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THE EFFECTS OF VARIOUS LEVELS OF COUNSELOR-  
OFFERED EMPATHY ON CLIENT ANXIETY IN  
THE INITIAL COUNSELING SESSION

by

Duncan R. Adams

A dissertation submitted in partial fulfillment  
of the requirements for the degree

of

DOCTOR OF PHILOSOPHY

in

Psychology

Approved:

UTAH STATE UNIVERSITY  
Logan, Utah

1980

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## ABSTRACT

The Effects of Various Levels of Counselor-  
Offered Empathy on Client Anxiety in  
the Initial Counseling Session

by

Duncan R. Adams, Doctor of Philosophy

Utah State University, 1980

Major Professor: Dr. E. Wayne Wright  
Department: Psychology

The purpose of the present study was two-fold: (1) to investigate various degrees of counselor-offered empathy in initial interviews, in order to determine whether consistently high levels of counselor-offered empathy in the initial therapy interview causes high levels of client anxiety, and (2) to determine whether increased client anxiety or the levels of counselor-offered empathy that the client receives in the initial counseling interview affects the client's likelihood to continue in counseling following one session. To accomplish the purpose of the study 27 high-anxiety and 27 low-anxiety undergraduate, incentive volunteers were seen in an initial counseling session by one of three psychology, graduate-student counselors. During the interview the counselor offered the clients one of three predetermined levels of empathy (high, medium, or low). The subject's state-anxiety level was measured prior to the interview and during the interview by two paper and pencil, self-report measures,

and also by heart rate. The likelihood to continue in counseling following the initial interview was also measured by a specially designed questionnaire. Results revealed that there were no differences between the anxiety scores of the subjects receiving high, medium, or low counselor-offered empathy. No relationship was found to exist between the subjects' anxiety scores and their choice to terminate or continue counseling after the initial interview. However, an interaction effect upon the subjects' likelihood to continue in counseling was found to exist between their trait anxiety level and the level of counselor-offered empathy which they received.

(102 pages)



## CHAPTER I

### Introduction

Since Freud (1913) indicated the role of empathy in establishing rapport in psychotherapy, authors of diverse theoretical orientations have stressed counselor empathy as an important variable in counseling because of its reported contribution to client, therapeutic progress, e.g. psychoanalytic therapy (Fromm-Reichmann, 1950, p. 30; Schafer, 1959), client-centered therapy (Rogers, 1951, pp. 28-29), learning theorists (Dollard & Miller, 1950, pp. 409-413), and eclectic theorists (Carkhuff & Berenson, 1967, pp. 26-27; Truax, 1963). One of the most explicit theoretical and emphatic statements about the importance and value of counselor empathy can be attributed to Rogers (1951), who viewed counselor empathy as a highly significant variable affecting the process and outcome of therapy. Rogers has long indicated his belief that the greater the counselor's empathy, the more likely it is that the counseling process will be successful in producing desired client change.

Truax and Carkhuff (cited in Carkhuff & Berenson, 1967), however, have presented data which, despite the fact that the specifics are not available, suggest that counselor empathy may be a more complex variable than first realized, and that there may not always be, as Rogers and others have hypothesized, a positive relationship between the counselor's empathy level and the client's therapeutic progress. Prior to Truax and Carkhuff's research, and even since, counselor

empathy has not been adequately investigated with regard to its value or effect in various phases of therapy. This state of affairs is because, as mentioned earlier, it has largely been assumed that counselor empathy was a variable which at all times and in all phases of therapy held a direct positive relationship with client satisfaction, comfort, and progress. Truax and Carkhuff, however, focused upon the initial phases of therapy and hypothesized that too much counselor empathy too early in therapy may have a deleterious effect upon client development because it may create too much tension or anxiety in the client. The rationale for this hypothesis is that higher levels of counselor empathy allow the client to reach deeper levels of anxiety, producing self-exploration before an effective level of client-counselor rapport has been established.

Despite Truax and Carkhuff's suggestion in 1967 that counselor empathy may not during all phases of therapy hold a positive relationship with client therapeutic progress, there has been a conspicuous lack of research efforts to investigate this problem. In fact, the present author has been able to locate only one research effort (Altmann, 1973) which has attempted to investigate this area. As will be seen in the review of literature, researchers' primary focus with regard to counselor empathy has been to explore the overall effect of counselor empathy on client progress, and as such they have in general ignored the more subtle complexities of the effects of this variable.

If Truax and Carkhuff's hypothesis is true and it is the case that there is not always a positive relationship between counselor

empathy and therapeutic progress and, more specifically, that a counselor may actually have a deleterious effect upon therapeutic progress by being too empathetic in the initial phases of therapy, then, many other questions are raised about the effects of counselor empathy. The most obvious question that could be asked is whether there are other phases in therapy process which could be enhanced by the therapist lowering his empathy level. One may also ask if there are certain therapy content issues or whether there are specific therapeutic effects which can best be handled by lowering counselor empathy. Finally, are there any particular therapeutic approaches and techniques which are most effective when utilized in conjunction with lower levels of counselor empathy? These are all questions that should be investigated at some point, and the present study in light of the conspicuous absence of research addressing this problem area was intended to be an initial inquiry into the generally neglected topic.

The implications of Truax and Carkhuff's hypothesis regarding the optimal levels of counselor empathy in the initial phases of therapy, then, are not only extremely significant with regard to the initial phase of therapy, but also carry broader implications for many different aspects of the science and art of psychotherapy. It was for these reasons that the present investigator felt the all but neglected hypothesis proposed by Truax and Carkhuff in 1967 should now be investigated.

In addition to the above reasons provided as a rationale for the present study, there are two more specific implications raised

by Truax and Carkhuff's hypothesis which further support the need for the present investigation. If Truax and Carkhuff's hypothesis is true, it first of all implies that the therapist may be able to have a direct effect upon client anxiety by manipulating the level of empathy which he offers to the client. If this is the case, the therapist could conceivably maintain optimal client anxiety to enhance therapeutic progress throughout the entire therapy process. Another one of the more specific and significant implications raised by Truax and Carkhuff's hypothesis is in regards to premature termination by clients. It may be, for instance, that one of the primary reasons clients terminate psychotherapy prematurely is because they experience too much anxiety as a direct result of their therapists' high levels of empathy. If this is true, it indicates that counselors could reduce the occurrence of premature termination by lowering their empathy level in the initial phases of therapy, thereby decreasing their client's anxiety and likelihood to terminate therapy prematurely. Considering these specific implications and the broader implications, discussed earlier, of Truax and Carkhuff's hypothesis, one may see that the problem area has significant meaning for counselor training programs since counselors are typically trained to offer high levels of empathy throughout the entire therapy process.

#### Statement of the Problem

The present study was designed to investigate a problem area raised by the literature regarding counselor empathy. As noted above, data presented by Truax and Carkhuff (cited in Carkhuff & Berenson,

1967) seemed to contradict, to some extent at least, general theoretical discussion regarding the importance and facilitative nature of empathic counselor responses in therapy. As will be presented in the review of literature to follow, the majority of relevant literature has only addressed counselor empathy in terms of its overall benefit to client progress. The assumption seems to have been that there exists at all times a positive relationship between counselor empathy and client therapeutic progress. Thus, the majority of the literature has failed to investigate whether counselor empathy is a more complex variable and whether there are conditions, situations, or phases of therapy where this assumption is invalid and the positive relationship between counselor empathy and client progress does not hold true. Truax and Carkhuff have suggested that there are times when this assumption is invalid. More specifically, these two authors suggested that too much counselor empathy too early in counseling may, at times, create too much anxiety in the client, especially during initial interviews, and may, thus, impede normal progress during early stages of therapy relationships. The present study has undertaken to investigate this essentially unexplored problem area by investigating the relationship between various levels of counselor empathy and client anxiety and has further attempted to determine whether various levels of counselor empathy have an effect on client's premature termination of therapy.

More explicitly stated, the purpose of the present study was twofold: (a) To investigate various degrees of counselor empathy in initial interviews, in order to determine whether consistently high

levels of counselor empathy in initial therapy interviews cause high levels of client anxiety, and (b) to determine whether increased client anxiety during the first interview or the levels of counselor-offered empathy that the client receives in the initial counseling interview affect the incidence of client premature termination following one session.

### Hypotheses

The objectives of the present study were to determine whether consistently high levels of counselor empathy in initial therapy interviews caused high levels of client anxiety, and to determine whether increased client anxiety during the first interview or the levels of counselor-offered empathy that the client receives in the initial counseling interview affects the incidence of client premature termination following one session.

To obtain these objectives, the following research hypotheses were stated and tested in the null hypothesis form:

1. There will be no difference between the anxiety scores of subjects receiving high, medium, or low counselor empathy.
2. There will be no relationship between the subject's anxiety scores and the subject's choice to terminate or continue counseling after one session.
3. There will be no difference in the subject's likelihood to continue counseling for the different experimental conditions.

## Definition of Terms

Facilitative conditions. Those conditions hypothesized originally by Rogers (1957) and later by Truax (1963) to be the necessary and sufficient conditions which must be provided by the therapist to produce therapeutic personality change. Those conditions which have received the most attention are empathy; warmth, respect, or unconditional positive regard; genuineness or self-congruence; and concreteness or specificity of expression. Scales were first developed by Truax (1961, 1962a, 1962b) (cited in Truax and Carkhuff, 1967) to provide for the measurement of empathy, positive regard, and genuineness. Over the years the scales have evolved and changes have been made, first, by Truax (1967) and later by Carkhuff (1969). The changes were intended primarily to reduce ambiguity and increase reliability. The changes in the scales will be evident to the reader by the various terms which are utilized to label the core facilitative condition; for instance, depending upon which scale any particular researcher may be using and his personal preference, he could label the core facilitative condition of warmth as either non-possessive warmth, unconditional positive regard, positive regard or respect. Despite these differences in nomenclature, however, the scales have remained basically the same over the years. In order to maintain consistency with the authors of the studies reviewed, however, the present review will use the terms utilized by the various authors of the studies being reviewed. This dissertation's Review of Literature not only reflects the changes in the scales, but it also reflects the interest areas of the researchers,

for researchers have at times investigated and utilized the scales simultaneously and at other times have investigated the scales and the core facilitative conditions individually or in various combinations. Common to all the studies presented in this review in regard to the core facilitative conditions, however, is the investigation of counselor-offered empathy. Appendix D may be referred to in order to inspect the Empathic Understanding Scale, Carkhuff (1969), utilized in this study.

Counselor-offered empathy. There are two components to this concept. The primary component, empathy, is defined as the therapist's sensitivity and understanding to the client's current feelings and experiences. The descriptive phrase, counselor-offered, refers to the therapist's verbal facility to communicate this understanding and sensitivity to the client in a language attuned to the client's current feelings. The concept represents a divergence from the more traditional psychoanalytic concept of empathy because it inculcates the belief that for empathy to be meaningful and useful to the client, it must be communicated to the client.

Keeping within the framework of the literature regarding empathy, no distinction is made in the present study between counselor-offered empathy which is genuinely offered by the therapist at his actual ability level and counselor-offered empathy which is artificially manipulated by the therapist to produce a level inconsistent with his true feelings or ability to communicate empathy to the client. The question of whether or not there is a difference in the effect on psychotherapy process or outcome for artificial versus genuine



counselor-offered empathy has not been investigated to date. The assumption has apparently been that there is no difference between artificial and genuine counselor-offered empathy, and while it is a bona fide question as to whether or not this assumption is valid, the present study does not address itself to this question.

## CHAPTER II

Review of LiteratureThe Development of Psychotherapeutic  
Research Leading to the Investiga-  
tion of Counselor-offered Empathy

As the following review section will indicate, the study of empathy as a therapeutic variable was the result of a specific set of circumstances within the field of clinical psychology. The objective of the present review, therefore, is to document the evolution of this research, report the major research findings, and draw conclusions based on the literature review regarding the value of counselor-offered empathy. Additional attention will also be focused upon those areas of psychological literature which have direct implication for the present research study. It should be mentioned now, however, that the great majorities of the studies reviewed are concerned with the overall effect of counselor-offered empathy on psychotherapy process and outcome variables, and only one study (Altmann, 1973) has been found, to date, which actually investigates the effect of empathy in the initial phases of psychotherapy.

In 1937 the American Psychological Association listed only 99 psychologists interested in the field of clinical psychology. Then, with the advent of World War II and the increased demand for clinical services, clinical psychology began to be recognized as a professional-scientific field, with the potential to make a significant contribution to the understanding and betterment of human behavior. It was

not until 1946, however, that the Veterans' Administration in the United States defined the qualifications which a Ph.D. psychologist should have; and by 1950 about 500 Ph.D.'s were graduating from universities each year as clinical psychologists.

Commensurate with the growth of clinical psychology as a profession, psychotherapy research also increased in scope and quality, and psychologists tried to develop techniques of psychotherapy as a science rather than merely as an art. In so doing, they began to investigate the structure of the therapeutic relationship. It was the intent of researchers in this field to determine the elements of the therapeutic relationship which led to either constructive or destructive personality change.

Whitehorn and Betz (1954) were pioneers in the investigation of therapists' characteristics. Their research suggested that successful and unsuccessful therapists differed in their attitudinal approach to psychotherapy. More specifically, they found that successful therapists were warm and tried to understand their patients in a personal manner, while unsuccessful therapists related to their patients in a more impersonal manner.

The data of Whitehorn and Betz are consistent with Rogers' (1957) theoretical conception of the necessary and sufficient conditions for therapeutic personality change. Specifically, Rogers postulated that high quantities of therapist empathy, warmth, and genuineness were associated with constructive personality changes in psychotherapy. Rogers' article was the stimulus for a great deal of

psychotherapy research, but because of the circumscribed area of investigation of the present study, this review will focus only upon that research which directly relates to the concept of empathy and its role in psychotherapy.

Empathy has been defined, conceptualized, and measured in several different ways. Truax and Carkhuff (1967) defined it as follows:

Accurate empathy involves more than just the ability of the therapist to sense the client's or patient's "private world" as if it were his own. It also involves more than just his ability to know what the patient means.

Accurate empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings. It is not necessary--indeed it would seem undesirable--for the therapist to share the client's feelings in any sense that would require him to feel the same emotions. It is instead an appreciation and a sensitive awareness of those feelings. At deeper levels of empathy, it also involves enough understanding of patterns of human feelings and experience to sense feeling that the client only partially reveals. With such experience and knowledge, the therapist can communicate what the client clearly knows as well as meanings in the client's experience of which he is scarcely aware. (p. 46)

Truax and Carkhuff (Carkhuff, 1969; Truax, 1967) have both attempted to operationally define empathy and, thus, developed empathy scales for use in psychotherapy research. These scales, which are reproduced in Appendix D, were meant to provide criteria to raters to determine the level of empathy offered by a therapist in any selected excerpts of audio-taped, therapy sessions. The Truax and Carkhuff empathy scales will be discussed at greater length later in this dissertation, but in order for the reader to understand the following review section, it is necessary at this point to clarify that methods have been developed to measure counselor-offered empathy.

### Counseling Outcome and Counselor-offered Empathy

In the same vein as Whitehorn and Betz's (1954) study, considerable research has been reported concerning the relationship between counselor-offered empathy and counseling outcome variables. Truax (1963), for one, authored an article which reported four small studies, each of which investigated the relationship between counselor-offered empathy and counseling outcome. In his first study, Truax chose four patients who showed clear improvement and four patients who showed deterioration on a battery of psychological tests after six months of therapy. Tape-recorded samples of therapy interviews were then randomly selected from the first six months of therapy, and these excerpts were rated blindly by judges as to their level of counselor-offered empathy. The findings indicated that the counselors' sessions involving test-improved patients rated consistently higher in counselor-offered empathy than the counselors in the tape-recorded sessions with test-deteriorated cases ( $p > .01$ ).

Truax's second study involved 14 hospitalized schizophrenic cases and 14 counseling cases from two universities. Analysis of 112 tapes of recorded psychotherapy from early and late interviews indicated that the therapists of the more successful cases were rated significantly higher in terms of counselor-offered empathy than the therapists of the less successful cases ( $p > .01$ ). This positive relationship between counselor-offered empathy ratings and therapy outcome was true for both the hospitalized and the counseling cases.

In his third study, Truax selected, and had rated, one 4-minute

tape-recorded sample from every fifth interview with 14 schizophrenic cases. The cases covered a time span of from 6 months to 3 1/2 years. Analysis of 258 psychotherapy samples indicated that the therapist showed no tendency to systematically change over time in the level of empathy offered the patient and that the therapists of the more improved patients were judged to have offered significantly higher levels of counselor-offered empathy during the course of therapy than were the therapists who had worked with the unimproved patients ( $p > .05$ ).

In his fourth study, Truax investigated the combined effects of three therapist-offered conditions (empathy, warmth, and genuineness) on therapeutic outcome. In this study, a total of 14 schizophrenics receiving therapy and 14 matched controls who had been randomly assigned to conditions were analyzed for overall change in psychological functioning as measured by a battery of psychological tests. An analysis ( $p < .05$ ) revealed that clients who were rated to have received relatively high levels of the three conditions, including counselor-offered empathy, showed an overall gain in psychological functioning, but patients who had received low levels of counselor-offered empathy, warmth, and genuineness demonstrated a loss in psychological functioning. Control patients (those receiving no therapy) showed moderate gains in psychological functioning.

As mentioned in the definition of terms section earlier in this dissertation, investigators have at times studied the effect of counselor-offered empathy individually. At other times, however,

they have investigated the overall effect of facilitative conditions and have either not conducted or have not provided the reader with an analysis of the individual effect of counselor-offered empathy. When an individual analysis of the effect of counselor-offered empathy has been provided on any of the studies reviewed in this dissertation, it will be reported here. The following study is an example of one such investigation which analyzed the effects of the three core facilitative conditions jointly as well as the effect of counselor-offered empathy individually. The study was conducted by Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash, and Stone (1966) and was concerned primarily with the effect of counselor-offered empathy on counseling outcome. In this study, 40 neurotic outpatients were treated for 4 months by 4 resident psychiatrists. Analysis of variance tests indicated significant differences between therapists and the level of conditions offered their respective sets of patients on counselor-offered empathy, therapist's genuineness, and nonpossessive warmth. It was found that the therapist who provided the highest levels of empathy during treatment also provided the highest genuineness; there was a different ordering for nonpossessive warmth, however. Rho between accurate empathy and genuineness = 1.0, while rho between either accurate empathy or genuineness and nonpossessive warmth = -.40. The Pearson intercorrelations between the three conditions across the 40 cases were: empathy and genuineness,  $r = .60$ ; empathy and warmth,  $r = .03$ ; and warmth and genuineness,  $r = -.11$ . The findings reveal that patients who received the highest levels of

counselor-offered empathy, warmth, and genuineness combined tended to show significantly greater improvement on two overall measures of patient improvement. Differences on three more specific measures of patient improvement, however, did not reach significance, although, two of the differences favored patients receiving high conditions. A separate analyses of the effects of counselor-offered empathy, warmth, and genuineness yielded results for counselor-offered empathy and genuineness which were identical to those reported in the three conditions combined. For nonpossessive warmth, however, the analysis of variants indicated no significant differences on four of the five outcome measures. Contrary to the hypothesis, however, there was a tendency for patients receiving high warmth to show less improvement on the Global Improvement Scale as filled out by the patient. Contrary to the original hypothesis postulated by the authors, then, the findings suggested that warmth, by itself, tended to have no effect or negative effect. It was also found that warmth was negatively related to genuineness and empathy. The authors of this study cite several studies which are unavailable to the present reviewer which demonstrate that counselor-offered empathy, warmth, and genuineness are usually highly intercorrelated. To account for their findings the authors hypothesized that when one of the three conditions is negatively related to the other two, the patient's outcome is best predicted by whichever two conditions are most closely related to each other.

Truax, Carkhuff, and Kodman (1965) investigated the effects of counselor-offered empathy, warmth, and genuineness upon group



psychotherapy patients. In this study 40 chronic, hospitalized mental patients served as subjects. Different from the preceding study (Truax et al., 1966), however, it was found that counselor-offered empathy and warmth were highly intercorrelated, and both were negatively associated with genuineness. Of greater significance to the present author's study, however, was the finding that empathy and warmth were positively associated with patient outcome. It was also found that genuineness was negatively related to patient outcome. These findings, then, not only lend support to the importance of counselor-offered empathy with regard to psychotherapy outcome, but also lend further support to the hypothesis offered by Truax et al. (1966) that when one of the three conditions is negatively related to the other two, the patient's outcome is best predicted by whichever two conditions are most closely related to each other.

In another study, Mullen and Abeles (1971) conducted an investigation into the relative effects of counselor-offered empathy and warmth on the outcome of therapy. Analysis was made of tape-recorded excerpts from the therapy sessions conducted by 36 therapists with their respective clients. Results indicated that while high counselor-offered empathy and high warmth together did not predict successful outcome as measured by changed scores on the MMPI, a post hoc analysis showed a positive correlation between high empathy alone and successful therapeutic outcomes, further demonstrating the individual importance of counselor-offered empathy to therapeutic outcome.

Taking a somewhat different approach, Barrett-Lennard (1962)

investigated the relationship between clients' reported perception of the level of counselor-offered empathy, warmth, and genuineness that they felt from their therapists and the subsequent personality changes evidenced by the clients as measured by therapists' judgment, Q sort, and MMPI measures. The results indicated that the experienced therapists were perceived as offering significantly higher levels of empathy, warmth, and genuineness than the less experienced therapists. It was also found that for the more disturbed patients in this study, there was a positive correlation between these perceived therapeutic behaviors and therapy outcome.

The research discussed so far has only provided correlational evidence that the condition of empathy is associated with therapeutic improvement. This research, however, has involved a wide variety of patients and therapists, with varied and reasonably good measures of change. A study by Truax, Wargo, and Silber (1966) is particularly important since it did not depend upon a correlational design, but applied the therapeutic conditions, including counselor-offered empathy, as an experimental independent variable. The authors studied the effects of high levels of counselor-offered empathy, warmth, and genuineness in group counseling with female juvenile delinquents. Only counselors that were known to provide high levels of counselor-offered empathy were involved in the study. Seventy institutionalized delinquents were randomly assigned to a control group ( $\underline{n} = 30$ ) and a treatment group ( $\underline{N} = 40$ ). All conditions between the two groups were held constant with the exception that the treatment group received

24 sessions of group psychotherapy. On all 12 measures of pre-post treatment outcome, the treatment group showed improvement beyond that seen in the control group. Specifically, significant differences were found favoring the treatment group for self-concept and toward perceiving parents and other authority figures as more reasonable and less threatening. Also, there were significant differences between the groups in overall time spent out of the institution and the superiority over the control group help up throughout follow-up of 1 year.

In another study involving group counseling, Dickenson and Truax (1966) studied the effects of group counseling led by therapists who offered high levels of empathy, warmth, and genuineness. When a group of college under-achievers who had received high levels of these conditions was compared with a group of untreated college under-achievers, it was found that the students who had participated in the group counseling improved their academic functioning to the level predicted by their college entrance exam scores, while the control group subjects did not.

In another study regarding the effects of empathy and the core facilitative conditions on therapeutic outcome, Pagell, Carkhuff, and Berenson (1967) arranged for eight outpatients to be rated with regard to their respective levels of functioning in the core facilitative conditions. Each of the subjects was seen in therapy by a separate therapist, with all of the therapists also being rated in terms of their level of functioning on the core facilitative conditions.

It was predicted that the clients of therapists who were functioning above level three and were functioning at at least one level higher than their client would demonstrate the most therapeutic progress. In general, the results supported the predictions.

Not all of the studies concerned with the level of therapeutic conditions and therapy outcome support the hypothesis that there is a positive correlation between the level of counselor-offered empathy, warmth, and genuineness and therapy outcome. Garfield and Bergin (1971), for instance, found no relationship between the core facilitative conditions and the data yielded by three different types of outcome measures. In this study, 38 clients were seen for a mean number of 18.32 therapy sessions by 21 nonclient-centered therapists. Tape-recordings of the sessions provided the data for the determination of the levels of counselor-offered conditions. The authors hypothesized that the reason they did not find a relationship was because the core facilitative conditions are only basic to therapeutic change when the therapists are operating from a client-centered orientation. At least one of the previously discussed research articles, Truax et al. (1966), utilized nonclient-centered therapists, however, and this fact casts some doubt on Garfield and Bergin's hypothesis. Furthermore, as the reader shall see further in the present review, an abundance of varying therapeutic orientations have been utilized in empathy-related research which has found positive relationships between the core facilitative conditions, including counselor-offered empathy, and psychotherapy process and outcome variables.

### Counseling Process and Counselor-offered Empathy

In addition to the research which has investigated the relationship between counselor-offered empathy and counseling outcome, there is another segment of research which has confined itself solely to investigating the relationship between counselor-offered empathy and counseling process variables, specifically, client self-exploration. This research has arisen in attempts to explore the causal mechanism through which empathy has its effect upon counseling outcome. Typically, these studies have assumed that the degree to which a client explores personally relevant material will determine his therapeutic progress; therefore, they have utilized clients' depth of self-exploration as a process-outcome measure.

In one such study by Hountras and Anderson (1969), 27 male and 27 female college students who came voluntarily to the counseling center were seen by nine male doctoral student interns. The clients were assigned to one of three appropriate problem categories (educational, vocational, or personal-social) based upon their presenting problems. Each counselor saw one male and one female client in each problem category in a predetermined, random fashion. Tape-recorded therapy segments were rated by three judges independently for counselor-offered empathy, respect, and genuineness, and three other judges rated the clients' depth of self-exploration. Pearson product moment correlations between clients' self-exploration and counselor empathy offered to male and female clients with different types of problems were all positive, ranging from  $.35, p > .05$ , to  $.77, p > .01$ ,

demonstrating that there was a positive correlation between the level of empathy the client received and the client's subsequent level of self-exploration. Pearson product moment correlations for the client's self-exploration and counselor-offered respect and genuineness were also found to be positive.

Another study by Anderson (1968) further supports the hypothesis that counselor-offered empathy and the other facilitative conditions are helpful in promoting client's self-exploration. In this study, tape-recordings of 40 initial counseling interviews with 20 college students and 20 hospital inpatients were rated by trained judges for number and type of therapist-initiated confrontations. These tape-recordings were also rated by trained judges for levels of counselor-offered empathy, positive regard, genuineness, concreteness, and self-disclosure. Based on a preestablished criterion, counselors were then divided into "high counselors and low counselors." High counselors were defined as those whose average rating across the five core facilitative conditions was ranked at least level three out of a possible five levels. A low counselor was one whose average level was below level three. Of the 20 therapists sampled, four fell into the high therapist category. The therapists themselves were 20 eclectically oriented therapists. Analysis of taped sessions indicated that confrontation was only related to increased client self-exploration when given by high therapists, but when confrontation was given by low therapists, confrontation never affected increased client self-exploration.

In an earlier study by Truax and Carkhuff (1965), it was found that when the counselor-offered conditions of empathy and warmth are experimentally lowered, a predicted drop in the clients' depth of self-exploration occurs. In this study, the subjects were three hospitalized patients carrying a tentative diagnosis of schizophrenia. During this study procedure, the therapist purposely lowered the level of empathy and warmth offered each subject during the middle third of an initial psychotherapeutic interview. The therapist experimentally lowered the conditions of counselor-offered empathy and unconditional positive warmth by simply selectively withholding the best empathic and warm responses that automatically arose in him during that part of the therapeutic encounter. Thus, for example, the therapist was not deliberately appearing to misunderstand the patient when, in fact, he did understand. Instead, he simply selectively held back some of his better tentative guesses of what the patient was feeling or experiencing. Tape-recordings of the sessions were rated independently by different groups of judges trained to rate either counselor-offered empathy, warmth, or clients' self-exploration. The predicted differences in the subjects' depth of self-exploration was statistically significant, using both an analysis of variance tests ( $p > .01$ ) and  $T$  tests ( $p > .05$ ).

Holder, Carkhuff, and Berenson (1967) conducted an experiment similar to that conducted by Truax and Carkhuff (1965) in which they purposely lowered the level of counselor-offered empathy, respect, genuineness, and concreteness during the middle third of an interview to determine the effect it would have on the subjects' level of

self-exploration. However, in Holder et al.'s research the six college subjects were first cast in the helping role of the counselor and rated to determine their level of functioning on counselor-offered empathy, respect, genuineness, and concreteness. The intent of the study was to determine the effects of manipulated core facilitative conditions upon the depth of self-exploration of clients functioning at high and low levels of the core facilitative conditions. During the experimental interview, in which the subjects-clients were interviewed by an experienced counselor who was determined by previous research to be functioning at high levels of the core facilitative conditions, this counselor offered high levels of facilitative conditions during the first third of the clinical interview, low levels during the middle third, and reinstated high levels of the conditions during the last third of the interview. The results indicated that the three clients determined to be functioning at the lowest levels of the core facilitative conditions did lower their level of self-exploration when the facilitative conditions were lowered by the counselor. The high-functioning clients, however, continued their level of self-exploration independent of the level of conditions offered by the therapist, and this level was significantly higher than that of the low-functioning clients. The results support the proposition that following the establishment of a relatively high level of communication, much of the communication process with the high-level-functioning clients may remain implicit. This, of course, has significant implications for the author's present research study



in that it emphasizes the importance of the initial interview in the early phases of psychotherapy for overall therapeutic outcome with high- and low-functioning clients, but particularly with low-functioning clients.

A study by Piaget, Berenson, and Carkhuff (1967) was designed to replicate and elaborate on the Holder, Carkhuff, and Berenson (1967) study. In this study, four high and four low-functioning students each saw, in a counterbalanced design, a high-functioning and moderate-functioning therapist. Again, during the middle third of the sessions, the therapists lowered the level of counselor-offered empathy, positive regard, genuineness, concreteness, and self-disclosure that they offered the clients. The results indicated that the depth of the self-exploration of those subjects judged to be low-functioning subjects was effected by the lowering of counselor-offered conditions, but the depth of self-exploration of those subjects judged to be high-functioning subjects was relatively independent of counselor conditions when seen by the high-functioning counselor. In addition, all subjects improved in their depth of self-exploration when interviewed by the high-functioning counselor and declined in their level of self-exploration when seen by the moderate-functioning counselor. This study, then, further supported the previous research that the depth of client self-exploration is affected by the level of counselor-offered empathy, positive regard, genuineness, concreteness, and self-disclosure offered the client. It also seems that temporary variation in the performance level of moderate-functioning counselors

may be of greater impact to the clients' level of self-exploration, particularly with low-functioning clients, than a similar variation in the performance level of high-functioning counselors. These results further emphasize the importance of the initial interview and the early phases of psychotherapy for therapeutic outcome. The study by Piaget et al. (1967) also further demonstrates the need for the present investigation into the effects of counselor-offered empathy in the initial interview. For it appears that the counselor's ability to establish high levels of counselor-offered empathy in the initial interview has significant importance for the clients' therapeutic progress.

A study by Berenson, Mitchell, and Moravec (1968) to investigate the interactions among the level of therapists' functioning, type of therapist-initiated confrontation, and level of patient depth of self-exploration lends further support to the hypothesis that therapists who offered high levels of empathy, respect, genuineness, and concreteness are more likely to help their clients reach deeper levels of self-exploration than is true for therapists providing low levels of empathy, respect, genuineness, and concreteness. In the Berenson, Mitchell, and Moravec study, initial interview tape-recordings of 13 high and 43 low-functioning therapists were investigated. In addition to the findings that low-functioning therapists had a much greater proportion of low self-exploring patients than did the high-functioning therapists, it was also found that low-level and high-level therapists employed types of confrontation differently. Specifically, there was a tendency for a low-functioning therapist to use confrontation

that focused on clients' weaknesses or pathology more often than high-functioning therapists, and high-functioning therapists were found to be more likely to use confrontation based on patient's strengths or resources. It would seem, then, that therapists who usually function at high levels of counselor empathy would be less likely to produce client anxiety than those therapists who usually function at low levels of counselor empathy. Because of the implications concerning client anxiety and the fact that it is concerned with initial interviews, Berenson, Mitchell, and Moravec's study is particularly relevant to the present study. Specifically, it suggests that high-functioning therapists are less likely to promote client anxiety in an initial interview because of their more positive approach in confronting clients.

McMullin (1972) conducted a study which represents one contradiction to the hypothesis that counselor-offered empathy, warmth, and genuineness are necessary preconditions for high client self-experiencing. In this study, using a small sample of 10 client volunteers, McMullin used a time-series design in which each client saw a counselor for a 75-minute interview. Throughout the interview, low therapeutic conditions were offered by the therapists, but during the middle 15-minute observational period the counselor utilized a focusing method to try and increase the subjects' self-experiencing. The instructions for the focusing method gradually led a subject to experience her present feelings. More specifically, the Experimenter asked the subjects to focus on their feelings rather than words, pictures, or situations, to follow their feelings as they changed, and

to sense the felt meaning implicit in their feelings. This method apparently differed from counselor-offered empathy in that the therapist apparently offered no or very little feedback to the client that he was following or understanding her. Results indicated that the clients' self-experiencing was increased significantly during the experimental period despite the presence of low empathy, warmth, and genuineness. One possible explanation for the results is that the client may have heightened her self-experiencing despite the absence of counselor-offered empathy, warmth, and genuineness because the instructions provided some direction and purpose in an otherwise ambiguous and confusing situation. Further, the study itself says nothing about the focusing method versus high levels of counselor-offered empathy, warmth, and genuineness in terms of the quantity or quality of clients' self-experiencing. It may be, then, that counselor-offered empathy is more effective than the focusing method for helping a client reach deeper levels of self-experiencing.

One interesting study closely related to the self-exploration studies previously discussed, but concerned with the effects of empathy, genuineness, and warmth outside of therapy, was conducted by Shapiro, Krauss, and Truax (1969). These researchers investigated the relationship between the amount of empathy, warmth, and genuineness subjects perceived themselves receiving from important persons in their lives and the extent to which these subjects disclosed themselves to those people. The subjects included a total of 36 male and female undergraduates studying introductory psychology at a large state university, 39 men applying for jobs as policemen in a

large midwestern city, and a total of 20 men and women in a day psychiatric hospital in the same city. In single sessions, the subjects were asked to rate the genuineness, empathy, and warmth that they perceived themselves receiving from their mother, father, best male friend, and best female friend. They were also asked to rate the amount of self-disclosing words or actions they viewed themselves engaged in with these persons. For all three groups of subjects, the analysis of variance for the relationship between the sum of the three therapeutic conditions (empathy, warmth, and genuineness) and self-disclosure indicated that the subjects did disclose themselves to other persons according to the levels of therapeutic conditions they perceived they offered them.

#### Client Anxiety and Counselor-offered Empathy

Because of the hypothesis suggested by the Truax and Carkhuff study (cited in Carkhuff & Berenson, 1967) that too much empathy too early in the interview may cause high levels of client anxiety, one of the objectives of the present study was to investigate the relationship between the level of counselor-offered empathy in the initial interview and the clients' level of anxiety in this interview. A study by Pierce and Mosher (1967) is particularly relevant to this aspect of the present investigation. In Pierce and Mosher's study, 60 male subjects were seen by an interviewer in a 15-minute interview situation. The subjects were seen in either an appropriate interview situation or an inappropriate interview situation. In the appropriate interview situation the counselor attempted to respond

appropriately to the client with a statement and did not interrupt the subject nor did the counselor allow more than 5 seconds of silence to elapse. This interview lasted for 15 minutes. The inappropriate interview situation was divided into three periods. The first period was 2 minutes of the appropriate condition. The second period was the interruption period. Here the experimenter interrupted the subjects, speaking approximately every 5 seconds with a statement. The period lasted for 5 minutes. The third period was the silent period. Here the experimenter did not respond to the subject for a fixed period of 12 seconds after the last utterance of the subject. If a criterion of 3 periods of 12 seconds of silence was reached within 5 minutes, the interview terminated. If not, then the interview continued. If at the end of 8 minutes the 3 periods' criterion of 12 seconds of silence had not been reached, the interview terminated. Thus, the silence period lasted a minimum of 5 minutes to a maximum of 8 minutes. The inappropriate interview lasted a minimum of 12 minutes to a maximum of 15 minutes. Further precautions were also taken to ensure that only timing differentiated the conditions, all interviews were standardized by the use of 14 nondirective-type statements by the experimenter. The statements were attempted to be said in a warm, accepting, and understanding manner and were selected to fit the context of the interview. Analysis of two different self-report measures indicated that the perceived empathy scores were inversely correlated with the post-interview anxiety scores in both the appropriate ( $r = -.15$ ;  $df = 28$ ;  $p < .01$ ) and inappropriate ( $r = -.62$ ;

$df = 28$ ;  $p < .01$ ) conditions. In other words, the less empathy the clients perceived the counselor as offering, the more anxious they became. Thus, the findings of Pierce and Mosher contradict the hypothesis of Carkhuff and Berenson noted above. It may be, however, that other variables such as the fact that it was a simulated interview situation are that the interviews were only 15 minutes long, or that the interview was artificial and that the counselor was limited to a repertoire of 14 nondirect statements may have confounded the results of this experiment. For these reasons, the present study has taken precautions to try and reduce or eliminate these confounding variables. Also, the present study allows for a more defined analysis of the effects of the various levels of counselor-offered empathy.

Pierce (1971) later elaborated on the Pierce and Mosher (1967) study by using a subject's X treatment design with repeated measures in which the subjects experienced both the appropriate and the inappropriate interview situation. The experimental design included four treatment condition groups (I Inappropriate Interview, Appropriate Interview; II Appropriate Interview, Inappropriate Interview; III Inappropriate Interview, Inappropriate Interview; IV Appropriate Interview, Appropriate Interview). The immediately preceding study by Pierce and Mosher can be referred to for a detailed description of the appropriate and inappropriate interview situations. The results again showed an inverse relationship between the subjects' anxiety level and their perception of counselor-offered empathy.

Truax (1963), reporting a study that was part of a larger

research project, reported results similar to the two studies cited immediately above. In this particular study, Truax investigated the relationship between client anxiety and the level of counselor-offered empathy, warmth, and genuineness. Interviews with 14 schizophrenics receiving therapy and with 14 matched control subjects were selected for analysis. An analysis of pre- and post-tests on three self-report anxiety measures and taped therapy excerpts revealed a clear tendency for those patients receiving high therapeutic conditions throughout the course of treatment to show a drop in anxiety level following treatment, while those patients receiving low therapeutic conditions showed an increase in anxiety level following treatment. The controls showed almost no change. The differences between the three groups reached statistical significance on two of the three anxiety measures. The implications of Truax's study are limited with regard to the author's present study, however, because it does not investigate the effects of counselor-offered empathy in the initial interview.

Nagy (1972) investigated the effects of counselor-offered empathy, concreteness, and confrontation on client anxiety. As in the immediately preceding article, however, his investigation was concerned with the effect of counselor-offered empathy, concreteness, and confrontation on the client's therapeutic outcome, the client's anxiety level being the outcome criteria. Counselors for this study were a total of eight psychiatrists, counselors, and psychologists engaged in short-term therapy with male college students (the n for college students



is not provided by the author). The clients were tested for anxiety on the Objective-Analytic Anxiety Battery following the initial interview and the last interview. The therapists were dichotomized into two groups, high-level and low-level based upon ratings they received by judges trained on Carkhuff's three scales of counselor-offered empathy, concreteness, and confrontation. Analysis revealed a significant decrease in anxiety for those clients of the high-level therapist's group.

#### Premature Termination of Counseling and Counselor-offered Empathy

Another aspect of the present study's design was to determine if there existed a relationship between the level of counselor-offered empathy in the initial interview and the clients' continuation or termination of counseling after the first interview. Altmann (1973), apparently the only other researcher to investigate this problem area, conducted a study in which typed scripts of initial interviews with 19 clients (first-year university students ranging in age from 18 to 26 years) were obtained from seven doctorate-level counselors. A 5-minute sample of counselor-client interaction from the beginning, middle, and end of each transcript was randomly coded and rated on Truax and Carkhuff's three scales for levels of counselor-offered empathy, warmth, and genuineness by four trained undergraduate students. The results indicated that for 9 of the 11 clients who continued in counseling beyond the first session, the counselors had provided levels of empathy above the median during the initial interview; but

for all eight of the clients who terminated counseling after the initial interview, the counselors had provided levels of empathy below the median. In other words, in those initial interviews in which high levels of counselor-offered empathy existed the clients were more likely to continue counseling. One possible limitation of Altmann's study is that in some sense the clients were actually recruited and may have differed in terms of their motivation from actual psychotherapy clients. It is also true that the counselors themselves were students and relatively inexperienced; and may have differed, then, in some important variables from actual, experienced counselors. Another limitation of Altmann's study is the fact that the ratings of the levels of counselor-offered empathy, warmth, and genuineness were based on transcripts of the therapy sessions rather than tape-recordings. It is possible, then, that an important component of the counselors' responses was lost to the raters yielding the ratings themselves invalid. All of these limitations, then, indicate that the results should be viewed with caution.

#### Additional Research by Truax

A number of studies conducted by Truax and his coworkers and which were concerned with psychotherapy outcome and process variables as they relate to empathy are unpublished or are published in journals not readily available to many in the professional world. Truax and Mitchell (1971), however, conducted an extensive review of these studies and concluded that, "These studies taken together suggest

that therapists or counselors who are accurately empathetic, nonpossessively warm in attitude, and genuine, are indeed effective" (p. 310). Thus, the studies reviewed by Truax and Mitchell, coupled with the data of studies reported above in the present review of literature, present strong support for the existence of a positive relationship between therapist-offered empathy and the subsequent process and outcomes of psychotherapy. Furthermore, the overall implications of the reported research data suggest that this relationship, between empathy and therapeutic outcomes, holds true not only for a wide variety of counselors, regardless of their particular theoretical orientation, but also for a wide variety of patients and clients in groups as well as in individual psychotherapy or counseling.

From the above frame of reference, then, one can see that the Truax and Carkhuff study (cited in Carkhuff & Berenson, 1967), which suggests that a therapist may be able to offer too much empathy too early in the course of psychotherapy seems to stand in contradiction to the abundance of data presented here and to the theoretical basis of a great many psychotherapeutic orientations; that theoretical basis being the belief that there exists a positive correlation between the level of counselor-offered empathy and psychotherapy process and outcome variables. As noted previously, however, in the statement of the problem of this dissertation the majority of the relevant literature has only addressed counselor-offered empathy in terms of its overall effect on the client's progress. There seems to have been an assumption to date that there always exists a positive

relationship between counselor-offered empathy and therapeutic process and outcome. It may be, however, that counselor-offered empathy is a more complex variable and that there are conditions, situations, or phases of psychotherapy where the demonstrated positive relationship between counselor-offered empathy and therapy process and outcome does not hold true. The question remains, then, are there certain phases of psychotherapy, such as the initial interview, where a counselor may be too empathetic and, therefore, have a deleterious effect on psychotherapy process and outcome? Because this question has not been sufficiently investigated despite the abundance of research investigating the relationship between the level of counselor-offered empathy and therapy process and outcome, the present study was designed.

## CHAPTER III

### Methodology

#### Subjects

The purpose of the present study was to investigate various degrees of counselor empathy in initial interviews, to determine whether high levels of counselor-offered empathy in initial interviews cause high levels of client anxiety, and secondly to determine whether increased anxiety during the initial interview is correlated with the incident of termination following one session. The population, therefore, consisted of clients involved in individual, initial counseling sessions.

A sample of 54 subjects was drawn from introductory psychology classes at Utah State University during spring quarter, 1974-75. All subjects in the psychology classes were administered the IPAT Anxiety Scale. There were approximately 80 students from the psychology classes who met the criteria of receiving a sten score of above 7 (high anxiety) or below 5 (low anxiety) on the IPAT Anxiety Scale. Potential subjects were then selected randomly, by drawing numbers, until 27 high-anxiety and 27 low-anxiety subjects had been selected. These potential subjects were then contacted and told that they could participate in a counseling session as an alternative means of fulfilling a class project. Of these 54 potential subjects, only 2 declined to participate in the experiment because of schedule

problems. Two more students were then drawn and contacted and subsequently agreed to participate. The criteria of sten scores above 7 or below 5 on the IPAT Anxiety Scale was implemented in order to assure some similarity between the high-anxiety sample and the clinical population and to maintain a wide-range for later correlational analysis.

#### Training of Counselors and Raters

The counselors and raters that participated in the present study each went through 10 hours of training that focused upon Carkhuff's Empathic Understanding and Interpersonal Process Scale (EUIPS). Training of the counselors began by introducing them to the EUIPS and providing them with didactic information regarding the concept of empathy. The concept was then discussed in a mutual exchange of ideas between the counselors and the examiner until the examiner felt the counselors had a sufficient grasp of the material involved. Following this, audiotapes consisting of client comments and counselor responses rated according to the EUIPS were employed in training. These training tapes were prepared by the examiner from various transcripts of pre-rated, client-counselor interchanges presented throughout Carkhuff's publications. The counselors listened to the taped client's comment and counselor's response and then rated the counselor's response according to how they felt it scored on the EUIPS. The tape then provided immediate feedback in the form of the actual rating given the taped counselor's response. Following this immediate feedback, a discussion session of each set of client and

counselor responses helped eliminate further confusion and misunderstanding regarding the concept of empathy in the EUIPS and increased trainee accuracy.

After the counselor had had ample practice in discriminating various levels of empathy, another audiotape consisting only of client comments was provided for further training. The counselors listened to each comment in terms of trying to offer a predetermined empathy level. Following a particular counselor's effort, the remaining two counselors and the examiner provided immediate feedback and constructive criticism as to how the target counselor might have more effectively offered the predetermined empathy level. In addition, further training consisted of role playing in which the target counselor had to respond in a predetermined empathy level to a mock client. Training continued until each counselor, as judged by the trainer and remaining counselors, could offer this specified empathy level for a criteria of 9 out of 10 times for each of the 3 empathy levels.

The independent raters were trained by the same procedure as that used to teach the counselors, except that the raters did not go through the second part of the training procedure which was designed more specifically to train the counselors to offer various and consistent levels of empathy. The raters were required to reach a criterion of agreement on 9 out of 10 counselor responses for each of the 3 empathy levels before rating the taped experimental sessions.

## Instrumentation

A description of each of the measures used in the study is presented below.

### Empathic Understanding and Interpersonal Process Scale (EUIPS).

The EUIPS, developed by Carkhuff, was used to train the counselors and raters in the present study. This scale is derived in part from a scale for the measurement of accurate empathy reported in Truax and Carkhuff (1967) and an earlier version reported in Carkhuff and Berenson (1967). According to Carkhuff (1969) the EUIPS was developed "to apply to all interpersonal processes and represents a systematic attempt to reduce ambiguity and increase reliability" (p. 315). Essentially, the EUIPS represents a more compact version of Truax's Accurate Empathy Scale, as the EUIPS retained the same empathy range represented by the Accurate Empathy Scale, but reduced the number of empathy levels from 9 to 5.

In reporting the reliability for the Accurate Empathy Scale, Truax and Carkhuff (1967) tabulated the inter-rater correlations obtained in 28 separate ratings described in 24 different studies. The number of taped excerpts rated in each study varied from 28 to 698, including from 3 to 160 patients and from 1 to 28 therapists, and represented a wide variety of therapists and patient populations. Reliabilities ranged from .43 to .95.

Of those studies collected in the preparation of this dissertation's Review of Literature, which used Carkhuff's 5-point empathy scale, the inter-rater coefficients reported ranged from .71 to .98,



and the intra-rater coefficients ranged from .80 to .96 (Alexik & Carkhuff, 1967; Anderson, 1968; Berenson et al., 1968; Carkhuff & Alexik, 1967; Hountras & Anderson, 1969; Piaget et al., 1967).

Regarding the validation of these scales, the face validity is easily established by reading it. The construct validity, however, depends almost entirely upon the research evidence, already discussed, relating the scales to therapeutic outcome and process variables. Of the 21 relevant studies reviewed in the present Review of Literature, 19 present evidence of the therapeutic value of counselor-offered empathy with hundreds of subjects from diverse client populations (inpatients, outpatients, college students, and delinquents). These studies covered a wide variety of theoretical orientations and also utilized a wide variety of outcome and process measures. The general findings supported the general hypothesis that high levels of counselor-offered empathy are associated with favorable therapeutic outcome and increased therapeutic process.

Despite the overall research evidence, specific criticism has been made by Chinsky and Rappaport (1970) regarding the reliability and validity of Truax's Accurate Empathy Scale. Concerning reliability, Chinsky and Rappaport submitted that high reliability of the original scale is less likely to be found when the number of therapists being rated is large and that the reliability of the scale is inflated by the lack of truly independent judgments.

Bozarth and Krauft (1972) conducted research which yielded data contradicting Chinsky and Rappaport's criticisms. In Bozarth and

Krauft's study, three raters rated approximately 1200 3-minute taped therapy sessions for level of counselor-offered empathy. In order to test the hypothesis that high reliability is less likely to be found when a large number of therapists are rated, the authors had raters rate 12 groups of therapy-session segments. The number of therapists represented in each group of therapy-session segments ranged from 34 to 55 therapists. A dozen opportunities to test the hypothesis were, therefore, provided. The intra-class reliabilities obtained were in excess of  $\underline{r} = .70$  for 10 of the 12 blocks of therapy-session segments. Since the number of therapists included within the blocks ranged from 34 to 55, Chinsky and Rappaport's contention that high reliability is unlikely when the number of therapists is large was not supported.

The basis of Chinsky and Rappaport's second hypothesis, i.e. that the reliability of Truax's Accurate Empathy Scale is inflated by lack of independent judgments, lies in their belief that as the raters rate, their memory of individual therapist's former performances confounds subsequent ratings of the same therapist. To test Chinsky and Rappaport's second criticism of Truax's Accurate Empathy Scale regarding nonindependent judgments, Bozarth and Krauft randomly selected for rating 1 3-minute taped psychotherapy segment from each of 75 therapists involved in the study. The reliability coefficient yielded for the ratings of one randomly selected segment was  $\underline{r} = .76$ , while for the ratings of more than one segment, it was  $\underline{r} = .68$ . Therefore, the results did not support and, in fact, contradicted Chinsky and Rappaport's hypothesis.

Another of Chinsky and Rappaport's criticisms of the Accurate Empathy Scale concerns its validity. They submitted that the Accurate Empathy Scale is influenced by either some global therapist quality or a therapist's vocal quality. Both of these possibilities have been investigated. In order to investigate the first hypothesis relating to global therapist quality, Bozarth and Krauft (1972), in addition to the other aspects of their study already discussed, instructed their raters to make evaluations (on a 5-point scale) of the general counselor characteristics of "good therapists" and "likeability" immediately after making their assessments of counselor-offered empathy. The results suggest that there may be some relationship between empathy and general counselor characteristics. The correlations of empathy with "good therapists" and "likeability" were statistically significant ( $p < .01$ ),  $r = .46$  and  $r = .27$  respectively. However, while it seems that there may be some relationship between empathy and global counselor characteristics, the fact that all three characteristics were rated at the same time and that relatively low correlations were obtained suggests that empathy is probably quite independent of the other two characteristics rated.

As mentioned earlier, another of Chinsky and Rappaport's criticisms regarding the validity of the Accurate Empathy Scale was that raters may be responding to some other factor, such as a therapist's vocal quality rather than the degree to which a therapist understands a client's communications and communicates this understanding to the client. Weizmann (1971) explored this very question and employed

Carkhuff's Empathic Understanding and Interpersonal Process Scale in her investigation. In Weizmann's study, she had 18 raters rate therapist-offered empathy under three empathic-accuracy conditions (high, low, no-accuracy) and two interest conditions (high therapist voice interest and low voice interest). The results indicated that high and low empathic-accuracy interactions significantly influenced the ratings in the expected directions. There was also an interest main effect, but this was attributable to a significant interest by empathic-accuracy interaction which indicated the therapist's interest affected the ratings only in the no-empathic-accuracy condition. The findings, in general, supported the validity of Carkhuff's Scale by indicating that empathic accuracy is more important as a rater cue than therapist's vocal tone. Therapist's vocal tone was important as a rater cue only when no empathic-accuracy cues were available.

Further information on the validity of Carkhuff's EUIPS and its appropriateness for the present study is provided by Kurtz and Grummon (1972). Kurtz and Grummon, using six different measures of therapist's empathy, correlated these empathy measures with each other, with depth of client self-exploration as a measure of therapeutic process and with six different measures of therapeutic outcome. The subjects were 31 counselors and their respective 31 clients from a university counseling center. Therapy ranged from 4 to 27 1-hour sessions, with a mean of 12 sessions. Analysis revealed no relation between any of the empathy measures. This indicates that previous research utilizing these various empathy measures has investigated several

different variables labeled empathy. However, two other findings of the Kurtz and Grummon study suggest the appropriateness of the Carkhuff measure for the purposes of the present study. First, tape-judged empathy as measured by Carkhuff's Scale was the only measure related to depth of self-exploration. In other words, as the research previously discussed in the Review of Literature of the present study indicates, the greater the level of counselor-offered empathy (as operationally defined by Carkhuff's Scale), the greater the clients' depth of self-exploration. Secondly, tape-judged empathy was second only to client-perceived empathy in relation to therapy outcome. It should be reported, however, that while all six correlations between tape-judged empathy and the outcome measures were positive, only one was statistically significant. The results, then, showed, although to a lesser degree, the same trend relating to tape-judged empathy and therapy outcome as the research previously discussed in the Review of Literature of the present study; that is, that the greater the level of counselor-offered empathy, the more enhanced was therapeutic outcome.

One of the questions regarding the present study, as well as much of the previous research involving audiotape-judged empathy, concerns the validity of utilizing audiotapes alone as the sole device to determine empathy level. One may reasonably ask, do audiotapes alone provide a valid means of assessing therapist-offered empathy? Shapiro (1968) conducted an investigation into this very question. In his study, 39 videotaped therapy segments were rated for levels

of counselor-offered empathy, genuineness, warmth, and client self-exploration. The therapy segments were rated in terms of three types of communication: audio, video, and audio-video. A correlation of .70 ( $p < .01$ ) was found between the audio and audio-video ratings of therapists' empathy, indicating that audiotaping can be a reasonable means of assessing therapists' empathy level.

IPAT Anxiety Scale. The IPAT Anxiety Scale was used in the present study for the selection of anxious versus nonanxious subjects. Split-half reliabilities of the total score for this scale are reported to be .84 for a sample of 240 normal adults and .91 for a mixed group of normals and hospitalized neurotics. Test-retest reliability (1-week interval) for 87 male and female adults is reported to be .93.

The validity of the IPAT Anxiety Scale is reported in two ways. Construct (interval) validity is estimated at .85 to .90. In discussing the construct validity of the IPAT Anxiety Scale, the authors noted that the 40 items selected out of the 2,000 items tested were those which correlated highest with five oblique primary factors (five correlated factors of guilt proneness, frustrative tension, or id pressure, lack of will control or defective integration or binding by the organized self-sentiment, lack of ego strength, and suspiciousness or paranoid insecurity), making up a second-order factor of general anxiety. In addition, the authors report that 14 separate studies confirmed the unique determination and replication of this second-order factor pattern. The external concrete validity

of the IPAT Anxiety Scale has been established by four sources of external criteria: (a) face validity, (b) correlation with physiological, behavioral, and laboratory tests of anxiety, (c) correlation of the scores with psychiatrists' estimates of anxiety level, and (d) degree to which scores differentiate between normals and high-anxiety cases (anxiety hysterics, anxiety neurotics). The criteria used in the present study for selection of anxious and nonanxious subjects was a sten score (a modification of stanine score, with five units above and five units below the mean) above 7 and a score below 5 respectively. Regarding these cut-off scores, the authors of the IPAT Anxiety Scale, Cattell and Scheier (1963), claimed the following:

A sten of 1, 2, or 3 indicates stability, security, and mental health generally. Sten scores of 4, 5, 6, and 7 are still in the 'normal range' . . . although sten 7 is considered to be the borderline high. . . . When the sten level reaches 8, 9, or 10 . . . there is definite psychological morbidity, almost certain to have adverse effects generally on work and social-emotional adjustment . . . and there is definite need of counseling and guidance for situational or characterological problems. (p. 13)

Today Form of the Anxiety Scale of the Multiple Affect Adjective Check List. Three additional measures were selected for use in the present study as measures of situational anxiety. Keeping in mind a suggestion by Strupp and Bergin (1972) that the two main domains of outcome criteria are external and internal states of experience, this researcher selected two measures to assess the internal state of experience (the Anxiety Scale of the Today Form of the Multiple Affect Adjective Check List and the A-State Scale of the State Trait

anxiety Inventory) and one measure to assess the external state of experience (subjects' heart rate).

The validity of the Today Form of the Anxiety Scale of the Multiple Affect Adjective Check List (MAACL) has been largely determined by two methods. The first method has been to administer the Today Form of the Anxiety Scale under conditions likely to elicit anxiety (examinations, stress interviews, etc.) and to compare the scores with those obtained under natural conditions. The second method has been to administer the MAACL's Anxiety Scale in conjunction with other measures of anxiety, such as clinical observations, other psychological tests, and autonomic measures, and to determine whether these various measures correlate as expected with the Anxiety Scale of the MAACL. Generally, the results of these two approaches have been positive and suggest the MAACL to be a valid, brief, self-report measure of state anxiety.

The split-half reliability of the Today Form of the Anxiety Scale has been found to be high when items are divided by the odd-even method, but studies using a less appropriate, plus-minus item division have yielded poor results. As expected for an instrument designed to be influenced by situational factors, the test-retest reliabilities of this instrument have been found in general to be relatively low (.21, .31, .77), and since the Today Form of the Anxiety Scale of the MAACL has been utilized in the present study to assess situational anxiety, the low test-retest reliabilities have no significant implication for the present study.



A-State Scale of the State Trait Anxiety Inventory. The second measure used in this study to measure subjects' situational anxiety was the A-State Scale of State Trait Anxiety Inventory. This measure has been found to yield low test-retest correlations, ranging from .16 to .54. However, measures of internal consistency, such as Alpha coefficients computed by formula K-R 20, have yielded reliability coefficients for the A-State Scale, which ranged from .83 to .92. These measures of internal consistency are of more concern to the author's present study than the test-retest reliabilities because the A-State Scale was utilized to measure subjects' situational anxiety.

In order to determine the construct validity of the A-State Scale, the Scale was administered under stressful and normal conditions. In both of the original studies reported by Spielberger, Gorsuch, and Lushene (1970), the mean scores for the stressful conditions were considerably higher than the mean scores for the normal conditions. Since publication in 1970 of the State Trait Anxiety Inventory, considerable research has been conducted which further demonstrates the validity of the A-State Scale. In one such study, Spielberger, Wadsworth, Auerbach, Dunn, and Taulbee (1973) found that the A-State scores were elevated for patients tested 24 hours prior to surgery, and markedly lower during the post-surgery convalescent period.

Subjects' heart rate. Subjects' heart rate was the third measure used in the present experiment to measure subjects' situational

anxiety. Experimental support of heart rate as a measure of anxiety has been presented by Hodges and Spielberger (1966). In their study, 60 male undergraduates participated in a verbal conditioning experiment under threat-of-shock or no-threat conditions. The data indicated that subjects in the threat-of-shock condition showed a marked increase of heart rate over subjects in the no-threat condition. Regarding naturally occurring stress situations, Roman, Older, and Jones (cited in Greenfield & Sternbach, 1972) monitored experienced naval pilots and found that carrier-based takeoffs and landings produced not only more anxiety than bombing runs against small-arms fire in Viet Nam, but also resulted in greater tachycardia than actual combat bombing.

A study by Reese, Sundermann, Galbrecht, and Dykman (1969) holds particular significance for the present study because it used heart rate as a measure of anxiety within a psychotherapy setting. In this study, the authors assessed the subjects' affect by means of a content analysis and found that heart rate was one of the two physiological measures which increased most often with anxiety.

Stanek, Hahn, and Mayer (1973) also monitored patients' heart rates during psychotherapy sessions, and they reported that changes in their patients' mean heart rate served as an indication of psychic agitation. For example, the authors reported that a number of patients' anxiety levels obviously increased when the therapist entered the interview room, since the additive average of patients' heart rates for 20 interviews rose 21% above the initial value obtained before the therapists' entrance.

## Procedure

In order to aid the reader in the understanding of the procedures followed in the present study, the various steps followed in carrying out the study will be numbered sequentially and presented chronologically.

1. All subjects in the introductory psychology classes during spring quarter of 1974-75 were administered, in the beginning of the class period, the IPAT Anxiety Scale.

2. Of the approximately 80 subjects from these classes who met the criteria of a sten score above 7 (high anxiety) or below 5 (low anxiety) on the IPAT Anxiety Scale, potential students were selected randomly by drawing numbers until 27 high-anxiety and 27 low-anxiety potential subjects were selected. Of these potential subjects, only two declined to participate in the experiment because of scheduling problems. Two more students were then drawn, contacted, and subsequently agreed to participate in the experiment.

3. To determine base-rate measures of subject anxiety, all of the experimental subjects were administered the A-State Form of the State Trait Anxiety Inventory and the Anxiety Scale of the Today Form of the Multiple Affect Adjective Checklist. The testing was done at one precounseling meeting of all subjects.

4. At the conclusion of the testing, the subjects were each given an appointment time for an experimental counseling session.

5. At the same meeting the subjects were then taught to read their pulse rates and were instructed to read and record their heart

rate on a card supplied them (Appendix A) for four consecutive days. The reading was to take place at the same time every day, that time being the same time of day as the time they had scheduled for their experimental counseling session. The average heart rate for each subject yielded by the four daily measures also served as a base-rate measure of anxiety.

6. At the testing and orientation meeting noted above, the subjects were also given a handout explaining the general nature and purpose of counseling, i.e. its intended focus on interpersonal relationships as a means of helping the counselee improve self-understanding and potential satisfaction in life. (See Appendix B.) The experimenter stressed the latter part of the handout, which suggested that the client come to the initial counseling session with a particular problem in mind and/or some particular feeling to work on in the counseling session. The purpose of this emphasis and the explanation provided by the handout was to further assure the similarity between the study subjects and a regular clinical population who might seek an initial counseling interview. In other words, it was hoped that the handout would prepare the subject to focus on a presenting problem as might a real client. The handout also explained to the subjects that should the initial counseling session prove productive for them, arrangements could be made with their respective counselors, the psychology department, or the counseling center for them to continue counseling beyond the initial session.

7. The two groups of subjects (high-anxiety, low-anxiety) were

randomly assigned to the three levels (conditions) of counselor-offered empathy (high versus medium versus low counselor-offered empathy) so that there were 18 subjects in each of the three empathy conditions (nine high-anxiety and nine low-anxiety subjects).

8. The experimental counseling session was held at the time selected by the subjects. However, prior to the counselor's entry into the counseling room and the actual beginning of the session, the subject was seated in the counseling room and connected to a physiograph for a period of 10 minutes. This procedure was to allow the subject time to adjust to the presence of the electrodes and thereby reduce any effects that might have been produced by the presence of the electrodes and the physiograph.

The counselors conducting the counseling sessions were two Masters candidates and one Doctoral candidate in Professional-Scientific Psychology program at Utah State University. Each of the counselors had been trained by the experimenter to understand and utilize Carkhuff's Empathic Understanding and Interpersonal Process Scale and to offer an assigned level of either high, medium, or low counselor empathy (as defined by the Carkhuff Scale) during the sessions. The counselor was instructed to offer the assigned level of counselor-offered empathy throughout the entire session.

To control for counselor differences, each of the three counselors conducted 30-minute interviews with three subjects under each of the six experimental conditions for a total of 18 interviews for each counselor. The counseling interviews were taped to allow for

a later rating (by two independent raters) of the empathy levels offered by each counselor throughout the counseling sessions.

During the counseling interviews as mentioned above each subject's heart rate was monitored as a measure of anxiety by a physiograph, which produced a record of the subject's rate of heartbeats per minute during the entire interview. Later, an average heart rate (beats per minute) was calculated for each subject's interview.

9. In order to obtain the paper and pencil measures of anxiety, the counseling session was interrupted at the end of 30 minutes, and the examiner administered the A-State Scale of the State Trait Anxiety Inventory and the Anxiety Scale of the Today Form of the Multiple Affect Adjective Checklist to the subjects.

In order to maintain any level of anxiety that the subjects may have reached, the subjects were told incorrectly that the counseling session would continue after the subjects had completed the scales.

10. Following completion of the scales, the subjects were excused from the counseling room and asked to fill out a questionnaire designed to measure the likelihood of the subject continuing in counseling (Appendix C).

11. Following the completion of this questionnaire, subjects were debriefed regarding the general nature of the experiment, invited to continue in counseling if they desired (specific procedures and alternatives for this were explained), and they were asked not to discuss the experiment with anyone until it was completed.

12. In order to determine whether the counselors had offered

the assigned empathy level during the counseling sessions, excerpts of each taped session (two 4-minute segments randomly selected from the first and second half of each session) were rated by two independent raters. The random selection of the 4-minute segments was accomplished by drawing from a group of numbers (1-12) and proceeding into the first or second half of the tape as many minutes as the number represented. The next 4 minutes of tape were then utilized. The raters were trained in the same manner as the counselors had been to use Carkhuff's Empathic Understanding and Interpersonal Process Scale. The two raters were required to reach a criterion of perfect agreement on 9 out of 10 counselor responses for each of the 3 empathy levels in their training before they rated the taped experimental sessions.

#### Analyses of Data

Three 2-factor analyses of covariances were performed on the scores yielded by each of the three anxiety measures to determine whether there were any differences in the subjects' anxiety scores for the different experimental conditions.

Three Pearson Product-Moment Correlations were used to determine whether any relationship existed between the subjects' anxiety scores yielded from the three anxiety measures and the subjects' questionnaire scores yielded from the questionnaire designed to measure the likelihood of the subjects continuing versus terminating counseling after the initial interview.

A 2-factor analysis of variance was performed on the subjects' Likelihood to Continue Counseling Questionnaire scores to determine

whether there were any differences among the subjects' stated likelihood to continue counseling for each of the different experimental conditions.

Inter-rater reliability was determined for the judges rating counselor empathy by computing percent of rating agreement between the two raters and the assigned empathy levels that the counselor was supposed to be functioning at.

A subjective analysis of the Likelihood to Continue Counseling Questionnaire was also done to determine some of the subjects' reasons for terminating counseling (anxiety, counselor's approach or level of empathy, lack of time, lack of sufficient problems, etc.).



## CHAPTER IV

### Results

The purpose of the present study was to investigate the effects of various degrees of counselor empathy in initial interviews in order to determine whether high levels of counselor empathy in initial interviews cause high levels of client anxiety and, secondly, to determine whether increased anxiety during the first interview is correlated with the incidence of termination following one session. In an effort to present the results of the present experiment in a clear and concise manner, each hypothesis that was tested in the present experiment will be restated and followed by the related results. The hypotheses are stated in the null form.

Hypothesis 1: There Will Be No  
Difference Between the Anxiety  
Scores of Subjects Receiving  
High, Medium, or Low Counselor-  
offered Empathy

A total of three 2-factor analyses of covariances were calculated. One was performed on the scores yielded by each of the three anxiety measures to determine if there were any differences in the subjects' anxiety scores for the different experimental conditions. The pre-tests for each of the three anxiety measures served as the covariate, and the post test served as the criterion. The results as presented in Tables 1, 2, and 3 indicate that there were no differences between the subjects' anxiety scores in any of the experimental conditions.

Table 1

Summary Table for Analysis of Covariance for A-State, State  
Trait Anxiety Inventory Scores

Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	$\bar{F}$ Distribution Values
Empathy	2	325.07	162.53	1.83 <sup>a</sup>
Anxiety	1	147.80	147.80	1.67 <sup>b</sup>
Interaction	2	433.80	216.90	2.45 <sup>a</sup>
Error	47	4165.78	88.63	

<sup>a</sup>. $_{.95}F_{2,47} = 3.20$ . In other words, the 95th percentile for the  $\bar{F}$  distribution with 2 and 47 degrees of freedom is 3.20. Therefore, the  $\bar{F}$  distribution value presented would have to exceed 3.20 to be significant at the .05 level, that level required for rejection of the null hypothesis.

<sup>b</sup>. $_{.95}F_{1,47} = 4.05$ .

Table 2

Summary Table for Analysis of Covariance for the Today Form  
of the Multiple Affect Adjective Check List

Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	$\bar{F}$ Distribution Values
Empathy	2	73.30	36.65	2.93 <sup>a</sup>
Anxiety	1	.009	.009	.0007 <sup>b</sup>
Interaction	2	18.96	9.48	.76 <sup>a</sup>
Error	47	588.25	12.52	

<sup>a</sup>. $_{.95}F_{2,47} = 3.20$

<sup>b</sup>. $_{.95}F_{1,47} = 4.05$

Table 3

## Summary Table for Analysis of Covariance of Subject Heart Rates

Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	$\frac{F}{\text{Distribution Values}}$
Empathy	2	226.91	113.45	1.26 <sup>a</sup>
Anxiety	1	5.47	5.47	.06 <sup>b</sup>
Interaction	2	518.06	259.03	2.88 <sup>a</sup>
Error	47	4226.06	89.92	

$$^a.95\frac{F}{2,47} = 3.20$$

$$^b.95\frac{F}{1,47} = 4.05$$

Thus despite whether a subject's anxiety was high or low (as evidenced by the measures utilized in the present study), the level of counselor empathy presented to the client in the initial interview did not differentially affect the degree of anxiety which the client experienced in that interview.

Hypothesis 2: There Will Be No Relationship Between the Subjects' Anxiety Scores and the Subjects' Choice to Terminate or Continue Counseling After One Session

Three Pearson Product-Moment Correlations were calculated to determine whether a relationship existed between subjects' anxiety scores yielded from the three anxiety measures and the likelihood of the subjects continuing or terminating counseling as indicated by

the subjects' responses to the questionnaire they completed after their initial counseling session (see Appendix C). The results indicate no apparent relationship between measure of anxiety of clients and their expressed intent to continue in counseling. The correlation coefficients for the questionnaire scores and the STAI, MAACL, and heart rate scores were .1141, .0019, and -.2015 respectively. These results indicate that as the subjects became more or less anxious, as represented by their anxiety scores, there was no relationship between anxiety level and their likelihood to continue counseling.

Hypothesis 3: There Will Be No Differences in the Subjects' Likelihood to Continue Counseling for the Different Experimental Conditions

A 2-factor analysis of variance was performed on the subjects' questionnaire scores to determine if, for any of the different counseling conditions, there were any differences in subjects' expressed intent or likelihood to continue counseling. As illustrated in Table 4, in relation to the subjects' questionnaire scores, a significant interaction was yielded between the subjects' general anxiety level and the level of counselor empathy offered during the interviews.

As illustrated in Figure 1, when the counselor-offered empathy level increased from low to high empathy conditions, the low-anxiety subjects progressively increased their desire for further counseling. High-anxiety subjects, however, while considerably higher initially in their desire for further counseling than the low-anxiety subjects,

Table 4

Summary Table for Analysis of Variance for the Likelihood to Continue Counseling Questionnaire Scores

Source of Variance	Degrees of Freedom	Sum of Squares	Mean Squares	F Distribution Values
Empathy	2	10.70	5.35	1.12 <sup>a</sup>
Anxiety	1	11.57	11.57	2.41 <sup>b</sup>
Interaction	2	38.48	19.24	4.01 <sup>a*</sup>
Error	48	230.22	4.80	

$$^a.95\text{-}F_{2,48} = 3.19$$

$$^b.95\text{-}F_{1,48} = 4.04$$

\*  $p < .05$ . The probability is less than 5 out of 100 that the observed data would be expected to occur if the null hypothesis were true. The null hypothesis is, therefore, rejected.

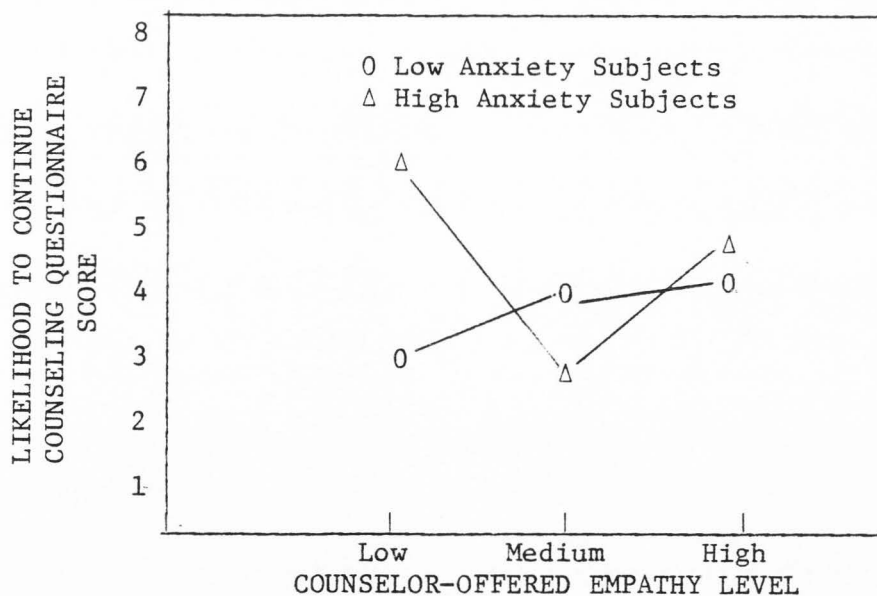


Figure 1. Likelihood to continue counseling questionnaire mean scores for high and low-trait anxiety subjects under low, medium, and high empathy levels.

lowered their expressed desire in the medium empathy level to a position slightly below that of the low-anxiety subjects. Finally, in the high-empathy condition, high-anxiety subjects' stated desire for further counseling increased to a position slightly above the position of the low anxiety subjects.

A subjective analysis of the subjects' Likelihood to Continue Counseling Questionnaire revealed that of the 10 subjects who actually made arrangements for further counseling, 8 were high-anxiety subjects, and 2 were low-anxiety subjects. Of these 10 subjects, 5 came from the low-empathy condition, 2 from the medium, and 3 came from the high-empathy condition.

When asked whether or not they would want the same counselor if they were to continue counseling, only 9 of the 54 subjects' answers were negative. Of these nine, two subjects were in the low-empathy condition, six were in the medium, and one was in the high-empathy condition.

There were 30 affirmative and 24 negative answers when the subjects were asked if lack of free time was a major factor in scheduling further counseling sessions.

When the subjects were asked if they felt a need at this point in their lives for counseling, nine high-anxiety and four low-anxiety subjects answered affirmatively.

Inter-rater reliability was determined for the judges who rated counselor empathy by computing percent of agreement between the two raters and the assigned empathy levels. This procedure also served

as a check to determine whether the counselors offered the assigned levels of empathy.

The results indicated 87% agreement between the judges and the assigned empathy level. This means that the counselors, as judged by the raters, performed at the assigned empathy level 87% of the time, or 47 of the 54 experimental counseling sessions. Of the seven disagreements between the assigned empathy level and the two judges, three occurred in the high-empathy condition, three in the medium-empathy condition, and one in the low-empathy condition.

## CHAPTER V

Discussion

The results clearly indicate that the first hypothesis (there will be no difference between the anxiety scores of subjects receiving high, medium, or low counselor-offered empathy) and the second hypothesis (there will be no relationship between the subjects' anxiety scores and the subjects' choice to terminate or continue counseling after the initial interview) of the present study were supported. The third hypothesis (there will be no differences in the subjects' likelihood to continue counseling for the different experimental conditions) was not supported; rather, an interaction was found to exist between the level of empathy the clients received and their trait anxiety level. The limitations of the present study and their possible effect on the results of this study, as well as their effect on the validity of the conclusions which might be drawn from the study, will be discussed later in another section. For now, we will disregard these limitations, assume the present study was a valid investigation, and discuss its implications in this context.

As previously mentioned in the Results section with regard to the first hypothesis, there was no difference found between the anxiety scores of the subjects receiving high, medium, or low counselor-offered empathy. This means that Truax and Carkhuff's (cited in Carkhuff & Berenson, 1967) claim that high levels of counselor-offered



empathy in an initial interview may be deleterious to therapeutic process and outcome because it may cause high levels of client anxiety, was not supported by the findings of the present study. The implication is, then, that a counselor may be as empathic as possible in an initial interview without concern that if he is highly empathic in the initial interview, he will cause high levels of client anxiety and thereby be harmful to the course of treatment. Although the results concerned with the first hypothesis do not support Truax and Carkhuff's (cited in Carkhuff & Berenson, 1967) hypothesis, neither do they support the findings of much of the empathy-related literature, specifically, that counselor-offered empathy plays an important role in therapy process. As an example of the literature demonstrating the importance of counselor-offered empathy, Truax (1963), Barrett-Lennard (1962), and Hountras and Anderson (1969), to name a few, have shown counselor-offered empathy to be an important contributing factor to the success of therapeutic process and outcome, and Truax (1963) and Nagy (1972) have demonstrated that counselor-offered empathy aids in reducing client anxiety over the course of treatment. The results of the present study, however, are inconsistent with these general findings because in the present study it was found that counselor-offered empathy did not have a positive effect, nor any effect, on the clients' anxiety scores. On the basis of the findings of the empathy-related literature available, one might expect to find in the present study a difference in the anxiety scores of the subjects and the different experimental conditions, such that

subjects who received high levels of counselor-offered empathy would be less anxious during interview than subjects who received low levels of counselor-offered empathy.

Although the results of the present study indicate that counselor-offered empathy, whether high, medium, or low, has no measurable effect on client anxiety during the initial interview, it cannot be assumed that counselor-offered empathy does not play an important role during the initial interview in regard to the subjects' anxiety in later interviews or to later therapy process and outcome variables. It may be that counselor-offered empathy in the initial interview is important to counseling process and outcome even if it apparently does not directly affect the subjects' anxiety during the initial interview. It is conceivable, for instance, that the subjects' anxiety level during the initial interview is primarily predetermined by his prior expectations of the counseling session and counselor, rather than the actual empathy he receives from the counselor during this interview. If this is the case, it may be only after the initial interview, and the second or other later interviews, that counselor-offered empathy begins to have an effect on the client's anxiety and other process variables. Presumably, then, it may take one or more interviews before the effect of the subject's prior expectations are cancelled by the cumulative effect of the counselor-offered empathy that he or she has received since beginning treatment.

A further implication with regard to the first hypothesis that one might develop based upon the results of the present study is that

the relationship between counselor-offered empathy and client self-exploration does not hold true in the initial interview. Truax and Carkhuff's (cited in Carkhuff & Berenson, 1967) original hypothesis (high levels of counselor-offered empathy may be deleterious to therapy process and outcome because it may cause high levels of client anxiety) is based on the belief that a client experiences high levels of anxiety in the initial interview because higher levels of counselor-offered empathy promote deeper levels of client self-exploration before the client is ready to cope with this anxiety-producing material. It may be, however, that the relationship between counselor-offered empathy and client self-exploration does not hold true in the initial interview. It is conceivable, for instance, that in the initial interview, no matter how empathic the counselor, the client is more guarded than he is in subsequent interviews and more concerned with exploring the specifics of his relationship with the counselor than engaging in self-exploration. If it is the case that the client does not engage in self-exploration in the initial interview as a function of the level of counselor-offered empathy he receives in that interview, it would explain why the subjects' anxiety scores were not affected in the present study by the level of counselor-offered empathy which they received in that interview.

The final explanation for the difference found in the present study and that reported by Truax and Carkhuff (cited in Carkhuff & Berenson, 1967) may be based on the difference in populations sampled by the two studies. As mentioned previously, the subjects for the

present study were college students, and although one-half of the sample size could be classified as highly anxious individuals and perhaps anxiety neurotics as suggested by their scores on the IPAT Anxiety Scale, they were apparently able to function in life effectively enough to maintain their status as college students. In other words, it is probably a safe assumption that most of the subjects in the present study were nonpsychotic. The specifics of Truax's research on which Truax and Carkhuff originally based their hypothesis (too much counselor-offered empathy in the early phases of therapy may cause high levels of client anxiety) are unfortunately not available. It is well-known, however, that Truax's early research was performed at Mendota Mental Health Institute in Madison, Wisconsin. Mendota is a state-operated inpatient facility, so it may be safe to assume that many of the client-subjects on which Truax based his hypothesis may have been severely emotionally disturbed or psychotic. It may be, then, that Truax and Carkhuff's hypothesis only holds true for psychotic subjects. It is possible, for instance, that psychotic individuals are adversely affected by greater levels of counselor-offered empathy in the initial interview by virtue of their limited ego strength and lesser capacity for coping with anxiety-producing material, while neurotics having greater ego strength are not adversely affected by the greater self-exploration elicited by higher levels of counselor-offered empathy.

The second hypothesis postulated in the present study (there will be no relationship between the subjects' anxiety scores and the

subjects' choice to terminate or continue counseling) was also supported by the results of the present study. Part of the focus of the present study was to further investigate premature termination by subjects, particularly in terms of the client's anxiety level and/or the level of counselor-offered empathy as potentially influencing factors in the subjects' choice to continue or to terminate counseling after the initial interview. The results of the present study demonstrate that the subjects' anxiety level during the initial interview was not a determining factor in their decision to continue or to terminate counseling. The issue of premature termination of counseling has been considered and investigated by many authors (Borghi, 1968; Folman, 1973; Garfield, 1969; Giannandrea, 1973), and such diverse factors as the rejection of nondirective counselors by dependent females and the quantity of the counselors' self-disclosure have been suggested as variables which contribute to early termination. The results of the present study, however, suggest that the anxiety experienced by the subjects in the initial interview is not one of the contributing factors to subjects' choices to continue or terminate therapy prematurely. This does not mean, however, that at some point in the counseling process anxiety level does not play a significant role in a client's decision to continue or terminate treatment, but only that the anxiety experienced during the initial interview is not a factor.

Some therapists may feel that the anxiety level of a subject never plays an important part in the subject's decision about length

of time he or she stays in therapy. However, it would seem likely, and perhaps most clinicians would agree, that as a subject becomes less anxious, he or she is more likely to wish to terminate. This is obviously not always the case, however. There are those clients that terminate prematurely out of sheer panic about getting closer to either his problem or the therapist. There are also those clients who, even though they have little anxiety, may trust and are comfortable with the therapist and wish to remain in therapy even though they are not working hard on their problems. The implication of the present study, at least as far as the present study was able to accurately assess, with regard to the second hypothesis, is that apparently other factors such as those mentioned in this paragraph are the primary determinants in a subject's choice to continue or terminate counseling, and the anxiety he or she experiences in the initial interview is not a factor in this decision.

The third hypothesis postulated in the present study (subjects in the various experimental conditions would not differ in expressed likelihood to continue counseling after the initial interview) was not supported by the findings of this study because of the interaction effect found to exist between the level of counselor-offered empathy which subjects received and their respective trait-anxiety level. The interaction effect yielded indicates that high and low trait-anxiety subjects' choice to continue counseling following an initial interview is differentially affected by the various levels of counselor-offered empathy which they receive. Specifically, it was found that as the level of counselor-offered empathy increased from low to high,

the low anxiety subjects progressively increased their desire for further counseling. The high-anxiety subjects, however, while considerably higher initially in their desire for further counseling than the low-anxiety subjects, lowered their expressed desire in the medium empathy level to a position slightly below that of the high-anxiety subjects. In the high-empathy condition, the high-anxiety subjects' stated desire for further counseling increased to a position slightly above the position of the low-anxiety subjects. These results can perhaps best be explained by Festinger's (1957) theory of cognitive dissonance. The theory of cognitive dissonance states that people strive to maintain some degree of consistency in their views of themselves and their environments. According to the theory, cognitive dissonance (cognitive elements which exist in dissonant relationships with each other) function like a drive and produce pressure to reduce the dissonance. This pressure is consistent with the amount of dissonance that is experienced by the individual and can be reduced by either changing one of the cognitive elements involved, adding new elements, or by decreasing the importance of the elements.

In way of further background information to explain the interaction obtained in the present study, it is necessary to again examine the differences between low, medium, and high counselor-offered empathy. In the low-empathy condition the subjects' verbalizations are responded to in an entirely inconsistent manner. The counselor shows no understanding of what the subject is trying to communicate

and in turn communicates irrelevant material to the client. At the middle level of empathy, the counselor is reflecting back to the subject exactly the same feelings that the subject communicates. At the highest level of empathy, the counselor responds to client feelings or expressions which the subject may not be consciously aware of and, thus, presents additional material which may be slightly beyond the subjects' present awareness.

If the empathy levels were ranked according to their potential for creating cognitive dissonance, it would seem, then, that the low-empathy condition could potentially create the highest cognitive dissonance followed by the high-empathy condition, and finally the middle-empathy condition would have the least potential for creating cognitive dissonance.

As mentioned earlier, an individual can reduce cognitive dissonance by adding new cognitive elements to those which they already hold, changing one of the cognitive elements involved, or by decreasing the importance of the elements. In the context of the present study, then, the subjects could conceivably request further counseling in order to attempt to acquire new cognitive elements more consistent with those cognitive elements which they were presented with during the initial interview, or they could volunteer for further counseling in hopes of mastering the counseling situation and eradicating those cognitive elements presented to them during the first session. It is also conceivable that in the attempt to reduce cognitive dissonance the subject might decrease the importance of the



elements by deciding that the counseling was not threatening and thereby be more likely to continue in counseling.

On the basis of cognitive dissonance theory, then, one would predict that those subjects who received the lowest empathy condition would be more likely to continue counseling followed by those subjects who were in the highest empathy condition, and that the subjects in the middle-empathy condition would be the least likely to continue treatment. As the results indicate, this is exactly the pattern that occurred for the high-trait-anxiety subjects. The low-trait-anxiety subjects did not follow this pattern, but this result is also explainable in terms of cognitive dissonance theory.

It appears that low-anxiety subjects presumably more secure in their own identity are able to disregard the inconsistent cognitive elements received from their counselors, feel less cognitive dissonance, and in general find increased levels of counselor-offered empathy to produce a more meaningful experience. As the empathy level offered by the counselor increases, therefore, the low-anxiety client becomes increasingly motivated to continue counseling. However, being lower in trait-anxiety and presumably not experiencing much discomfort in their lives, they are never very motivated, as the results indicate, to become involved in a counseling process.

#### Limitations of the Study

Notwithstanding the precautions taken to make the present study a valid research effort, there are several variables which quite likely contaminated the results and, thereby, in the context of the

first hypothesis may have yielded a type 2 error or, in other words, the null hypothesis was falsely accepted when there really is a difference in the anxiety scores of the subjects who receive high, medium, or low counselor-offered empathy. In this context, it is important to consider the possible effects of the experimental situation employed and those factors which were associated with the subjects, such as their attitudes toward the experiment. For instance, Persky, Grosz, Norton, and McMurtry (1959), in an investigation of physiological reactions to anxiety-producing situations, determined that a stimulus may fail to elicit arousal either because it may be insufficiently meaningful, of inadequate intensity, or insufficiently sustained. It is possible, then, that since the subjects were incentive volunteers, they may not have taken the counseling session seriously, in which case the possible effects of the various experimental conditions would possibly not have been elicited.

Regarding the use of volunteer subjects in similar research, however, many authors (Kruglanski, 1973; Raymond & King, 1973; Waters & Kirk, 1969) claim to have found no difference between volunteers and nonvolunteers. The research just cited will now be discussed in order to demonstrate its nature and the manner in which the present Researcher tried to control for possible confounding variables, and at the same time demonstrate a design weakness of the present study.

Kruglanski (1973) argued that with the wide range of potential reasons for which a subject may volunteer to participate in an experiment, it is highly unlikely that volunteer status should exhibit any

degree of consistency in its relation with other psychological variables; and he went on to point out that volunteer status has not been shown to represent any unitary psychological variable. In this same vein, neither Raymond and King (1973) nor Waters and Kirk (1969) were able to find any differences between volunteers and nonvolunteers on a variety of motivational-personality, biographical, or value variables. In yet another study, Overall, Goldstein, and Brauzer (1971) found that subjects not currently in treatment, but with symptoms of anxiety and who volunteer for psychiatric research, can serve as adequate clinical models by virtue of their similarity to an actual patient population. It should be remembered that the high-anxiety subjects utilized in the present study resembled the symptomatic volunteers used by Overall, Goldstein, and Brauzer in terms of an established criterion and measurable level of high anxiety.

It should be further noted that the subjects used in the present study did fit the criterion specified by Burns (1974) for incentive volunteers, i.e. the subjects in the present study were able to satisfy a required class project by participating in the experiment. Burns (1974) has demonstrated that the incentive volunteer is more similar to the nonvolunteer than to the volunteer and that, therefore, the results obtained from research in which the subjects are incentive volunteers may be more generalizable. Of further significance regarding incentive volunteers, MacDonald (1972) claimed that of subjects who were required to participate in an experiment, those who signed up early for participation were more similar to volunteer subjects

and, therefore, provide a greater potential source of bias. This potential source of bias was eliminated in the present study by inviting only a randomly selected portion of the class members to participate.

The reader can see, then, that there appears to be no basis for the criticism that the subjects used in the present study differed in terms of personality traits or type from actual clients. Sundberg (1977), in his book on the assessment of persons, however, points out that individuals may be assessed with regard to three different classification schemes. These schemes are type, trait, and person-environment transactions. The studies cited with regard to the use of volunteers as research participants have not dealt with one of the issues critical to the present study, that of person-environment transactions. The cited studies have only demonstrated that volunteer research subjects do not differ from real counseling clients with regard to personality type or traits. In other words, although the subjects in the present study may have been similar to actual psychotherapy clients in terms of their personality traits or type, the unique circumstances of the experimental counseling sessions in the present study, and the volunteer subjects' attitudes toward these sessions, may have differed sufficiently from the session circumstances and client attitudes in a real counseling session to have confounded the present study's findings. It is, for instance, highly likely that the research clients in the present study regarded the experimental counseling sessions as just an exercise and did not participate as completely as a real client might.

Another possible contaminating influence in the present study was the fact that the subjects were audiotaped. Tanney and Gelso (1972), for instance, found that clients were more inhibited in a tape-recorded interview. If indeed the tape-recording was an inhibiting factor in the present study, it is possible that despite high levels of counselor-offered empathy, the subjects may not have engaged in enough self-exploration to reach anxiety-producing material. It is conceivable that had the subjects not been tape-recorded, Truax and Carkhuff's (cited in Carkhuff & Berenson, 1967) hypothesis might have been supported by the present study. In other words, the study might have indicated that consistently high levels of counselor-offered empathy produced high levels of anxiety in an initial interview.

Some of the potentially contaminating factors discussed for the first hypothesis also apply to the second hypothesis (there will be no relationship between the subjects' anxiety scores and the subjects' choice to terminate or continue counseling after the initial interview) and the third hypothesis (there will be no difference in the subjects' likelihood to continue counseling for the different experimental conditions). It may be, for example, that since the subjects were not actual clients, they did not seriously consider the opportunity for continued treatment. The results, therefore, may have been different had the subjects been actual clients instead of incentive volunteers. In the same context, it may be that since the initial counseling session was conducted Spring Quarter, the subjects were reluctant to begin a counseling process because of the likelihood that they would not be able to carry it on at the end of the school

year due to summer vacations from school. The volunteer subjects may also have not been motivated to begin counseling because client problems typically appear fewer and less intense to clients in the spring due to the effect of the better weather.

Another possible source of bias on the subjects' responses to the Likelihood to Continue Counseling Questionnaire and, therefore, the second and third hypotheses of the present study, was the method used in the present study to maintain the client-subjects' anxiety that they experienced during the interview while they responded to the two paper and pencil self-report anxiety measures (MAACL and STAI). Specifically, the interview was stopped, and the subjects were told that the interview would resume again after they had completed the two questionnaires, but that they should respond to the questionnaires as they were feeling now during the interview. Since the interview was not continued, it may be that after the subjects were told the interview would not, after all, be continued at that time, they were critical of this procedure, perhaps offended, and, therefore, their responses on the Likelihood to Continue Counseling Questionnaire were biased. It should be noted, however, that no subjects voiced any such dissatisfaction or seemed offended by the procedure.

A subjective analysis of the subjects' answers to the Likelihood to Continue Counseling Questionnaire yields additional support to the idea that the results with regard to Hypotheses 2 and 3 may have been different if actual clients were used in the present study.

Specifically, there were 30 out of 54 subjects who felt that their lack of free time was a major component in their decision to continue or not to continue counseling. This suggests that the pressures of college life may have been an additional contaminating variable that would normally not exist for non-university subjects, nor would it be as likely to be used as a reason among clients with real rather than experimentally induced anxiety.

As a final thought regarding contaminating variables, the fact that there were only 13 subjects who answered affirmatively when asked if they felt a need for counseling, lends some credence to the argument that the subjects of this study did, in fact, differ from actual clients quite likely in terms of true anxiety levels and/or a felt need (motivation) for counseling. If true, this obviously would have biased the results.

#### Suggestions for Further Research

The most serious contaminating influence on the present study was perhaps the use of incentive volunteers as subjects. The most plausible recommendation for further research, then, would be to use real clients in a duplication of the present study. However, this does not seem to be a reasonable suggestion as a means of eliminating the contaminating influence because of ethical considerations. It would seem abusive to subject a real client, who is motivated in seeking counseling on his/her own initiative, to an initial interview in which a counselor is functioning at the lowest level of counselor-offered empathy. In the same context, one might reasonably wonder if,

perhaps, there are not some counselors who typically function at the lowest level of empathy who could be observed to determine the effect they have on the client's anxiety and likelihood to continue counseling. The problem with this approach to the areas under investigation in the present study would be the lack of experimental controls that could be exerted over potentially contaminating variables, such as other various counselor characteristics.

There seem to be, then, two avenues of investigation which might shed more light on the findings of the present study. First, it would prove beneficial to the interpretation of the present study and to a great many other studies if further research was directed towards investigating the differences in person-environment transactions of real clients and volunteer clients. More specifically, the question remains as to whether various person-environment variables produce a difference in the perception of and behavior during a counseling session for real versus volunteer clients. The second course of investigation which might prove helpful to clarifying the results of the present study would be to make other changes in the duplication of the present study. For instance, inasmuch as the subjective analysis of the Likelihood to Continue Counseling Questionnaire revealed that many of the subjects felt their schedules were too busy to make arrangements for further counseling, perhaps the use of non-college-student volunteer subjects would eliminate this problem. In the same context, this would eliminate another potential source of bias which might have been operating in the present study,



that being, the college-student volunteer subjects' reluctance to begin a counseling process because they would have been leaving for summer vacation in a couple of months. The length of the experimental interview might also be increased from 30 to 50 minutes, making the experimental counseling session even more similar to an actual counseling session. One last possible recommendation with regard to changes that might be made in a duplication of the present study would be to eliminate the procedural step in which the subjects were told that an interview would be continued after they had completed the two self-report, state anxiety measures (STAI, MAACL). As mentioned previously, the latter approach was taken in the present study because it was felt that this method would give a more accurate picture of the subjects' state anxiety and help to eliminate any potential bias on their responses from the Likelihood to Continue Counseling Questionnaire, which was filled out at the same time. It is possible, however, that the method used produced invalid results on the Likelihood to Continue Counseling Questionnaire because, as mentioned previously, the subjects may have been critical about responding to the questionnaire after initially being told that the counseling session would resume after they completed their two state-anxiety measures (STAI, MAACL) and, then, before they completed the Likelihood to Continue Counseling Questionnaire, being told that, in fact, the counseling session would not be continued at that time.

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APPENDICES

Appendix APre-test Pulse Rate

## PULSE RATE

Name \_\_\_\_\_

Date \_\_\_\_\_

Pulse rate per minute \_\_\_\_\_

Date \_\_\_\_\_

Pulse rate per minute \_\_\_\_\_

Date \_\_\_\_\_

Pulse rate per minute \_\_\_\_\_

Date \_\_\_\_\_

Pulse rate per minute \_\_\_\_\_

Average \_\_\_\_\_

On the reverse side list any medication or strenuous activity taken prior to any of the readings.



Appendix BInstructions for Participants

## Instructions for Participants

The second part of this experiment will take place in the counseling office on the top floor of the education building at the time you signed up for and will involve your participation in a counseling session. Counseling is basically an interpersonal relationship between two people which involves self-exploration on the part of the client. Self-exploration entails looking at one's own behavior with the help of the counselor in order to understand one's own feelings and interactions with others. Upon gaining understanding the client begins to alter his behavior to become more effective intra- and interpersonally.

There are always problems and areas which people can improve. Such topics are sometimes difficult to discuss with others, but in order to make this session worthwhile for you it is strongly recommended that you select a particular area to focus upon during the upcoming counseling session.

If you find this session useful and wish to continue counseling, please contact Duncan Adams in order to make further arrangements.

office 752-4100, ext. 7591  
home 753-5014

Appendix CQuestionnaire

1. If you plan to continue counseling, would you like us to make arrangements for you? yes no
2. When is a convenient time for you?
3. Would you like to keep the same counselor? If the answer is no, please state why. Your comments will remain confidential. yes no
4. Do you find it difficult to discuss your problems with a counselor? yes no
5. Many people feel that it is better to work one's problems out by themselves. Do you agree? yes no
6. Is lack of free time a major factor in scheduling weekly one-hour counseling sessions? yes no
7. How much time would you like to devote to counseling a week?  
0 hours    Less than 1 hour    More than 1 hour
8. Some people feel that another individual can never really understand them. Do you agree? yes no
9. At this point in your life, do you feel any need for counseling? yes no

## Key

1. 1 point for yes
2. 1 point for a specific time
3. 1 point for yes
4. 1 point for no
5. 1 point for no
6. 1 point for no
7. 1 point for less than 1 hour  
2 points for more than 1 hour
8. 1 point for no
9. 1 point for yes

Appendix D

Carkhuff's Empathic Understanding in Interpersonal Processes Scale

Level 1

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

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

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

Level 2

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

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

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

### Level 3

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

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

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

### Level 4

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

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

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

### Level 5

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

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

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

## VITA

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Doctor of Philosophy

Dissertation: The Effects of Various Levels of Counselor-offered Empathy on Client Anxiety in the Initial Counseling Session

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Professional Experience:

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Examiner for Educational Support Systems--Salt Lake City, Utah. Two days a week from Feb.-April 1974. A federally funded research project in which I administered to and evaluated individual test batteries of elementary and secondary students in the Davis County School District.

Counselor--Graduate assistantship from Sept. 1974-June 1975 in the Utah State University Counseling Center. Involved psychotherapy, vocational counseling, psychological and interest testing.

Counselor at Hillside School Inc., Logan, Utah, from April 1974-July 1975 for an average of 17 hours a week. Hillside School is a residential treatment center for

severely emotionally disturbed adolescents. My responsibilities included involvement in the behavioral management programs, supervision of day-to-day student activities and two therapy cases.

Child Clinical Psychologist at the Sheboygan County Mental Health Center, Sheboygan, Wisconsin. A Ph.D. position held from Jan. 1977 to present. Professional experiences have included the following:

- Individual psychotherapy
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- Child management counseling
- Psychodiagnostic testing of adults and children
- Case management
- School consultation
- Public education-presentations to community groups, development of a weekly prevention-oriented, mental health column in the local newspaper
- Consultation to nursing homes
- Consultation to Sheboygan County Department of Social Services
- Supervision of M.A. psychologists and psychology graduate students
- Program development--development of a children's volunteer program in which volunteers receive training and work via individual behavioral programs with children who are referred to our facility with problems which do not require intensive professional treatment
- Liaison responsibilities to a preventive mental health steering committee in the Green Bay, Wisconsin, District
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