond to client statements containing two emotions. Fifth this study proposed to determine if autonomy, a dimension of character and personality, is related to the ability to respond empathically. Sixth, this study proposed to determine if empathy, as defined by Hogan, is related to the ability to respond empathically. Lastly, this study proposed to determine which

personality traits and needs, as defined by the Adjective Check List Scales, are correlated positively and negatively to the ability to respond empathically.

The results of hypotheses 1-4, that the Experimental I Group demonstrated a superior ability to discriminate helpful responses, to identify feelings in helpee statements, to respond empathically to written helpee statements, and to respond empathically to a helpee in an analogue situation supports several conclusions: 1) the Egan training in interpersonal skills is superior to no training; 2) that trainees of the Egan model maintain their ability to respond empathically long after training; 3) the component skills for actual empathic behavior, (discrimination of helpful responses, identification of feelings, ability to write empathic responses and to verbally respond with empathy), all require training; 4) that the Egan training model effectively trains individuals to respond to helpee statements containing two emotions; and 5) that brief, verbal instructions on the rating criteria does not significantly raise the level of empathic behavior.

The aforementioned results support Carkhuff's (1972d) belief that training is the most efficient means of developing skillful helpers and that the best means to train people in helping/interpersonal skills is by means of a step-by-step shaping process. The findings support

the notion that an intense, systematic, training course consisting of approximately 100 hours of training is effective in raising skill level (Carkhuff & Truax, 1965; Berenson, Carkhuff, & Myrus, 1966). These results also are consistent with Perry's (1975) findings that verbal instruction without training in empathy is not sufficient to significantly raise empathic response level. The findings support Gormally and Hill's (1974) notion that training skills persist over relatively long periods of time. An additional finding of this study is that those trained by the Human Relations Training Model demonstrated a superior ability to respond to helpees presenting two emotions. This is a variable which has not been identified in previous studies and appears to indicate that the Egan model prepares its trainees to address complex as well as simple statements.

The results of the fifth hypothesis, that there was no significant difference between the Experimental I subjects who stated that they had used their skills since training, and the Experimental I subjects who stated that they had not used their skills since training on the ability to respond empathically to a helpee in an analogue situation does not support the hypothesis set forth by Collingwood (1971) and Gormally and Hill (1974) that skill retention is a function of skill use. Although the N for each group was small in this study, the two groups did

not approach a significant difference on any component of empathic behavior. It should be noted that these subjects were asked if they had actually used the skills in counseling or training others etc. Therefore, those who identified themselves as "non-users" may have applied these skills in daily interpersonal relationships and not reported themselves as "users." The results, taken at face value, indicate that empathy is retained as a skill by those trained whether it has been used since training or not. This result may also be the function of the reactive or interaction effect of testing.

A limitation of this study is that levels of empathic response were not able to be obtained for the Experimental I subjects immediately after their training experience. Therefore, it can not be determined whether this group lost, gained, or maintained the same skill level since training. One could extrapolate that there is not a loss of knowledge of the formal technique (ability to respond to written client statements: Experimental I - $\bar{X} = 2.58$; Experimental II - $\bar{X} = 2.65$) from training to later follow-up, but that there is a drop in actual facilitative behavior (ability to respond skillfully to a client in an analogue situation: Experimental I - $\bar{X} = 2.5$; Experimental II - $\bar{X} = 2.9$) by comparing the Experimental I Group pretest scores one year after training with the Experimental II Group

posttest scores immediately after training. It should be noted that this is a highly speculative procedure, especially since Experimental I Group contained subjects who completed their training over a year ago. The aforementioned data does indicate that the Egan model is effective in training subjects to facilitative levels of skill use as defined by Carkhuff (1969c). This finding is important in light of the fact that the optimal level of empathy one would expect during the first five minutes of an interview would be 3.0; and that subjects were rated on their ability, within the five minutes session, to respond to a complex (two-emotion) statement from the client. With this in mind, it is impossible to evaluate both the meaning and/or source of the skill loss for the former trained subjects (i.e., whether it is due to time since training, to the nature of the task etc.) as well as to evaluate what the skill level ratings for the former trained and in-training subjects would be over a longer period of time (e.g., one hour session). Therefore, these questions should be answered through future longitudinal experimental research.

The results of the sixth hypothesis that Experimental II subjects did not demonstrate a superior ability to discriminate appropriate responses to client statements than the Control Group creates some confusion. At the pretest the difference between these groups on the dis-

crimination variable approached significance, $t(50) = 1.66$, $p < .102$. On the posttest the difference between the groups did not approach significance, $t(31) = -1.16$, $p < .254$ (This data was obtained through post hoc analysis.). These findings lead to a revision of the previous findings i.e., discrimination of helpful responses may have a face validity component. This result may be due to reactive or interaction effect of testing. Once a subject learns what is considered to be a helpful response through the pretest, he is able to identify such a response at the posttest. This finding, in conjunction with the following findings, indicates that the ability to identify helpful responses does not necessarily indicate an ability to identify feelings, or respond empathically to others.

The results of hypotheses 7-9 which predicted the Experimental II Group, after training, would demonstrate a superior ability to identify feelings on client statements, and respond empathically in both written and analogue conditions supports the former conclusions that:

- 1) the 100 hour Egan Human Relations Training Model is effective in training people in the skill of empathy,
- 2) that the Egan model is effective in raising subjects skill use to facilitative levels for helpee statements containing two emotions; 3) that the component skills for actual empathic behavior, with the possible exception of the discrimination of helpful responses, all require

training; and 4) that brief, verbal instructions on the rating criteria does not significantly raise the level of empathic behavior when compared to training although it appears to have raised the level of recognition of helpful responses.

The results of the tenth hypothesis indicated that autonomy does not correlate significantly with empathic behavior. The results of this study are not in accordance with Miro's (1980) study which found a positive relationship between autonomy and helping skill performance in a counseling analogue situation.

On closer examination, the results of this study in regards to autonomy are not surprising. Kurtines (1974) the author of the autonomy scale, defines autonomy as the ability to make decisions and judgements independent of immediate social pressure and considerations of external influence. In reviewing his work on the construction of his scale, there are several relationships between his scale and other tests which would lead one to believe there is a positive relationship between autonomy and empathic behavior. The autonomous person is outgoing, forceful, oriented to people, and free of neurotic tendencies. This is indicated by the autonomous individuals high positive correlation with the Sociability and Well Being Scale of the CPI, the extraversion dimension of the MBTI, the Cyclothymia (warm, sociable) scale of the 16 P.F.

and the negative correlation with the Social Introversion Scale of the MMPI. On the other hand, the autonomous individual is also dominant and aggressive in interpersonal situations as indicated by the high correlations with the Dominance Scales of the CPI and EPPS. Further, across the aforementioned inventories, the autonomous individual appears slightly inflexible, moderately moralistic, judgmental, and masculine in interests. These later relationships are possible explanations for the lack of relationship between autonomy and empathic behavior in this study. It can be concluded that autonomy, in and by itself, does not predispose one to behave in an empathic manner. Autonomy, in association with, as of yet unidentified personality variables, may be indicative of empathic behavior. The identification of these variables is a challenge for future research.

The results of the eleventh hypothesis indicate that empathy, as measured by the Hogan scale, does not correlate positively with empathic behavior. Hogan (1975) views empathy as the ability to take "the moral point of view." By taking the moral point of view, a person is said to consider the consequences of his actions for the welfare of others. The underlying assumption of his role-theoretical perspective is that in order to interact effectively with others, people must take into account the view that others hold regarding them and the

situation in which they are located. Thus, social interaction is greatly facilitated by the disposition or ability to anticipate or construe the feelings, expectations, and informational requirements of others. Conversely, according to the role theorists, the absence of empathic ability hinders the development of interpersonal relationships.

This conceptual framework coupled with Hogan's (1973) discoveries that empathic individuals are characterized by a patient and forbearing nature, by affiliative and socially ascendant tendencies, and by liberal and humanistic political religious attitudes encouraged him to predict a positive relationship between empathy (as defined by his scale) and counseling performance. He believed that empathic counselors would promote a non-threatening context for their client's efforts at self exploration, self expression and self disclosure, and these efforts should be facilitated as a consequence. Moreover, empathic therapists will tend to communicate more accurately to their clients their insights, observations and interpretation--and at appropriate times. Most importantly, he believed that because empathy is related to personal soundness, integration and an absence of defense, empathic counselors will tend to be personally secure, relatively immune to threat, able to tolerate their client's idiosyncracies, and provide good models of self assurance

and self-acceptance. Hogan admits that there are few studies which have tested his hypothesis. One study by Gough, Fox, and Hall (1972) which tested the relationship between empathy, as defined by the Hogan scale, and actual counseling behavior, found no significant relationship between empathy and supervisor's ratings for therapeutic effectiveness. Nonetheless, he believes empathy is an important variable in counseling.

The answer to this dilemma, as well as an explanation of the results of this study, may be provided by Haier's (Note 2) distinction between trait and state empathy. According to Haier, the Hogan scale reflects trait empathy while state empathy is assessed by the Truax measure. Trait empathy, using Hogan's (1975) definition, would be the ability to take the "moral point of view," i.e., to consider the consequences of one's actions on others, and to be able to anticipate the feelings and expectations of others. State empathy, using Egan's (1975b) definition would be the ability to: 1) discriminate i.e., get inside the other person, look at the world through his perspective or frame or reference of the other person, and get a feeling for what the other's world is like; and 2) communicate to the other this understanding in a way that the helper has picked up both the feelings and the behavior and experience underlying these feelings. Thus, trait empathy implies a cognitive ability while state empathy

implies both a cognitive (discriminative) as well as a communicative ability. The comparison of the Hogan (1975) and Egan (1975) definitions of empathy make the trait vs. state theory tenable.

Assuming that these concepts are valid, the results of this study support the notion that trait empathy may not be a necessary and certainly not a sufficient condition in order to behave empathically. What the interrelationship is between trait and state will need to be answered by future research.

Before the results of the remaining hypotheses are presented, it is important to review the unique characteristics of the subjects of this study. The subjects were religious or laymen involved in religious activities who were enrolled in the summer session of the Institute of Pastoral Studies at Loyola University of Chicago. The mean age for the subjects was 38.9 years and the mean level of education was 17.9 years. The following findings need to be interpreted in light of the distinctive features of the population for this study.

The results of the twelfth hypothesis indicates that empathic behavior is not significantly related to the Adjective Check List Scales measuring personal adjustment and the needs for endurance, intraception, nurturance, change and affiliation. The correlation of nurturance with the Post Analogue Counseling Measure approached

significance, $r = .24$, $p < .08$. Nurturance is defined as engaging in behaviors which extend material and emotional benefits to others. The subject who scores high on this scale is helpful, nurturant, but sometimes too bland and self disciplined. Nurturance is a quality which is consistent with empathic behavior and in this study provides the only expected positive relationship to empathic behavior. Post hoc analysis showed a positive relationship between the number of adjectives checked and the post counseling analogue measure, $r = .32$, $p < .02$.

Contrary to expectations, a negative relationship is indicated between self confidence and the Post Analogue Counseling Measure, $r = -.41$, $p < .002$. The self confidence scale of the Adjective Check List corresponds to the "poise and self-assurance" cluster scales of the California Psychological Inventory. The indicative adjectives on the list for self confidence includes aggressive, clear thinking, confident, dominant, enterprising, high-strung, outspoken, progressive, shrew, and strong. Gough and Heilburn (1972) emphasize that interpretation of the self confidence scale stresses a sense of dominance. Thus, using this interpretation of the scale, the negative relationship to the Post Analogue Counseling Measure is not surprising.

The results of the twelfth hypothesis left few clues as to which personality variables and needs are

associated with empathy. Future research should attempt to discover the personality variables which are related to empathic behavior.

The results of the thirteenth hypothesis indicates that there is a negative relationship between the needs for dominance, exhibition, and aggression and empathic behavior. Post hoc analysis indicates that there was also a negative relationship between autonomy and empathic behavior, $r = -.36$, $p < .009$. This finding is consistent with the lack of positive relationship between the Kurtines autonomy scale and empathic behavior. No other statistically significant relationships to other Adjective Check List Need Scales were discovered through the post hoc analysis.

Contrary to expectations, a positive relationship is indicated between abasement and deference and empathic behavior. No significant relationship was discovered for succorance and counseling readiness and empathic behavior.

Dominance, which is defined as the need to seek and sustain leadership roles in groups or to be influential and controlling in individual relationships, correlated negatively with the Post Analogue Measure, $r = -.28$, $p < .039$. The high scores on the dominance scale are indicative of individuals who are forceful, strong willed, and persevering. This result confirms the belief that dominance is not associated with listening skills and the ability to respond to the feelings of others.

Exhibition, which is defined as behaving in such a way as to elicit the immediate attention of others, correlated negatively with the Post Analogue Measure, $r = -.37$, $p < .006$. Persons who score high on this scale tend to be self centered and even narcissistic. In dealings with others they are apt to be opportunistic and manipulative. This result confirms the notion that a need for attention from others, is negatively related to being empathic.

Aggression, which is defined as engaging in behaviors which attack or hurt others, correlated negatively with the Post Analogue Measure, $r = -.36$, $p < .009$. Individuals who score high on the scale are competitive and aggressive. This result indicates that the traits of hostility, irritability, quarrelsonness, and vindictiveness are not associated with the ability to be empathic.

Abasement, which is defined as the expression of inferiority through self criticism, guilt, or social impotence, correlated positively with the Post Analogue Measure, $r = .37$, $p < .007$. High scores on this scale are not only submissive and self effacing, but also appear to have problems of self acceptance.

Deference, or the need to seek and sustain subordinate roles in relationships with others, correlated positively with the Post Analogue Measure, $r = .40$, $p < .003$. This finding coupled with the negative relationship

between dominance, autonomy, and self confidence to empathic behavior and the positive relationship of abasement to empathic behavior, seems to indicate that empathy is related to a lack of self confidence, a feeling of inferiority and self criticism, and a cooperative, obliging, sensitive, but submissive posture toward others. These findings may be an artifact of the population studied. Abasement and deference may be correlated with the religious values of humility, obedience, and service to others. This framework seems to provide a reasonable explanation for the results of this study. It is also important to note that when the issue of experimental condition is statistically equalized through partial correlation, the magnitude of correlation for dominance and aggression with empathic response behavior was no longer statistically significant. This indicates that anticipation of being trained or evaluated may sensitize individuals to these characteristics. Future research needs to determine the personality variables associated with empathic behavior in this as well as other populations.

Hogan (1973) has found that empathic individuals, as he defined them, are tolerant, even tempered, self possessed, outgoing, socially ascendant, and have a humanistic and tolerant set of sociopolitical attitudes. He discovered that the empathy scale primarily is related

to the second CPI factor, which has been often called "person orientation." In this regard there was a positive relationship between the Hogan Empathy Scale and the California Psychological Inventory scale of dominance, capacity for status, sociability, social presence and self acceptance. Future research needs to further identify the personality factors and needs which are associated with "state" empathy.

In sum, the results of this study indicate that all the component steps in training an individual to be empathic, with the possible exception of the discrimination of helpful responses, require formal training; that the Egan Human Relations Training Model is effective in training individuals to be empathic, that the Egan model is effective in raising skill use to facilitative levels; that the Egan model is effective in training individuals to respond to complex (two-emotions) presenting statements; that a near facilitative level of empathy response skill (in light of 3.0 ceiling for the measures of this study) is maintained for at least a year whether or not the trainee has used the skill since training; that autonomy, as a dimension of personality and character, does not correlate positively with empathic helping behavior; that empathy, as defined by Hogan, does not correlate positively with actual empathic behavior; that the Adjective Check List Scales measuring personal adjust-

ment, and a need for endurance, intraception, nurturance, affiliation, succorance, and counseling readiness are not significantly related to empathic behavior; that the Adjective Check List Scales measuring abasement and deference are positively related to empathic behavior; and that the Adjective Check List Scales measuring self confidence, dominance, exhibition, autonomy, and aggression are negatively related to empathic behavior.

At this point some comments on the design of the experiment are warranted. The non-equivalent control group design of this experiment had both strengths and weaknesses. In regards to internal validity, this design controlled for the effects of history, maturation, selection, regression and mortality for the Experimental II as the Control Group.

Possible weaknesses of the design were a possible testing effect i.e., the effect of the component tests of empathy on empathic behavior; a possible instrumentation effect because of possible changes in judges ratings from day to day; and a selection and history and selection and maturation effect for the Experimental I Group.

In regards to external validity, a weakness is the interaction of testing and X; a possible interaction of selection and X because the subjects of the experiment were volunteers; and possible reactive effects of experimental arrangements due to the artificiality of the video-

taped analogue measure.

This experiment could be improved by incorporating some of the following suggestions: 1) test the component training steps for empathy separately; 2) obtain skill level performance scores at the end of training so significant losses or gains in skill can be adequately evaluated; 3) if possible, include a control group for comparison with the Experimental I Group; 4) expand the design to a separate-sample pretest-posttest design; and 5) substitute a more realistic "in vivo" evaluation method for measuring actual behavior e.g., video or audiotaped interviews with actual clients; and 6) expand both the number of skills studied as well as the time frame for the evaluation of their use.

Future Research

This study generates ideas for several research projects. First the scope of this research can be expanded to include the other skills of the Egan Training Model e.g., attending behavior, immediacy, self disclosure, advanced accurate empathy, and confrontation. Future studies should evaluate the effectiveness of the Egan Training Model to train individuals to be effective in interpersonal relationships and to train helpers to be effective counselors.

In line with this research more studies are needed to determine the effect of simple (one emotion) and

complex (two emotion) presenting statements on helper empathic response levels.

More definitive studies are needed to determine the variables which contribute to the further consolidation of skills or the deterioration in skills over time and/or to determine the amount, intensity, and form of "refresher" training which would enhance skill maintenance.

The relationship between state and trait empathy, as suggested above, has not been studied. Haier's (Note 2) concepts of trait and state empathy need to be validated.

Studies should be conducted to discover the predictive variables which identify those who will and will not benefit from interpersonal skills training as it is presently conceptualized.

Finally, the various training methods should be compared so that the most effective means of training individuals in interpersonal and counseling skills can be identified and integrated into a more effective and efficient system.

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APPENDIX A

LOYOLA UNIVERSITY OF CHICAGO



INSTITUTE OF PASTORAL STUDIES

6525 North Sheridan Road, Chicago, Illinois 60626 * (312) 274-3000

June 23, 1980

Dear IPS Student:

I am a friend and former teacher at the Institute of Pastoral Studies. This summer, through the Institute, I am conducting research on helping styles which is part of the program requirements for my degree in clinical psychology. This research is important both to the Institute of Pastoral Studies and to the fields of counseling and psychology.

I am asking you to be a participant in this study. As a participant you will be required to fill out some brief inventories, respond to client statements, and participate in a 5 minute videotape session during the first and fifth week of the Institute.

It is estimated that participation in this study will require 1½ hours (to fill out the inventories) the first week and a ½ hour (to fill out inventories) the fifth week. A videotape session will be scheduled for you between the hours of 6:00 p.m. and 9:40 p.m. each time.

When you receive the materials for the study you will be asked to sign a consent form of participation which informs you that your materials will be reviewed by the raters of the study and a videotape professional. It should be emphasized that these individuals are bound to confidentiality. It also should be noted that your participation in this study will have no bearing on your course grades.

I hope you will be willing to sacrifice some of your time to be involved in this study. In a very direct way you will be helping me, the field of psychology, and the Institute of Pastoral Studies.

Sincerely,

Patrick J. Kennelly

APPENDIX B

● Use No. 2½ or softer pencil ● Fill circles heavily ● Erase any errors or stray marks completely ● Do not use ball point or ink

- | | | | | |
|------------------------|---------------------|-----------------------|---------------------|----------------------|
| 151 ○ mild | 181 ○ practical | 211 ○ sarcastic | 241 ○ sophisticated | 271 ○ tough |
| 152 ○ mischievous | 182 ○ praising | 212 ○ self-centered | 242 ○ spendthrift | 272 ○ trusting |
| 153 ○ moderate | 183 ○ precise | 213 ○ self-confident | 243 ○ spineless | 273 ○ unaffected |
| 154 ○ modest | 184 ○ prejudiced | 214 ○ self-controlled | 244 ○ spontaneous | 274 ○ unambitious |
| 155 ○ moody | 185 ○ preoccupied | 215 ○ self-denying | 245 ○ spunky | 275 ○ unassuming |
| 156 ○ jogging | 186 ○ progressive | 216 ○ self-pitying | 246 ○ stable | 276 ○ unconventional |
| 157 ○ natural | 187 ○ prudish | 217 ○ self-punishing | 247 ○ steady | 277 ○ undependable |
| 158 ○ nervous | 188 ○ quarrelsome | 218 ○ self-seeking | 248 ○ stern | 278 ○ understanding |
| 159 ○ noisy | 189 ○ queer | 219 ○ selfish | 249 ○ stingy | 279 ○ unemotional |
| 160 ○ obliging | 190 ○ quick | 220 ○ sensitive | 250 ○ stolid | 280 ○ unexcitable |
| 161 ○ obnoxious | 191 ○ quiet | 221 ○ sentimental | 251 ○ strong | 281 ○ unfriendly |
| 162 ○ opinionated | 192 ○ quitting | 222 ○ serious | 252 ○ stubborn | 282 ○ uninhibited |
| 163 ○ opportunistic | 193 ○ rational | 223 ○ severe | 253 ○ submissive | 283 ○ unintelligent |
| 164 ○ optimistic | 194 ○ rattlebrained | 224 ○ sexy | 254 ○ suggestible | 284 ○ unkind |
| 165 ○ organized | 195 ○ realistic | 225 ○ shallow | 255 ○ sulky | 285 ○ unrealistic |
| 166 ○ original | 196 ○ reasonable | 226 ○ sharp-witted | 256 ○ superstitious | 286 ○ unscrupulous |
| 167 ○ outgoing | 197 ○ rebellious | 227 ○ shiftless | 257 ○ suspicious | 287 ○ unselfish |
| 168 ○ outspoken | 198 ○ reckless | 228 ○ show-off | 258 ○ sympathetic | 288 ○ unstable |
| 169 ○ painstaking | 199 ○ reflective | 229 ○ shrewd | 259 ○ tactful | 289 ○ vindictive |
| 170 ○ patient | 200 ○ relaxed | 230 ○ shy | 260 ○ tactless | 290 ○ versatile |
| 171 ○ peaceable | 201 ○ reliable | 231 ○ silent | 261 ○ talkative | 291 ○ warm |
| 172 ○ peculiar | 202 ○ resentful | 232 ○ simple | 262 ○ temperamental | 292 ○ wary |
| 173 ○ persevering | 203 ○ reserved | 233 ○ sincere | 263 ○ tense | 293 ○ weak |
| 174 ○ persistent | 204 ○ resourceful | 234 ○ slipshod | 264 ○ thankless | 294 ○ whiny |
| 175 ○ pessimistic | 205 ○ responsible | 235 ○ slow | 265 ○ thorough | 295 ○ wholesome |
| 176 ○ planful | 206 ○ restless | 236 ○ sly | 266 ○ thoughtful | 296 ○ wise |
| 177 ○ pleasant | 207 ○ retiring | 237 ○ smug | 267 ○ thrifty | 297 ○ withdrawn |
| 178 ○ pleasure-seeking | 208 ○ rigid | 238 ○ snobbish | 268 ○ timid | 298 ○ witty |
| 179 ○ poised | 209 ○ robust | 239 ○ sociable | 269 ○ tolerant | 299 ○ worrying |
| 180 ○ polished | 210 ○ rude | 240 ○ soft-hearted | 270 ○ touchy | 300 ○ zany |

APPENDIX C

PERSONALITY INVENTORIES

DIRECTIONS:

The following three surveys consist of numbered statements. Read each statement and decide whether it is true as applied to you or false as applied to you.

You are to mark your answers for each inventory on the IBM answer sheet following each set of questions. Please make sure your name is on the answer sheets. If the statement is true or mostly true, as applied to you; blacken between the lines in the column headed "T". If the statement is false or not usually true, as applied to you; blacken between the lines in the column headed "F". Do not leave any space blank. Remember to give Your Own opinion of yourself.

INVENTORY I

1. I would like to be a journalist.
2. Sometimes I think of things too bad to talk about.
3. It is annoying to listen to a lecturer who cannot seem to make up his mind as to what he really believes.
4. I like to be the center of attention.
5. I can be friendly with people who do things which I consider wrong.
6. Planning one's activities in advance is very likely to take most of the fun out of life.
7. I wake up fresh and rested most mornings.
8. I like tall women.
9. I have wanderlust and am never happy unless I am roaming or traveling about.
10. In school I always looked far ahead in planning what courses to take.
11. Teachers often expect too much work from the students.
12. I am certainly lacking in self-confidence.
13. My parents have generally let me make my own decisions.
14. The most important things to me are my duties to my job and to my fellowman.
15. Once in a while I laugh at a dirty joke.
16. At times I have worn myself out by undertaking too much.
17. I like to plan my activities in advance.
18. I always try to do at least a little better than what is expected of me.
19. I enjoy many different kinds of play and recreation.
20. I think I would like to belong to a motorcycle club.
21. I often wish people would be more definite about things.

22. I go out of my way to meet trouble rather than try to escape it.
23. I must admit I am a pretty fair talker.
24. Some of my family have habits that bother and annoy me very much.
25. I have strong political opinions.
26. I think I am usually a leader in my group.
27. I am known as a hard and steady worker.
28. My mouth feels dry almost all of the time.
29. It is pretty easy for people to win arguments with me.
30. I daydream very little.
31. I'm not the type to be a political leader.
32. I get tired more easily than other people seem to.
33. Once a week or oftener I become very excited.
34. Whenever possible I avoid being in a crowd.
35. Perfect balance is the essence of all good composition.
36. When I start work on something new I always take time to plan in advance the way in which I will work.
37. I value being independent of other people.
38. I often feel as if things were not real.
39. Many of the girls I knew in school went out with a fellow only for what they could get out of him.
40. I hardly ever notice my heart pounding and I am seldom short of breath.

APPENDIX D

INVENTORY II

1. A person needs to "show off" a little now and then.
2. I liked "Alice in Wonderland" by Lewis Carroll.
3. Clever, sarcastic people make me feel very uncomfortable.
4. I usually take an active part in the entertainment at parties.
5. I feel sure that there is only one true religion.
6. I am afraid of deep water.
7. I must admit that I often try to get my own way regardless of what others may want.
8. I have at one time or another in my life tried my hand at writing poetry.
9. Most of the arguments or quarrels I get into are over matters of principle.
10. I would like the job of a foreign correspondent for a newspaper.
11. People today have forgotten how to feel properly ashamed of themselves.
12. I prefer a shower to a bathtub.
13. I always try to consider the other fellow's feelings before I do something.
14. I usually don't like to talk much unless I am with people I know very well.
15. I can't remember "playing sick" to get out of something.
16. I like to keep people guessing what I'm going to do next.
17. Before I do something I try to consider how my friends will react to it.
18. I like to talk before groups of people.
19. When a man is with a woman he is usually thinking about things related to her sex.

20. Only a fool would try to change our American way of life.
21. My parents were always very strict and stern with me.
22. Sometimes I rather enjoy going against the rules and doing things I'm not supposed to.
23. I think I would like to belong to a singing club.
24. I think I am usually a leader in my group.
25. I like to have a place for everything and everything in its place.
26. I don't like to work on a problem unless there is the possibility of coming out with a clear-cut and unambiguous answer.
27. It bothers me when something unexpected interrupts my daily routine.
28. I have a natural talent for influencing people.
29. I don't really care whether people like me or dislike me.
30. The trouble with many people is that they don't take things seriously enough.
31. It is hard for me just to sit still and relax.
32. Once in a while I think of things too bad to talk about.
33. I feel that it is certainly best to keep my mouth shut when I am in trouble.
34. I am a good mixer.
35. I am an important person.
36. I like poetry.
37. My feelings are not easily hurt.
38. I have met problems so full of possibilities that I have been unable to make up my mind about them.
39. Often I can't understand why I have been so cross and grouchy.
40. What others think of me does not bother me.

41. I would like to be a journalist.
42. I like to talk about sex.
43. My way of doing things is apt to be misunderstood by others.
44. Sometimes without any reason or even when things are going wrong I feel excitedly happy, "on top of the world."
45. I like to be with a crowd who play jokes on one another.
46. My mother or father often made me obey even when I thought that it was unreasonable.
47. I easily become impatient with people.
48. Sometimes I enjoy hurting persons I love.
49. I tend to be interested in several different hobbies rather than to stick to one of them for a long time.
50. I am not easily angered.
51. People have often misunderstood my intentions when I was trying to put them right and be helpful.
52. I am usually calm and not easily upset.
53. I would enjoy beating a crook at his own game.
54. I am often so annoyed when someone tries to get ahead of me in a line of people that I speak to him about it.
55. I used to like hopscotch.
56. I have never been made especially nervous over trouble that any members of my family have gotten into.
57. I frequently undertake more than I can accomplish.
58. I enjoy the company of strong-willed people.
59. Disobedience to the government is never justified.
60. It is the duty of a citizen to support his country, right or wrong.
61. I have seen some things so sad that I almost felt like

crying.

62. I have a pretty clear idea of what I would try to impart to my students if I were a teacher.
63. As a rule I have little difficulty in "putting myself into another's shoes."
64. I am usually rather short-tempered with people who come around and bother me with foolish questions.

APPENDIX E

DISCRIMINATION TASK - PRETEST

INSTRUCTIONS:

This task consists of five helpee (client) statements which are followed by four possible helper (counselor) responses. It is assumed that this is one of the first contacts between the helper and helpee. You are to read each helpee statement and subsequently rate the helper responses for their accuracy in responding to the feeling and content of the helper statement. Place a "1" next to the best response to the helpee's statement of feeling and content; a "2" next to the second best response to the helpee's statement of feeling and content, etc.

EXCERPT 1

"I don't know if I am right or wrong feeling the way I do. But I find myself withdrawing from people. I don't seem to socialize and play their stupid little games any more. I get upset and come home depressed and have headaches. It all seems so superficial. There was a time when I used to get along with everybody. Everybody said: 'Isn't she wonderful. She gets along with everybody. Everybody likes her.' I used to think that was something to be really proud of, but that was who I was at that time. I had no depth. I was what the crowd wanted me to be--the particular group I was with."

_____ You know you have changed a lot. There are a lot of things you want to do but no longer can.

_____ You are very sure who you can't be any longer but you are not sure who you are.
Still hesitant as to who you are.

_____ Can you tell me more about this?

_____ So you have a social problem involving interpersonal difficulties with others.

EXCERPT 2

"I love my children and my husband and I like doing most household things. They get boring at times but on the whole I think it can be a very rewarding thing at times. I don't miss working, going to the office every day. Most women complain of being just a housewife and just a mother. But, then, again, I wonder if there is more for me. Others say there has to be. I really don't know."

_____ Hmm. Who are these other people?

_____ So you find yourself raising a lot of questions about yourself--educationally and vocationally.

_____ Why are you so dominated by what others see for you? If you are comfortable and enjoy being a housewife, then continue in this job. The role of mother, homemaker, can be a full-time, self-satisfying job.

_____ While others raise these questions, these questions are real for you. You don't know if there is more out there for you. You don't know if you can find more fulfillment than you have.

EXCERPT 3

"I'm so pleased with the kids. They are doing just marvelously. They have done so well at school and at home; they get along together. It's amazing. I never thought they would. They seem a little older. They play together better and they enjoy each other, and I enjoy them. Life has become so much easier. It's really a job to raise three boys. I didn't think it would be. I'm just so pleased and hopeful for the future. For them and for us. It's just great. I can't believe it. It is marvelous!"

_____ It's a good feeling to have your kids settled once again.

_____ It is possible your kids were happy before but you never noticed it before? You mentioned your boys? How about your husband? Is he happy?

_____ Do you feel this is a permanent change?

_____ Hey that's great! Whatever the problems, and you know there will be problems, it's great to have experienced the positive side of it.

EXCERPT 4

"I finally found somebody I can really get along with. There is no pretentiousness about them at all. They are real and they understand me. I can be myself with them. I don't have to worry about what I say and that they might take me wrong, because I do sometimes say things that don't come out the way I want them to. I don't have to worry that they are going to criticize me. They are just marvelous people! For once I actually enjoy going out and interacting. I didn't think I could ever find people like this again. I can really be myself. It's such a wonderful feeling not to have people criticizing you for everything you say that doesn't agree with them. They are warm and understanding, and I just love them! It's just marvelous!"

_____ Sounds like you found someone who really matters to you.

_____ Why do these kind of people accept you?

_____ That's a real good feeling to have someone to trust and share with. "Finally, I can be myself."

_____ Now that you have found these people who enjoy you and whom you enjoy, spend your time with these people. Forget about the other types that make you anxious. Spend your time with the people who can understand and be warm with you.

EXCERPT 5

"He is ridiculous! Everything has to be done when he wants to do it, the way he wants it done. It's as if nobody else exists. It's everything he wants to do. There is a range of things I have to do--not just be a housewife and take care of the kids. Oh no, I have to do his typing for him, errands for him. If I don't do it right away, I'm stupid--I'm not a good wife or something stupid like that. I have an identity of my own, and I'm not going to have it wrapped up in him. It makes me--it infuriates me! I want to punch him right in the mouth. What am I going to do? Who does he think he is anyway!"

_____ It really angers you when you realized in how many ways he has taken advantage of you.

_____ Aren't you being a little hard on your husband?

_____ Your husband makes you feel inferior in your own eyes. You feel incompetent. In many ways you make him sound like a very cruel and destructive man.

_____ It makes you furious when you think of the one-sidedness of this relationship. He imposes upon you everywhere, particularly in your own struggle for your own identity. And you don't know where this relationship is going.

DISCRIMINATION TASK - POSTTEST

INSTRUCTIONS:

This task consists of five helpee (client) statements which are followed by four possible helper (counselor) responses. It is assumed that this is one of the first contacts between the helper and the helpee. You are to read each helpee statement and subsequently rate the helper responses for their accuracy in responding to the feeling and content of the helper statement. Place a "1" next to the best response to the helpee's statement of feeling and content; a "2" next to the second best response to the helpee's statement of feeling and content, etc.

EXCERPT 1

"Sometimes I question my adequacy of raising three boys, especially the baby. I call him the baby--well, he is the last. I can't have anymore. So I know I kept him a baby longer than the others. He won't let anyone else do things for him. If someone else opens the door, he says he wants Mommy to do it. If he closes the door, I have to open it. I encourage this. I do it. I don't know if this is right or wrong. He insists on sleeping with me every night and I allow it. And he says when he grows up he won't do it anymore. Right now he is my baby and I don't discourage this much. I don't know if this comes out of my needs or if I'm making too much out of the situation or if this will handicap him when he goes to school--breaking away from Mama. Is it going to be a traumatic experience for him? Is it something I'm creating for him? I do worry more about my children than I think most mothers do."

_____ So you find yourself raising a lot of questions as to if what you are doing is right for your child.

_____ Is it perhaps possible for you to have the child become involved in a situation such as some experiences in a public park where the child could play and perhaps at a distance you could supervise--where the child can gain some independence?

_____ Could you tell me--have you talked to your husband about this?

_____ While you are raising a lot of questions for yourself about yourself in relation to your youngest child, you are raising some more basic questions about yourself in relation to you. In lots of ways you're not certain where you are going--not sure who you are.

EXCERPT 2

"Gee, those people! Who do they think they are? I just can't stand interacting with them anymore. Just a bunch of phonies. They leave me so frustrated. They make me so anxious. I get angry at myself. I don't even want to be bothered with them anymore. I just wish I could be honest with them and tell all to go jump! But I guess I just can't do it."

_____ They really make you very angry. You wish you could handle them more effectively than you do.

_____ Damn, they make you furious! But it's just not them. It's with yourself, too, because you don't act on how you feel.

_____ Why do you feel these people are phony? What do they say to you?

_____ Maybe society itself is at fault here--making you feel inadequate, giving you this negative view of yourself, leading you to be unable to successfully interact with others.

EXCERPT 3

"I'm really excited! We are going to California. I'm going to have a second lease on life. I found a marvelous job! I have a secretarial job. I can be a mother and have a part-time job which I think I will enjoy very much. I can be home when the kids get home from school. It's too good to be true. It's so exciting. New horizons are unfolding. I just can't wait to get started. It's great."

_____ Don't you think you are biting off a little more than you can chew? Don't you think that working and taking care of the children will be a little bit too much? How does your husband feel about this?

_____ Hey, that's a mighty good feeling. You are on your way now. Even though there are some things you don't know along the way, it's just exciting to be gone.

_____ Let me caution you to be cautious in your judgement. Don't be too hasty. Try to get settled first.

_____ It's a good feeling to contemplate doing these things.

EXCERPT 4

"They wave that degree like it's a pot of gold at the end of the rainbow. I used to think that, too, until I tried it. I'm happy being a housewife; I don't care to get a degree. But the people I associate with, the first thing they ask is, "Where did you get your degree?" I answer, "I don't have a degree." They look at you like you are some sort of a freak, some backwoodsman your husband picked up along the way. They actually believe that people with degrees are better. In fact, I think

they are worse. I've found a lot of people without degrees that are a hell of a lot smarter than these people. They think that just because they have degrees they are something special. These poor kids that think they have to go to college or they are ruined. It seems that we are trying to perpetrate a fraud on these kids. If no degree, they think they will end up digging ditches the rest of their lives. They are looked down upon. That makes me sick."

_____ You really resent having to meet the goals other people set for you.

_____ What do you mean by "it makes me sick?"

_____ Do you honestly feel a degree makes a person worse or better? And not having a degree makes you better? Do you realize society perpetrates many frauds and sets many prerequisites such as a degree. You must realize how many doors are closed unless you have a degree, while the ditches are certainly open.

_____ A lot of these expectations make you furious. Yet, they do tap in on something in yourself you are not sure of--something about yourself in relation to these people.

EXCERPT 5

"I get so frustrated and furious with my daughter. I just don't know what to do with her. She is bright and sensitive, but damn, she has some characteristics that make me so on edge. I can't handle it sometimes. She just--I feel myself getting more and more angry! She won't do what you tell her to. She tests limits like mad. I scream and yell and lose control and think there is some-

thing wrong with me--I'm not an understanding mother or something. Damn! What potential! What she could do with what she has. There are times she doesn't use what she's got. She gets by too cheaply. I just don't know what to do with her. Then she can be so nice and then, boy, she can be as onery as she can be. And then I scream and yell and I'm about ready to slam her across the room. I don't like to feel this way. I don't know what to do with it."

_____ So you find yourself screaming and yelling at your daughter more frequently during the past three months.

_____ What don't you try giving your daughter some very precise limitations. Tell her what you expect from her and what you don't expect from her. No excuses.

_____ While she frustrates the hell out of you, what you are really asking is, "How can I help her? How can I help myself, particularly in relation to this kid?"

_____ While she makes you very angry, you really care what happens to her.

APPENDIX F

WRITTEN RESPONSE TASK - PRETEST

INSTRUCTIONS:

The following excerpts represent five stimulus expressions, i.e., expressions by a helpee (client) of feeling and content in different problem areas. You may conceive of this person as someone who has come to you in a time of need. You are to read each statement and then, on the lines below, write a helpful response. Please respond to these statements as you normally would when functioning in a helping (counseling) role.

FACTORY WORKER, 30

"Work is okay. I do make a good living, and my family really likes the money. And they like me at work; they like what I do, so my job is secure. But it's the same thing day after day. I'm not the world's brightest person, but there's more to me than I use working on those machines."

MALE, 60

"I've never asked anyone for help in my life--never needed to. And here I am, at your doorstep, week after week. What's happened to me? Where has my manhood gone? Damn it! Nothing has licked me yet, and I'm not going to let depression get the best of me."

MINISTER, 45

"To tell the truth, I think the synod administration has really mistreated me. I put my name in last year for a change in parishes, and I haven't heard a thing. I know I've been passed over, but they haven't even had the courtesy to talk to me about it. How can we expect to minister to congregations when we can't even minister to one another? I know what my talents are, I know what I can do. I do have talents I can use to help people, and I don't have to do it in the ministry. I'm going to start looking for a job in some other helping profession."

WOMAN, 35

"My greatest asset and my greatest cross to bear is my husband. He loves me, he shows me all sorts of consideration and affection. I can't help but love him. But he's a terrible liar. He goes around the neighborhood telling tall tales. This started about a year ago. It's getting so bad that I don't appear in public."

OFFICE WORKER, 59

"I don't know if it's just me. The last few years we've hired a lot of young people and a lot of minority people in the office. Now it doesn't seem like the same place. It's not a family. They're all polite to be but that's a about it. I've tried making new friends, but I don't seem to be 'with it' enough. I'm not sure that I want to try anymore, or that it's even worth it."

WRITTEN RESPONSE TASK - POSTTESTINSTRUCTIONS:

The following excerpts represent five stimulus expressions, i.e., expressions by a helpee (client) of feeling and content in different problem areas. You may conceive of this person as someone who has come to you in a time of need. You are to read each statement and then, on the lines below, write a helpful response. Please respond to these statements as you normally would when functioning in a helping (counseling) role.

JUVENILE-PROBATION OFFICER, 25:

"These kids really drive me up the wall. Sometimes I think I'm really stupid to be doing this kind of work. They taunt me. They push me as far as they can. To some of them, I'm just another 'pig.' But every time I think of quitting--damn it--I know I'd miss this kind of work and even--one way or another--miss the kids. When I wake up in the morning, I know the day's going to be full and it's going to demand everything I've got."

TEACHER, 50:

"Cindy Smith really got to me today. She's been a thorn in my side all semester. Just a little pain. Asking questions in her 'sweet' way, but everyone knows she's trying to make a fool of me. Little snot! So I let her have it--I pasted her up against the wall verbally. You know me:

I ordinarily don't do that kind of thing. I lost control. It was awful. I have no love for Cindy, but it was a pretty bad mistake."

SECRETARY, 35:

"I've been a garden-variety secretary for over three years now. But last week the boss's personal secretary died suddenly, and he chose me to take her place. I never expected that. More money, everything! Now I'm not so sure that I can fill her shoes. She was so competent. And he left so many things on her hands."

MOTHER, TALKING ABOUT HER 17-YEAR-OLD SON:

"He knows he can take advantage of me. If he stops talking to me or acts sullen for a couple of days, I go crazy. He gets everything he wants out of me, and I know it's my own fault. I don't even think of trying to stop him. I need him very much."

WOMAN, 48

"It's been a long haul. The operation left me with only one lung, so I'll never be as active as I used to be. But at least I'm beginning to see that life is still worth living. I have to take a long look at the possibilities, no matter how much they've narrowed. There's something stirring inside me--that old person who doesn't want to give up."

APPENDIX G

IDENTIFICATION OF FEELINGS

On the lines below please identify the feeling or feelings expressed by the helpee (client) in the five statements you made a written response to.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

APPENDIX H

SCALE OF ASSESSMENT FOR ACCURATE EMPATHY FOR TWO EMOTIONS

- 1.0 The first person's responses do not attend to either feeling expressed and/or subtract significantly from the expressions of the second person.
- 1.5 The first person's responses are vaguely related to one or both of the feelings expressed but the response subtracts significantly from the affective communication of the second.
- 2.0 The first person responds to one or both expressed feelings of the second person, but he does so in such a way that he subtracts noticeably from the affective communications of the second person.
- 2.5 The first person responds accurately to one of the feelings expressed, but he fails to respond to the other feeling expressed and/or distorts the level of meaning of the second person's message.
- 3.0 The first person's responses to the feelings of the second person are essentially interchangeable with those of the second person in that they express essentially the same affect and meaning.
- 3.5 The first person responds with accuracy to both feelings expressed and shows complete understanding.
- 4.0 The first person responds with accurate understanding to both feelings expressed and responds in such a way as to bring a deeper level of understanding to one of the feelings expressed by the first person.
- 4.5 The responses of the first person add noticeably to the expressions of the second person in such a way as to bring a deeper level of understanding to both the feelings expressed by the first person.
- 5.0 The first person's responses add significantly to the feelings and meaning of the expressions of the second person in such a way as to 1) accurately express feeling levels below what the person himself was able to express or 2) in the event of ongoing self exploration on the second person's part, to be fully with him in his deepest moments.

APPENDIX I

CONSENT FORM

I realize that my participation in this study is of a voluntary nature. I am aware that the written material and the videotapes will be reviewed by the experimenter, Patrick J. Kennelly, and the two raters of the study, Ray White and Debra Haley, who are bound to confidentiality. I have been informed that no one else will have access to the materials except the aforementioned; that the tapes, when not in use, will be kept in a locked file cabinet; that I can refuse to be taped at any time and have a tape erased at any time; that the tapes will be kept no longer than six months after the last taping; and that the tapes will be erased upon the expiration of this six-month period.

WITNESS _____

APPENDIX J

DATA SHEET

Name:

Age:

Sex: Male Female

Level of education:

Religion:

Occupation:

1. Have you had any former training in counseling. If yes, please list the name of the program, courses, etc.

2. Are you presently enrolled in Human Relations Skills for Ministry I or II?

Yes No

3. Have you ever taken the Human Relations Skills Training Course at the Institute of Pastoral Studies?

Yes No

4. When did you take the skills training course?

(month) _____ (year) _____

5. Have you used the skills learned in training in counseling in training others, etc. Please specify briefly below:

APPENDIX K

Pretest Client Analogue Presenting Problem

I guess the reason I wanted to talk to you today is I've been feeling kind of bad since father's day. It's a family day and my family got together. My mother had dinner and everything, but I didn't go. It wasn't that I wasn't invited. But uh, well, I had a dinner party a couple of weeks ago, I don't live at home any more, and I invited my family and, well, my father, he didn't come. He gave me a really big hassel. I've lived away from home for quite a while now and he doesn't approve of the way I live and he doesn't like my friends and he doesn't like what I do. He was going back and forth. He's coming and he's not coming. So he told me he was coming, then he told me he wasn't and well, he didn't come. So, when my mother called me and invited me for father's day I told her forget it! Why should I go! What's the point of going for him! So I didn't go. I had other plans that day. So I went out with some other people. But when I got home, I called him. I felt like I should, I guess. So I called him. But, it really didn't make me feel any better. I've been feeling kind of crummy ever since.

Posttest Client Analogue Presenting Problem

I wanted to talk to you about some questions I've been having about my marriage. I've had two real good years of marriage. In fact they've probably been two of the best years of my life. I think that my husband and I have really been growing together and sharing things together. I think in a lot of ways, he understands me. He understands when I'm up and down. And I think it's the same for me. I think I'm beginning to understand him and share his feelings. In many ways being married to him has opened up a lot of new doors for me. He has a lot of friends and I've gotten to meet them. He takes me places I probably wouldn't have been able to go before. We do a lot of exciting things. In many ways I really enjoy being married. It's really been nice.

Some things now, though, are starting to concern me. I've had these goals for my marriage and it doesn't seem like, Joe, that's my husband and I have been working together on them. For instance, I thought we would be spending more time together alone. Another thing is that I thought by now we would be able to have saved enough money to buy a house. It's just not turning out. In fact, we don't even have any money saved in the bank. The other thing is that I thought once I got married I could start thinking about a career and go back to school. My husband, he's not supporting me. He really wants us both to work so we can have the money to use for pleasure. So that's not turning out either. In some way my marriage hasn't turned out the way I thought it would.

APPROVAL SHEET

This dissertation submitted by Patrick J. Kennelly has been read and approved by the following committee:

Dr. Alan S. DeWolfe, Director
Professor, Psychology, Loyola

Dr. Clifford Kaspar
Executive Director, Loyola Child Guidance
Center and Day School
Associate Professor, Psychology, Loyola

Fr. Michael O'Brien
Professor, Psychology, Loyola

The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

4/5/81
Date

Alan S. DeWolfe
Director's Signature