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EMPATHIC UNDERSTANDING : MYTHICAL OR MYSTICAL
AN EXPLORATORY STUDY
INTO THE NATURE OF EMPATHY AND THE RELATIONSHIP
BETWEEN EMPATHY, PERCEIVED SIMILARITY AND
COMPATIBILITY

A thesis
presented in partial fulfilment
of the requirements for the Degree
of
Master of Education,
in Education and Psychology
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University of Waikato

by
LYNETTE A. YEOMAN

ABSTRACT

The objectives of this exploratory study into the nature of empathy were two-fold. First, to investigate the association between two measures of counsellor empathy, the Barrett-Lennard Relationship Inventory (BLRI), rated from the perspectives of counsellors and clients and the Truax/Carkhuff Accurate Empathy Scale (TCAE) rated from the perspectives of observers, counselling supervisors and counsellors. Secondly, to investigate whether there was a relationship between empathy and dyadic compatibility (as measured by the FIRO-F scales), or empathy and the occasions, nature and degree of counsellor and client perceived similarity to the other (as described in post-counselling interviews).

Sixty counsellor-client dyads (24 dyads across 1 - 3 sessions per dyad) were videotaped during counselling. Counsellors and clients were then interviewed independently, subsequent to each counselling session.

The results of the study were described in three sections. Part 1 reported that while the BLRI and the TCAE scale both exhibited a high degree of reliability, they appeared to be measures of different constructs. Results of a factor analysis suggested that not only must the two instruments be treated as independent measures of empathy, but that ratings made from differing counselling perspectives (counsellor, client, external judge) using the same instrument, must also be treated independently.

Client ratings of perceived similarity to their counsellors, and client ratings of counsellor (BLRI) empathy were highly correlated although there was no correlation between counsellors' perceived similarity to clients, and counsellor, observer or supervisor ratings of empathy.

There was no correlation between FIRO-F dyadic compatibility and either perceived similarity or empathy.

Part II involved an intensive case study comparison of specific dyadic rating patterns across measures of empathy, with patterns obtained from a content analysis of counsellor interview responses to questions on the occasions, nature and degree of similarity perceived between self and other. A complex matrix of findings was obtained which suggested that the link between empathy and counsellor perceived similarity to clients was not uniform and differed across both levels of empathy and perceived

similarity.

Part III presented an historical review of the nature of empathy, undertaken in order to clarify and interpret earlier reported findings. It was suggested that conceptualizations of empathy have altered markedly over time, largely as a result of researcher's and counselling trainer's need for observable, measurable and trainable processes within counselling. An eight phase model of the process by which empathic understanding may occur was presented, and the manner and extent to which the model could be deemed accountable for the findings of the present study was discussed.

It was suggested that the divergent state of research associated with empathy may be largely attributable to the emphasis placed on one or several phases of the process to the exclusion of other phases. Suggestions for further research were offered, and the question was raised as to whether either the BLRI or the TCAE scale were in fact tapping any of the phases of empathy described in the present study.

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1984

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PART 1

CHAPTER 1

INTRODUCTION

Much research has been directed towards determining factors which may influence the course of counselling and psychotherapy. Research has focused in particular, upon therapist characteristics (Bandura, 1956; Barak & La Crosse, 1975; Gurman & Razin, 1977; Wing Sue, 1978), client characteristics (Betz, 1962; Kirtner & Cartwright, 1958; Lerner & Fiske, 1973), therapeutic techniques (Eysenck, 1960; Horwitz, 1974; McCarthy & Betz, 1978; Murphy, 1972; Turock, 1978; Wolpe, 1958) and factors affecting the quality of the client-therapist relationship (Boorstein, 1979; Carson & Heine, 1962; Gonyea, 1963; Gurman, 1973; Mendelsohn & Geller, 1963; Malloy, 1981; Parloff, 1956; Rogers, 1959; Swenson, 1967; Truax & Carkhuff, 1967).

Despite this attention, results remain at best inconclusive (Bergin & Garfield, 1971; Gurman & Razin, 1977; Howard & Orlinsky, 1972; Kiesler, 1973; Kurtz & Grummon, 1972; Luborsky, Chandler, Auerbach & Cohen, 1971; Meltzoff & Kornreich, 1970; Shapiro, 1974; Strupp & Bergin 1969).

Rogers' (1957) classic work on the necessary and sufficient conditions for positive outcome in therapy has provided the impetus for a considerable amount of research into the client-therapist relationship. Rogers (1955, 1959, 1975) asserted that certain therapeutic conditions were necessary for the occurrence of positive client change. Among these he included the therapist qualities of genuineness, unconditional positive regard, non-possessive warmth, congruence and empathy.

It is the quality of empathy which is the primary focus of this investigation.

1.1 The Problem

The concept of empathy is frequently raised in conjunction with the discussion of variables which may affect process and outcome factors in counselling and therapy.

However, both definitions and measures of empathy differ widely.

Hackney (1969) observed that by 1968, twenty one different definitions of empathy could be documented in the counselling literature alone.

The earliest and most well known therapeutic application of the concept has been frequently attributed to Rogers (1955, 1957, 1959) (Hackney, 1978; Truax & Mitchell, 1971), although Hackney (1978) notes that Reik (1949) and Sullivan (1953) also refer to the condition of 'empathy'.

A number of lesser known references to empathy within therapy extend beyond a Rogerian or client-centered framework and may be found within a wide range of psychological schools of thought, including aesthetics, person perception and social psychology, role theory and analytical psychology.

Hogan (1975) notes,

It is difficult to define empathy in a way that will meet with general approval because the word has several different phenomenological referents that are difficult to encompass within one concept (p.14).

Bachrach (1970) more optimistically states,

Almost irrespective of theoretical orientation, the concept of empathy ... refers to the ability of one person to experientially 'know' what another is experiencing at any given moment, from the latter's frame of reference, through the latter's eyes (p. 35).

Unfortunately, overviews of empathic theory and research have seldom been attempted (Hornblow, 1980), because of the conceptual, chronological and methodological diversity of the writing, the wide range of potential sources for publication, the lack of apparent collaboration between writers, and the lack of recognition attributed by one school of psychological thought to research efforts beyond their own areas of specialization.

Hornblow (1980) remarks that:

Psychoanalytic writers ... generally only review their own writings, noting a lack of scientific data while disregarding research undertaken outside their own area. Similarly, researchers in the client-centered tradition generally disregard the writings of psychoanalysts and workers in the area of person perception. Reviews in the area of person perception discuss pre-1955 studies ... but seem unaware of post-1955 ... research - for example, the large number of studies using the Barrett-Lennard and the Truax & Carkhuff scales (p. 23).

Hornblow (1980) suggests that conceptualizations of empathy may differ in a number of ways. Differences outlined by Hornblow are presented below in the form of four dichotomies.

1. The emphasis placed upon the cognitive dimension (Shantz, 1975) compared with the affective dimension (Hoffman, 1975; Lipps, 1897; Sullivan, 1953).
2. The importance attributed to the overt dimension (Carkhuff, 1969; Hogan, 1975; Means, 1973; Turock, 1978) in preference to the covert dimension (Greenson, 1960; Fromm-Reichman, 1950; Katz, 1963; Schafer, 1959).
3. The pre-eminence of the verbal dimension (Truax & Carkhuff, 1967; Wilson, 1972) over the non-verbal dimension (Sullivan, 1953; Szalita, 1976).
4. The attribution of empathy to innate determinants (Mumford, 1967; Weighart, 1961) over situational factors (Hogan, 1975).

Hornblow also differentiates empathic referents according to theoretical origins, and distinguishes between the psychoanalytic school of thought (Bachrach, 1968; Fromm-Reichman, 1950; Schafer, 1959; Szalita, 1959; the Jungian orientation, (Fordham, 1972); the client-centered perspective (Barrett-Lennard, 1962; Rogers, 1957) and the social-psychological stance (Cronbach, 1955; Hogan, 1975).

A number of instruments have been devised to measure empathy from the perspectives of either the client, the therapist or trained observers, using a multiplicity of techniques ranging from participant observation to rating scales; semantic differentials to behaviour checklists (Bachrach, Luborsky & Mechanick, 1974; Barrett-Lennard, 1962; Campbell, Kagan & Krathwohl, 1975; Carkhuff, 1969; Cartwright & Lerner, 1963; Danish & Kagan, 1971; Dymond, 1949; Halkides, 1960; Hogan, 1969; Truax & Carkhuff, 1967). Several instruments, or sub-scales of instruments constructed for other purposes have also been adapted for use as measures of empathy, including the TAT (Dymond, 1950), the MMPI (Hogan, 1969) and the Rorschach (Allen, 1972; Bachrach, 1968).

Despite the apparent definitional dilemma, psychological journals abound with research into the correlates of empathy (Bergin & Solomon, 1970; Bergin & Strupp, 1972; Fischer, Paneza & Kickertz, 1975; Gellen, 1970; Gurman, 1973; Heck & Davis, 1973; Loech, 1975; Mintz & Luborsky, 1971; Teppler & Haase, 1978; Tien-Tehlin, 1973); the relationship between empathy and outcome (Bozarth & Grace, 1970; Hansen, Moore & Carkhuff, 1968; Hountras & Anderson, 1969; Kratochvil, Aspy & Carkhuff, 1967; Kurtz & Grummon, 1972; Lesser, 1961; Rogers, Gendlin, Kiesler & Truax, 1967; Truax, 1966; Vanderveen, 1970); and the development of empathic skills through training (Bullmer, 1975; Carkhuff, 1969, 1971, 1972; Egan, 1975, 1976; Ivey, 1971, 1978; Kagan, 1973; Means, 1973; Saltmarsh, 1973; Turock, 1978).

Results of the above studies, determined through use of a variety of methodological procedures and measurement devices, have been as frequently reported to be negatively correlated or uncorrelated with the dependent variable or with therapeutic 'outcome', as they have been positively correlated.

Hornblow (1980) remarks that

Studies in which the concept of empathy has been discussed ...are frequently repetitive and ... results have been equivocal. There are many widely different conceptualizations of empathy and... no agreed-on theoretical or operational definition ...Overall the literature is characterised by divergence and isolation

rather than convergence and integration of viewpoints (p. 19, 20).

The disparity of results has been attributed to the theoretical perspective of the investigator (Bachrach, 1975; Feshback, 1976; Hackney, 1978) as well as to methodological weaknesses or reliability and validity limitations of the instruments (Chinsky & Rappaprt, 1977; Grief & Hogan, 1973; Kurtz & Grummon, 1972; Lambert & De Julio, 1978). Nevertheless, reviewers such as Bergin (1966), Carkhuff (1972), Strupp & Bergin (1969), Truax & Mitchell (1971), have concluded that the accumulated evidence demonstrates both the importance of accurate empathy in determining therapeutic outcome and the efficacy of the Carkhuff Human Resource Development training model in, among other attributes, developing therapist accurate empathy.

The utility of empathy within therapy has been purported to extend across differences in theoretical orientation (Bordin, 1968; Gonyea, 1973; Krumboltz, 1966; Tyler, 1969). Truax (1972) for example, contends that the skill of accurate empathy has a positive effect upon therapeutic outcome both within and outside client-centered therapy. Other writers have disputed the claims of Truax, Carkhuff and associates, both in terms of the importance of empathy in determining therapeutic outcome and the generalisability of the concept beyond the Rogerian framework (Bergin, 1971; Bergin & Jasper, 1969; Gladstein, 1970; Hogan, 1975 Kurtz & Grummon, 1972; Lambert, De Julio & Stein, 1978).

The few studies which have investigated the relationship between different measures of empathy have generally reported low, positive or negative correlations between instruments. For example, Bozarth & Grace (1970), Caracena & Vicory (1969), Fish (1970), Hansen, Moore & Carkhuff (1968) and McWhirter (1973), in investigating the relationship between the Accurate Empathy scale (Truax & Carkhuff, 1967) and the Relationship Inventory (Barrett-Lennard, 1962) all obtained non-significant correlations between the two instruments. Kurtz & Grummon (1972) compared six different measures of empathy: a situational measure, The Affective Sensitivity Scale (Kagan, Krathwohl, Goldberg, Campbell,

Schauble, Greenberg, Danish, Resnikoff, Bowes & Bondy, 1967); two predictive measures, The Interpersonal Checklist, (La Forge & Suczik, 1955) and Langfield's (1967) modified version of the Kelly Role Concept Repertory Test; judged tape ratings, Carkhuff's (1969) Empathic Understanding scale, based upon the Accurate Empathy scale; and two measures of perceived empathy, The Relationship Inventory (Barrett-Lennard, 1962) rated from the perspectives of both client and therapist. They found that none of the measures correlated significantly with each other and that even the two measures of perceived empathy, using the same instrument rated from different counselling perspectives, were unrelated.

Although a considerable amount of validation data has been reported on the Accurate Empathy Scale (Truax & Carkhuff, 1967), the Barrett-Lennard (1962) Relationship Inventory, The Affective Sensitivity Scale (Kagan, et al, 1967) and Hogans Empathy Scale (1969), it remains difficult to establish effectively the validity of such instruments, because of the nebulousness of the concept, the problems associated with operationalisation of definition, the use of non-experimental conditions and the obtaining of independent validation criteria (Hornblow, 1980). The Accurate Empathy Scale for example, has come under criticism from time to time during the last decade on grounds of unreliability and invalidity (Bozarth & Krauft, 1972; Chinsky & Rappaport, 1970; Gormally & Hill, 1974; Lambert, De Julio & Stein, 1978). Differences in the methods by which raters are selected and trained to use the Accurate Empathy Scale (Bozarth & Grace, 1970; Cronbach, 1960; Hoffman, 1977; Shapiro, 1974; Strahan & Zytowski, 1976) and the stage during the counselling interaction at which ratings of empathy are made (Bergin & Suinn, 1975; Gurman, 1973; Karl & Ables, 1969) have also been advanced as possible sources of error variance.

This confusion of research findings is exacerbated by the frequency with which methodologically dissimilar studies, such as those using a single client and several counsellors (Carkhuff & Burstein, 1970), a single counsellor and several clients (Gurman, 1970), analogue studies (Barak & La Crosse, 1975; Schmidt & Strong, 1971; Spiegel, 1976) and coached clients (McWhirter, 1973) have been used to compare

and assess the utility of measures of empathy or to make judgements about the relationship between empathy and outcome.

While the bulk of the criticism directed toward research into the measurement and correlates of empathy has been associated with methodological inconsistencies or psychometric issues, several reasons of a more conceptual nature have been offered for the lack of relationship between ratings made from different counselling perspectives (counsellor, client, observer).

Truax & Carkhuff (1967) suggest that the magnitude of the correlation varies with the level of disturbance of the patients making the rating. They, together with Hansen, Moore & Carkhuff (1968) among others, state that clients often misperceive their therapist's level of empathy and that therapists and observers are probably more accurate judges of empathy than clients.

However, Barrett-Lennard (1962) and Kurtz & Grummon (1972) contend that therapists probably overrate their ability to empathically understand.

Hill (1974) after comparing the ratings of judges, clients and therapists on the Carkhuff Empathic Understanding scale, argues that differences in client and therapist expectations of therapy may account for the lack of relationship between rated perspectives.

While most researchers have assumed that therapist empathic qualities remain fairly constant, a number of studies indicate that this appears not to be the case and suggests that counsellors' level of empathy may differ both between and within sessions, and across clients (Bandura, Lipsher & Miller, 1960; Gormally & Hill, 1974; Lambert & Beir, 1974; Lambert & De Julio, 1977; Katz, 1963; Pierce & Schauble, 1970).

In addition to the above-mentioned factors the influence of sex, non-verbal communication, length of time in therapy, setting, therapist experience and training have all been posited as possible reasons for the diversity of relationship between empathy and other process and outcome variables (Fish, 1970; Gurman, 1973; Haase & Tepler, 1972; Heck & Davis, 1973; Kurtz & Grummon, 1972; Olesker & Balter, 1977).

Overall, the state of the literature associated with empathy is so fraught with ambiguity that it is difficult to know whether discrepancies in reported findings are due to differences in rating sample selection, perspective of the rater, instruments or methodology.

Lambert, De Julio & Stein (1978) highlight the divergence of research findings.

Despite more than 20 years of research and some improvements in methodology, only a modest relationship between the so-called facilitative conditions and therapy outcome has been found Contrary to frequent claims ...experimental evidence suggests that neither a clear test nor unequivocal support for the Rogerian hypotheses has appeared. Also the efficacy of Carkhuff's popular training model has not been established (p. 486).

With the exception of a few stringent critics who have focused upon the measurement of empathy, most research into empathy conducted over the last two decades has been with reference to outcome criteria, to studies where empathy has been used as an independent variable and the chosen measures of empathy assumed to be valid, or where empathy has been measured from only one counselling perspective.

There appears to have been little investigation into process factors which may affect the level of empathy or into qualities or skills which may determine the empathic potential of the therapist.

A fundamental question which remains unanswered is what produces variation in therapist empathy? To what relative extent do therapist personal characteristics, client characteristics, the interplay between therapist and client characteristics, therapist skills, training, experience, or problems associated with definition, measurement and methodology, singularly or in combination, account for the apparent differences in levels of empathy?

The purpose of the present study was two-fold: first, to compare counsellor empathy as measured by two different instruments; and secondly, to investigate the effect of two, little researched

process variables on counsellors' level of empathic understanding.

Despite the ambiguity of research findings, several instruments appear to have gained widespread acceptance and have been used more frequently than any other instruments for the measurement of empathy (Bachrach, 1976; Barrett-Lennard, 1981; Gurman, 1977; Hackney, 1978; Hogan, 1975). The three most well-known measures are the Barrett-Lennard (1962) Relationship Inventory, the Truax & Carkhuff (1967) 9-point Accurate Empathy scale and the Carkhuff (1969) 5-point Empathic Understanding scale - a derivative of the 9-point scale. The Barrett-Lennard Relationship Inventory and a 9-point composite scale (the Truax/Carkhuff Accurate Empathy scale) derived from combining the Truax 9-point and the Carkhuff 5-point scales, were chosen as the two measures of empathy most appropriate for inclusion within the present study. The theoretical assumptions underlying each of the measures of empathy and the reasons governing the selection of the instruments are provided in Chapter 2.

Two process variables, perceived similarity and dyadic compatibility, were included in the study in order to explore the effects of both counsellor-client compatibility and similarity on empathy as measured by the Barrett-Lennard Relationship Inventory and the Truax/Carkhuff Accurate Empathy scale. The concepts of dyadic compatibility and perceived similarity are described in Chapter 2.

Chapter 1.1 outlined the definitional dilemma and the inconclusive state of research associated with empathic understanding. It was noted that research emphasis over the last two decades had focused primarily upon the development and refinement of instruments for the measurement of empathy and the effect of counsellor level of empathy on therapeutic outcome.

In contrast, the present exploratory study was concerned with interpersonal process factors rather than outcome factors, in order to investigate whether the chosen variables related to the level of empathy exhibited by the counsellor or could be considered sufficiently likely contributors to the process of understanding empathically, to warrant further investigation.

1.2 Assumptions

Four major assumptions underlie many of the conceptual and methodological decisions made in conjunction with the design of this study.

1. The terms 'counsellor', 'therapist', 'counselling', and 'psychotherapy' have been used interchangeably, except when citing the work of other writers.

Gladstein (1970, 1977) distinguishes between counselling and therapy, and indicates that although empathy may be positively related to psychotherapeutic outcome, it has not been clearly shown to relate to counselling outcome. However, the divergency of results reported by Gladstein, the range of instruments used as measures of empathy and the small number of counselling studies available for review tends to suggest that Gladstein's findings may simply be a reflection of the general state of the literature associated with empathy.

In addition, the criteria outlined by Shertzer & Stone (1966) and Steffllre (1965), used by Gladstein to distinguish between counselling and therapy were considered inapplicable, since the range of techniques used by counsellors and the presenting problems of the clients in this study fell predominantly within the 'overlapping' area uniting both practices (Myers, 1971).

2. The divergency of thought on the relationship between empathy and therapeutic outcome has been outlined briefly in Chapter 1 but will not be discussed in detail within the parameters of the thesis since the focus of the study is on process factors associated with the nature and measurement of empathy rather than on empathy and outcome.

3. Researchers investigating the helping process have been accused over the last few years, of sacrificing meaning for rigour and much discussion has occurred over the dilemma of subjective versus objective methods of measurement and analysis (Goldman, 1976, 1977; Levine, 1974; Proshansky, 1976; Raush, 1974; Sprinthall, 1975;

Webb, Campbell, Schwartz & Sechrest, 1966; Wing Sue, 1981).

Within the present study it was considered important that research was potentially of practical use, as well as of academic interest. Consequently attempts were made to balance the need for scientific rigour with the concern for meaningful research. A variety of methods of data collection and analysis were included in an effort to obtain a careful synthesis of objective and subjective assessment, broad quantitative analyses and intensive case-study evaluations of a more qualitative form.

4. The study was assumed to be exploratory in nature, because of the apparent lack of research into perceived similarity and compatibility in relation to counsellor empathic understanding.

The processes subsequently involved in the formulation of the study were primarily inductive rather than deductive and the purpose of the study was toward hypothesis generation rather than hypothesis testing. While there are dangers inherent in such an approach (Kerlinger, 1974), the legitimacy of the practice has frequently been argued (Goldman, 1977; McCall & Simmons, 1969; Polanyi, 1962; Wolf, 1978).

1.3 Organisation of the Thesis

Chapter 2 discusses the concept and measurement of empathy, similarity and compatibility as they pertain to the present study; describes the significance of the topic; and presents the general and specific objectives of the research.

Chapter 3 provides the research design and methodology and outlines the construction and testing of instruments used within the present study.

Chapter 4 contains results of an empirical nature collated from analyses of measures of empathy, level of perceived similarity and degree of dyadic compatibility.

A discussion of the results presented in Chapter 4 is provided in Chapter 5.

Chapter 6 reports results of descriptive analyses of data, collected from post-counselling interviews conducted with both clients and counsellors.

A comparison of the empirical results associated with the measurement of empathy and the classification of counsellors' descriptions of perceived similarity to clients is also provided in Chapter 6.

Chapter 7 reviews literature associated with the nature of empathy (as opposed to its measurement) in order to clarify and interpret the results described in Chapters 4 and 6.

A model of the process by which empathic understanding may occur is presented in Chapter 8 and discussed with reference to the results reported in earlier chapters.

The final chapter contains an overview of the thesis; outlines in broad terms, the limitations of the study; discusses the implications of the study for counsellors and counsellor trainers; and offers suggestions for further research.

CHAPTER 2

EMPATHY, SIMILARITY AND COMPATIBILITY

The divergence of research findings associated with the measurement and importance of empathy within therapy was noted in Chapter 1.

It was stated that the general purpose of this exploratory study was to compare two measures of empathy and to explore the association between empathy, perceived similarity and dyadic compatibility.

Chapter 2 provides a conceptual framework for the instruments chosen as measures of empathy, places the concepts of similarity and compatibility within a therapeutic context, describes the significance of the topic and presents the objectives of the study.

2.1 Definitions Underlying the Most Commonly Used Measures of Empathy

The Barrett-Lennard Relationship Inventory, the Truax & Carkhuff Accurate Empathy scale and its derivative, the Carkhuff Empathic Understanding scale were selected as the most appropriate combination of instruments for the measurement of empathy within the present study, for several reasons.

First, as noted earlier, the instruments have been described as the three best-known and extensively used measures of empathy (Bachrach, 1968; Barrett-Lennard, 1981; Gurman, 1977).

Secondly, because the instruments are all deemed to be derived from the work of Rogers some degree of theoretical continuity is achieved.

Thirdly, whilst the underlying theoretical basis is comparable, the psychometric properties of the former scale differ markedly from those of the latter two scales, thus allowing for measurement across a variety of time and counselling perspectives.

Rogers (1959) defined the concept of empathy as follows:

The state of empathy, or being empathic, is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the 'as if' condition. Thus it means to sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives them, but without ever losing the recognition that it is as if I were hurt or pleased and so forth. If this 'as if' quality is lost, then the state is one of identification (p. 210-211).

Rogers (1957) earlier asserted that if the counsellor's empathy were to be effective in facilitating therapeutic change, it needed to be communicated to the client in some way. In separating the experience of empathy from the communication thereof, he essentially delineates two phases; a covert 'sensing' and an overt communication of what has been 'sensed'.

Truax & Carkhuff were two of the early researchers who attempted to measure the impact of Rogers "necessary and sufficient conditions for positive therapeutic change" and both are still current 'mainstays' in the field of empathy research and measurement. Truax & Carkhuff (1965,^a) initially defined empathy as the "skill with which the therapist is able to know and communicate the client's being" (p. 5). Whilst they include reference to both the overt and covert components described by Rogers, their description of empathy as a skill appears to differ from the tone implicit in Rogers definition above.

In an effort to design a scale for the measurement of empathy, Truax & Carkhuff (1967) further operationalise the concept by describing empathy as involving "both the therapist's or counsellor's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings". In a later work (Truax & Mitchell, 1971; p. 318), Truax acknowledges the reliance of his definition on verbal communication and confirms an earlier made assertion, that empathy is an "interpersonal skill which can be learned or sharpened with practice" (Truax & Carkhuff, 1967).

Carkhuff & Berenson (1967) further emphasise the verbal-skill component of the concept by referring to empathy as the counsellors striving to reflect the content of the client's communication. Carkhuff (1971) in systematising a method for developing therapist facilitative skills, describes empathy as the "ability to recognize, sense and understand the feelings that another person has associated with his behavioural and verbal expressions, and to accurately communicate this understanding to him".

The 9-point Accurate Empathy Scale (Truax & Carkhuff, 1967) and Carkhuff's (1969) 5-point Empathic Understanding Scale, a truncated version of the former, were designed for the empirical measurement of empathy and in addition, for the training of counsellors in facilitative interpersonal skills. Both scales were constructed to provide ratings of empathy from the perspective of judges external to the therapeutic interaction, by means of selected audiotaped or videotaped excerpts of therapy.

Within the present study the two scales were combined to form a composite scale called the Truax/Carkhuff Accurate Empathy scale (TCAE). Essentially, the major components of the 5-point scale were used as a summary to facilitate ratings determined with reference to the 9-point scale (Chapter 3.2; Appendices 2, 3 & 4).

The Truax/Carkhuff Accurate Empathy scale was used to rate empathy from three different perspectives. Observer ratings of counsellor empathy and counsellor self-ratings of empathy were measured through use of videotaped excerpts of counselling behaviour. In addition, the scale was used by counselling supervisors to rate counsellors overall (global) level of empathy, without reference to specific excerpts of counselling behaviour.

The Barrett-Lennard Relationship Inventory (BLRI), like the Truax and Carkhuff scales, was derived from the theoretical treatise of Rogers (1955, 1957, 1959).

Barrett-Lennard's operational description of empathy forms the basis of the Empathic Understanding Scale within the Relationship Inventory. He states that empathy is

Qualitatively, an active process of desiring to know the full, present and changing awareness of another person, of reaching out to receive his communication and meaning, and of translating his words and signs into experienced meaning that matches at least those aspects of his awareness that are most important to him at the moment. It is an experiencing of the consciousness 'behind' another's outward communication, but with continuous awareness that this consciousness is originating and proceeding in the other (1962, p. 3).

The BLRI is a post-therapy indicator of the counsellor's overall level of empathy. It was used within the present study to assess both counsellor's self-perception of empathy and client's perception of counsellor empathy.

The BLRI contains scales for the measurement of Rogers' "facilitative conditions" of congruence; level of regard; unconditionality of regard; and willingness to be known as well as empathic understanding, and was administered in full. However, only the empathic scale was subject to detailed analysis within the present study.

2.2 Client-counsellor Perceived Similarity

The effect of client-counsellor similarity on outcome has been investigated across a number of dimensions such as sex (Bryson, Bardo & Johnson, 1975), race (Banks, 1971; Bryson & Cody, 1973; Carkhuff & Pierce, 1967; Kincaid, 1969; Wing Sue, 1977; Vontress, 1971, 1972), conceptual level (Hunt, 1971; Johnson, 1977; McLachlan, 1972), values (Cook, 1966; Welkowitz, Cohen & Ortmeyer, 1967), and personality factors (Bare, 1967; Betz, 1962; Carson & Heine, 1962; Carson & Llewellyn, 1965; Gassner, 1970; Heine & Trosman, 1960; Mendelsohn & Geller, 1963, 1967).

No single pattern emerges from these studies. In some cases the relationship between similarity and outcome has been described as

linear (Heine & Trosman, 1960; Mendelsohn & Geller, 1963) while in others, researchers report curvilinear relationships between the two variables (Carson & Heine, 1962; Mendelsohn & Geller, 1967).

Researchers investigating the notion of client-counsellor similarity within therapy have usually defined similarity in terms which are either preselected by the researcher and assessed from the perspective of a judge external to the counsellor-client dyad, or behavioural, demographic or otherwise amenable to dyadic matching and measurement.

Writers who adopt a less empirical stance frequently do not specify the nature of that to which they refer as similar (Ivey, 1977; Rogers & Shoemaker, 1972; Wintrob, 1970).

Little investigation appears to have occurred into the relationship between empathy and client-counsellor similarity, although the relationship between the two variables has been alluded to in descriptions of a more theoretical nature. Truax & Mitchell (1971) hypothesise that there is "perhaps a curvilinear relationship between therapist-client similarity and positive outcome" (p. 300). They do not discuss the specific characteristics of similarity, nor do they appear to have referred to the concept in conjunction with empathy.

Shantz (1975) in discussing childhood empathy asserts that the "likelihood of an empathic response increases as the similarity between the child and who he is judging increases and as familiarity with the other's situation increases" (p. 19).

Lumeig (1957) acknowledges that he personally only 'understands' if he can detect in his own mind the germ of a similar feeling, given that a similar thing should happen to him.

Katz (1963) states simply "we comprehend who we resemble". Katz's view is akin to that expressed in less fundamental terms by Tonnies (1940) and Wolf & Murray (1937) from within the field of analytic psychology, and Redfield (1955), Rogers & Shoemaker (1971) and Wing Sue (1978) in relation to social anthropology and cross-cultural counselling.

Torrey (1972) extends the view expressed by Rogers & Shoemaker (1971), and contends that there are four universals in psychotherapy; a world view shared by healer and sufferer; a close personal relationship; the patients' expectations of being helped; and specific techniques.

It was decided to investigate the relationship between empathy and client-counsellor similarity in order to determine whether counsellor or client perceived similarity to the other was associated with the level of counsellor empathy, as measured by the Accurate Empathy Scale or the Relationship Inventory.

The nature of similarity was left undefined for two reasons. First, no consistent research findings were available to guide the selection of specific forms of similarity which may have offered fruitful avenues for research into the association between empathy and similarity.

Secondly, since the study was exploratory in nature, it was anticipated to be more potentially informative to investigate the relationship between the above variables with reference to subject's own descriptions of perceived similarity to the other, rather than through the selection of predetermined forms of similarity from a perspective external to the counsellor-client relationship.

A structured interview was devised to elicit responses from both counsellors and clients independently on dimensions of their perceived similarity to the other. Counsellors and clients were both questioned after each counselling session on the nature and level of their perceptions of overall similarity to the other and in addition, asked to describe from memory the occasion on which they perceived the highest level of similarity between self and other during the preceding counselling session. Subjects were then required to identify through observation of videotaped records of their previous counselling session, the specific occasion they had described from memory as the moment of greatest perceived similarity. A series of Likert-type scales were integrated into the interview schedule in order to obtain self-ratings of subjects' perceived level of similarity and perceived closeness to the other. Subjects were asked to rate their feelings of closeness to

the other in an effort to minimise confusion between the concepts of similarity and closeness.

The obtaining of counsellors' and clients' self-ratings of their level of perceived overall similarity to the other as well as their ratings of similarity at the time during which they perceived greatest similarity between self and other, allowed for global comparisons to be made between ratings of perceived similarity and ratings of counsellor empathy.

The obtaining of descriptive information from subjects, on the nature of their perceived similarity to the other allowed for comparisons to be made both within and across counsellor and client groups, in terms of forms of perceived similarity.

An additional, somewhat more complex method for investigating whether there was a relationship between perceived similarity and empathy was included to allow for more specific comparisons between variables. The segments of videotape containing both counsellors' and clients' identified occasions of greatest perceived similarity to the other were transferred on to a separate videotape, together with a randomly selected segment of counselling behaviour from each session. Counsellors and independent observers were at a later date, required to rate the videotaped excerpts using the Truax/Carkhuff Accurate Empathy scale.

Consequently, it was possible to compare observers' ratings of counsellor accurate empathy and counsellors' self-ratings of accurate empathy, across three different forms of videotaped excerpt: (i) counsellor identified moments of greatest perceived similarity to clients (ii) randomly selected samples of counsellor behaviour, and (iii) client identified moments of greatest perceived similarity to counsellors.

2.3 Client-Counsellor Compatibility

The concept of compatibility is considered within this study, to be essentially counterminous to that of similarity. Whereas dyadic compatibility generally involves reciprocity or harmony across

specific areas of behaviour, similarity is concerned with the nature or extent to which members of a dyad resemble each other across given areas of behaviour.

Schutz (1966) developed a mathematical schema for estimating 'interpersonal compatibility' based on a theory of interpersonal need, and suggests that interpersonal behaviour is behaviour aimed at satisfying a need for human interaction. Schutz identifies three areas of need: affection, control and inclusion, which he maintains are sufficient to explain and predict human interactive behaviour.

Dyadic interpersonal compatibility has been described as the "goodness of fit between the need configuration of two or more individuals" (Underwood and Kraft, 1973). Highly compatible dyads, in terms of the model offered by Schutz, must not only place relatively similar importance on inclusion, control and affection within a relationship, but must also be complementary in terms of the extent to which they desire to express or receive the above commodities.

There are two separate forms of the Fundamental Interpersonal Relationship Orientation (FIRO) scales upon which the assessment of dyadic compatibility is based. The FIRO-B and the FIRO-F are identical in terms of theoretical derivation, methodological development and structural presentation, except that whereas the FIRO-B is a measure of overt behaviour the FIRO-F is concerned with the affect and attitudes which underlie behaviour (Schutz, 1978).

The FIRO scales were designed to measure how individuals treat others (expressed behaviour) and how they wish to be treated by others (wanted behaviour) with respect to inclusion, control and affection. A series of arithmetical formulae may then be applied, to obtain a compatibility index.

The FIRO scales have been used, with equivocal results, to predict the relationship between compatibility and a wide variety of criteria including work - effectiveness (Eventhal, 1961; Moos & Speisman, 1962; Underwood & Krauft, 1973); group cohesiveness (Baumgartel & Goldstein, 1967; Pollack, 1971; Yalom & Rand, 1966); companion choices

(Schutz, 1958; Van Sickle, 1963); and verbal behaviour (Rosenfield & Jessen, 1962).

Several studies have used the FIRO scales to investigate the importance of dyadic compatibility within therapy. Mendelsohn & Rankin (1969) and Sapolsky (1965) obtained significant correlations between patient-doctor compatibility and patient improvement. While Gassner's (1970) results failed to confirm the relationship between compatibility and patient improvement, she reports that patients of high compatibility dyads viewed their therapists more favourably than patients of low compatibility dyads.

Sapolsky (1965) claims that compatibility, as measured by the FIRO scales, is an "important...underlying personality variable contributing to the establishment of good therapeutic relationships"(p. 75).

Other researchers are less enthusiastic and have obtained inconclusive or negative results in investigating the relationship between compatibility and therapeutic outcome. (Gassner, 1965; Malloy, 1981; Toomer, 1974; Zelenka, 1974).

No studies known to the writer, however, appear to have been conducted into the relationship between FIRO compatibility and empathic understanding, and most studies have utilized the FIRO-B scale.

The FIRO-F was chosen for inclusion within the present study, because its affective orientation was deemed more consistent with the objectives of the study than the behavioural orientation of the FIRO-B. The FIRO-F was used to investigate both the relationship between compatibility and empathy as measured by the TCAE and BLRI and, less importantly within the purposes of the study, to explore the association between perceived similarity and dyadic compatibility.

2.4 Significance of the Study

A study of process factors associated with empathy is considered a useful topic of investigation for several reasons.

1. Empathy is considered a skill of practical importance within most published counselling and therapy training programmes (Bullmer, 1975; Carkhuff, 1969, 1971, 1972; Egan, 1975, 1976; Ivey, 1971, 1978; Kagan, 1973).

2. Several researchers have pointed out the apparent lack of relationship between measures of empathy. However, few have compared different measures of empathy across both similar and different rated perspectives within the same sample of subjects, as is proposed within the present study.

3. Twenty years ago Bucheimer contended that,

If empathy is related to the capacity of the counsellor to share the same perceptual field of the counsellee, as if he were the counsellee and to communicate those perceptions to the counsellee, the nature of sharing as well as the communication needs to be studied and specified. The techniques of role-taking and interpersonal prediction do not seem to be sufficient measures of counsellor empathy (1963, p. 68).

Bucheimer's suggestions seem to have been ignored. Little attention has been given to the 'nature of sharing' or the importance of client-therapist similarity or compatibility in enhancing empathic potential or empathic communication.

4. At a more personal level, the significance of the topic and the impetus for the study emerged from the concern of the writer with the apparently ever-widening chasm between research into counselling and therapy, the training of therapists, and day-to-day professional practice.

The encouragement to enter a field as conceptually nebulous as that of empathic understanding, characterised as it is, by "divergency and disassociation of research findings" (Hornblow 1980), was in part provided by writers such as Goldman (1976, 1977) and Polanyi (1962) whose stance is epitomised below, in the assertions of Bannister (1969).

One of the purposes of involvement in psychotherapy [as researchers, theorists and clinicians] is to maintain an intransigent dialogue with our own tendency to become glib and professional; to make us open up to our clients so that we are continually challenged and overthrown; to make psychology as an intellectual endeavour, recognise its own grandiose nature and thereby prevent it settling for something trivial; to encourage experiment - not just the simple accumulating of 5 per cent significance levels for storage in the journals, but risky, personal experiment of a kind which actually changes people, [including researchers] and nourishes psychological understanding (p. 3).

Overall, despite the considerable body of literature which has now accumulated on the measurement and correlates of empathy, research findings are inconclusive. Most studies have utilized a hypothetico-deductive approach to research, based primarily upon empirical methods of analysis. In contrast, both the combination of variables under investigation, and the exploratory nature of the present study are uncommon characteristics of research within the field of empathy. It was anticipated that an exploratory investigation into the process rather than the outcome of empathy might raise specific issues for further research, and shed light on the nature of empathy, the variability of counsellor empathic responses, and the discrepancies between measures of empathy.

2.5 General and Specific Objectives of the Study

As indicated earlier, the purpose of the study was to explore aspects of the nature and process of empathic understanding, by means of two general objectives.

First, to investigate associations between two measures of empathy: the Barrett-Lennard Relationship Inventory (BLRI) as rated from the perspectives of both client and counsellor; and the Truax/Carkhuff Accurate Empathy Scale (TCAE) as rated by observers and counsellors from specific videotaped excerpts of counselling behaviour, and as globally rated by counselling supervisors.

Secondly, to compare ratings from each of the above measures of empathy, with counsellor's and client's descriptions and ratings of perceived similarity to the other, and with dyadic compatibility indices calculated through use of the FIRO-F scale.

The specific intentions of the study were to

- 1.1 compare the relationship between counsellor self-ratings and client ratings of counsellor empathy as measured by the BLRI;
- 1.2 compare observer and supervisor ratings with counsellor self-ratings of empathy as measured by the TCAE scales;
- 1.3 compare counsellor and client ratings of BLRI empathy with counsellor, observer and supervisor ratings of TCAE empathy;
- 2.0 compare counsellor and client ratings of perceived similarity and closeness with ratings of TCAE and BLRI empathy;
- 3.1 compare observer's TCAE ratings of randomly selected counselling excerpts with their ratings of excerpts identified by counsellors and clients as the occasion of greatest perceived similarity to the other;
- 3.2 compare counsellor's self-ratings of randomly selected videotaped excerpts with their ratings of excerpts identified by self and clients as the occasions of greatest perceived similarity to the other;
- 4.0 investigate whether there is a relationship between counsellor and client compatibility (as measured by the FIRO-F) and counsellor and client ratings of perceived similarity to the other;
- 5.0 investigate whether there is a relationship between counsellor and client compatibility and ratings of BLRI and TCAE empathy;
- 6.0 investigate whether there is a relationship between individual counsellor's and client's descriptions and ratings of perceived

similarity to each other; or between individual counsellors descriptions and ratings of perceived similarity and empathy as rated from the perspective of client's, observer's, supervisor's and self.

2.6 Summary

Chapter 2 outlined the instruments used as measures of empathy, perceived similarity and compatibility, and described the underlying conceptual framework upon which each of the measures was based. The significance of the study was then outlined. The chapter concluded with the presentation of the general and specific objectives underlying the study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

Chapter 1 discussed the importance attributed to the concept of empathy within therapy. It was noted that despite the frequency with which the term was used, definitions were inconsistent and research results at best, inconclusive.

The rationale for investigating associations between empathy, similarity and compatibility was presented in Chapter 2, together with a description of the objectives of the study.

Chapter 3 provides an overview of the methods and procedures employed to meet the stated objectives. Details specific to particular aspects of the investigation will be presented in appropriate chapters.

The chapter is divided into the following sections:

- 3.1 Overview of data gathering and analysis procedures,
- 3.2 Instruments,
- 3.3 Characteristics of participant groups,
- 3.4 Procedures,
- 3.5 Summary.

3.1 Overview of data gathering and analysis procedures

The nature of the questions asked influence the structure and characteristics of the responses obtained (Chew, 1968, 1974; Pachella, 1975; Phillips, 1971). Theorists such as Heisenberg (1963) and Oppenheimer (1954) suggest in what has become known as the principle of Heisenberg, that not only does the formulation of questions set parameters for the response, but that by observing anything, we interfere with it. The extent of the interference, Heisenberg suggests, is a function of the 'sensitivity' of the 'reality' under question. Whilst refinement and increased specificity of measurement devices may lower the level of distortion the fact that such distortion will occur,

places a fundamental limitation on our knowledge of the world (Heisenberg 1963).

The need for reliable (i.e. repeatable) findings led to the development of objective and standardised instruments. Notwithstanding refinement of instrumentation within the human sciences, Bateson (1972), Heisenberg, (1963), Korzybski (1941) and Watts (1964) have all pointed out that observation may not only alter the phenomenon under investigation but attempts at objective measurement, especially within studies of human behaviour, may simply miss the point.

At the other end of the spectrum, while subjective studies and single-subject case studies such as those used by early introspectionists or psychoanalysts may, in principle, provide less distortion and more direct information on covert processes (Goldman, 1976; Schultz, 1969), they are generally difficult to verify and consequently, have been afforded little credibility.

There has been a resurgence of debate on the legitimacy of self-report techniques during the last few years, however, (Klinger, 1978; Nisbett & Wilson, 1977) and several researchers (for example, Dawson, 1979; Schoen, 1970; and Smith, 1967) have provided guidelines for increasing the validity and respectability of procedures involving participant observation, stream of consciousness sampling, and stimulated recall.

Wolf (1978) in discussing the case for subjective measurement states:

We know that social validity measures can be manipulated and abused, but we cannot allow this to lead us to neglect them. Rather, we must establish the set of conditions under which people can be assumed to be the best evaluators of their own treatment needs, procedural preferences and post-treatment satisfaction (p. 12).

Within the present study, published instruments, stimulated recall, and participant observation methods were each used for specific components of data collection, in accordance with Smith & Geoffroy's (1968) and Scott's (1978) notion of 'triangulation' within research. 'Triangulation' is essentially the social science equivalent of the navigational principle of narrowing one's position to a location within

several plotted points.

Three measurement instruments, the Truax/Carkhuff Accurate Empathy scale (TCAE), the Barrett-Lennard Relationship Inventory (BLRI) and the Fundamental Interpersonal Relations Orientation-Feelings scale (FIRO-F), were used within the present investigation for the following reasons:

- (i) Each of the instruments is purported by both the test publishers and a number of independent researchers to be a valid measure of the specified construct for which it was designed.
- (ii) The BLRI and TCAE share a common theoretical base and have been used extensively as measures of empathy. Their use within the present study allows for comparison with previous studies.
- (iii) The FIRO-F was chosen as an appropriate measure of compatibility for the purposes of the present study, since its emphasis on expressed and wanted interpersonal needs was compatible with the theoretical framework developed by Rogers (1957, 1959) which also underlies the BLRI and the TCAE scales.

Statistical methods using increasing specificity of analysis were employed to categorize data collected from the above-mentioned instruments and from the Likert scales included as a component of the structured interview.

The structured interview, the fourth measurement device used within the present study, was designed by the researcher specifically for the purposes of the study. The structured interview was used as a post-therapy indicator of the within-therapy feelings and behaviours associated with subjects' perceptions of similarity and closeness. This stimulated-recall form of data collection was chosen in order to obtain as much flexibility of subject response as possible, whilst retaining sufficient continuity of questioning to enable comparison of responses between subjects (Smith & Miller, 1968). Content analysis was used

as the primary method of classifying data obtained from the structured interview.

Since fulfilment of the objectives of the study necessitated obtaining information from the perspectives of client and counsellor as well as from independent observers, each of the methods of data collection included a self-report component. While self-report techniques are fraught with difficulties (Nisbett & Wilson, 1977), they remain "the least equivocal method of assessing a clients feelings about and perceptions of the counsellor and the process of counselling" (Mendelsohn & Rankin, 1960, p. 160).

Section 3.2 below describes in more detail each of the instruments used within the present study.

3.2 Instruments

Four structured instruments were used for data collection purposes.

The internal characteristics of the instruments, as determined through analysis of data obtained within the present study, are described as a component of the results section (Chapters 4 and 5) and only psychometric issues less directly tied to the objectives of the study have been included in this section.

THE BARRETT-LENNARD RELATIONSHIP INVENTORY (Barrett-Lennard, 1962)

A copy of the Barrett-Lennard Relationship Inventory (BLRI) is provided in Appendix 1.

The BLRI is purported to measure the five 'facilitative' conditions of interpersonal relationships deemed necessary for the occurrence of therapeutic change; empathic understanding; level of regard; unconditionality of regard; congruence; and willingness to be known (Barrett-Lennard, 1962; Rogers, 1975). In addition to its use as a measure of the association between facilitative conditions and therapeutic outcome (Barrett-Lennard, 1962; Gendlin, Kiesler & Truax, 1967; Gladstein, 1970; Gurman, 1973, 1977; Kiesler, 1975; Rogers, 1975;

Zytowski & Betz, 1972), it has been employed to investigate the relationship between empathy and verbal response (Loesch, 1975); non-verbal behaviour (Haase & Teppler, 1972, 1978); and supervisor style (Goldfarb, 1978).

Its use has also been extended to other areas of human interaction such as teacher - pupil relationships (Emmerling, 1961); parent - child relationships (Vanderveen & Novak, 1971); and marital therapy outcome (Gurman, 1975; Jacobs, Feiring & Anderson, 1980; Luber & Wells, 1977; Smith-Wampler & Powell, 1982).

The 1962 form used in this study comprised 85 items, with 16 - 18 items per scale. Each item scores on only one scale. Six categories of responses are possible, ranging from strongly agree, mildly agree, to strongly disagree. There is no neutral response category. Parallel forms of the instrument allow the user to sample the perceptions of either subject within a dyadic relationship. The four parallel forms used in this study differ only in their selection of pronouns. For example; Item 1, "I respect him" on Counsellor form 1 (Male Client), becomes "I respect her" Counsellor form 2 (Female Client); "He respects me", Client form 1 (Male counsellor), and "She respects me", Client form 2 (Female counsellor). A separate score for each of the scales is obtained by adding the appropriate items. Because item responses load in both a positive and negative direction and item stems are couched in both negative and positive terms, the sign is reversed when scoring theoretically negative items (Barrett-Lennard, 1978, p.53).

Barrett-Lennard (1962), reports the internal consistency of the scales using a corrected split-half reliability coefficient, as ranging from 0.82 to 0.93 (client data, n =42), and from 0.88 to 0.96 (therapist data, n = 40). These figures are consistent with later research (Gurman, 1977; Hollenbeck, 1965; Lietaer, 1976; Pierce, 1971).

Relatively few studies have investigated test-retest reliability. Barrett-Lennard (1962) reports product moment coefficients ranging between 0.79 - 0.92 for intervals of between 2 - 6 weeks. Gurman (1977) in what is perhaps the most comprehensive recent review of the BLRI, documents 10 studies reporting mean test-retest reliability coefficients

of between 0.80 (unconditionality of regard) and 0.85 (congruence).

Within the present study, mean test-retest coefficients over a 3 week period ranged from 0.62 (empathic understanding) to 0.72 (congruence).

Despite item purification and notwithstanding the multi-dimensional framework upon which the BLRI is based, a number of studies report moderately high, positive correlations between subscales (Mills & Zytowski, 1967; Jacob, Feiring & Anderson, 1980). Gurman (1977) found that 19 of 22 studies he reviewed, reported a mean correlation of greater than 0.50. However, when a comparison was made with internal reliability data, the latter was uniformly in excess of the former. He states that even within the pair of variables correlating most highly, regard and congruence, $r=0.69$, only 47.6% of the variance of one scale could be attributed to the variance of the other.

Factor analyses have most frequently yielded a one or two-factor solution where the first factor accounts for more than 55% of the total variance (Gross, Curtain & Moore, 1971; Jacobs, Feiring & Anderson, 1980; Mills & Zytowski, 1967). Mills & Zytowski (1967) for example, using a principal component analysis, found three components which accounted for 96% of the total variance. They suggest that a general factor probably accounted for about two thirds of the total variance in each case.

Barrett-Lennard acknowledges the non-independence of the willingness to be known scale (1962, p. 28, 31) and this scale, later considered a component of the congruence dimension, was omitted from the revised 64 item inventory. The revised inventory was not available in Australia or New Zealand at the time data was collected for this study. Barrett-Lennard also reports that the correlation between empathic understanding and congruence was of the same magnitude as the split-half reliabilities of the two scales. He argues that this is consistent with the theoretical basis of the test since congruence is essentially a prerequisite for the communication of empathy (1962, p. 13). Whilst the non-independence of the scales is of considerable psychometric concern it appears to be of less theoretical import (Gurman, 1977; Rogers, 1975).

Within the present study, both clients and counsellors completed the BLRI after each counselling session. Subjects were asked to respond to the items on the basis of the immediately preceding counselling session and were informed that the other member of the dyad would not have access to their responses. All BLRI scales were completed. However, only the empathic understanding scale will be subject to detailed analysis in this study.

THE TRUAX/CARKHUFF ACCURATE EMPATHY SCALE (Truax & Carkhuff, 1967; Carkhuff, 1969)

The accurate empathy scale used within the present study was a composite scale, derived from both the Truax & Carkhuff (1967) 9-point Accurate Empathy scale and the Carkhuff (1969) 5-point Empathic Understanding scale.

The 5-point scale is, in effect, a truncated version of the 9-point scale and was constructed by Carkhuff, in order to "increase reliability and reduce the ambiguity of the earlier scale" (1969, p. 315).

A recent study, (Engram & Vandergoot, 1978), reported a correlation of 0.89 ($p < 0.001$) between the two scales and inter/intra-rater reliability for each of the scales is consistently reported as high.

The scale definitions provided by Truax and Carkhuff (1967) are extremely lengthy. In order to facilitate ease of rating, the content of each scale point was categorised into two dimensions in accordance with the schematic presentation of Accurate Empathy levels developed by Melloh and used by Truax and Carkhuff for the training of raters. The first dimension denotes the obvious feelings and behaviours expressed by the client whereas the second dimension describes the clients covert or veiled feelings.

The classifications of 'detractive', 'interchangeable' and 'additive' empathic responses which were considered by Carkhuff (1969) to be important features in reducing the ambiguity of the earlier scale, were included in the present study as summarising categories for the 9-point scale. Raters were trained to make initial judgements of therapist empathy on the basis of the three summarised Carkhuffian categories above and to then make finer distinctions between therapist responses using the 9-point scale.

The psychometric properties of the scales have been reported in detail by Bozarth & Krauft (1972), Carkhuff & Berenson (1967), Truax & Carkhuff (1967), Truax & Mitchell (1971) and reviewed by Gurman & Razin (1977).

A variety of scale combinations was piloted and subjected to detailed analysis prior to selecting the format chosen for inclusion in this study (Chapter 3.4).

The 5-point scale (Carkhuff 1969) was considered unsuitable for use alone within the present study, for two reasons: first, it appears to be even more heavily weighted toward the verbal component of a therapist's response than does the 9-point scale; and secondly, the smaller number of categories allows for less differentiation between therapists' responses.

Within the present study, counsellor empathy was rated by means of the TCAE scale from three different perspectives: counsellor self ratings, observer ratings, and supervisor ratings. The process by which ratings were completed is described in Chapter 3.410 - 3.413. Copies of the Truax & Carkhuff 9-point scale; the Melloh schematic summary scale; the Carkhuff 5-point scale and the TCAE scale used within the present study may be found in Appendices 2 - 4 respectively. Reliability coefficients obtained through use of the TCAE scale are presented in Chapter 4.

THE FUNDAMENTAL INTERPERSONAL RELATIONS ORIENTATION - FEELING SCALE (Schutz, 1978)

The FIRO scales were devised by Schutz, from his earlier published Theory of Interpersonal Behaviour (1958, 1966) and developed as a means by which the relative interpersonal 'need' of an individual, dyad or group could be assessed.

The raw scores on the FIRO-F are purported to measure: (i) how an individual expresses feelings for others (expressed/active affect), and (ii) how an individual wishes to be treated by others (wanted/passive affect), with respect to three areas of need: inclusion, control and affection.

The areas of need are defined as follows:

Inclusion (I), or significance; the need to associate and interact with people.

Control (C), or competence; the need to relate satisfactorily to people with respect to power, influence and decision making.

Affection (A), or loveability; the need to perpetuate close personal relationships.

Areas of need are combined with expressed and wanted dimensions to yield six Guttman scales, each of nine items. The scales are labelled Inclusion - Expressed (I.E.); Inclusion - Wanted (I.W.); Control - Expressed (C.E.); Control - Wanted (C.W.); Affection - Expressed (A.E.); and Affection - Wanted (A.W.).

A copy of the FIRO-F scale is provided in Appendix 5.

The compatibility of a dyad may be assessed through combining Guttman scale scores by means of a series of formulae (Appendix 5). Schutz delineates three major forms of compatibility which can be used separately or combined to form a global compatibility index. Reciprocal compatibility reflects the degree to which the dyad mutually satisfies each other's needs. Originator compatibility is concerned with the degree to which the dyad complements each other's preference for initiating and receiving, and Interchange compatibility indicates the extent to which the dyad agrees on how involved it wishes to become in each of the three need areas, Inclusion, Control and Affection.

Where compatibility indices have been computed, most researchers have adhered closely to the mathematical schema provided by Schutz (1966, 1978) and outlined in Appendix 5, (Gassner, 1970; Sapolsky, 1965; Underwood & Krauft, 1973; Yalom & Rand, 1966). Concern, however, has been expressed that the inconsistent use made by Schutz of absolute values and real numbers, may lead to an inaccurate estimation of dyadic compatibility (Malloy & Copeland, 1980; Mendelsohn & Rankin, 1969). While reciprocal and interchange compatibilities are absolute values, originator compatibility can take on both positive and negative values. When global compatibility is computed, a situation emerges where, as one form of compatibility decreases, overall

compatibility increases.

Malloy & Copeland (1980) suggest that the calculation of originator compatibility remain as described by Schutz when used alone, but that it should be computed using absolute values if entered as a component of a composite score.

For the purpose of the present study, all subjects completed the FIRO scales prior to engaging in counselling, and Guttman scale scores were compiled for each of the six scales. Later, as a component of data analyses, four forms of compatibility were computed for each counsellor-client dyad using Guttman scale scores and the modifications to Schutz's (1978) formulae, suggested by Malloy & Copeland (1980). The four forms of compatibility computed were reciprocal, originator, interchange and total compatibility.

While the psychometric properties of the FIRO-B have recently been the subject of considerable investigation (Gluck, 1979; Malloy, 1980, 1981; Malloy & Copeland, 1980; Mendelsohn & Geller, 1967; Sechrist, 1979; Toomer, 1975; Zelenka, 1975), research into the structure of the FIRO-F is less well documented.

The internal consistency of the FIRO-F as reported in the test manual, was determined by computing a reproducibility index. The decision to accept a Guttman scale as ordinal generally requires that 90% of all responses are predictable from scale scores. Schutz (1978), reports reproducibility coefficients ranging from 0.89 (I.E.) to 0.91 (A.E.) (n=5847).

Table 3.1 shows the reproducibility coefficients obtained in the present study.

Table 3.1 FIRO-F reproducibility coefficients

SCALE	COEFFICIENT
A.W.	0.82
A.E.	0.81
I.W.	0.83
I.E.	0.81
C.W.	0.86
C.E.	0.86
n = 46	

Whilst Schutz (1975) states that reproducibilities as low as 0.86 may be accepted depending on item marginals, only two of the coefficients in the present study achieved even this minimal standard.

These findings must be interpreted cautiously, however, due to the small sample size.

Whilst the Firo manual (Schutz, 1978) does not provide factor loadings for the Firo-F scales, it describes two factors, one clustering around the wanted scales and the other clustering around the expressed scales ($n = 5847$).

Wideman and Waxenber (1979) report similar results to those described in the manual, despite their much smaller sample size ($n = 53$). Three mutually orthogonal varimax factors were found to account for 79% of the total variance. Factor I, accounting for 35% of the variance, was described as a 'feeling of want' factor; Factor II, combined inclusion-expressed with affection-expressed and accounted for 28% of the variance; Factor III, loading on the control-expressed scale, was responsible for 16% of the variance.

In the present study, the six Guttman scales were intercorrelated and factored by the principal component method (Harman, 1967).

The two principal components with eigenvalues greater than unity accounted for 74.4% of the total variance.

Factor I, accounting for 56.2% of the variance, may be described as a desire to interact actively with others (I.E.).

Factor II, accounting for 18.2% of the variance, loaded on the desire for affection scale (A.W.).

Although the FIRO scales appear little known and infrequently used within counselling research, they have been heralded as "measuring the (almost) unmeasurable" (Labin, 1973). Mendelsohn & Rankin's (1969) earlier acclaim is corroborative of that expressed by Labin (1973). They maintain that the FIRO-scales are "virtually unique in providing a direct operational measure of interpersonal compatibility" (p. 157).

THE STRUCTURED INTERVIEW

A copy of the structured interview schedule may be found in Appendix 6.

This component of data collection involved both counsellor and client in separate interviews of identical format, conducted on completion of each counselling session. Interviews were of approximately 30 - 40 minutes duration.

All interviewing of counsellors was completed by the researcher and interviewing of clients was completed by a research assistant (Chapter 3.47, 3.48).

The interview schedule was of a standardized format and comprised 19 items. Eight of the items were open-ended questions, four were of fixed-alternative form and the remaining seven items were a series of 9-point Likert-type scales.

Items were designed to tap information along two major continua; subject's perceptions of similarity/difference in relation to the other, and subject's perceptions of closeness/distance in relation to the other.

Additional questions associated with subject's perception of the most significant issues arising from the previous counselling session and ratings of how helpful they considered the session to have been were also included, since it was thought that subject's responses to such questions might provide information adjunctive to their perceptions of similarity.

The interview was structured to obtain a stream of consciousness style self-report, requiring of the subject both introspection and memory recall.

A number of strategies were built into the interview format in order to enhance the reliability and validity of the data and to mitigate some of the difficulties inherent in structured interviews.

1. A series of pilot studies were implemented prior to data gathering in order to assess the face validity of the instrument (Chapter 3.41).

2. Items were arranged in terms of increasing conceptual and semantic specificity in order to maximise freedom of response and minimise both respondent and interviewer bias.
3. The time between counsellor/client interaction and the subsequent interview (about 15 minutes) was scheduled deliberately to allow a time lag of sufficient length to provide some distancing, yet short enough to ensure a minimum of distraction for memory recall purposes.
4. Considerable importance was placed on establishing and maintaining a high degree of rapport between interviewer and subject.
5. The data gathering procedure was structured so that subject's level of tension would potentially peak and diminish prior to the interview, largely as a function of tiredness due to the previous counselling session, increased rapport and change of role from client/counsellor to interviewee. It was anticipated that these factors might enhance the degree of openness with which subjects responded.
6. Questions and probes were carefully phrased to cover both the specific purpose of the research and to lower the social desirability of one response over another. Subjects were informed that a neutral response to a question was of equal importance to a response falling at one of other end of the continuum. Interviewers also carefully monitored their own reactions to subjects' responses in order to minimise selective reinforcement.
7. Counsellors were assured they were not being judged on quality of counselling and both subjects were informed that the other member of the dyad would not have access to their responses.

8. Language was kept as simple, unambiguous and jargon-free as possible. The content and affect of subjects responses was paraphrased frequently by interviewers so that subjects could affirm or correct interviewers record of responses.
9. In addition to the interviewer's written record of subject responses, all interviews were audio-recorded to assess inter/intra-interviewer consistency of questioning.
10. The accuracy of written records was checked at intervals of 2 - 3 days by having each interviewer listen to audio-tapes of an interview conducted by the other and reconstruct a separate series of written responses. The original and the reconstructed responses were then compared and differences discussed.
11. No attempt was made to develop a system for content analysis until after data was collected, in order to minimise the likelihood of selective questioning or recording on the part of interviewers.

3.3 Participants in the Study

COUNSELLORS:

Sixteen counsellors, 10 females and six males, participated in the research. All counsellors had professional qualifications and previous experience in the helping services.

Twelve of the counsellors were completing the final term of a one year course in vocational or guidance counselling. The mean age of the twelve counsellors was 34 and all had previous counselling experience ranging from one to four years. Four additional counsellors from the surrounding community were included in the study, all of whom had counselling experience ranging from four to twelve years. The mean age of the four counsellors was 39.

All counsellors had been exposed to a variety of counselling models during professional training and the general style of the group could

best be described as eclectic. Counsellors worked with one or two clients for up to three sessions per client. All counsellors offered their time free of charge.

CLIENTS:

A total of twenty-five clients, comprising twenty females and five males, participated in the study. All clients had enrolled in a basic training course in Interpersonal Relationships at some stage during the previous three years and had been informed of the opportunity for counselling on the basis of their enrolment. In other respects clients formed a heterogeneous group whose ages ranged from 19 - 70 (\bar{x} = 41) and whose stated occupations included those of farmer, housewife, psychiatric nurse, electrician, secretary and social worker. All clients had indicated a desire to discuss issues of real concern with a counsellor. The presenting problems were comparable in range and magnitude to those expected at an urban counselling centre.

The process of selection and briefing of subjects is described in Chapter 3.42.

SUPERVISORS:

Three counselling supervisors, familiar with the counselling performance of the participant counsellors, were asked to rate and rank counsellors using the Truax/Carkhuff Accurate Empathy Scale. Supervisors rated and ranked counsellors on two different occasions separated by a time-interval of six weeks.

Supervisors were asked to:

1. rate according to the level at which they thought the counsellor functioned most of the time rather than to think of specific incidents of counselling behaviour, and to;
2. restrict their ratings to the behaviour of the counsellors whilst they were engaged in the act of counselling.

Supervisors' ratings and rankings are referred to as global rankings/ ratings to distinguish them from observer ratings, completed with reference to specific video-taped segments of counselling behaviour (Chapter 3.413).

OBSERVERS (EXTERNAL JUDGES):

Four observers were trained by the researcher to rate counsellors' level of empathy from observation of video-taped excerpts of counselling behaviour, using the TCAE scale. The process of training and rating is described in Chapter 3.411 - 3.413.

Two of the observers were female and two, male. The mean age was 36. All observers were graduates and had professional experience within the helping services, although only one had any previous counselling experience. The researcher was not one of the observers.

3.4 Procedures.

Figure 3.1 provides a two phase summary of the methodological procedures involved in conducting the present research from initial pilot and feasibility studies, to analyses of collected data. Each of the processes to the stage of data coding is discussed below. The final three stages; empirical analysis of data, development of a content analysis system, and analysis of records of interview, are described in Chapters 4 and 6.

Figure 3.1 Summary of methodological procedures (Phase 1)

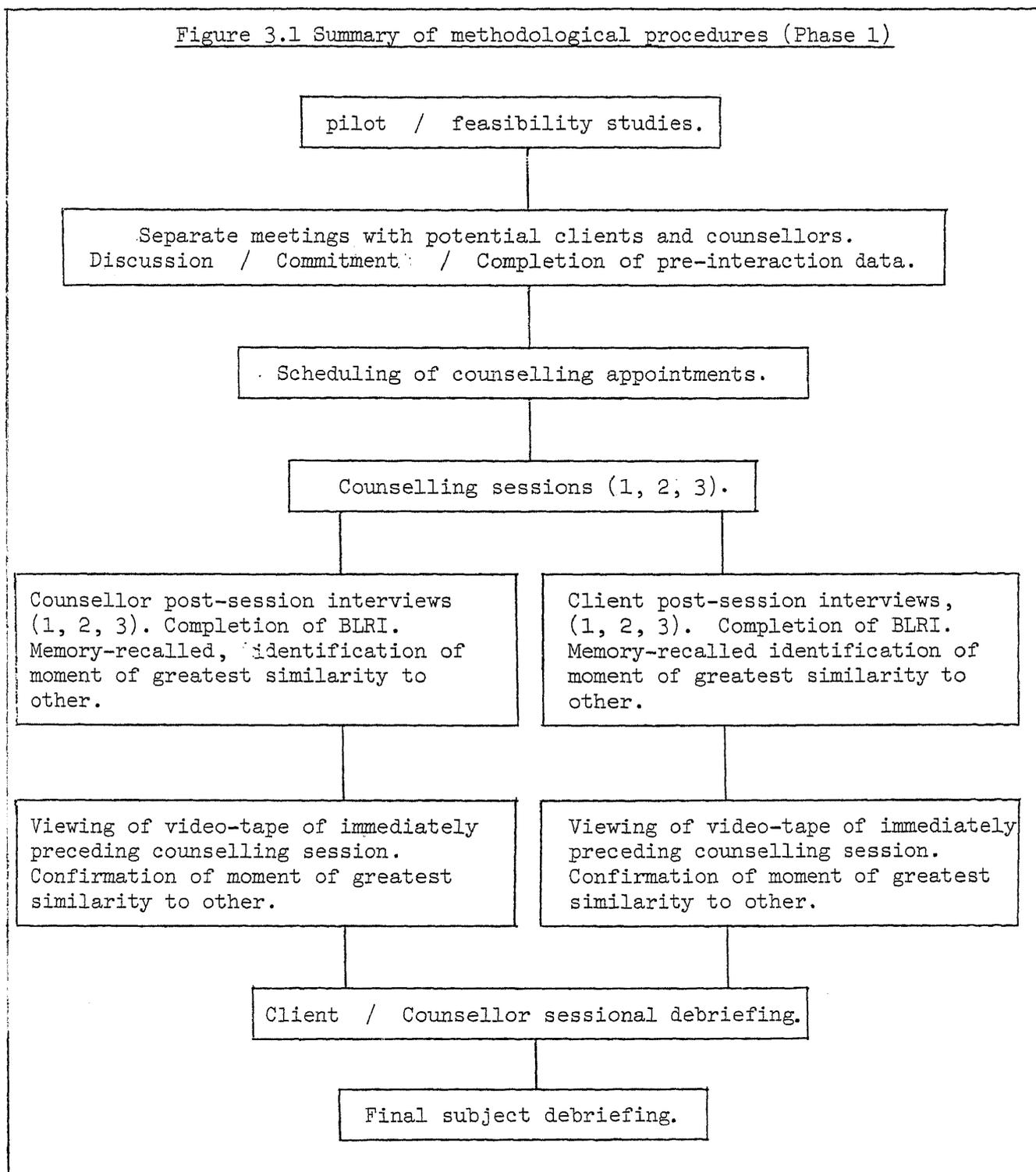
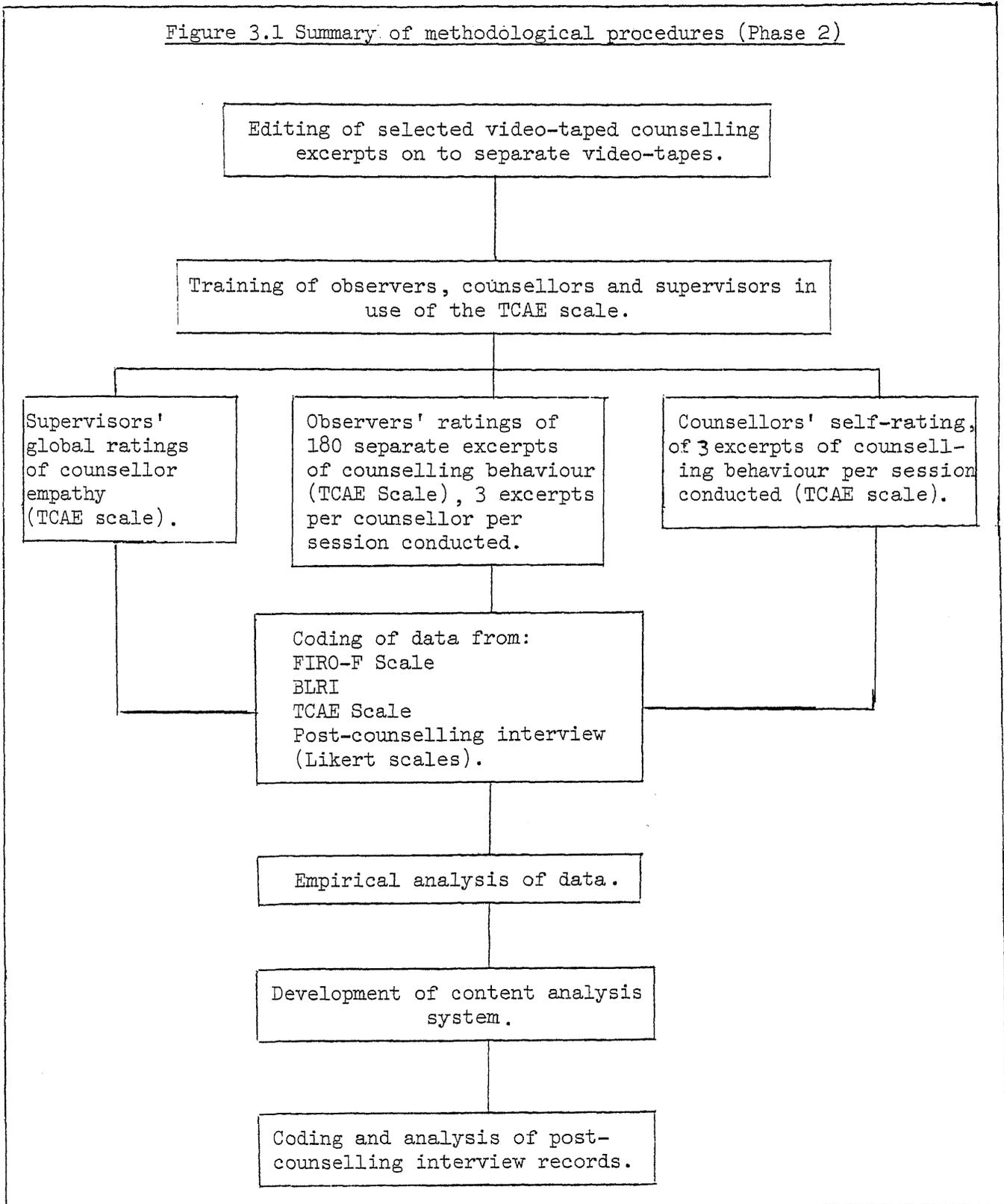


Figure 3.1 Summary of methodological procedures (Phase 2)



3.41 Pilot and Feasibility Studies

Four pilot and two feasibility studies were carried out in the six months prior to data collection. The instruments and technical apparatus designed or adapted for use in the project were revised many times. Pilots 1, 2 and 3 comprised a series of trials based on three separate forms of structured interview, using combinations of open-ended questions, Likert scales, semantic differentials and priority rankings. The purpose of Pilot 1 - 3 was threefold:

1. To consolidate the conceptual basis of the model;
2. To delineate the combination of items which
 - (a) appeared least ambiguous in meaning to interviewer, counsellor and client,
 - (b) could be arranged in order of increasing specificity, so that the phrasing of the question provided minimal cueing and allowed the respondent maximum conceptual and linguistic freedom,
 - (c) included sufficient structure to allow meaningful comparison between respondents as well as enabling intensive single subject analysis to be undertaken.
3. To establish prior to its utilization, that the instrument had at least, face validity.

Pilot 1 comprised a 60 minute videotaped roleplayed counselling interaction and a semi-structured interview between the writer and a counsellor familiar with the conceptual model underlying the interview format.

Pilot 2 comprised a series of roleplay counselling sessions and post-counselling interviews, using students from a graduate class in counselling.

Pilot 3 comprised three separate counselling interactions and post-counselling interviews, between the writer and three clients with whom she was currently working.

The purpose of Pilot 4 was to assess subject's consistency of response over four forms of the Accurate Empathy scale:

1. The Truax (1967), 9-point Accurate Empathy Scale;
2. An abridged form of the Truax scale developed by Richard A.Melloh (Truax & Carkhuff, 1967, p.58);
3. The Truax (1967), 9-point scale, broken into components according to the level of feeling being described. That is, the degree to which the therapist perceives the obvious feelings and behaviours of the client, the veiled feelings of the client, and the preconscious feelings of the client (Melloh, 1967);
4. A synthesis (derived by the writer) of the Truax 9-point scale and the Carkhuff 5-point scale (Appendices 2 - 4).

Raters were required to view a series of videotaped segments of counselling interaction and to rate each segment using combinations of the four scales outlined above. Graduate students were used as raters.

Feasibility study 1 was primarily concerned with establishing the face validity, conceptual consistency and continuity of the inventory as a total package. This study involved the completion of all phases of data collection including pretesting, counsellor/client videotaped interaction, the structured interview and the BLRI, as well as computation of compatibility indices.

Two colleagues unfamiliar with the purpose of the research, but with a background of experience in the helping professions, were engaged as counsellor and client.

Feasibility study 2 was similar to study 1 in that it included all phases of data collection. The focus of this study, however, was primarily upon the technical and methodological, rather than the conceptual components of the research. The writer and her research assistant were used as counsellor and client in order to assess realistically the complexity of the subjects task.

No data collected in conjunction with a pilot or feasibility study were included in later data analysis.

3.42 Selection and Briefing of Clients

Initial contact with potential clients was made through sending 80 letters (Appendix 7) to people who had enrolled in specific Continuing Education courses between 1979 and 1982. Two meetings were subsequently held, to explain to possible participants, the purpose and format of the project. The specific variables under investigation were not disclosed. Issues relating to confidentiality were discussed and the over-riding commitment of the researcher to protecting the integrity and interests of the client was emphasised. Clients were told they could terminate counselling at any stage, or request referral to another counsellor not involved with the research, either during or subsequent to completion of the three counselling sessions being offered.

Those people who expressed their intention to participate were asked to complete pre-interaction data (Chaper 3.44) and to schedule tentative appointments prior to leaving the meeting or contact the researcher within the following two week period. All pre-interaction data was collected prior to the scheduling of appointments.

A total of forty people attended one or other of the meetings. Thirty-three people returned completed sets of pre-interaction data, although five people either retracted their commitment or failed to appear for the first interview. Four people who requested inclusion were considered unsuitable because they were already involved with other therapists.

3.43 Briefing of Counsellors

Counsellors were aware that the project was associated with interpersonal relationships in counselling, but were not informed of the specific variables under investigation. Issues relating to confidentiality, professional ethics and the nature of the counsellor's commitment to both the client and the project were discussed prior to the scheduling of appointments. All pre-interaction data was collected before the first meeting with clients.

3.44 Pre-interaction Data

Pre-interaction data comprised completion of the following tasks:

1. a biographical face-sheet requesting information on age, sex, occupation, qualifications and life-experience relevant to interpersonal helping processes (Appendix 8);
2. the Fundamental Interpersonal Relations Orientation-Feelings (FIRO-F) scale (Appendix 5).

3.45 Scheduling of Appointments

Clients were allocated to counsellors on the basis that the first two listed clients available at times specified by the counsellors were matched, provided that neither client nor counsellor were known to each other. However requests by clients for a counsellor of the same gender were complied with.

Clients failing to keep appointments were contacted by phone and appointments rescheduled where notice of cancellation or a satisfactory explanation was given (n=4). A client failing to appear for a rescheduled appointment without explanation was excluded from further participation in the study (n=1).

No counsellor worked with any more than two clients or with any client for more than three sessions. Table 3.2 and 3.3 show the number of subjects completing each phase of the research and the number of dyads completing each session respectively.

<u>Table 3.2 Number of subjects completing each phase of data collection</u>					
	Briefing	Pre- Interaction Data	Session 1	Session 2	Session 3
Counsellors	16	16	16	15	11
Clients	40	33	24	21	15
TOTAL	56	49	40	36	26

<u>Table 3.3 Number of dyads completing each session</u>			
Session	1	2	3
Number	24	21	15

3.46 The Setting

All counsellor/client interactions, interviews and rating of videotapes took place in a suite of three adjoining offices within the Education Department of Waikato University, Hamilton, New Zealand.

Office A doubled as a waiting and interview room. Client and counsellor met here prior to the counselling session and returned on completion of the session. The office was then used as the venue for client post-counselling interviews.

Office B was set up as a counselling studio. Three video cameras and microphones were fixed in place for the duration of data collection. Cameras were monitored by the researcher and assistant from Office C. The fixed positioning of the cameras excluded the need for a camera technician.

Cameras 1 and 2 supplied full frontal shots of the counsellor and client, respectively. These were then fed through a special effects mixer to yield a split-screen, close-up image of both subjects.

Camera 3 was situated to furnish a wide angle, single screen image of both members of the dyad.

Post-counselling interviewing of counsellors also took place in Office B.

Office C housed video monitors and a fourth camera which was used to superimpose a digital timer read out onto the video signal. A list of apparatus is provided in Appendix 9.

3.47 Interviewers

The researcher was responsible for the interviewing of all counsellors. The interviewing of clients was completed by a female research assistant. The purpose and structure of each interview item and the phrasing of probe questions was thoroughly discussed prior to the commencement of data collection to enhance consistency of questioning. Audio-taped records of interview were used to provide an ongoing check of inter/intra interviewer consistency.

3.48 Counselling Schedule and Session Format

All client/counsellor interactions were scheduled for inclusion within a six week period. Subjects were required to commit themselves to a two hour timeblock for each session. Four such blocks, six days per week were made available for appointments. An hour between each session was required by the interviewers to complete post-session derolling and pre-session organization of instruments and equipment.

The two hour timeblock was divided into four phases. The format of each phase was as follows.

Phase 1 - Client/counsellor interaction

Duration: 45-60 minutes

Format:

1. Videotaping of session.
2. Recording of written transcripts. While sessions were in process, the interaction occurring at approximately ten second intervals was logged by both researcher and assistant; together with the digital number sequence observed at the beginning of that interaction.
3. Time-out. Coffee was served to provide a 5 minute time lapse and refocusing period between phase 1 and 2. Conversation was kept to a minimum and unrelated to previous or ensuing interaction.

Phase 2 - Independent interviewing of counsellor and client

Duration: 30-40 minutes

Format:

1. Completion of the Barrett-Lennard Relationship Inventory.
2. Completion of the structured interview.
3. Records of interview: in addition to the written record completed by the interviewer, all sessions were audiotaped.

Phase 3 - Viewing of videotapes/confirmation of earlier identified moment of greatest similarity to other

Duration: 10-20 minutes.

Format:

Phase 3 was only embarked upon if during the post-counselling

interview a subject could identify from memory, an occasion during the previous counselling interaction when she or he perceived the self as similar to the other.

The subject, having first affirmed that the interviewer had selected the correct segment and that the segment selected was still perceived as the occasion of greatest similarity between the other and the self, was asked to recall as precisely as possible whilst viewing the videotape:

1. the moment at which she or he became aware of the similarity;
2. the point at which the feeling peaked (if this occurred), and;
3. the time at which the feeling of similarity began to diminish.

Phase 4 - Conclusion and derolling

Duration: 1-10 minutes

Format:

On completion of all session requirements, whether this occurred at the end of phase 2 or phase 3, subjects met with the researcher to check appointment times and formally break contact.

3.49 Final Subject Debriefing

A meeting with interested clients was held one week after the final client/counsellor interaction. All clients were informed of the meeting by mail (Appendix 10).

The purpose of the meeting was to:

1. provide an opportunity for clients to obtain more information on the nature of the project than could previously be given;
2. obtain feedback on the experience from participants; and;
3. formally thank clients for their participation.

A similar meeting was held with counsellors.

The procedures described below (Sections 3.410 - 3.413) essentially refer to second-order data collection. (See Figure 3.1, Phase 2).

After completion of all counselling sessions counsellors, observers and supervisors were required to rate counsellor level of empathy using the TCAE Scale. As mentioned in Chapter 3.3 the basis of supervisor ratings

differed from that of counsellor or observer ratings. Supervisors rated counsellors on overall (global) level of empathy through knowledge of their prior counselling performance, whereas observers and counsellors rated counsellors (or self, respectively), on specific videotaped excerpts of counselling interaction.

3.410 Criteria for the Selection of Videotaped Rating Excerpts

Three excerpts were selected from each completed counselling session as outlined below, in order to compare counsellors and observers TCAE empathy ratings of randomly selected excerpts with ratings of excerpts selected as the occasions of greatest counsellor or client perceived similarity to the other.

Three, three-minute segments of videotape were selected from each hour of client/counsellor interaction and transferred to a Central Rating Tape. All segments were first required to comply with the following criteria and then selected on the basis outlined below.

Criterion 1: Each segment had to contain at least two units of interaction. A unit of interaction was defined as a statement of three or more words by Person A, followed by a statement of three or more words by Person B.

Criterion 2: The portion selected had to be a conceptually meaningful unit, that is, not chosen from the middle of a stream of thought.

Selection basis: Segment A comprised three minutes of interaction selected to include the moment identified by the counsellor as the "time of greatest perceived similarity to the client", together with as much interaction prior to this moment as possible within the three minute time allocation.

Segment B was selected on the same basis as Segment A, but included the moment identified

by the client as the occasion of greatest similarity to the counsellor.

Segment C comprised a randomly selected sample of interaction. Random segments were chosen by entering the mid-point of the middle third of tape and taking the first three minute segment which satisfied the above criteria. Where this segment overlapped with the previously chosen segment or when there was no moment of perceived counsellor/client similarity random segments were selected from the mid and end points of the middle third of tape and the midpoint of the final third of tape. Three excerpts per session were rated irrespective of whether or not "occasions of greatest similarity" were identified.

A total of 180 excerpts were copied on to the Central Rating tape, allowing a 20-second pause between segments. Segments were identified only by numerical order. An identification sheet was constructed to equate numerical order with dyad code-numbers.

3.411 Training of Observers and Counsellors in Use of the TCAE Scale.

Both counsellors and observers were trained separately in the use of the scale in accordance with the training suggestions offered by Truax & Carkhuff (1967). Initial training involved revision of the concept of empathic understanding and definition of Accurate Empathy used by Truax (1967, p. 46-57). The specific scale descriptions and transcript examples provided by Truax for each level were discussed and the construction of the composite scale was outlined. Practice tapes were rated and evaluated on a small group basis.

In addition, all counsellors and observers were given individual instruction in the use of the scale and were required to rate a number of videotaped practice excerpts immediately prior to the rating of data collection tapes. Practice rating tapes differing by more than one scale point from ratings allocated by 'expert' raters trained in Carkhuffian methods of counselling and rating, were subject to detailed discussion and evaluation. Further

training was provided except where rating deviation was justifiably upheld by the trainee because of differences in the conceptualization of counselling behaviour. Pearson product moment correlations of 0.84 (Observers) and 0.72 (counsellors) were obtained on practice rating tapes prior to the commencement of rating proper.

3.412 Counsellors' Self-Rating of Videotaped Excerpts

Counsellors (n= 16), were required to rate three segments of videotape for every session of completed client/counsellor interaction. A time lapse of 6 - 9 weeks was allowed between the final client/counsellor interaction and the counsellors' completion of ratings.

All raters were informed they could view each segment of tape no more than twice before making a judgment. Once raters had proceeded to the next segment of tape, they could not alter a previously made rating. Raters were not informed of the basis on which segments of tape were selected or ordered, and all rating sessions were conducted on an individual basis.

No counsellor had access to any tapes other than those containing the practice excerpts and his or her own interaction with clients.

A copy of the form used by counsellors for the rating of videotaped excerpts is provided in Appendix 18. Counsellor and observer forms were identical except that the latter form included provision for 182 ratings.

3.413 Observers' Rating of Videotaped Excerpts

As outlined earlier (3.3) four observers rated each of the 180 excerpts. All observers' ratings were made independently of each other and under the same conditions as those applying to counsellors. Once training was completed and observers were able to obtain consistent mean correlations of $r = 0.80$ on practice rating tapes, no further attempts were made to obtain consensus of rating.

3.5 Summary

Chapter 3 presented the rationale for the multi-dimensional method of data collection and analysis used within the study. Each of the four instruments chosen for inclusion in the study was described and the nature of participant groups outlined. Details of procedures associated with both first and second order data collection were then provided. A summary of methodological procedures was presented diagrammatically in Figure 3.1.

CHAPTER 4

RESULTS: PHASE ONE

INTRODUCTION

Results obtained within the present study are presented in two sections.

Phase one results (Chapter 4), report empirical analyses associated with objectives 1 - 5 of the study, described in Chapter 2.5.

Phase two results (Chapter 5), report descriptive analyses of videotaped client/counsellor interaction and post-counselling records of interview (Objective 6).

An exploratory study such as this is concerned not only with broad-based trends emerging from the analysis of data but also with the identification of specific groups linked by commonality of response, regardless of whether data from such groups is amenable to further statistical analyses.

Chapter 4 comprises seven subsections. Sections 1 - 5 relate closely to objectives 1 - 5. Section 6 explores the rating patterns of individual dyads across empathy and similarity measures. The final section (4.7) provides an overview of results.

The Chapter is structured as follows:

- 4.1 Comparison of empathy measures; general description and internal characteristics of the instruments (Objective 1.1, 1.2, 1.3).
- 4.2 Comparison of overall perceived similarity/closeness, with measures of empathy (Objective 2.0).
- 4.3 Comparison of observer and counsellor ratings of empathy across videotaped excerpts of specific similarity (Objective 3.1, 3.2).
- 4.4 Comparison of dyadic compatibility with measures of empathy (Objective 4.0).
- 4.5 Comparison of dyadic compatibility with overall similarity/closeness

(Objective 5.0).

4.6 Dyadic rating patterns across measures of empathy and similarity.

4.7 Overview of phase one results.

Statistical Procedures

Several issues relating to the use of objective versus subjective methods of data gathering and analysis were raised in earlier chapters. More specific debate as to whether parametric or non-parametric statistics should be used in educational and clinical 'in situ' research has been outlined by Mischel (1968) and Popham (1967).

Within the present study, both non-parametric and parametric procedures have been employed. Zero-order Pearson product-moment coefficients were calculated when data was of an interval nature and where the likelihood of an underlying continuous distribution could be assumed. The Spearman RHO was substituted for the Pearson Product Moment test, when ranked data were used. The t-test for independent means was used to test the significance of differences between groups.

Where it could not be assumed that the underlying distribution of scores was continuous, the χ^2 test was used. The Fisher Exact Probability test was substituted for the χ^2 when numbers were small or expected cell frequencies fell below 5. The McNemar test was used in comparisons involving non-independent groups. The Fisher, χ^2 and McNemar tests all require that data be classified into one or other mutually exclusive groups. Unless otherwise stated, groups have been determined through use of a median split.

A factor analysis of the empathy measures was conducted through use of the SPSS programme 'Factor'. Principal factors were extracted and then orthogonally rotated by means of the varimax procedure. Only factors with eigenvalues greater than one are reported.

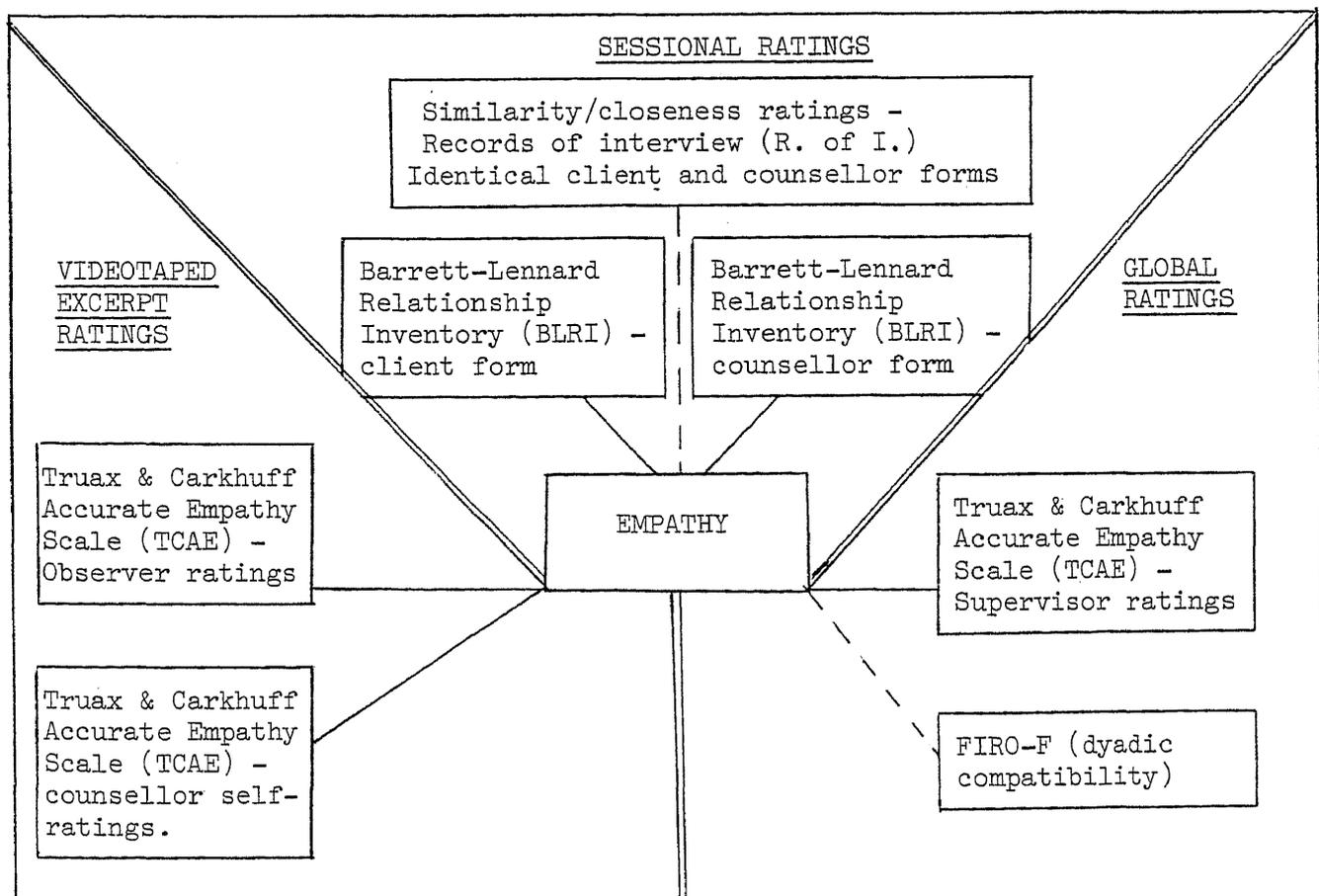
Although the nature of the analyses would have allowed for directional hypotheses in some cases, two-tailed tests were used throughout, to lessen the possibility of Type I errors. Note that in all tables, decimal points have been omitted. The criterion for the level of significance was set at $p < 0.05$.

4.1 Comparison of Empathy Measures; General Description and Internal Characteristics of the Instruments

Two different measures of empathy were used to obtain ratings of counsellor empathy from the perspectives of counsellor and client (BLRI), and observer, supervisor and counsellor (TCAE scale). In addition, measures of the respective constructs of similarity, closeness and compatibility were included in the study in an effort to obtain greater insight into both the nature and measurement of empathy, and process variables which may be associated with its occurrence. Perceived similarity and closeness were measured by means of separate 9-point Likert-type scales, administered during the post-counselling interview. Dyadic compatibility was assessed through use of the FIRO-F scales (Schutz, 1978).

Figure 4.1 provides a summary of the data collection materials and indicates both the status of the rater and the method of sample selection.

Figure 4.1 A Summary of Data Collection Materials



While the BLRI was administered in full, only a cursory analysis was conducted of the variables regard, congruence, unconditionality and willingness to be known, since empathy was the construct under primary investigation. An outline of the distribution characteristics of BLRI sub-scales not included in the body of the text, is provided in Appendix 11. Both reviews of relevant literature (Gurman, 1977; Kurtz & Grummon, 1972), and personal communication with Barrett-Lennard (May 1982), indicated that an analysis of the empathy scale in isolation, was a conceptually and methodologically valid procedure.

Table 4.1 shows the means and standard deviations, obtained for each of the empathy measures across sessions 1, 2 and 3.

<u>Table 4.1 Means and Standard Deviations of Measures of Empathy (by Session).</u>					
Measure	Perceptive	Session	n	\bar{x}	S.D.
TCAE	Observer ratings (n = 4)	1	24	4.22	1.64
		2	21	4.59	1.73
		3	15	4.40	1.99
TCAE	Observer Ratings	Overall	60	4.29	1.66
TCAE	Counsellor self-rating	1	24	4.25	1.46
		2	21	4.72	1.55
		3	15	4.97	1.76
TCAE	Counsellors	Overall	60	4.92	1.51
TCAE	Supervisors (n=3)	Overall	16	2.99	1.21
BLRI	Counsellor self-rating	1	24	16.60	6.99
		2	21	19.36	5.26
		3	15	19.33	5.33
BLRI	Client rating of counsellor	1	24	14.48	12.95
		2	21	18.59	9.51
		3	15	23.06	7.81

The ratings given counsellors by observers (TCAE scale) were somewhat higher than those reported by Mitchell & Berenson (1970) and Truax & Carkhuff (1967), but are consistent with those of Bergin & Jasper, (1969); Caracena & Vicory, (1979); Gurman, (1973); Mills & Zytowski, (1967) and Truax, Wargo *et al*, (1967).

The means obtained for all sessions (TCAE observer-ratings) fell within the upper range of ratings acceptable for the occurrence of minimally facilitative therapy according to recognised criteria for distinguishing between high, minimal and low functioning therapists (Anthony, 1971). Truax & Carkhuff (1967), suggest that in fact the majority of therapists are rated within the range low-facilitative to minimally-facilitative (1.5 - 3.00 on the 9-point empathy scale).

The TCAE ratings of both counsellors and observers conform reasonably well to a normal distribution pattern although the overall mean of the former was slightly higher than that of the latter.

Similarly, the distribution of BLRI empathy scores approximates a normal curve, with 71% of total cases falling within 1 S.D. of the mean. Comparable distributions were reported by Barrett-Lennard (1962) and Kurtz & Grummon (1972). The frequency distribution for session 1 (Clients) showed a slight tendency toward positive skew due largely to the presence of several low scores. Table 4.1 indicates that the standard deviation obtained for session 1 (BLRI client rating) was considerably larger than that obtained for other sessions.

A series of t-tests were computed to determine whether differences in means were significant. No significant differences were obtained however, between clients and counsellors, (BLRI); observers and counsellors (TCAE); male and female clients (BLRI); male and female counsellors (TCAE; BLRI); or male and female observers (TCAE).

Comparison of Empathy Measures

THE BARRETT-LENNARD RELATIONSHIP INVENTORY - CLIENT AND COUNSELLOR FORMS

Table 4.2 provides zero-order Pearson product-moment coefficients and probability levels for BLRI counsellor and client ratings, sessions 1, 2 and 3.

<u>Table 4.2 Pearson Product-Moment Coefficients and Probability</u>							
<u>Levels: Counsellor and client BLRI ratings</u>							
<u>Sessions 1, 2 and 3</u>							
Counsellor self-ratings of empathy				Client ratings of counsellor empathy			n
	1 (a)	2 (b)	3 (c)	1 (d)	2 (e)	3 (f)	
a	-----	58	79	-19	-19	20	24
p		004*	000*	358	389	469	
b		-----	62	03	-15	-04	21
p			015*	904	502	878	
c			-----	26	06	13	15
p				343	821	640	
d				-----	55	38	24
p					008*	157	
e					-----	83	21
p						000*	
f						-----	15
p							

Table 4.2 shows clearly that counsellors tend to be extremely consistent across sessions in terms of the way in which they respond to the BLRI. Client scores exhibit a similarly high consistency of response although the low intercorrelation obtained between sessions 1 and 3 is somewhat puzzling.

The BLRI has rarely been subject to test - retest reliability analyses. Kurtz & Grummon (1972) report a correlation of 0.66 ($p < 0.001$) for client scores, between session 3 and post-therapy followup. No test-retest scores were reported for therapists. Barrett-Lennard (1962) reports test-retest coefficients ranging from 0.84 - 0.96 after 5, 15, 25, sessions and post therapy followup. Despite the magnitude of his test-retest coefficients he argues that the therapist-client relationship would be expected to fluctuate over even short periods of time, due

to (unspecified) personality and situational factors and that because the BLRI is a sensitive instrument, relationship changes will be reflected in test-retest scores.

The moderately high test-retest scores obtained within the present study suggest that the BLRI is a reliable instrument when used by both counsellors and clients, although such a finding raises questions about the instrument's ability to reflect subtle interpersonal changes - assuming that such changes in fact occurred.

The other significant feature presented in Table 4.2 is the series of extremely low correlations obtained between client and counsellor scores. Barrett-Lennard (1962) reports a correlation of 0.09 ($n=40$) between counsellor and client scores and a non-significant correlation of similar magnitude was obtained by Kurtz & Grummon (1972) after three therapy sessions. These findings suggest either that therapist empathy may be differently perceived from the relative perspectives of therapist and client, or that results may be compounded by the instrument's susceptibility to the influence of other interpersonal or personality characteristics.

THE TRUAX & CARKHUFF ACCURATE EMPATHY SCALE:

COUNSELLOR SELF-RATINGS AND OBSERVER RATINGS OF COUNSELLORS

The level of inter-rater reliability between observers was determined through use of two separate methods:

- (i) zero order Pearson product-moment correlations (Pp-m);
- (ii) agreement percentages (Bobbit, Gordon & Jensen, 1966).

The Pearson product-moment coefficient has been used extensively as a gauge of interjudge reliability. As such, its continued use facilitates ease of comparison across studies.

The agreement percentage was calculated in addition to the Pp-m for two reasons. First, it is considered to be a more conservative estimate of reliability and requires fewer assumptions with respect to validity (Bobbit, Gordon & Jensen, 1966). Secondly, it allows the degree of inter-rater agreement to be easily compared across both rated excerpts and dyads - enabling the researcher to ascertain whether high or low levels of agreement between raters were consistently associated with

specific forms of excerpt or with specific dyads.

Pp-m correlations between observer ratings (n=4) yielded a mean inter-rater reliability of $r=0.82$ ($p < 0.001$). This is considerably higher than much of the reported literature (Burstein & Carkhuff, 1968 ; Caracena & Vicory, 1969; Truax, 1966), but is consistent with the upper range of coefficients reported by Bergin & Jasper, 1969; Beutler et al, 1973; Gurman, 1973. The magnitude of the correlation obtained within the present study is somewhat surprising, given that once the minimal standard of $r=0.80$ had been obtained during training, no attempt was made to reach consensus across raters and all ratings were made independently of each other.

Two factors may have contributed to the size of the correlation. First, considerable emphasis was placed on the training of raters and a high level of inter-rater agreement was required before the commencement of rating proper. Secondly, three videotaped excerpts of each conducted counselling session (total n=180) were rated by observers, a considerably wider sample than that reported in the above-mentioned studies.

In addition, observers were required to re-rate 10 segments from the previous session prior to the commencement of a new rating session. Mean intra-rater reliability was 0.89.

The agreement percentage was calculated through the application of the following formula, where 'adjacent' denotes a difference of ± 1 rating point.

$$A.P. = \frac{\text{Identical ratings} + \text{adjacent ratings} \times 100}{\text{Number of rated excerpts.} \quad 1}$$

Observers achieved a median A.P. of 77.1 across 180 rated excerpts.

Table 4.3 presents the zero order P.p-m correlations and probability levels obtained between counsellor self-ratings and observer ratings, for sessions 1, 2 and 3.

<u>Table 4.3 Pearson Product-Moment Correlations and Probability Levels: TCAE ratings (counsellors and observers) Sessions 1, 2 and 3</u>						
Counsellors self-ratings			Observer ratings			
Session	1(a)	2(b)	3(c)	1(d)	2(e)	3(f)
a	-----	364	700	614	385	686
p		105	004*	001*	084	005*
b		-----	836	313	385	650
p			000*	179	084	009*
c			-----	691	572	695
p				004*	026*	005*
d				-----	842	800
p					000*	000*
e					-----	923
p						000*
f						-----
p						

Table 4.3 shows that counsellors exhibited a moderately high consistency of TCAE self-ratings across sessions 2 and 3, and 1 and 3. The non-significant correlation obtained between sessions 1 and 2 is somewhat confusing. However, when the coefficient was recalculated using only data obtained from counsellors who completed 3 sessions, a correlation of 0.69 ($p < 0.05$) was obtained.

Inter-sessional correlations between observer ratings were all higher than those of counsellors and were all significant beyond $p < 0.001$.

The ratings of counsellors and observers were moderately highly correlated for sessions 1 and 3 although a non-significant correlation was obtained for session 2. When correlations between observers and counsellors across both matched and unmatched sessions were recalculated using only data obtained from counsellors who completed three sessions ($n=15$), eight of the nine correlations were significant beyond $p < 0.05$. The only session where a coefficient failed to achieve significance was session 2 ($p < 0.07$).

The large number of significant correlations obtained between counsellors and clients across non-matched sessions may suggest, if anything, that the TCAE is not sufficiently sensitive to detect fluctuations in counsellor behaviour across sessions.

Three supervisors, familiar with the counsellors in situ counselling behaviour, were asked to rate and rank counsellors on global empathic ability, using the TCAE scale. Supervisors did not have access to videotaped interview segments.

A mean P.p-m intercorrelation of 0.79 was obtained between supervisors, and a Spearman RHO using supervisor - allocated ranks, was significant beyond $p < 0.001$ (RHO = 0.856). Intra-supervisor rate - rerate reliability over a six week period was 0.94 ($p < 0.001$).

The mean rating given counsellors by supervisors was 2.99, (S.D. = 1.21), considerably lower than that given counsellors by observers rating from specific videotaped excerpts of behaviour ($\bar{x} = 4.29$).

Counsellor self-ratings and observer ratings were converted into a single rating for each counsellor by computing an overall mean level of empathy across all excerpts and all sessions conducted by each individual counsellor. Mean counsellor self-ratings were then ranked and compared with supervisor rankings of counsellors.

A Spearman RHO between observers and supervisors was significant beyond $p < 0.001$ (RHO = .786). The RHO obtained between counsellors self-ratings and supervisor ratings was 0.441 ($p < 0.05$).

The writer is not familiar with the existence of reports documenting the use of the Truax & Carkhuff Accurate Empathy Scale as either a global measure of empathy or as a self-rating device for counsellors. However the findings of the present study suggest that the TCAE is a moderately reliable instrument, both across sessions and when used to rate counsellor empathy from the perspectives of observers, counsellors and supervisors.

THE BARRETT-LENNARD RELATIONSHIP INVENTORY AND THE TRUAX/CARKHUFF
ACCURATE EMPATHY SCALE

Table 4.4 shows the P.p-m intercorrelation matrix obtained between BLRI client and counsellor ratings, and the TCAE ratings of counsellors and observers.

<u>Table 4.4 Pearson Product-Moment Correlations and Probability Levels between BLRI (counsellor and client) ratings and TCAE (counsellor and observer) ratings.</u>							
		TCAE (Counsellor self-ratings)			TCAE (Observer ratings)		
Session		1	2	3	1	2	3
BLRI (Counsellor self-ratings)	1	-16	-53	-32	-25	-30	-45
	p	46	01	24	23	18	09
	2	03	-22	-05	-03	-12	-12
p	89	35	83	88	61	66	
BLRI (Client ratings)	3	-23	-28	-16	-23	-28	-20
	p	41	30	55	41	30	47
	1	18	-36	-47	38	-30	-45
p	40	10	07	06	18	09	
BLRI (Client ratings)	2	-12	-33	-40	-00	-00	02
	p	59	15	14	99	99	94
	3	-20	-48	-50	-35	-25	-22
p	48	07	06	19	36	43	

Table 4.4 shows that there were no significant correlations between the TCAE scale and the BLRI, for sessions 1, 2 and 3, irrespective of whether empathy ratings were made from the perspective of counsellor, client or observer. Furthermore, with the exception of two coefficients (BLRI-Client/TCAE-Counsellor ratings, session 1; BLRI-Client/TCAE-Observer ratings, session 1), all correlations scored in a negative direction - suggesting, if anything an inverse relationship between the two Scales.

Although comparisons across measures of empathy have been conducted relatively infrequently, the lack of correlation between measures is consistent with the majority of reported research findings (Bachrach, 1968; Caracena & Vicory, 1969; Hansen, Moore & Carkhuff, 1968; McWhirter, 1973).

Fish (1970) however, and Kurtz & Grummon (1972) both obtained low positive correlations between the BLRI-client form and the TCAE scale (observer ratings) - although the latter used the 5-point scale developed by Carkhuff (1969).

The high correlation between the TCAE scale when used as a global measure (supervisors' rankings) and as designed, for rating specific segments of interaction, suggests it is unlikely that the lack of relationship between the BLRI and the TCAE is due to differences in the method of sampling per se. Possible explanations for the lack of correlation between the two scales, beyond methodological limitations of the studies, appear largely unexplored. This is particularly surprising given that the two instruments are both purported to be measures of empathy.

An examination of difference scores between counsellors and clients (BLRI) and between counsellors and observers (TCAE scale), quartile by quartile, indicated that there was no apparent pattern to differences across Q1, Q2, Q3, Q4 on the BLRI. However, TCAE difference scores between counsellors and observers falling within Q1 were considerably lower than those falling within Q2, Q3 or Q4. Moreover, all counsellors falling in Q1 on TCAE observer ratings were also located in Q1 on TCAE counsellor self-ratings (session 1 and 3). It appears that counsellors and observers exhibit greater agreement on level of counsellor empathy when rating high levels of TCAE empathy than when rating lower levels of empathy.

A series of factor analyses were performed on the two measures of empathy, through use of the SPSS package 'Factor'. Factors were built up through the systematic addition of variables.

Table 4.5 provides the factor structure of the BLRI (client and counsellor ratings) and the TCAE scale (observer, counsellor and supervisor ratings).

Table 4.5 Factor Structure of Measures of Empathy:
Orthogonal solution (varimax rotation)

Variable	Session	Factor 1	Factor 2	Factor 3	Factor 4
BLRI (Counsellor ratings)	1	1297	9878	-0932	-2546
	2	2687	7736	-2159	-0463
	3	1637	9235	1794	-0289
BLRI (Client ratings)	1	3313	2367	6704	-3519
	2	0860	-1425	9491	-2334
	3	2992	-0866	8318	-1071
TCAE (Observer ratings)	1	8148	0196	-0548	4793
	2	8823	-2645	-1021	4249
	3	8118	-1312	-0641	5039
TCAE (Counsellor ratings)	1	-3587	-1878	-1327	7972
	2	-4146	-4513	-4283	8425
	3	-5088	-0607	-5709	8098
TCAE (Supervisor ratings)	Sup.1	9252	2631	2458	-3692
	Sup.2	9644	2159	3587	-2303
	Sup.3	8938	0465	3225	-0666

Table 4.5 shows that four factors emerged from the orthogonal solution (varimax rotation). The four factors accounted for 87.2% of the total variance.

The major factor comprised TCAE observer ratings together with the global TCAE ratings of supervisors, and accounted for 49.5% of the total variance.

The second factor, accounting for a further 15.6% of the total variance, comprised counsellors' perception of empathy as measured by the BLRI.

Factor 3 (14.3% of the total variance) loaded heavily on clients' perception of counsellor empathy (BLRI) and the fourth factor consisted of counsellor self-ratings on the TCAE scale (7.9% of the total variance).

The four emerging factors were clear-cut and suggest that whatever empathy means, it means different things to raters from different counselling perspectives, both within the same measure and across different measures of empathy.

The emergence of both sets of externally judged ratings of counsellor empathy as a single factor is particularly interesting given that observer TCAE ratings were made with reference to specific videotaped excerpts of counselling behaviour, whereas supervisor TCAE ratings were allocated in terms of global 'empathic' counselling performance.

While extreme caution must be exercised in extrapolating from these results, it appears that counsellor empathy may be perceived more uniformly from a perspective external to the counselling interaction than from the perspectives of counsellor and client.

Section 4.1 may be summarised as follows:

- (i) The BLRI and the TCAE scale both displayed moderate to high reliability of rating for all rated perspectives.
- (ii) There was no correlation between TCAE ratings and BLRI ratings for sessions 1, 2 or 3, irrespective of whether empathy was rated from the perspective of counsellor, client or observer.
- (iii) Counsellors' perception of their level of empathy was uncorrelated with clients' perception of counsellor empathy, as rated on the BLRI.
- (iv) The TCAE ratings of observers and supervisors were moderately highly correlated, despite the former being rated from videotaped excerpts, whereas the latter were global ratings completed without reference to a specific counselling interaction.
- (v) Whilst significant rank-order correlations were obtained between supervisor TCAE ratings and both counsellor and observer TCAE ratings, factor analyses indicated that counsellor ratings comprised a separate factor to those of supervisors and observers.

It was concluded on the basis of results presented in Chapter 4.1 that not only must the BLRI and the TCAE scale be treated as independent measures of empathy, but that within measure ratings made from different

counselling perspectives must also be treated as independent measures.

4.2 Comparisons between ratings of overall similarity, closeness and measures of empathy

Counsellor and client perceptions of similarity and closeness were measured during the post-interaction interview by means of two 9-point Likert-type scales, each of which was administered on two separate occasions (Chapter 3.2). The scales were structurally and semantically comparable except for the names of the variables under consideration (Appendix 6).

The first two ratings may be described as global indicators of similarity and closeness respectively. Subjects were asked independently to describe the ways in which they perceived themselves to be similar to the other during the immediately preceding counselling session, and to then rate their overall level of felt - similarity and felt - closeness to the other. Ratings of perceived similarity and closeness are referred to as O/S, overall similarity - counsellor or client rating and O/C, overall closeness - counsellor or client rating.

At a later stage during the post-counselling interview, subjects were asked to identify the occasion during the preceding counselling session when they perceived greatest similarity between self and other - if in fact such an occasion occurred. Subjects were then asked to rate their level of felt similarity and felt closeness with reference to this specific occasion. Ratings made in conjunction with subjects identification of the occasion of greatest similarity to the other are referred to as S/S, specific similarity - counsellor or client rating; and S/C, specific closeness - counsellor or client rating.

It was assumed that subjects would establish their own systems for maintaining internal consistency across ratings (Osgood, Suci and Tannerbaum, 1957) and as such, that correlation coefficients could be meaningfully compared both between sessions and across individual ratings of similarity and closeness.

Table 4.6 presents the correlation coefficients and probability levels for counsellors' ratings of overall similarity and overall closeness; and clients' ratings of overall similarity and overall closeness.

<u>Table 4.6 Correlations between overall similarity (O/S) and overall closeness (O/C): counsellor and client ratings, by session.</u>				
	Session	r (O/S;O/C)	p	n
Counsellor	1	207	N/S	24
	2	502	05	21
	3	512	N/S	15
Client	1	621	01	24
	2	754	001	21
	3	804	001	15

Table 4.6 shows that clients' perceptions of overall similarity and overall closeness were highly correlated across all sessions. However, there were no significant correlations between counsellors' perceptions of similarity and closeness, except for session 2 ($p < 0.05$).

Table 4.7 provides counsellors and clients inter-sessional rate-rerate P. p-m correlations, for both overall similarity and overall closeness.

<u>Table 4.7 Counsellors and clients inter-sessional rate-rerate correlations: Overall similarity and overall closeness.</u>						
		Overall similarity			Overall closeness	
	Session	r	p	r	p	n
Counsellor	1 V 2	335	N/S	509	02	24
	1 V 3	363	N/S	555	05	21
	2 V 3	808	001	634	02	15
Client	1 V 2	590	01	386	N/S	24
	1 V 3	415	NS	336	N/S	21
	2 V 3	577	05	597	02	15

Table 4.7 indicates that counsellors show little rate-rerate consistency across sessions with respect to overall similarity - except between sessions 2 and 3. Client ratings of overall similarity however, display low-moderate rate-rerate consistency between all sessions.

The above trends were reversed with regard to overall closeness; counsellors display moderate rate - rerate consistency across sessions, whereas clients exhibit little rate - rerate consistency - with the exception of sessions 2 and 3.

Table 4.8 provides the correlation matrix obtained between counsellor and client ratings of overall perceived similarity to the other (O/S); and counsellor and client overall closeness to the other (O/C), for sessions 1, 2 and 3.

<u>Table 4.8 Correlations between Counsellor and Client ratings of overall similarity; and counsellor and client ratings of overall closeness (by session)</u>								
		COUNSELLORS						
		Session	I		II		III	
<u>CLIENTS</u>	1	Variable	O/S	O/C	O/S	O/C	O/S	O/C
		O/S p	-18 389	04 844	22 300	30 161	-16 581	-19 495
	O/C p	41 050*	26 220	37 074	47 019	-22 427	13 639	
	11	O/S p	37 077	23 278	65 001*	74 001*	-26 352	00 999
		O/C p	54 007	25 234	68 000*	77 000*	-35 200	-18 520
	111	O/S p	-40 050*	16 469	32 130	34 101	06 836	-08 775
		O/C p	43 036*	18 391	29 166	34 107	-13 656	24 389

Significant matched-session correlations may be observed in Table 4.8 between counsellor and client O/S ratings (Session 2); counsellor and client O/C ratings (Session 2); counsellor O/S and client O/C ratings (Sessions 1 and 2); and counsellor O/C and client O/S ratings (Session 2). No significant correlations were obtained within Session 3.

The relatively high correlations obtained for both similarity and closeness ratings within session 2 are interesting. It may be observed throughout Chapter 4 that reports of session 2 ratings are consistently aberrant when compared with ratings from sessions 1 and 3, irrespective of the variables under analysis.

Means and standard deviations for counsellor and client ratings of O/S and O/C may be found in Appendix 19. The mean ratings of clients and counsellors were comparable across all sessions. Both counsellors and clients exhibited a marked drop in mean rating level for session 3 and standard deviations were also considerably higher for this session.

Counsellors and clients were divided into high and low perceived similarity and closeness groups by arbitrarily determining that high raters were those who rated themselves as 7, 8 or 9 on the 9-point scales. Ratings of 7-9 equate with the categories 'moderately similar (close)'/ 'strongly similar (close)'/ 'almost identical (extremely close)' (Appendix 6).

A series of Fisher Exact Probability tests failed to yield any significant differences between groups, when high/low O/S counsellors were compared with high/low O/S clients; high/low O/S counsellors with high/low O/C clients; high/low O/C counsellors with high/low O/C clients; high/low O/C counsellors with high/low O/S clients, (sessions 1, 2 or 3).

Similarly, a series of McNemar tests for dependent samples failed to indicate any significant differences between high/low O/S counsellors and high/low O/C counsellors; or high/low O/S clients and high/low O/C clients, (sessions 1, 2 or 3).

OVERALL SIMILARITY/CLOSENESS AND THE BLRI

Table 4.9 (a) shows the correlations and probability levels, obtained between counsellor ratings of overall similarity, overall closeness and BLRI (counsellor and client) ratings.

Table 4.9 (b) shows the correlations and probability levels between client ratings of overall similarity/overall closeness and BLRI (counsellor and client) ratings.

Table 4.9 (a) Correlations and Probability levels between counsellor overall similarity/overall closeness ratings and BLRI ratings (Counsellors and clients); by session.

Table 4.9(b) Correlations and Probability levels between client overall similarity/overall closeness ratings and BLRI ratings (Counsellors and clients); by session.

		BLRI - Counsellor ratings			BLRI - Client ratings				
A	Session		1	2	3	1	2	3	
Counsellor	1	O/S	-133	045	-219	326	023	103	
		(p)	537	847	433	120	920	716	
		O/C	-007	287	230	197	-044	174	
			(p)	971	207	405	357	850	536
	2	O/S	-008	-224	-512	608	156	055	
		(p)	997	328	051*	002*	499	846	
		O/C	092	217	320	621	241	147	
			(p)	669	345	224	001*	293	599
	3	O/S	034	049	-273	469	453	245	
(p)		873	833	324	021*	037*	377		
O/C		-059	090	-143	467	486	205		
		(p)	781	697	612	021*	025*	463	

Client	1	O/S	-204	-147	-248	665	489	475	
		(p)	339	523	373	002*	025*	974	
		O/C	096	411	656	709	-023	107	
			(p)	657	064	008*	000*	921	705
	2	O/S	-087	-001	-010	717	625	531	
		(p)	687	996	970	000*	002*	042*	
		O/C	-000	097	229	642	022	-132	
			(p)	997	674	411	001*	925	637
	3	O/S	-016	130	-068	467	564	518	
(p)		937	572	809	021*	008*	048*		
O/C		-029	111	152	463	548	471		
		(p)	893	631	588	023*	010*	076	

The following points may be made with reference to Table 4.9:

- (i) No significant correlations were obtained between counsellor ratings of overall similarity or closeness and BLRI counsellor or client ratings across matched sessions.

- (ii) There were no significant correlations between client overall similarity or overall closeness ratings and BLRI counsellor ratings, across matched sessions.
- (iii) Moderately-high correlations were obtained between client ratings of overall similarity and BLRI client ratings (Sessions 1, 2 and 3). A moderately high correlation was also obtained between client ratings of overall closeness and BLRI client ratings (Session 1).
- (iv) A larger than chance number of significant correlations were obtained between client and counsellor variables across non-matched sessions.

The consistent and moderately high correlations obtained between client ratings of overall similarity and BLRI client ratings suggests there may be a link between the degree of client perceived similarity to the other and the degree of (BLRI) empathic understanding which clients attribute to their counsellors.

The large number of significant correlations obtained across non-matched sessions is somewhat puzzling.

OVERALL SIMILARITY/CLOSENESS AND THE TCAE SCALE

Table 4.10 provides the correlation matrix obtained between ratings of counsellor overall similarity/closeness and the TCAE ratings of observers, counsellors and supervisors.

<u>Table 4.10 Correlations and Probability Levels between counsellor overall similarity, overall closeness, and TCAE-ratings (observers, counsellors and supervisors); by session.</u>					
Session		1	2	3	
	variable	TCAE-observer	TCAE-observer	TCAE-observer	
1	O/S	158	034	-225	
	p	460	881	420	
	O/C	-048	-136	-260	
	p	825	557	349	
2	O/S	294	-200	-313	
	p	163	383	255	
	O/C	345	-070	-245	
	p	098	763	378	
3	O/S	219	-091	-294	
	p	302	693	288	
	O/C	235	029	-034	
	p	269	898	903	
Session		1	2	3	Overall
	variable	TCAE counsellor	TCAE counsellor	TCAE counsellor	TCAE Supervisor
1	O/S	226	-103	-284	018
	p	287	658	304	931
	O/C	174	-070	-070	193
	p	415	761	804	366
2	O/S	351	-106	-222	-049
	p	092	648	425	819
	O/C	450	-032	-109	-157
	p	027*	890	699	463
3	O/S	382	-389	-148	-001
	p	065	081	598	995
	O/C	434	-232	-134	-086
	p	034*	311	633	688

The only significant correlations obtained in Table 4.10 were between counsellor overall closeness and counsellor self ratings of empathy across non-matched sessions.

Counsellor overall similarity ratings were then plotted graphically against: (i) BLRI - counsellor ratings; (ii) TCAE - counsellor ratings; (iii) TCAE - observer ratings; Sessions 1, 2 and 3. There was no discernible pattern to the distribution of counsellor overall similarity ratings and BLRI - counsellor ratings. The distribution obtained between counsellor overall similarity and TCAE - counsellor ratings however, was of roughly curvilinear form (sessions 1 and 2). When high self-rating TCAE counsellors were separated out (median split), the curvilinear distribution was even more pronounced and tends to indicate that as empathy ratings increase so do self-ratings of perceived similarity. However beyond a certain point, further increases in empathy are associated with decreasing levels of perceived similarity. The graph obtained from the plotting of counsellor overall similarity scores and TCAE - observer ratings was of indeterminable shape for session 2 although a roughly curvilinear format was obtained for sessions 1 and 3.

The graphic distributions obtained between overall similarity and TCAE - counsellor and observer ratings (sessions 1, 2 and 3) are provided in Appendix 12.

SPECIFIC SIMILARITY/CLOSENESS AND MEASURES OF EMPATHY.

The means and standard deviations obtained for counsellor and client ratings of specific similarity (S/S) and specific closeness (S/C) are provided in Appendix 19. Specific similarity and specific closeness were defined earlier (Chapters 3.2; 4.2), as a subject's perceived level of similarity and closeness, made with reference to the occasion identified by the subject as the moment of greatest similarity to the other. The mean rated levels of S/S and S/C were comparable to the means obtained for overall similarity (O/S) and overall closeness (O/C) (counsellor and client ratings, session 1), although S/S and S/C means were consistently lower than O/S and O/C means for sessions 2 and 3 (counsellors and clients). The standard deviations obtained for S/S and S/C were higher across all sessions than those of O/S and O/C for

both counsellor and client ratings.

A series of correlation matrices were computed between counsellor ratings of specific similarity and both BLRI and TCAE ratings across all rated perspectives (counsellor, client, observer and supervisor) sessions 1, 2 and 3. The only significant correlations obtained were between counsellor specific similarity and TCAE - observer ratings, session 1, ($p < 0.02$).

It was thought that the correlation coefficient may have masked more distinctive relationships between high and low counsellor groups, or extreme scorers. Consequently, a series of χ^2 tests were computed between high/low ratings of both overall and specific similarity and the following variables: BLRI - counsellor ratings; BLRI - client ratings; TCAE - observer ratings. Fisher Exact Probability tests were substituted for χ^2 tests where expected cell frequencies were small.

No significant differences were obtained between cells across any measure of similarity or closeness and empathy (sessions 1, 2 and 3). Similarly, when data were reclassified into cell contingencies using only extreme scores (Q1 and Q4), no significant differences were obtained.

Results described in Section 4.2 may be summarised as follows:

- (i) Client ratings of overall similarity and overall closeness were highly correlated across all sessions. However, with the exception of session 2, non-significant correlations were obtained between counsellor ratings of similarity and closeness.
- (ii) Moderate inter-sessional rate-rerate consistency was obtained across client ratings of overall similarity and counsellor ratings of overall closeness. However, with the exception of session 3 in each case, non-significant rate-rerate correlations were obtained for counsellor ratings of overall similarity and client ratings of overall closeness.
- (iii) Counsellor and client ratings of both overall similarity and closeness were highly intercorrelated within session 2, and a moderately high correlation was found between counsellor overall similarity ratings and client ratings of overall closeness (session 1).

- (iv) Client perceptions of overall similarity were highly correlated with client ratings of counsellor empathy (BLRI) for all sessions. Client perceptions of overall closeness correlated highly with client ratings of counsellor empathy (BLRI) for session 1 only.
- (v) There were no significant correlations between counsellor ratings of overall similarity or closeness and: BLRI-counsellor ratings; BLRI-client ratings; TCAE-counsellor ratings; TCAE-observer ratings or; TCAE-supervisor ratings, for any session.
- (vi) A roughly curvilinear relationship was obtained between counsellor ratings of overall similarity, and observer and counsellor ratings of TCAE empathy. That is, as observer ratings and as counsellor ratings of TCAE empathy increase, counsellor ratings of overall perceived similarity to their clients also tend to increase. However, beyond a certain point, further increases in TCAE empathy ratings are associated with roughly corresponding decreases in perceived similarity.
- (vii) Significant correlations were obtained between counsellor specific similarity and; TCAE-observer ratings (session 1) and TCAE-counsellor ratings (session 1).
- (viii) There were no significant differences (χ^2 test) between high and low ratings of empathy and high and low counsellor ratings of overall or specific similarity (sessions 1, 2 or 3).

4.3 Comparison of Observer and Counsellor Ratings of Empathy (TCAE scale) across videotaped excerpts of specific similarity

The criteria for selection of videotaped excerpts has already been described (Chapter 3.410). Briefly, three, two minute excerpts of dyadic interaction were selected from each counselling session. Two of the excerpts were the occasions on which the counsellor and the client independently, described from memory, rated, and later identified on videotape, the moment during which they perceived greatest similarity between self and other. The

third excerpt was a randomly selected segment of interaction.

Where a client or counsellor could not identify a specific moment of high similarity an additional random excerpt was inserted to maintain consistency of rating. Such excerpts, however, were excluded from analyses pertaining to specific moments of greatest similarity. Observer's, (n=4), were required to rate all selected segments of interaction (n=180). Counsellors, however, rated only segments pertaining to their own counselling sessions. Both counsellors and judges were blind to the method of excerpt selection.

The following abbreviations have been adopted to refer to the 3 forms of selected videotaped excerpts described above:

- v 1: counsellor identified moment of greatest perceived similarity;
- v 2: randomly selected segment of counselling interaction;
- v 3: client identified moment of greatest perceived similarity.

As noted previously (Chapters 2.2; 3.48; 3.410), the three above excerpts of tape, together, constitute the sample of counsellor behaviour from which the mean sessional TCAE ratings reported throughout Chapter 4.1 and 4.2 were calculated.

Table 4.3 (presented earlier) indicated that moderately high, zero-order Pearson product-moment coefficients were obtained between mean counsellor TCAE ratings and the mean TCAE ratings of observers, for sessions 1 and 3 and a near significant correlation was obtained for session 2 (Session 1, $p < .001$; session 2, $p < .084$; session 3, $p < .005$).

Table 4.11 presented below, shows the P.p-m correlations obtained between counsellor ratings and observer ratings, for each of the three videotaped excerpts (V1, V2, V3), by session.

<u>Table 4.11 Correlations between Counsellor and Observer TCAE ratings of V1, V2, V3, (by session).</u>						
	V1		V2		V3	
	r	p	r	p	r	p
Session 1	422	05	104	N/S	548	01
2	432	05	284	N/S	512	02
3	371	N/S	572	05	166	N/S

The correlations obtained between counsellor and observer TCAE ratings of specific videotaped excerpts (V1, V2, V3) were generally lower than those obtained from mean sessional ratings (Table 4.3), with the exception of ratings of V1 and V3 (session 2 above).

Table 4.11 shows that counsellor and observer TCAE ratings tend to be more highly correlated across V1 and V3 (counsellor and client identified moments of greatest similarity, respectively) than across V2 (random excerpts). A series of t-model tests for correlated samples (Popham, 1967) indicated however, that there were no significant differences between mean ratings for each of the variables (sessions 1, 2 or 3).

A series of McNemar tests also failed to indicate significant differences between observers or counsellors ratings of the three forms of excerpts. Observers' TCAE ratings of each of the variables, V1, V2 and V3, were intercorrelated to ascertain whether observers rated counsellor and client identified moments of greatest perceived similarity (V1 and V3) in comparable fashion to the manner in which they rated randomly selected segments (V2). The same procedure was undertaken with regard to counsellors' TCAE ratings.

Table 4.12 presents the correlations and probability levels obtained between (i) observer TCAE ratings of V1, V2 and V3; and (ii) counsellor TCAE ratings of V1, V2 and V3.

<u>Table 4.12 Correlations and Probability Levels between V1, V2 and V3: (i) observer TCAE ratings and (ii) counsellor TCAE ratings, (by session)</u>							
		V1	V2	V3	V2	V1	V3
		r	p	r	p	r	p
(i) Observer's ratings	Session 1	848	001	890	001	856	001
	2	775	001	838	001	784	001
	3	723	01	959	001	793	001
(ii) Counsellor's ratings	1	275	N/S	251	N/S	262	N/S
	2	125	N/S	280	N/S	273	N/S
	3	185	N/S	335	N/S	321	N/S

Table 4.12 shows that while observer TCAE ratings were highly correlated across V1, V2 and V3, no significant correlations were obtained for counsellor ratings. It appears that whereas observers tend to rate counsellors in a uniform fashion across each of the different forms of videotaped excerpt, counsellors exhibit little consistency of self-rating across V1, V2 and V3.

Difference scores (i.e., the difference between the level of TCAE rating awarded a counsellor across each of the forms of videotaped excerpt, V1, V2, V3) were calculated for: (i) observers' TCAE ratings and (ii) counsellors' TCAE self-ratings.

Table 4.13 provides the mean difference scores obtained between V1 and V2; V2 and V3; V3 and V1 respectively, for both (i) observer and (ii) counsellor ratings, using the 9-point TCAE scale.

Table 4.13 Mean difference scores obtained between V1, V2 and V3, for (i) observer TCAE ratings and (ii) counsellor TCAE ratings, (by session).					
			V1, V2	V2, V3	V3, V1
(i) Observer TCAE ratings	Session 1		0.69	0.70	0.68
	2		0.79	0.62	0.71
	3		0.70	0.46	0.52
(ii) Counsellor TCAE ratings	Session 1		1.63	1.89	1.71
	2		1.72	1.42	1.86
	3		2.21	2.19	2.05

The mean difference scores between observers' ratings were of less than 0.80 scale points. Mean differences between individual counsellors' ratings of V1, V2 and V3 were all of 1.4 - 2.2 scale points, indicating considerable differences within individual counsellor's ratings of the 3 forms of excerpt. Difference scores for both observers and counsellors were more or less evenly distributed in both a positive and negative direction.

Dyads whose counsellors elicited the greatest observer - rated difference scores (median split) between TCAE ratings of excerpts V1 and V2, were compared with dyads whose counsellors elicited the greatest difference scores between ratings of V1 and V2 when self-rated by counsellors.

An overlap of 80% of cases was obtained. Such a finding is surprising given the divergence in magnitude of difference scores between counsellors and observers.

Results described in section 4.3 may be summarised as follows:

- (i) Observers' TCAE ratings were highly correlated across the three forms of videotaped excerpt (V1, V2 and V3). That is, observers did not appear to detect differences in counsellors level of TCAE empathy across randomly selected excerpts of counselling behaviour and excerpts selected by either counsellor or client as the moment of greatest perceived similarity to the other.

- (ii) There was no correlation between counsellors' self-ratings of randomly selected excerpts and excerpts previously selected by counsellors or clients as the occasion of greatest similarity, (V1, V2 and V3).
- (iii) Mean differences in excess of 1.4 scale points were obtained between counsellor TCAE self-ratings of V1, V2 and V3. Mean differences of less than 0.80 scale points were obtained between observer ratings.
- (iv) Whilst differences between observers' ratings of V1 and V2 were of much smaller magnitude than those of counsellors' ratings, an 80% overlap was obtained between the specific counsellors inducing the largest observer-rated differences and those inducing the largest counsellor rated differences (sessions 1, 2 and 3). This suggests that those counsellors inducing the greatest differences in TCAE ratings across V1 and V2, in fact exhibited differences in behaviour which were detectable by both counsellors and observers.

4.4 Comparisons between Dyadic Compatibility (FIRO-F) and Measures of Empathy

Reciprocal (R), Interchange (I), Originator (O), and Total (K) compatibility indices were calculated for each dyad by applying a series of arithmetical formulae to individual sets of scores obtained from the FIRO-F scales. The formulae prescribed by Schutz (1966, 1978), together with the modifications suggested by Malloy and Copeland (1980) were used in the computing of compatibility indices, (Chapter 3.2; Appendix 5).

The distribution of scores for each of the indices conformed reasonably well to a theoretical normal curve, with 64% - 71% of scores falling within ± 1 Standard deviation of the mean.

A series of zero-order Pearson product-moment correlations between K and the three compatibility indices which together, comprise the constituents of K (R + O + I), revealed that all indices correlated at 0.78 or better ($p < 0.001$, d.f. = 22). The lowest correlation obtained was between originator compatibility and Total (K).

A correlation matrix was then computed between R, I, O, compatibility indices and: BLRI-counsellor ratings; BLRI-client ratings; TCAE-observer ratings; TCAE-counsellor ratings, (sessions 1, 2 and 3); and TCAE-supervisor (global) ratings (Appendix 14). No significant correlations were obtained between compatibility indices and any measure of empathy. Low, consistently negative correlations were exhibited across BLRI-counsellor ratings (sessions 1,2 and 3); TCAE-counsellor ratings (session 2) and supervisor ratings.

Dyads were divided into high/low compatibility groups (median split) across each compatibility index. A comparison of high/low groups indicated that only one dyad was not consistently high or low across all indices. This dyad was placed in the group with which it appeared on 75% of occasions.

A series of Fisher Exact Probability tests were computed between high/low compatibility groups and each of the above empathy measures, (sessions 1, 2 and 3). No significant differences were obtained between FIRO-F compatibility and either the TCAE scale or the BLRI, irrespective of the counselling perspective from which empathy ratings were made (counsellor, client, observer, supervisor) or the session (1, 2 or 3).

Since results were so consistently non-significant, it was decided unprofitable to pursue further analyses between empathy and (FIRO-F) dyadic compatibility within the parameters of the present study.

4.5 Comparisons between Dyadic Compatibility (FIRO-F) and Similarity

A 6 x 8 zero order Pearson product-moment correlation matrix was formed between the four computed compatibility indices (Reciprocal, Originator, Interchange, Total K), and counsellor and client ratings of overall similarity and closeness, sessions 1, 2 and 3 (Appendix 13).

Only one of the coefficients obtained even an 0.1 level of significance, and no consistent patterns were observed between the configuration of correlations.

A series of Fisher tests between compatibility and similarity and compatibility and closeness (sessions 1, 2 and 3) also failed to produce any significant differences between groups.

In similar fashion to that stated with reference to Chapter 4.4, the paucity of significant results led to the decision that it was probably unproductive to pursue further investigation into the relationship between compatibility and similarity, within the present study.

4.6 Dyadic Response Patterns Across Measures of Empathy and Similarity

Counselling appears to be a highly ideosyncratic activity. As such, it was thought that psychometric analyses by their very nature, may have masked relationships between specific dyads, or rating patterns across a number of different variables.

Three methods were used to synthesise dyadic response patterns across variables:

- (i) Cell contingencies formed earlier for the purpose of computing McNemar, Fisher or χ^2 tests, were re-analysed after transforming numerical tallies into identifiable dyads.
- (ii) A dyadic summary sheet displaying high/low groupings across each empathy variable was compiled to enable broad spectrum patterns across dyads to be discerned.
- (iii) A series of cluster analyses using the BMDP package were performed through incremental inclusion of each of the empathy variables.

A copy of the dyadic summary sheet described in (ii) above is contained in Appendix 15 and an outline of the specific dyadic patterns obtained is provided below. Dyad identification numerals have been included to allow for cross-referencing between Chapter 4.6 and later chapters.

The first two digits identify the counsellor and the second pair of digits refer to the client. Where the first pair of digits are observed in conjunction with different pairs of final digits, this denotes a counsellor who worked with more than one client.

Pattern Description	Identifying Dyad Numbers		
1. 58%-60% of counsellors rated as low empathisers by both supervisors and observers (TCAE scale, sessions 1, 2 and 3), rated themselves as high empathisers on the BLRI.	Session 1 12/37 11/19 03/26 04/40 83/94 11/21 04/17	Session 2 01/25 12/37 03/26 04/40 04/17 11/19	Session 3 12/37 04/40 04/17 11/19
2. 58%-67% of counsellors rated as high empathisers by both supervisors and observers (TCAE scale, sessions 1, 2 and 3), rated themselves as low empathisers on the BLRI.	Session 1 43/44 43/18 41/13 10/16 39/14 07/36 07/24	Session 2 43/44 41/13 02/23 10/16 10/29 39/14 07/24	Session 3 43/44 41/13 10/16 10/29 39/14 05/27
3. All counsellors falling within the high overall similarity/extreme low (Q4) BLRI-counsellor self-rating cell, (sessions 1, 2 and 3) were rated as high empathisers by both observers and supervisors (TCAE scale sessions 1, 2 and 3).	Session 1 39/14 10/16 10/29 43/44	Session 2 39/14 10/16 10/29 02/23 07/24	Session 3 39/14 10/16 10/29 41/43
4. Counsellors of the following dyads were rated as high empathisers by both supervisors and observers (median split) across sessions 1, 2 and 3.	Session 1 43/18 43/44 41/13 08/20 02/23 39/14	Session 2 02/32 07/24 10/16	Session 3
5. A series of cluster analyses performed through incremental addition of variables was computed using the sum of squares procedure. Data from each of the four empathy ratings, (sessions 1, 2 and 3), together with supervisors global ratings, were included as input.	Session 1 43/18 43/44 02/23 41/13 08/20 39/14 10/16 10/29		
The adjacent dyads consistently emerged as a single cluster, whose amalgamated distance was not greater than 4.94.			

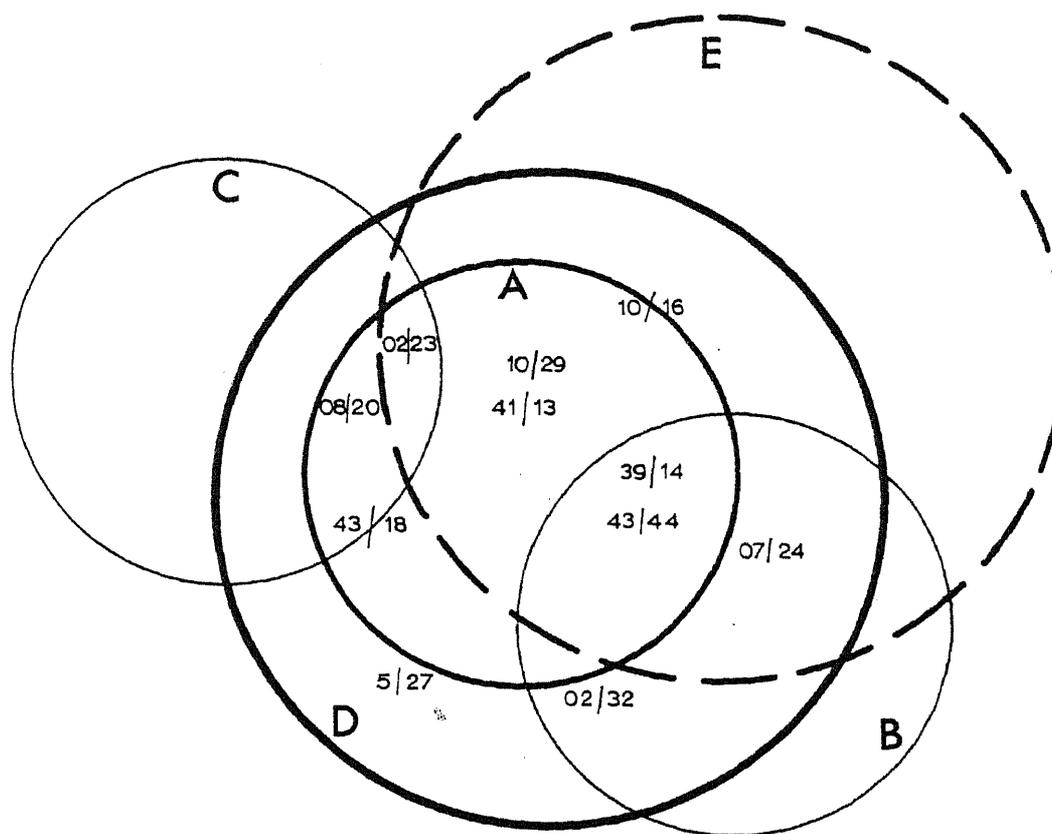
<p>6. Six dyads were located, whose counsellors appeared in the high category (Median split) across the following variables on at least 8/10 ratings. The variables were: BLRI-client ratings (session 1, 2 and 3); TCAE-counsellor ratings (sessions 1, 2 and 3); TCAE-observer ratings (session 1, 2 and 3); TCAE supervisor global ratings.</p> <p>One other counsellor appeared as consistently high across all variables, with the exception of BLRI-client ratings where he was rated low in empathy by his client across all 3 sessions.</p>	<p>Session 1 43/18 08/20 10/29 02/23 41/13 43/44</p>	<p>39/14</p>	
<p>7. When counsellor difference scores between V1 and V2 (i.e. the difference between counsellor TCAE self-ratings of counsellor identified moments of greatest similarity, and ratings of random excerpts) were divided into large/small difference groups and compared with high/low counsellor ratings of specific similarity, the adjacent dyads appeared in the high specific similarity/large difference cell, sessions 1, 2 and 3.</p>	<p>Session 1 39/14 08/20 10/16 10/29 43/44 02/32 41/13 02/23</p>	<p>Session 2 02/23 05/27 10/16 10/29 07/24 02/32 11/29</p>	<p>Session 3 10/29 10/16 11/19 02/23</p>
<p>8. All but two of the above counsellors who incurred high specific similarity/large difference scores, were also rated as high on (TCAE) empathy by both supervisors and observers (sessions 1, 2 and 3).</p>	<p>Session 1 10/29 11/29</p>		
<p>9. When the overall Agreement Percentage was calculated between the TCAE ratings of observers and counsellors (sessions 1, 2 and 3), the 6 counsellors who exhibited the highest Agreement Percentages, also held 5 of the 6 highest TCAE ratings given by both supervisors and observers (sessions 1, 2 and 3).</p>	<p>Session 1 43/18 39/14 43/44 08/20 02/23 12/35</p>		

10.	<p>Counsellors of the adjacent dyads rated self as high on empathy (BLRI), but were rated as low on TCAE empathy by both observers (sessions 1,2 and 3) and supervisors.</p> <p>One other dyad rated self as high (BLRI) and was rated low by observers but high by supervisors (TCAE scale)</p>	<p>Session 1</p> <p>04/40 12/37 04/17 11/21</p> <p>12/35</p>
11.	<p>Three clients terminated therapy at the end of session 1. Two of the three allocated to their counsellor the lowest two empathy ratings given for any session (20 points below the next lowest rating); and also rated themselves as strongly dissimilar to their counsellors. The third client terminated for reasons not associated with therapy.</p> <p>Six clients terminated at the end of session 2. Four of the six empathy ratings allocated counsellors by clients (BLRI) fell within the low empathy groups for both sessions and comprised 4/6 of the lowest empathy ratings allocated to counsellors for session 2. The above mentioned four clients also rated themselves as highly dissimilar to their counsellors across both completed sessions.</p>	<p>Session 1</p> <p>11/21 09/34</p> <p>82/94 02/32 03/26 07/24</p>

Whilst dyadic patterning was explored throughout the total score range, two groups of dyads emerged whose rating patterns demonstrated considerable cohesiveness across a number of variables. The first group of counsellors (n=5) were referred to in Statement 10 above and rated self as high on BLRI empathy but were rated low on TCAE empathy by observers (sessions 1, 2 and 3), and with one exception, also rated low on TCAE empathy by supervisors. The second group of 8 pre-eminent and 3 additional counsellors, were predominantly rated highly on TCAE empathy by observers, supervisors and self; rated highly on BLRI empathy by clients and displayed mixed BLRI- self-ratings across sessions.

Figure 4.3 summarises graphically, the inter-relating patterns exhibited by the latter of the two groups referred to above and described in Statements: 2 - 8.

Figure 4.3 Dyadic patterns obtained across empathy and similarity ratings.



- A: High TCAE-observer rated empathy (sessions 1, 2 and 3)
 High TCAE-counsellor self rated empathy (sessions 1, 2 and 3)
 High TCAE-supervisor global ratings
 High BLRI-clientrated empathy (sessions 1, 2 and 3)
 Low BLRI-counsellor self rated empathy (sessions 1, 2 and 3)
- B: Low BLRI-client rated empathy (sessions 1, 2 and 3)
- C: High BLRI-counsellor rated empathy (sessions 1,2 and 3)
- D: High specific similarity/large difference scores (median split) (sessions 1, 2 and 3)
- E: High overall similarity/extreme low (Q 4) BLRI-counsellor self rating (sessions 1, 2 and 3)

It should be noted with reference to counsellors of the following dyads described in Figure 4.3, that:

- (i) A core group of 8 dyads were encompassed within the parameters of subset A on at least 10/13 empathy ratings;
- (ii) All 8 dyads identified as a common group through cluster analysis fell within or primarily within the subset A, identified above;
- (iii) All identified dyads fell within the perimeter of subset D;
- (iv) dyads falling partially outside the pattern described in A, were shown by representation within subsets B and C;
- (v) dyads whose representation within a subset was only partial, due to mixed high/low groupings across sessions 1, 2 and 3, were placed on the perimeters of the two subsets within which they were encompassed (10/16; 43/18), (See Appendix 15).

In summary, a core group of 8 dyads were identified who displayed considerable consistency of rating across all variables. With the exception of BLRI-counsellor self ratings, the abovementioned 8 dyads were predominantly located within the high cell contingencies (median split) across all measures of empathy as well as ratings of overall and specific similarity (sessions 1, 2 and 3). Furthermore, without exception, when contingency cells were compiled for the calculation of a χ^2 test between counsellors rating themselves as high/low on specific similarity and counsellors inducing large/small difference scores between counsellor TCAE ratings of V1 and V2 (i.e. difference in TCAE ratings of counsellor perceived similarity excerpts and randomly selected excerpts), all of the above 8 dyads appeared in the high specific similarity/large difference score cell across 1 or more session.

A second group, of 4 dyads were identified, who were rated low on TCAE empathy by both observers and supervisors (sessions 1, 2 and 3) but who rated themselves as highly empathic (BLRI, sessions 1, 2 and 3).

4.7 Overview of Phase One Results

The six specific objectives of the study were described in Chapter 2.5 - the first five of which, were used to delineate the nature and parameters of analyses conducted in association with measures of empathy; similarity/closeness; and compatibility.

A summary of the major findings pertinent to each of the five objectives and reported in Chapter 4, is provided below.

- OBJECTIVE 1:
- (i) Both the Barrett-Lennard Relationship Inventory (empathy scale) and the Truax Carkhuff Accurate empathy scale exhibited a high degree of rate-rater reliability, irrespective of the perspective of the rater.
 - (ii) There was no correlation however, between the BLRI and the TCAE scale, or the BLRI-client and counsellor forms.
 - (iii) A factor analysis indicated the presence of four factors suggesting that not only must the two instruments be treated as independent measures, but that ratings within the same scale, made from different counselling perspectives (client, counsellor, observer and supervisor), must also be treated independently.
- OBJECTIVE 2:
- (i) While client's ratings of similarity and closeness were highly correlated, there was no consistent correlation between counsellor's ratings of similarity and closeness over sessions 1, 2 and 3.
 - (ii) Clients perceiving themselves as highly similar to their counsellors, also perceived their counsellors as highly empathic (BLRI).

- (iii) Counsellors perceiving themselves as highly similar to their clients did not necessarily rate themselves as highly empathic on either the BLRI or the TCAE scale.
- (iv) There appears to be a roughly curvilinear relationship between counsellor perceived similarity, and observer ratings and counsellor self-ratings of empathy (TCAE scale).

- OBJECTIVE 3:
- (i) Observer's TCAE ratings of randomly selected videotaped excerpts were highly correlated with excerpts perceived by both counsellors and clients as the occasion of greatest similarity to the other.
 - (ii) There was no correlation between counsellors' ratings of random excerpts and ratings of excerpts perceived by self or clients as the occasion of greatest similarity to the other.
 - (iii) Dyads inducing the highest degree of difference between observer ratings of random excerpts and excerpts of the occasion of greatest counsellor perceived similarity, overlapped in 80% of cases with dyads inducing the highest degree of difference between counsellor self-ratings of greatest perceived similarity excerpts and randomly selected excerpts.

OBJECTIVES 4 & 5: There was no apparent relationship between dyadic compatibility (as measured by the FIRO-F scales) and similarity, closeness, or any measure of empathic understanding.

SPECIFIC DYADIC

RESPONSE PATTERNS: A group of 8 dyads were isolated, who responded consistently and highly across all measures of empathy with the exception of BLRI-counsellor self-ratings, where predominantly low scores were recorded. The above dyads also exhibited

moderate to high ratings of both overall and specific similarity across all sessions and induced large difference scores between counsellors TCAE ratings of V1 and V2 across at least 1 session (Median split).

A second group of four dyads rated themselves highly on BLRI empathy, but were rated as low empathisers by both observers and supervisors (TCAE scale).

These patterns were too specific to be detected by the statistical methods used earlier. The above trends suggest that:

- (i) there is a tendency toward an inverse relationship between BLRI-counsellor self-ratings, and TCAE observer and supervisor ratings for counsellors rated as high empathisers by observers and supervisors;
- (ii) while there were no consistent statistically significant associations between measures of similarity and empathy when the total data pool were used, there appears to be a link between similarity and empathy across specific dyads.

Chapter 5 will discuss in more detail findings reported in Chapter 4. Particular attention will be directed toward findings associated with objectives 1, 3, 4 and 5.

Specific dyadic patterns and findings ambient to the relationship between similarity and empathy will be discussed briefly in Chapter 5 and explored more fully in Chapters 6 and 8 in conjunction with Phase two results.

CHAPTER 5

DISCUSSION OF PHASE ONE RESULTS

The results outlined in Chapter 4 may be subsumed under five major findings. Each of these findings is discussed below. The final question raised in Chapter 5, is, what, in fact, are the measures of empathy measuring?

5.1 Across-Measure Comparisons: there was no relationship between empathy as measured by the Barrett-Lennard Relationship Inventory (empathy scale), and the Truax & Carkhuff Accurate Empathy Scale (Chapter 4.1).

This finding is not new, and is, in fact, relatively consistent with the majority of published reports which have employed more than one measure of empathy.

There were several reasons, however, for anticipating a different outcome within the present study.

- (a) Researchers collating results across the BLRI and the TCAE scales, have most frequently compared only the perspectives of clients and observers (Bozarth & Grace, 1970; Caracena & Vicory, 1968; Hill, 1978; McWhirter, 1973; Truax, 1966; Vanderveen, 1970).
- (b) Very little 'in situ' research has been conducted. Many studies have been of analogue type, have selected stooges trained to behave in a certain manner, as clients, have manipulated specific verbal or non-verbal counsellor behaviours, or have utilized grossly disproportionate numbers of counsellors or clients. (Carkhuff & Burstein, 1970; Heck & Davis, 1973; McWhirter, 1973; Pierce, 1971; Truax & Dickenson, 1966).
- (c) Results are often confounded through the use of predetermined selection criteria such as performance on the MMPI, theoretical background of the counsellor or degree of client disturbance (Hansen, Moore & Carkhuff, 1968; McWhirter, 1973; Rogers, et al, 1967; Vanderveen, 1970).

Whilst it is difficult - if not impossible - to design and execute psychotherapeutic research which is beyond methodological criticism,

a large number of studies have been severely criticised on methodological grounds (Gurman & Razin, 1977; Lambert, de Julio & Stein, 1978). The following studies, for instance appear to display examples of: inadequate sampling, (Mitchell, 1973); restricted range of ratings (Sloane, Staples, Cristol, Yorkson & Whipple, 1975); and very low inter-rater reliability (Truax & Sibling, 1966).

Within the present study, 'in situ' counselling sessions were observed and analysed. Counsellors were instructed to conduct their counselling sessions using the techniques and style to which they were accustomed. The demographic characteristics, the presenting problems of clients, and the range of observed counselling abilities, were deemed representative of those found within a local Therapeutic Practice or Counselling Centre.

Up to three sessions of counselling interaction were sampled from each dyad and counsellors' level of empathy was rated from a number of different perspectives (counsellor, client, observer, supervisor) across two different measures of empathy (the BLRI and TCAE scales). Two rated perspectives were included which were not known to have previously documented use within published research (Counsellors TCAE self-ratings of videotaped excerpts; and supervisors ratings using the TCAE scale as a global measure of empathy, unrelated to specific videotaped segments of counselling behaviour). Observers were trained to achieve high levels of inter-rater reliability and no attempt was made to obtain consensus of rating after initial training was completed.

Finally, both TCAE scores and BLRI-empathy ratings approximate a normal curve. This was not only important in determining the appropriateness of various statistical procedures, but as Truax & Mitchell (1971) point out, before attempting to relate levels of therapist skill to measures of process or outcome, it must first be shown that therapists exhibit a range of rateable conditions and that a therapist rated high differs from one rated low.

Several possible explanations for the lack of correlation between empathy measures, are offered.

(i) Empathy is not a unitary phenomenon. Bachrach (1968) and Kurtz & Grummon (1972) suggest that empathy may be an umbrella term which encompasses

a number of different concepts and behaviours. Barrett-Lennard (1981), one of the few researchers within the last decade to venture beyond psychometric and methodological concerns and discuss the nature of empathic understanding, suggests that the scales may in fact be tapping different aspects of the same process.

(ii) One or both scales may be questionable in terms of validity. Criterion related and construct validity are difficult to assess when both the dependent and independent variables are as nebulous as are process factors within counselling. This situation appears to be exacerbated rather than alleviated by attempts to operationalise definitions for measurement purposes (Bachrach, 1968).

Several studies have questioned the meaning of the TCAE scales (Bozarth & Krauft, 1970; Chinsky & Rappaport, 1970; Lambert & De Julio, 1977; Rappaport & Chinsky, 1972).

Apart from those conducted by the test publisher, little investigation appears to have been attempted into assessing the meaning of the BLRI scales. Most research ambient to the BLRI has utilized it as an independent measure, thus implying its acceptance as a valid instrument. For example; Curtino, 1974; Murphy & Strong, 1972; Smith Wampler & Powell, 1982).

One study of particular interest was that conducted by Caracena & Vicory (1969). In order to investigate whether the lack of relationship between the BLRI-client form and the observer-rated TCAE scale was in fact due to the perceptual distortion exhibited by 'distressed' clients, they used a group of 'normal' college students as clients. Little relationship was obtained between the two scales. However, as a corollary to the study, they found that both the proportion of words spoken by the interviewer to those spoken by the subject, and the number of words per interviewer response, correlated highly with observer ratings of (TCAE) empathy.

'Verbosity' did not however, appear to be an important factor in determining client ratings of counsellor (BLRI) empathy.

Such a finding raises questions as to whether the TCAE scale may be primarily or partially a measure of verbal fluency.

(iii) The basis upon which ratings are made is indeterminate. It is unclear whether counsellors rate in accordance with what they aim to project to the client, the level of 'empathy' they anticipate was actually exhibited or the favourability with which the client appeared to receive their response.

Concomitantly, clients and observers may rate on the basis of observed counsellor behaviour; the anticipated aim of counsellor behaviour whether achieved or not; or, in the case of clients, the extent to which they were able to internalize or utilize the 'empathic' response of the counsellor.

Relationship variables such as raters' perception of counsellor 'goodness' 'niceness' 'expertise' or 'attractiveness', and the extent to which raters 'approve' of counsellor responses, may influence ratings to an unspecified degree. Sex differences between raters have also been deemed to affect ratings (Hoffman, 1977; Olesker & Balter, 1972; Strahan & Zytowski, 1976), although the sex of the observer or client did not have a measurably significant effect on ratings within the present study.

In addition, the psychological well-being of the rater - a factor almost as difficult to assess as empathy itself - has been cited as a confounding variable (Carkhuff & Berenson, 1969; Hansen, Moore & Carkhuff, 1968).

(iv) Mintz & Luborsky (1971) concluded that ratings of brief segments of therapy could not be generalized to counsellors level of functioning across total sessions, or to the therapeutic relationship as a whole. However, within the present study, the strong correlations obtained between TCAE global ratings (supervisors) and TCAE ratings of videotaped excerpts (observers) detract from the applicability of this argument. Nevertheless, elapsed time may have had some effect on score differences between the BLRI and TCAE scale, since the BLRI was completed immediately after each therapy session, whereas the TCAE ratings were made after an interval of 6 - 9 weeks.

5.2 Within-measure Comparisons: raters from different counselling perspectives exhibited varying degrees of agreement on counsellor level of empathy (Chapter 4.1)

There was no significant relationship between counsellor self-ratings of empathy and client ratings of counsellor empathy, as measured by the BLRI.

The TCAE scale yielded ratings of considerably greater consistency. The ratings of counsellors and observers were moderately highly correlated for sessions 1 and 3; and the rankings allocated counsellors by both observers and supervisors correlated beyond ($p < 0.001$).

A factor analysis however, indicated that counsellor ratings separated out from the ratings of observers and supervisors, to form 2 different factors.

When data from both measures of empathy and all rated perspectives were factor-analysed, four clear-cut factors, accounting for 87.2% of the total variance were obtained.

The emergent factors, in order of accountable variance were as follows:

Factor 1: TCAE - observer ratings and supervisor ratings.

Factor 2: BLRI - counsellor self ratings.

Factor 3: BLRI - client ratings of counsellor.

Factor 4: TCAE - counsellor self ratings.

There appears to be an on-going debate in literature associated with counselling and therapy, as to who is the most 'accurate' judge of therapeutic conditions and outcome.

Therapists' ability to rate realistically their own level of empathic understanding has frequently been questioned (Barrett-Lennard, 1962; Brown & Cannaday, 1968; Horenstein, Houston & Holmes, 1973; Kurtz & Grummon, 1971; Rogers, Gendlin, Kielser & Truax, 1967). Both Barrett-Lennard (1962) and Kurtz & Grummon (1972) indicate that therapists over-rate their level of empathy. They suggest this factor alone is primarily responsible for the consistently poor relationship obtained between therapist perspective, and client or observer ratings. Rogers et al (1967) suggest that clients are more accurate judges of therapist empathy than are their therapists and furthermore, that unless the client perceives the therapist's level of empathy, it is of no facilitative use anyway.

Somewhat higher correlations have been obtained between client-perceived and observer judged empathy - especially for clients in long term therapy (Brown & Cannaday, 1968; Horenstein, Houston & Holmes, 1973; Kiesler, Mathieu & Klein, 1967; Rogers et al, 1967). Kiesler et al (1967) for example, suggest that counsellor and client may display greater similarity

of perspective once their relationship has had time to stabilise and mature. Bozarth & Grace (1970) however, dispute the assertions of Kiesler et al and contend that the perspectives of both observer and client remain dissimilar, even after the initial phase of therapy.

Conversely, Carkhuff & Burstein (1970), Hansen, Moore & Carkhuff (1968), and Truax & Carkhuff, (1966) assert that clients may in fact be the poorest judges of facilitative conditions. They argue that external judges who are themselves functioning at high levels of facilitative conditions, but who are emotionally detached from the therapeutic process are likely to be the best judges of therapist empathy. Their stance is also supported by Gurman (1975); Kurtz & Grummon (1972); and Lacross (1977).

An important methodological weakness inherent in the above group of studies by Carkhuff and associates appears to be that they have employed two different scales, the BLRI and TCAE, to study the relationship between ratings of clients and observers. Since it is unclear whether the scales are measuring the same construct, it would seem to be initially of greater use to demonstrate the relationship between raters of different counselling perspectives using the same rating instrument, than to compare differences in rated perspective by means of instruments whose capacity for interchangeability appears questionable.

In the present study, whilst within-measure comparisons could be made from differing counselling perspectives, parity of perspective across-measures was only directly possible with regard to counsellor ratings. The study would have been greatly enhanced by the inclusion of ratings from each of the three counselling perspectives (counsellor, client, observer), as rated by both the BLRI and the TCAE scale. The two sets of ratings required to enable direct comparison across measures were, TCAE-client ratings and BLRI-observer ratings. The TCAE was not included as a client-rated measure of empathy, since the use of such an implicitly evaluative instrument outside an analogue study was deemed by the researcher to be ethically questionable. The BLRI, as rated from the perspective of observers, was omitted on pragmatic grounds. It was simply not feasible to request raters to observe even a sample of the 60, 1-hour counselling sessions. Furthermore, the completion of the BLRI is, in itself, a time consuming procedure.

In addition to outlining the ongoing debate as to who is the 'best' judge of facilitative therapeutic conditions, and isolating an apparent methodological weakness present in some of the much-cited literature pertaining to the above debate, several possible reasons are now offered for the lack of relationship between ratings made from different counselling perspectives.

(i) Hill (1974) suggests that clients assess therapy in totality, and thus rate therapists generically (though not necessarily dichotomously) as good/bad; helpful/unhelpful; empathic/unempathic. Counsellors, she asserts, are able to recall more accurately the intricacies of the preceding session and are thus more likely during post-therapy evaluations, to respond to either the high or the low points within therapy.

Loesch (1975) makes a similar point by stating that instruments which measure counselling post-sessionally do not capture in any consistent fashion, in-session fluctuations in the counselling relationship.

(ii) Truax & Carkhuff (1967) and Truax & Mitchell (1971) conceive of empathy as a relatively stable characteristic of the empathiser, across both different clients and different sessions. They appear to disregard reports suggesting that factors such as sex (Hoffman, 1977); non-verbal repertoire (Haase & Teppler, 1972) and cognitive complexity (Heck & Davis, 1973) may be related to, or affect ratings of empathic ability.

Several other studies have questioned the stability of empathy. (Barrett-Lennard, 1962; Gurman, 1973; Kiesler Mathieu & Klein, 1967; Moos & Macintosh, 1970; Wogan, 1969). Beutler, Johnson, Neville & Workman (1973), for example, suggest that accurate empathy may not be a stable quality of the therapist, but instead may reflect a dyadic or relationship variable. Further support is given to this argument by Gurman's (1973) intensive six - subject study where he found that both 'high-facilitative' and 'low-facilitative' therapists vary considerably in their level of facilitative conditions, both within and across sessions with the same patient.

It thus appears possible that a combination of fluctuating situational and personal factors may affect empathic ability, irrespective of whether or not such factors are conceptually linked with empathy.

(iii) The extremely high inter and intra sessional consistency of ratings obtained using the TCAE scale, suggests (ironically) that the scale may be too gross an indicator to detect subtle changes in counsellor behaviour. There is little evidence to indicate whether the high reliability of ratings is a function of the stability of the construct, or a function of the insensitivity of the scale.

(iv) With the relatively small sample used in the present study, error in reported ratings would only need to be present in a small number of cases to obscure actual relationships between ratings across different counselling perspectives.

(v) It was thought that 'high-level empathisers' may exhibit sufficiently homogeneous characteristics to be rated consistently highly by clients, supervisors and external raters, irrespective of whether or not the trend held good for counsellors of moderate or low empathic ability.

An analysis of specific dyadic patterns across empathy ratings indicated that this in fact was the case with respect to extreme high scorers and tended to be the case with respect to extreme low scorers as well.

Burstein & Carkhuff (1968) in one of the few studies which compares client, counsellor and observer perception using the same measure of empathy report that there were no positive or significant relationships between observer ratings and either client or therapist empathy as measured by the Carkhuff 5-point Accurate Empathy scale.

However, they found that those therapists rated most highly by observers tended to exhibit greater congruence between self-ratings and observer ratings, while those rated lower objectively, tended to rate themselves more highly. There was also some tendency for those rated lower, to be more variable in their own self rate - rerating, a trend visible within the present study.

Burstein and Carkhuff conclude that the lack of relationship between rated perspectives was a function of the individual raters, rather than the nature of the scale and suggest, as noted earlier, that only counsellors or raters who are themselves functioning at high levels of the facilitative conditions are capable of making accurate ratings of counsellor exhibited interpersonal skill.

The observed trend within the present study toward counsellors rated extremely highly by clients (BLRI), observers and supervisors (TCAE scale), rating themselves low on BLRI empathy, is antithetical however, to anticipated findings.

It appears possible that there are intervening factors which may affect the BLRI-self ratings of counsellors otherwise rated as 'highly empathic'.

Overall, it is unclear to what counsellors, clients or observers respond when making ratings of counsellor empathy. The extent to which personality characteristics, demographic factors or situational/relationship variables may affect ratings, remains unknown. Furthermore, it is difficult to assess on the basis of literature accumulated to date, whether the above variables are simply correlates of empathy or whether some conceptual or causal association exists.

The tendency for 'high empathisers' on one measure, to be rated consistently highly by raters from other counselling perspectives and consistently low on BLRI-self ratings, despite the dearth of relationship between measures across the total score range, suggests that high scorers may be responding from within a relatively cohesive framework, even if the characteristics and parameters of the framework are as yet, unfathomed.

Whilst the characteristics of such a framework may include a complex matrix of personality, situational and skill factors, it is also possible that scale invalidities may have resulted in researchers measuring other (unspecified) variables in the name of empathy.

It appears that more intensive research is necessary, into the psychology of the rater as a potential source of error variance.

5.3 Comparisons between measures of similarity/closeness and empathy: high correlations were obtained between client perceptions of similarity, closeness and empathy, although there were no consistent correlations between counsellors ratings of the above variables (Chapter 4.2).

The high correlation obtained between client's ratings of similarity and

closeness, suggests - predictably - that either clients feel close to those they perceive as similar (or vice versa) or they cannot distinguish between the two concepts.

Information gained through analysis of post-interaction interviews (Chapter 6), indicated that within the present study the latter appeared to be the case, irrespective of whether or not the former held good. Except where counsellors maintained a high level of self disclosure many clients reported having little basis upon which to assess similarity. Consequently, clients appear to have either responded in terms of anticipated stereotypical similarities, or, perceiving the concept as incomprehensible within a therapeutic context, responded to both similarity and closeness ratings in terms of the latter concept. It is difficult therefore to determine the extent to which the high correlation between client perceptions of similarity, closeness and ratings of counsellor empathy can be largely interpreted as indicative of the relationship between client perceptions of closeness and perceptions of counsellor empathy. However, the consistently and moderately high correlations obtained between client ratings of overall similarity and overall closeness, and client ratings of counsellor empathy requires further investigation.

The proportionally greater amount of information available to counsellors about clients due to the inherent nature of counselling, may account for their apparent (and stated) ability to distinguish between perceptions of similarity and perceptions of closeness, and the consequent lack of correlation between ratings of similarity and closeness.

Truax & Mitchell (1971) suggest that there is perhaps a curvilinear relationship between therapist-client similarity and positive outcome. A roughly curvilinear relationship was obtained between graphic plotting of counsellor overall similarity ratings, and counsellor and observer self-ratings of empathy (TCAE). There was no consistent pattern however, to the graphs obtained between similarity and other rated perspectives of empathy. It was thought that the Likert scales used to measure similarity and closeness within the present study, would serve as crude indicators, capable of revealing strong relationships between variables. While the lack of consistent empirical relationship between counsellor similarity and empathy across the total rating range, may be indicative of a weak conceptual link, it is also suggestive of inadequacies with the scales. Alternatively it is possible that the link between similarity and empathy is far more complex

than initially thought, and differs in response to the form and degree of both similarity and empathy in a manner difficult to isolate statistically. This hypothesis is explored more fully in Chapters 6, 7 and 8.

5.4 Comparison of observer and counsellor ratings of empathy across differently selected forms of videotaped excerpt (V1, V2, V3):
Though there were no significant correlations between counsellor ratings of excerpts chosen as the occasion of greatest similarity and randomly selected excerpts, significant correlations were obtained between observer ratings (Chapter 4.3).

Gurman (1977), building upon an hypothesis stated earlier by Truax & Carkhuff (1967) posits that therapists' overall 'facilitativeness' may be less predictive of treatment outcome than their level of functioning during the time at which their clients are expressing issues most fundamental to their dissatisfaction or pain. He adds that the therapist's ability to be highly 'facilitative' at this point, is negatively related to the degree of conflict or discomfort experienced by the therapist in response to what is being shared by the client and the manner in which the client's disclosure is presented.

It was extrapolated within the present study, that counsellor's perception of similarity to the other may also be related to counsellor level of discomfort, and if so may in addition, be instrumental in setting an upper or lower threshold for empathic understanding. Counsellors and clients were asked to identify after each session, the occasion during which they perceived greatest similarity between self and other. The specific videotaped excerpts of counselling interaction containing the moments of identified similarity together with a randomly selected segment from each session, were rated by both counsellors and observers using the TCAE scale. It was anticipated that differences in both the magnitude and direction of observer and counsellor TCAE ratings across the three forms of excerpt would provide information on the way in which empathy ratings were affected by high or low counsellor or client perceived similarity. Contrary to expectations, significant correlations were obtained between observer's ratings of the three forms of excerpt across sessions 1,2 and 3. Counsellor's ratings however, were uncorrelated, although neither t-tests nor McNemar tests indicated significant differences between counsellors ratings of the three forms of excerpt (sessions 1, 2 or 3).

The writer knows of no documentation which compares ratings of subject - identified similarity with ratings of empathy.

Several explanations are offered for the above findings.

(i) Observers were not sufficiently sensitive to detect subtle differences between forms of excerpt. Or, more particularly, a halo effect could have masked the impact that any observed differences may have had on the TCAE ratings of observers.

(ii) The results may be accounted for on methodological grounds alone. Observers rated a total of 180 videotaped segments, whereas counsellors rated only segments pertaining to their own counselling sessions; a maximum of 18. Whilst comparisons were only made between observer and counsellor ratings of the same excerpts, error of measurement would need to be present in a relatively few number of cases, to markedly affect the apparent relationship between ratings.

(iii) Some counsellors will have recognised that one of the videotaped excerpts they were required to rate using the TCAE scale was the occasion selected six weeks earlier as the moment during which they perceived greatest similarity between self and client. However, the exploratory nature of the study alone, lessened the likelihood of counsellors determining, from researcher bias, whether it was 'desirable' to rate such excerpts as higher or lower than the others or whether or not the selection of that particular excerpt for rating purposes in fact occurred purely by chance. In addition, the excerpts selected by clients as the moment of greatest similarity were not previously known to counsellors.

It is possible, nevertheless, that the lack of correlation between randomly selected excerpts and excerpts selected as occasions of counsellor or client identified similarity, may have occurred partially or solely as a result of counsellors' recognition of some of the excerpts.

Such an eventuality does not lessen the significance of the findings, however, but rather, increases the importance of ascertaining, through further research, the conceptual basis and thought processes underlying rating differences across excerpts.

(iv) Results may in fact be due to a complex interplay between specific similarity and empathy, as stated earlier.

An additional finding of interest reported in Chapter 4.3, was that counsellors of dyads inducing the highest TCAE observer rated differences between randomly selected and client-perceived similarity excerpts (V1 and V2), overlapped in 80% of cases with those inducing the highest TCAE counsellor rated differences. It will be recalled (Chapter 4.6) that when a χ^2 test was conducted between high/low counsellor ratings of specific similarity and large/small difference scores (between random excerpts and counsellor greatest perceived similarity excerpts), all but two counsellors falling in the high similarity/large difference score cell for sessions 1, 2 and 3, were also rated as high (median split) on TCAE empathy by both supervisors and observers (sessions 1, 2 and 3). When a core group of 8 dyads was identified (Chapter 4.6) who were predominantly rated by clients, observers and supervisors as high empathisers (sessions 1, 2 and 3) and who rated themselves as moderate to high on both overall similarity and specific similarity, it was also found that the above mentioned 8 dyads appeared in the 'high specific similarity/large difference score' cell, for one or more sessions (Figure 4.3).

The extent of the overlap between dyads exhibiting the greatest counsellor and observer-rated difference scores, together with the finding that counsellors consistently rated as high empathisers, formed the bulk of those inducing the greatest difference scores, lends increasing conceptual viability to the above assertion (iv), that the relationship between empathy and similarity is complex and may be different for those rated highly to those of mixed, or low ratings. Whether or not such a relationship is causal and if so, which of the two variables is the dependent factor, are important issues which the research paradigm selected for use in Chapters 1 - 5 was not designed to accommodate.

The association between similarity and empathy will be further discussed in Chapters 6, 7 and 8, with reference to results obtained from the descriptive analyses of post-counsellor interviews, (Chapter 6).

5.5 Comparisons between measures of dyadic compatibility, similarity and empathy: there was no relationship between dyadic compatibility and ratings of similarity or empathy (Chapter 4.4; 4.5).

Dyadic compatibility, as determined by derived scores from the FIRO-F scales, does not appear to be useful as a predictor of level of empathic understanding, irrespective of the measure of empathy or the perspective of the rater.

Concomitantly, there was no discernible relationship between high and low compatibility dyads and client or counsellor perceptions of similarity or closeness to the other.

Whilst there is no historical research basis for assuming association between the above variables it was considered conceptually congruous to anticipate a negative or curvilinear relationship between indices of compatibility and ratings of similarity.

Several possible reasons are postulated for the poor predictive power of the FIRO-F within the present study:

(i) There appear to be a number of problems inherent in the method used for calculating compatibility in addition to those alleviated through implementation of suggestions made by Malloy & Copeland (1980). The most fundamental issue is that, in being a function of both members of the dyad it is difficult to determine whether or not index scores are primarily attributable to either counsellor or client scores alone (Cronbach, 1955).

(ii) Ryan, Maguire & Ryan (1970) suggest that FIRO items are too repetitive and the scale ranges too narrow to provide adequate coverage of the constructs, despite the assertions of Schutz (1978) that while statements appear repetitive they are, in fact, conceptually different.

Subjects within the present study reported frustration, boredom and confusion due to structural repetition. It is possible that the perceived tediousness of the task may have led to careless responding thereby further enhancing the potential sources of error variance.

(iii) Counsellors in the final stages of training may consciously or

unconsciously distort responses when asked to complete a questionnaire which is clearly associated with interpersonal relationships. While counsellors were assured that neither counselling performance nor results from questionnaires would contribute to course assessment it is possible that a need to answer in a 'professionally appropriate' manner, may have influenced personal response preferences.

(iv) Three sessions may not be sufficiently long enough to allow the potential impact of client-counsellor compatibility to operate, (Malloy, 1981).

(v) The few published studies involving FIRO compatibility have utilized the FIRO-B, rather than the FIRO-F scale. Little research however, appears to have been conducted into the relationship between the two scales. It is possible that undefined conceptual or semantic differences between the scales may account for the lack of relationship obtained between compatibility and other variables in this study, despite reports of positive correlations between FIRO-B compatibility and interpersonal process and outcome factors in other studies cited previously (Chapters 2.3; 3.2).

Overall, there are probably more fruitful methods of pursuing links between compatibility, empathy, and perceived similarity than by using the FIRO-F scales.

5.6 What are we measuring?

The complexity of the question appears to increase exponentially as we delve more deeply into the structural properties of the scales.

While the TCAE scale remains the most widely and frequently used instrument for the assessment of empathy within therapy (Bachrach 1976), the construct and discriminant validity of the scale has been questioned (Avery, D'Augulli & Danish, 1976; Chinsky & Rappaport, 1970, 1972; May, 1971; Rappaport & Chinsky, 1972).

Rappaport & Chinsky (1972), for example, strongly attack the scale in terms of its lack of validity. They are scathing of Truax's contention that the therapist's "sensitivity to current feelings of the client and his verbal facility to communicate this understanding" can be as reliable and validly

measured in the absence of client statements as when raters have access to both counsellor and client dialogue.

Truax's (1966, 1972) assertion to this effect seems inconsistent with even his own scale point definitions, and raises serious questions about what is, in fact, being measured by the TCAE scale. It is difficult to see, for example, how a scale point definition such as the following description of level 8 empathy, can be deemed ratable without reference to client statements:

Therapist accurately interprets all the clients present, acknowledged feelings; voicing meanings in the clients experience of which the client is scarcely aware The therapist is sensitive to his mistakes and quickly changes his response in mid-stream, indicating that he has recognised what is being talked about (Truax & Carkhuff, 1969).

As Bachrach (1976) points out:

Such a finding is discordant with the expectation of clinical theory and therefore, invites independent scrutiny of the methodology from which it emerges, to compare how the phenomenon being measured correspond with what is characterised as empathy according to clinical theory (p. 35).

Unfortunately, as Rappaport & Chinsky (1972) point out, Truax's (1972) response to these criticisms and his selection of research examples make even more questionable, the discriminant validity of the scale.

Kiesler, Mathieu & Klein (1967), contend that the accurate empathy scale is tapping a much more global therapist quality than empathy. They suggest it is possible a measure of the therapist's communicated commitment to therapy and degree of involvement in the problems of a specific patient. Similar sentiments have been expressed by Bergin & Jasper (1969), Gormally & Hill (1974), and Kurtz & Grummon (1972).

Bachrach (1976) and Rappaport & Chinsky (1972) suggest that the scale may be measuring something like 'therapist goodness'. Fish (1970), reports a relationship between the TCAE scale and the verbal style of the therapist. Wenegrat (1974), after a comprehensive factor analytic study, asserts that what judges appear to be measuring, is 'general assertiveness' on the part of the therapist.

Caracena & Vicory (1969), discriminate between the BLRI and the TCAE scales, in terms of 'offered empathy' (TCAE scale), which may or may not be used, or useable by the client, and 'achieved', or successfully communicated empathy (BLRI-client form). As reported earlier, Caracena & Vicory found a moderately high correlation between TCAE (observer-ratings) and counsellor 'verbosity'. They concluded that the BLRI had a greater degree of construct validity than the TCAE scale and that the latter appeared to be associated with 'theoretically inappropriate' behaviour (p. 514).

While the basis upon which counsellors or clients respond to the BLRI has been much less frequently commented upon than the behaviours measured by the TCAE scale, the question must be raised as to whether its being afforded greater construct validity by researchers such as Caracena & Vicory, does not in fact occur largely by default.

Further examination of the BLRI-empathy scale questions (Appendix 1), after completion of data analyses led the researcher to suggest that a fundamental assumption underlying the scale is that therapists possess a realistic self-image.

As a point of interest, two of the three supervisors used earlier to rate and rank counsellors on 'global empathy' were asked to rank counsellors on 'self-esteem', using a continuum ranging from those who exuded feelings of high self-worth as counsellors, to those exuding feelings of low self-worth, irrespective of whether or not the supervisors perceived the counsellor's attitude toward self to be realistic. A series of Spearman RHO correlations were performed between ranks of counsellors' self-ratings of empathy (BLRI) and supervisors' ranks of counsellors' level of self-esteem. A RHO of 0.55 ($p < 0.05$) was obtained for supervisor 1 and a RHO of 0.61 ($p < 0.05$) for supervisor 2. Inter-rater reliability was 0.72 ($p < 0.01$).

It is possible that both BLRI-counsellor self ratings and supervisor rankings of self-esteem are actually measures of some even more general factor. However, if self-esteem is a factor related to counsellor self-ratings of empathy, it is conceivable that it is also a factor involved in clients ratings of counsellor empathy. Barrett-Lennard's (1962) finding that clients of 'expert' therapists rated their therapists consistently more highly than clients of 'inexpert' therapists lends support to the above argument. It may

be that client perceived 'expertise' is related to counsellor self-esteem.

Contiguously, supervisors were also asked, without explanation, to rank counsellors on counselling expertise/non-expertise. Spearman RHO's were computed between supervisor rankings of counsellor empathy (TCAE scale), rated ten months earlier by the same supervisors, and rankings of counsellor expertise.

The obtained coefficients were 0.58 ($p < 0.05$), supervisor 1; and 0.75 ($p < 0.001$) supervisor 2. The inter-rater correlation between supervisor ratings of expertise was 0.95 ($p < 0.001$) and the intercorrelation between ratings of empathy was 0.85 ($p < 0.001$).

The above results, notwithstanding the results from earlier reported factor analyses, support the concern expressed by some researchers regarding the construct validity of the scales, and favour the argument that both measures may be partially if not primarily represented by different 'g' factors. Whether these be self-esteem, therapist attractiveness (Lacross, 1977), charisma, (Barak & Lacross, 1976), perceived expertise (Barrett-Lennard, 1962; Rogers et al, 1967), a 'good guy' factor, (Bergin, 1971), or something quite different, requires more specific research and probably the adoption of a different approach toward measurement.

Lambert, De Julio & Stein (1978) in reviewing process and outcome research in relation to therapist interpersonal skills, suggest that consideration needs to be given to improvement and diversification of measurement technique.

Kurtz & Grummon (1972) question whether anyone has been able to successfully measure empathy. While the question is of real concern, it also epitomises the preoccupation of psychotherapeutic researchers, with psychometric and methodological issues. It appears we could do well to reassess our understanding of the nature and properties of the concept of empathy before attempting further refinement of measures.

As Goldman (1976) commented

Counselling researchers have often futilely pursued the goals of precision and control, despite the fact that the major objects of study-counsellors and the counselling process - do not lend themselves to precise measurement. Major changes in the methods and contents of research are needed (p. 543).

Chapter 6 will explore, more fully, the concept of counsellor similarity, and will pursue links between Phase one, empirical analyses and Phase two, descriptive analyses, in an effort to identify issues for further discussion.

PART II

CHAPTER 6

RESULTS: PHASE TWO

Chapter 4 reported the results of empirical analyses, conducted to assess the association between measures of empathy, similarity and compatibility.

Chapter 5 discussed the results presented in Chapter 4 and raised the question of whether, in fact, either the BLRI or the TCAE were actually measuring empathic understanding. It was also suggested in light of the specific dyadic patterns obtained, that the relationship between empathy and perceived similarity may be more complex than initially thought, may not be uniform across a range of counsellors, and may not be readily amenable to empirical analyses.

Chapter 6 outlines the methods of analysis used to categorize the qualitative data contained in post-counselling records of interview and provides results relevant to objective 6 of the study (Chapter 2.4).

The primary purposes of the post-counselling interview were to obtain through subject self-report information on the nature and degree of client and counsellor perceptions of similarity, the occasions during which greatest similarity to the other was perceived and the feelings and behaviours associated with the occurrence of high levels of perceived similarity.

An exploratory study such as this, lacking the lineality and formal constraints of the hypothertico-deductive model, is characterised by the need to perform a large number of analyses, only a small percentage of which provide fruitful avenues for more detailed investigation.

Throughout the present study and in Chapter 6 in particular, the need to establish parameters for investigation coupled with the desire to maintain continuity and conceptual consistency, resulted in the formulation of specific questions.

The three questions below guided the selection of results for presentation within Chapter 6.

- (i) Are there qualitative or quantitative differences in the nature of similarity as perceived by client or counsellor?
- (ii) Are there identifiable patterns of response which unite groups of counsellors?
- (iii) What is the relationship (if any) between empathy ratings and counsellors perception of similarity?

Results associated with Question 1, present in both quantitative and qualitative terms, the outcome of analyses performed using the content analysis system. These results provide important information on the nature of similarity as perceived by clients and counsellors involved in the present study. The inclusion of Question 1 results in the body of the text however, was considered to detract from the continuity and increasingly specific emphasis of the study, upon counsellor perceived similarity and empathy. Broad-spectrum findings pertaining to differences in the nature of similarity as perceived by counsellors and clients (Question 1) may be found therefore in Appendix 16.

Chapter 6 is in four sections. Section 6.1 is primarily concerned with outlining the system of content analysis developed to categorise data obtained from post-counselling interviews. Sections 6.2 and 6.3 deal specifically with questions 2 and 3 above. The final section (6.4) provides an overview of the chapter and introduces the direction pursued for the remainder of the thesis, in view of the findings reported in Chapters 4 and 6.

The components and sub-titles of the chapter are as follows:

- 6.1 Description of methods of analysis,
- 6.2 Description of identified counsellor groups,
- 6.3 Similarity and empathy; the relationship between Phase one and Phase two results,
- 6.4 Overview: where to from here?

6.1 Description of methods of analysis

Two forms of analysis were used to classify and describe the data presented in Chapter 6 and Appendix 16.

- (i) Content analysis of post-counselling records of interview.
- (ii) Graphic representation of similarity and closeness ratings obtained from

Likert-scales.

CONTENT ANALYSIS OF RECORDS OF INTERVIEW

Content analysis is essentially a multi-purpose method of classifying qualitative data.

The most important issue and fundamental difficulty inherent in such a method, involves the specification of categories for analysis. Content analysis is one of the few methods where, given the same problem and the same data, researchers may well develop completely different coding systems.

In order to achieve face validity, the categories chosen must bear an overt resemblance to the purpose for which they have been created (Fox 1969). Fox (1973) suggests that, in addition, validity may be estimated through the recreation of original responses from code.

Reliability can be estimated relatively easily through the computation of product-moment coefficients or agreement percentages (Bobbitt, Gordon & Jensen, 1966).

Fox (1969), distinguishes between content analysis conducted at the 'manifest' level, and that at the 'latent' level. He defines the former as being bound by the response - what is said - without interpretation on the part of the analyst. The latter is typified by the researcher's attempt to code the meaning or underlying dynamics of the behaviour.

Simple systems, generally those operating at a 'manifest' level, can frequently be rated with a high degree of reliability, although they are often wasteful of data and may be too broad or too superficial to allow for meaningful analysis. More complex systems however, whilst potentially providing greater depth of information, are usually more difficult to analyse reliably (Kerlinger, 1974).

In addition to issues of reliability and validity, Fox (1973) cautions researchers to be mindful of the need for simplicity, maximum inclusiveness of data and mutual exclusiveness of categories.

There are three basic stages to the development of a content analysis system:

- (i) deciding what the unit of analysis will be;
- (ii) developing a set of categories;
- (iii) developing a rationale to guide the placement of responses in categories (Kerlinger, 1974).

Each of these stages is discussed below, with reference to the system of content analysis developed for use in the present study.

(i) THE UNIT OF ANALYSIS: Berelson (1974) lists five major units of analysis which may be used for classifying data: words; themes; characters; items; space and time measures.

The theme was chosen as the unit most suited to the type of data and the purposes of the present study.

A theme was defined as a unit of meaning which expressed a single stream of thought. Supporting detail pertinent to the stream of thought was considered a component of the theme. It was therefore possible for a unit 'theme' to comprise a single word, sentence or several paragraphs.

(ii) DEVELOPMENT OF A SET OF CATEGORIES:

The following system of categorization was developed partially through reference to an existing category system (System for the Analysis of Interactive Thought; Marland, 1977). Primary development occurred however, through the systematic building up of distinct codes by the sampling of subjects' responses, in keeping with the method outlined by Fox (1973). Several research reports were useful for the refination of definitions of self-disclosure/self involvement (Danish, D'Augelli & Brock, 1976; McCarthy & Betz, 1978), and emotional intensity (Fish, 1970).

A five category system was developed which included several possible subcodes within each category.

Figure 6.2 provides a summary of the category system.

<u>Figure 6.2 Summary of the content analysis system</u>				
Forms of similarity	Time perspective	Domain	Disclosure	Emotional intensity
- role	- past	-cognitive/ objective	- self dis- closing	- strong
- values	- present			- moderate
- specific life experiences	- future	-affective/ subjective	- self-invol- ving	- neutral
- demographic data	- other	-other	- other	- other
- other				

A more detailed description of each of the categories and subcodes, together with an illustrative extract from collected data, is provided in Figure 6.3 below.

<u>Figure 6.3 Description of content analysis categories</u>	
CATEGORY OF RESPONSE	ILLUSTRATIVE EXAMPLE
<u>FORMS OF SIMILARITY</u>	
(i) Role:- stereotypical behaviours associated with a specific occupation or life-style.	"We're both teachers, it's hard to break the need for power and control"
(ii) Values:- the beliefs or ideals upheld by an individual as being of intrinsic worth.	"We're both born-again christians, that says a lot about how we live and treat others - just knowing that". "Both pretend to be independent when we're not; both wade deeper into the pool and call out 'help' at the same time".
(iii) Specific life experience:-	"Our English heritage". "We're both reserved and non-demonstrative".
(iv) Demographic data:-	"Our names are the same". "Both got kids". "Similar ages".

TIME PERSPECTIVE

- | | |
|--|---|
| (i) Past:- conditions/events now superseded by a change in lifestyle, value, or easing of pain, as a function of time. | "The throbbing pain and distrust of all males was just like that when my husband went too". |
|--|---|

<p>(ii) Present:- within subjects current mode of operation and lifestyle; more broadly focused than the immediate counsellor/client interaction.</p> <p>(iii) Future:- aims, objectives as yet unfulfilled.</p>	<p>"We both want to be seen as attractive and competent, but can't seem to believe it if someone gives us a compliment".</p> <p>"He's got the kind of people oriented job I want and he handles himself like he knows where he's going and what he wants, that's what I'm aiming for".</p>
<u>DOMAIN</u>	
<p>(i) Cognitive:- acquiring, synthesising or evaluating information through rational/linear progression (or reference to the above form of behaviour).</p> <p>(ii) Affective:- the intuitive or emotive expression or experiencing of feelings (or reference to the above form of behaviour).</p>	<p>"Both use our heads - work primarily on an intellectual not a gut level". "The way he went through laying out possible courses of action and consequences. That's me; the most effective decision - never what I want to do".</p> <p>"The marks of deep sorrow are expressed in both our faces and hands". "I feel, feel, feel, so much I could burst. So does she....its all a bit much".</p>
<u>DISCLOSURE</u>	
<p>(i) Self-disclosure:- statement about self, made by self.</p> <p>(ii) Self-involvement:- expression of own feelings about, or reactions to, the statements or behaviours of the other.</p>	<p>"I'm so happy, happy, happy".</p> <p>"And when you say that, it makes me think of when I arrived in London alone, and felt so small I could have blown away like chaff. Is that what it feels like for you?"</p>
<u>EMOTIONAL INTENSITY</u>	
<p>(i) Strong:- indicates statement of powerful impact, expressed spontaneously and with conviction.</p> <p>(ii) Moderate:- Response still indicative of some interest, involvement or belief.</p> <p>(iii) Neutral:- Statement expressed with little interest or involvement and largely devoid of emotional tone.</p>	<p>"The shock, the horror, to realise how desperate your kid is. I was rooted to the ground, it was so much the same, felt like I'd been knifed".</p> <p>"Our need for someone special to love".</p> <p>"I suppose the kind of work we do. Working with people, I guess".</p>

(iii) CODING AND RATIONALE FOR THE PLACEMENT OF RESPONSES

Units (Themes) were classified according to their placement within each of the five above mentioned categories, i.e., each theme was rated five times.

Counselling sessions were coded separately and two sets of responses were coded for each session. Responses coded were those pertaining to Questions 1 and 11 (below). A copy of the complete record of interview is provided in Appendix 6.

Question 1; Thinking about _____ as a total person, what do you feel are the greatest similarities between you and _____?

Question 11; As you think back now, to the time you felt most similarity between you and _____, what strikes you as being of greatest similarity?

Between 1 and 6 responses were recorded per subject/per session (Question 1). All responses were coded and no weightings were allocated for the order in which responses were originally elicited from subjects.

Question 11 was in fact a more specific form of question 6 and worded to elicit a single priority response.

All subjects were able to identify some component of the other which was similar to self (question 1). However, many subjects were unable to identify a specific moment of greatest similarity (question 11). This occurrence was anticipated. It would be unlikely for such a concept to be uniformly meaningful across 120 separate client and counsellor behaviour samples. In fact, if this were to occur the discriminatory power of the construct would need to be seriously questioned.

In the course of assessing the reliability and utility of the content analysis system, the following guidelines were adopted for the placement of responses.

- (a) Ambiguous responses which were unclassifiable within the existing system, but not present in sufficiently cohesive numbers to warrant the construction of an additional category were placed in the 'other' category and tallied separately.

- (b) Any theme which would be coded if it appeared alone, was coded as a separate unit, even if semantically tied to a former unit.
- (c) Coding was tied as closely as possible to the manifest level of meaning. When responses tended toward ambiguity, classification was made according to the most literal meaning of the statement.
- (d) Responses were coded in the following order: form of similarity; domain; time perspective; disclosure; emotional intensity.

Two raters were used to code responses; the researcher and a naive rater who was trained in the use of the system. Table 6.1 shows the Agreement Percentages obtained across a random sample of 30 responses, rated subsequent to the training of rater 2. Agreement Percentages were calculated in terms of total agreement or non-agreement, with no provision for adjacent ratings. When it was ascertained that Agreement Percentages were of acceptable level, ratings were made by consensus.

<u>Table 6.1 Inter-rater agreement on major categories of the Coding system. (Agreement Percentages).</u>		
Category	A.P.	
Form of similarity	74	
Domain	92	
Time perspective	98	n. of raters = 2
Disclosure	86	n. of ratings = 30
Emotional intensity	90	
No. of Themes	100	

The two categories of response which caused the greatest degree of rating discrepancy (as indicated by both A.P.'s and level of difficulty involved in obtaining consensus) were: distinctions between role and value, (Forms of similarity); and to a much less degree, distinctions between self involvement and self disclosure, (Disclosure).

The inter-rater reliability figures were deemed satisfactory and the classification system appeared sufficiently tied to the conceptual base of the research to justify its use within an exploratory study such as this.

GRAPHIC REPRESENTATION OF SIMILARITY AND CLOSENESS RATINGS

Counsellor ratings of overall similarity, overall closeness, specific similarity and specific closeness for each session were plotted on a master sheet to ascertain whether there were any discernable graphic patterns to ratings. Individual counsellors displaying similar rating patterns across the three sessions were then grouped together, regraphed and the rating patterns compared with counsellor response patterns obtained from analyses of interview questions.

6.2 Description of identified counsellor groups

Readers may wish to recall to memory the format and procedures associated with the post-counselling, structured interview reported in Chapters 3.2; 3.48 and Appendix 6.

A description of general interview response patterns and a comparison of counsellor and client overall and specific perceptions of similarity to the other is provided in Appendix 16. Response tallies were computed (Appendix 16, Tables b, c and d) to indicate the relative weights placed on each of the five content analysis categories with respect to subjects' perceptions of overall similarity. A summary of results contained in Appendix 16 is provided below.

Whilst the number of identified client themes was somewhat higher than that of counsellors, the former's responses tended to be more repetitive across sessions. Counsellors' responses were primarily cognitive and either past or present oriented. Counsellors' cognitive responses tended to be of demographic or specific life experience forms of similarity; whereas affective responses tended more toward value similarities.

Clients' responses were primarily past oriented, although 17% of responses fell into the future similarity category. Responses were fairly evenly distributed between cognitive and affective domains. Clients' cognitive responses were distributed throughout role, life experience and demographic categories, whereas affective responses tended to be demographic or value oriented. Clients were far less intense in their expression of similarity than counsellors.

Counsellor responses expressed with the greatest degree of intensity were those falling within the values classification. Both counsellors and clients tended to make a greater proportion of self disclosing rather than self involving statements.

The quantification of subjects' responses in the above manner appeared to be a satisfactory method for comparing broad counsellor and client patterns. It was considered inadequate however, for describing finer differences between individual counsellor's responses, due to both the small number of counsellors and the richness of the data - a quality which would potentially be lost by the tallying of responses.

Consequently, throughout the remainder of Chapter 6, the content analysis system presented in 6.1 has been used to describe rather than quantify types of response. Examples from counsellors' Records of Interview have been included to indicate more specific differences between counsellor responses. Support for the legitimacy of this approach to descriptive analysis is provided by Becker (1963), Gertz (1970), Goldman (1976) and Smith and Geffory (1968).

The isolation of trends across counsellor response patterns was completed by a case-study analysis of the following specific components of the Record of Interview.

Counsellor response trends will be discussed with reference to each of the four components listed and described below: overall similarity; specific similarity; characteristics of ratings; and process factors.

(i) Overall and (ii) Specific Similarity: Questions I and II (Appendix 6), pertaining to overall and specific similarity were analysed through use of the content analysis system and findings reported earlier with reference to differences between counsellor and client responses. Responses to questions I and II were reanalysed to assess differences between individual counsellors responses.

(iii) Characteristics of ratings: Counsellors' Likert Scale ratings of overall similarity (O/S), overall closeness (O/C), specific similarity (S/S) and specific closeness (S/C) across all sessions were plotted, to ascertain whether there were any common trends in individual counsellors level of response, either across sessions or across scales (Interview questions 2, 3, 12, 13).

(iv) Process factors: Counsellors' responses to questions: 6 - 10 were analysed through use of the content analysis system.

The above five questions elicit information on feelings and behaviours associated with the identified moment of greatest similarity.

Four counsellor groups emerged from analysis and synthesis of the above forms of data. Counsellors within three of the groups are linked by consistency of response. The fourth group however, is united by default and comprises counsellors whose responses or scores fell around the median or were otherwise unreliably classified due to inconsistencies in responses.

It should again be noted that counsellors working with more than one client were treated as separate individuals in each case. However, whilst marked differences in individual response patterns occurred, dyads linked by the same counsellor exhibited similarities of such magnitude that, with one exception, they were ultimately located within the same group.

Copies of the Interview Schedule and the similarity and closeness rating scales are provided in Appendix 6 and the content analysis system was described in Chapter 6.1.

Characteristics of the four groups are summarised below.

Group 1: Low Responding Counsellors (n=5).

OVERALL SIMILARITY (Question 1): Low responding counsellors generally perceived overall similarity (sessions 1, 2 and 3) within a 'past or present time orientation. Reported similarities were of specific (concrete) life experience or of demographic form; expressed in cognitive rather than affective terms: of a self disclosing orientation and of neutral intensity (see Content Analysis System, 6.1).

For example: 'Same sex', 'Both got kids', 'Both enjoy gardening', 'Both verbally competent'.

SPECIFIC SIMILARITY (Question II): Low responding counsellors were frequently unable to identify a specific moment during which they

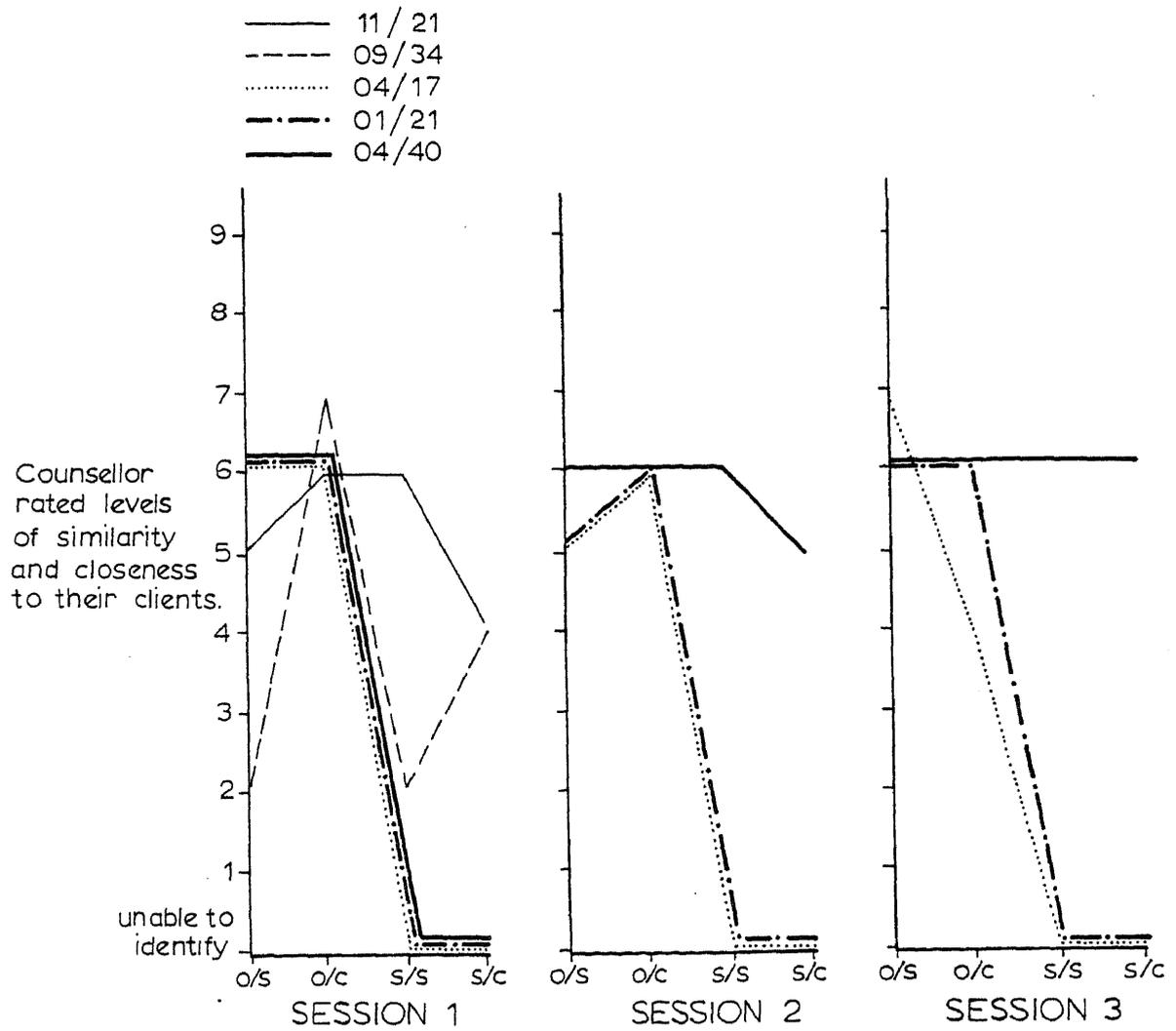
felt a high degree of similarity between themselves and their client. When a specific similarity was identified (n=4), two of the responses were classified as for overall similarity. One other was classified as a value statement of moderate intensity: 'When she said this was her second marriage. There are always similarities about being married - sharing children, possessiveness'.

The fourth response was a complex one, where the counsellor rated the moment of greatest similarity at level 2 (strongly dissimilar) and identified the moment of greatest similarity as follows: 'When I felt I'd backed her into a corner - when she said..... She'd have done that to me I think, if the roles had been reversed'.

The same counsellor identified herself as feeling mildly close to the client because 'I know what that feels like' (to be backed into a corner).

CHARACTERISTICS OF RATINGS: Figure 6.4 shows the pattern obtained across ratings of Overall Similarity (O/S); Overall Closeness (O/C); Specific Similarity (S/S); and Specific Closeness (S/C) (sessions 1, 2 and 3), for Group 1: Low Responding Counsellors. Specific dyad identification numbers are provided to enable comparison with other phases of data analysis.

Figure 6.4 Likert scale rating characteristics of Group 1 : Low Responders.



It may be seen from Figure 6.4 that ratings of O/S were consistently low to moderate (levels 2 - 6) across all sessions, with the exception of one rating at level 7. O/C was consistently rated as level 6, except for one rating at level 5 and one at level 7.

Counsellors were either unable to identify a moment of specific similarity (7 of 11 ratings across 3 sessions), or rated the moment of specific similarity as mildly similar - strongly dissimilar (levels 2 - 6). The four ratings of specific closeness associated with identified moments of similarity ranged between level 4 (mildly distant) and level 6 (mildly close) (Appendix 6, Questions 12 and 13).

PROCESS FACTORS (Questions 6 - 10):- Only four sets of responses were recorded across the 3 sessions, since responses to questions 6 - 10 were concomitant upon the identification of a moment of specific similarity. No changes in client behaviour at counsellor's moment of greatest perceived similarity were noted by counsellors. Similarly, although one counsellor reported feeling 'hot and bothered at where to go from here', no others noted changes in their own behaviour at this time.

Figure 6.5 and 6.6 provide representative verbatim records of responses given to questions 6 - 10 by two different Group 1 counsellors.

<u>Figure 6.5 Verbatim Record of Interview Responses (Questions 6-10)</u> <u>Group 1 (Low responding counsellor) CN 04/ LT 40,</u> <u>Session 2.</u>	
Question 6	<u>At what stage did you feel most similarity between yourself and your client?</u> Once he said there were marriage problems there were general similarities.
7	<u>What was the client doing/saying at this time?</u> Discussing his relationship with his wife.
8	<u>What did the client appear to be feeling at this time?</u> Scared that it will collapse again. Little bit determined that his wife isn't going to get her own way.
9	<u>How were you feeling at this time?</u> Trying to understand him. Accepting. Felt good.
10	<u>What changes in your own behaviour were you aware of around this time?</u> Said I'd like to speed things up a bit. See some progress.

Figure 6.6 Verbatim Record of Interview Responses (Questions 6 - 10)
Group 1 (Low Responding Counsellor)
CN 01/LT 25 Session 2

- Question 6 At what stage did you feel most similarity between yourself and your client?
 When he mentioned his gardening - I'm a kinky gardener too.
- 7 What was the client doing/saying at this time?
 Talking about gardening.
- 8 What did the client appear to be feeling at this time?
 That gardening was an escape for him. Seemed quieter.
- 9 How were you feeling at the time?
 Could relate to it - I do that too. Sorry about his tomato plants dying.
- 10 What changes in your behaviour were you aware of around this time?
 None.

Overall, Group 1: Low Responding Counsellors' Records of Interview, were characterised by paucity of information and lack of emotional tone. Long silences were noted on audio tapes between the interviewers posing of the question and the counsellor's reply. Responses were frequently prefaced by statements such as 'Don't know really', 'I'll have to think about that one', and all counsellors but one responded that they were not really aware of the similarity to the other, during the counselling session (Question 14).

Group 2: Peak Experiencing Counsellors (n=7).

OVERALL SIMILARITY (Question 1): All forms of perceived similarity (role; value; specific life experience; demographic data) described in the content analysis system (6.1) were represented in counsellor responses to questioning on the nature of their overall perception of similarity to the other. In addition, counsellor responses were primarily of a self disclosing (rather than self involving) and affective (rather than cognitive) orientation.

Peak experiencing counsellors displayed the largest number of reported themes (4-6 per person, per session), of any group of counsellors.

Another major trend observed with reference to Group 2 was their tendency to describe overall similarity using plural pronouns, thereby uniting

themselves with their clients. For example,

- 'Our resilience - despite the constant pain life has brought'.
- 'Our intense desire to be special to someone'.
- 'Our gut laughter, when we discovered we both worked on an intellectual level rather than a gut level'.

SPECIFIC SIMILARITY (Question II): Responses were both past and present orientated. Generally counsellors referred to a specific life experience which was based on, or resulted in, a strongly held value. All specific similarities were expressed in extremely strong emotional tones and were self disclosing rather than self involving, affective rather than cognitive.

Similarities were reported in intricate detail and tied to a very specific and cogently remembered time sequence.

Counsellors frequently identified a 'trigger word' and described similarity in terms of a process which peaked at an identifiable time:

- It first started when ...
- It really triggered when ...
- It was most intense when ...
- It seemed to diminish about ...

The consistency with which Group 2 counsellors reported similarity (conceptually if not semantically) in terms of the above sequence, was astonishing. Counsellors identified extremely specific verbal or non-verbal sequences from memory during the post-counselling interview and later, upon viewing the videotape of their preceding counselling sessions, were able to pinpoint with precision the earlier identified sequence.

As the specific similarity diminished, it appeared to be replaced with a strong bonding to the client. Counsellors report feeling closer, more generally similar and 'with' the client, for the remainder of the session. In three instances, counsellors reported a carry-over effect and stated that they began the following session feeling a high level of similarity and 'tie' to the client. A perusal of rating patterns (Figure 6.7) and interpolation of responses to interview questions at a more 'latent' level, indicated that this may in fact be a more widespread phenomenon within Group 2, than was explicitly described.

Two exceptions to the pattern outlined above were obtained, and may be observed by referring to Figure 6.7 (5/27; 8/20). In both cases, counsellors report strong feelings of similarity - particularly within one specific session. However, the similarity was replaced by increased distance rather than increased closeness. The rating pattern obtained in subsequent sessions is easily distinguishable from the bulk of 'peak' experiencers and, with the exception of two sessions, reflects statements made by the counsellors to the effect that they felt more similar than they did close to their clients. Such rating patterns resemble those obtained for Group 3 counsellors (Figure 6/12). However, process factors reported by the two above mentioned counsellors differ markedly from those reported within Group 3 (described overleaf).

The following examples obtained from post-counselling interviews with each of the two above Group 2 counsellors, highlight the subjective involvement which ties these responses more closely to those of Group 2 than to Group 3, since the latter group's responses are characterised by objectivity and 'professional disassociation'.

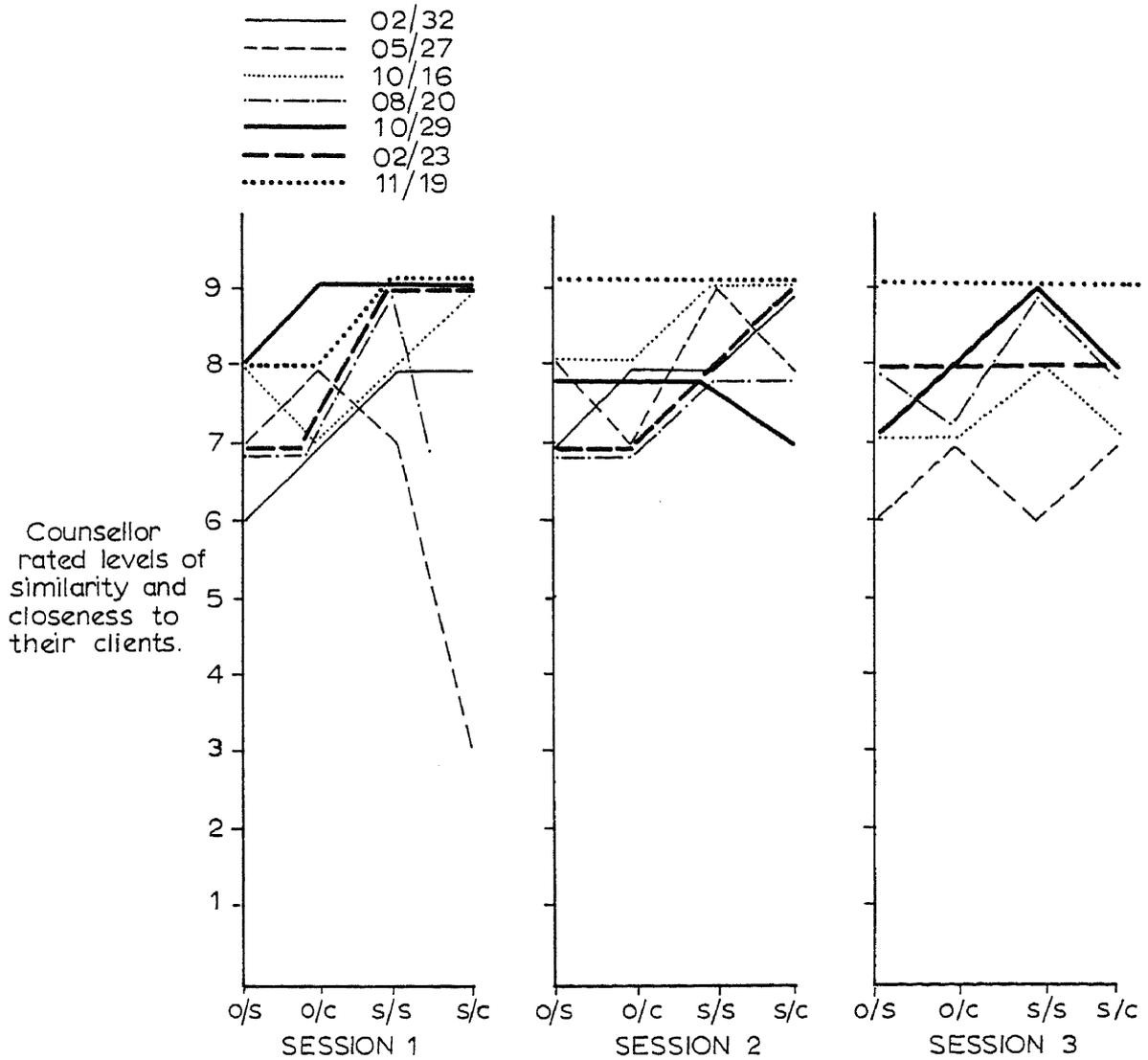
I needed to suppress the feeling of similarity and put it at a cognitive level. I do that a lot with feelings I'd rather not know about ... rationalise to retain my sense of perspective (5/27).

Its too painful, (laughs). Its so similar in many ways, I might not get out if I get in. I don't like that part of me and it drew me away, seeing it in someone else (8/20).

One other Group 2 counsellor (10/29), displayed similar rating patterns to the above two counsellors but in Records of Interview, described the disassociation with the client subsequent to the 'peak' of the experience of similarity, in terms of a need for objectivity and distance in order to maintain a 'proper' counselling relationship, rather than as a difficulty in tolerating the feeling of similarity to the other. Counsellor 10/29, could have in fact been placed in either Groups 2 or 3. The former was chosen primarily because of the magnitude of the 'peak experience' described by the counsellor - a quality less characteristic of Group 3 counsellors.

CHARACTERISTICS OF RATINGS: Figure 6.7 shows the rating patterns obtained across overall similarity; overall closeness; specific similarity and specific closeness (sessions 1, 2 and 3) for Group 2: peak experiencing counsellors.

Figure 6.7 Likert scale rating characteristics of Group 2 : Peak Experiencers.



The most salient feature observed with respect to Group 2 ratings (Figure 6.7), was that all counsellors identified a moment of extremely high specific similarity (level 9).

The 'peak' specific similarity generally occurred in sessions 1 or 2 although ratings made subsequent to the peak session also tended to be high. Ratings of overall similarity and overall closeness were generally lower than ratings of specific similarity and specific closeness.

The rating characteristics of the three counsellors specifically referred to above (5/27; 8/20; 10/29) may be observed through referring to Figure 6.7.

PROCESS FACTORS (Question 6 - 10):- Reports from counsellors of changes in their own or their client's behaviour and feelings, associated with the occasion of greatest similarity to the client, were of two kinds:

- (a) Counsellors report detailed descriptions of client behaviour and perceived changes in client behaviour and feelings although descriptions of their own feelings and behaviour were reported in abstract or vague terms with little recalled awareness of changes in their own behaviour.
- (b) Counsellors report detailed descriptions of own behaviour and changes in feelings and behaviour although recall little awareness of client behaviour or perceived changes in client behaviour.

Figures 6.8 and 6.9 provide representative examples of summarised verbatim responses to questions 6 - 10.

Figure 6.8 Verbatim Record of Interview Responses (Questions 6- 10)

Group 2 : Peak experiencing counsellor. (CN 02/ LT 23, Session 1).

Question 6 At what stage of the interaction did you feel most similarity between yourself and your client?

When: she discussed sexual feelings toward her husband. The bitterness/resentment she'd built up. Especially similar when she said 'It's just like rape. Resentment when you let him; guilt when you don't'.

7 What was the client doing/saying at this time?

Saying: As above. Desire to avoid husband but fear of hurting him.

Doing: Wringing hands; screwed up face/mouth.

8 What did the client appear to be feeling at this time?

Sad/resigned/bitter wanted to spit him out but even the thought made her feel guilty. Torn - absolutely torn. Almost tears in her eyes. Physical and mental torture. Trapped by her own conflicting emotions.

9 How were you feeling at this time?

With her - inside her almost, but from time to time aware I mustn't impose my feelings on her. Dazed - when she said it felt like rape I felt hot all over, like I'd been hit. Not aware of her, only what she was saying - well only the emotion behind it really. Her and me got a bit muddled. Even after when I'd come back to earth I couldn't remember what she'd said or what I'd relived of my own experience. Like one of those commentated guided tours - but into the core of myself.

10 What changes in your behaviour were you aware of around this time?

Tired - sucked dry. Wasn't aware of my behaviour at all - might have been doing anything.

Afterwards a bit confused - wondered if there had been a long pause I hadn't been aware of.

Didn't feel competent in dealing with it. Very powerful experience.

Figure 6.9 Verbatim Record of Interview Responses (Questions 6- 10)
Group 2: Peak experiencing counsellor (CN 11/ LT 19, Session 2)

Question 6 At what stage of the interaction did you feel most similarity between yourself and your client?

Started when she was talking about son setting himself alight. Then peaked a bit later when she said they knew his natural father was like that. It wasn't our fault, it was inherited - the same as she said it was for her son.

7 What was the client doing/saying at that time?

Saying: as above.

Doing: Not aware except her face was flushed.

8 What did the client appear to be feeling at this time?

Sometimes relief sometimes pain - reliving the frustrations. Her own pain - and seeing the child's pain. Anguish.

9 How were you feeling at this time?

Shock - I've done self-destructive acts to my own body. Felt the panic of the child and the panic of the mother and my own panic. Felt them not thought about them. They blended but were all separate within me. Not confused. Felt like someone had tapped on a nerve with a hammer - A rush of warmth out to her. You know those holy pictures with rays of sun going out.

It came from the centre of me like a plateau - a wide flat piece of my body. I wanted to draw her in but she was sort of there already.

Exciting but painful - sort of orgasmic in a way. The feeling encompassed us both (a ring of confidence), we were encircled. It was almost a spiritual experience.

10 What changes in your behaviour were you aware of around this time?

I remember saying 'how horrendous' and giggling. Half smiled when I said it - I needed to tone down my internal reaction - wasn't appropriate to show the whole depth, but it sounded a silly thing to say. Felt very close and encircled for the rest of the session, but the circle became softer.

Overall, Group 2 was characterised by an extremity and intensity of response greater than that recorded for any of the other three groups of counsellors. The experience of perceived similarity was reported as a sequential process that rose to a crescendo and then diminished, leaving a residue of feeling. Two distinct patterns were observed, which dichotomised the behaviour of counsellors subsequent to the crescendo. The first was that the residue remaining from the experience was powerfully

positive and engendered an ongoing feeling of closeness toward the client; the second was that the impact was experienced as powerfully negative, painful and required distance and disassociation from the client.

Counsellors tended to primarily experience 'peaks' in sessions 1 and 2. Whilst several powerful experiences of high similarity were often recorded in the course of the counselling sessions, one experience in particular generally stood out as being of greater intensity and importance, both as reported by counsellors and as observed from records of interview and videotapes.

Group 3:- High Skill Counsellors (n=4)

OVERALL SIMILARITY: Content analysis (6.1) showed that the counsellors characterised as Group 3, predominantly reported perceived similarity to clients as of value form, equally distributed between cognitive and affective categories (sessions 1, 2 and 3). An heirarchical response pattern in terms of both decreasing conceptual complexity and decreasing level of emotional intensity, was exhibited across all Group 3 counsellor responses. The number of themes elicited from counsellors was second only to that displayed by Group 2 (3 - 5 per counsellor, per session).

For example, (CN 43/LT 44 Session 1)

'The value we both place on being aware, spiritually, emotionally and physically, of what is happening inside us'.

'Getting distracted from the 'ought to do's' by the interesting things. Its the same with both important and mundane things'.

'Both lack a sense of purpose - want someone else to do the pushing, establish the worth of life for us'.

'Our quest for self-awareness'.

'Both had to hurry to get here on time'.

SPECIFIC SIMILARITY: Two distinct patterns were observed with respect to Group 3 counsellors' description of specific similarity (Question II).

- (a) Counsellors report experiencing two levels of similarity. One is a relatively low level experience of perceived similarity, present orientated and of relatively concrete form. This experience is disclosed to the client.

In addition, a more powerful level of similarity is felt and disclosed to the interviewer, but is either not divulged to the client at all or is reported at a later stage during the session.

Analyses of videotapes indicated that while the former experience of similarity is revealed as a self disclosure, the latter, if revealed at all, is verbalised as a self-involving rather than self-disclosing statement. The counsellor's own experience is used to elicit greater depth of client response without changing the focus from client to self, as occurs with self-disclosure.

An example of the above pattern is provided in Figure 6.10

<u>Figure 6.10 Verbatim Record of Interview Responses (Questions 6 - 10)</u>	
<u>Group 3 (a): High Skill Counsellor 43/18 Session 1.</u>	
Question 6	<p><u>At what stage of the interaction did you feel most similarity between yourself and your client?</u></p> <p>The most obvious one was when she was talking about discovering a sense of fun. We shared that and laughed. That had been a breakthrough for me, too. More deeply, and one which I didn't share was the recognition (wanting to recognise maybe), the good things in an unsatisfactory relationship.</p>
7	<p><u>What was the client doing/saying at this time?</u></p> <p>Laughing. Sparkling eyes, making direct eye contact.</p>
8	<p><u>What did the client appear to be feeling at this time?</u></p> <p>She came alive more, eyes danced. Joy, Though she appeared to be holding back - (from me or from herself?) - the intensity she was feeling.</p>
9	<p><u>How were you feeling at this time?</u></p> <p>More alert. Aware of her presence. But also, aware of a sadness in me - of not being able to share that fun in my last relationship.</p> <p>There were several other points - similarities, I also didn't follow through on (with the client). That one (above) was too close for me. When I checked it out, it didn't seem relevant to pursue. It was an issue for me not her, - but I could save that for my own time.</p>
10	<p><u>What changes in your behaviour were you aware of around this time?</u></p> <p>With the first similarity; moved forward/relaxed. With the second - I'm not sure - maybe I moved back, away from her and moved in my chair. But I wasn't prepared to get into that area, then.</p>

Figure 6.10 shows that disclosure of the less intense feeling of similarity appears to be substituted for disclosure of the deeper experience of perceived similarity.

(b) Counsellors report experiencing covertly a relatively intense level of similarity to clients but do not allow themselves to become immersed in the event as do Group 2: Peak experiencing counsellors, described earlier; nor do they appear to substitute and self-disclose an experience of less intense similarity to the client, as do Group 3(a) counsellors.

Group 3 (b) counsellors describe the moment of greatest similarity to their client using terms such as having been suddenly 'triggered' or 'stopped'

by the client's behaviour.

This group of counsellors seem to have been either personally involved only momentarily in an intense experience of similarity to the other, or to have re-experienced the event to which they referred as 'similar' at a much lower level of intensity than was present within the original event.

In either case, the decision to exclude further personal involvement appears to have been made because of the professional responsibilities inherent in therapeutic interaction with a client, rather than because of the degree of personal pain involved in reexperiencing an event similar to that described by the client, as was reported earlier with reference to two Group 2 counsellors.

An example of a counsellor 'choosing' not to become more involved is provided in Figure 6.11; an example of momentary involvement at a much lower level of intensity than that originally experienced is provided below.

'When she said she was running down the driveway yelling 'I'm happy, happy, happy, for the first time ever'. I felt tingly and warm and was thrown into a situation where I'd been in a paddock singing. The same feeling as hers, but the reexperiencing of it had nothing like the intensity of the original event - or of her recalling of her own experience. What it did was put me in there with her - but not so much that I didn't know who was who'. (41/13).

Figure 6.11 Verbatim Record of Interview Responses (Questions 6 - 10)
Group 3 (b): High Skill Counsellor 39/14 Session 2.

Question 6 At what stage of the interaction did you feel most similarity between yourself and your client?

Right at the beginning. His presenting problem was exactly what I had been doing and resisting doing before I came.

7 What was the client doing at this time?

Reacting to having to do paper work, keep records which no one read. Spending time on maintenance when there were important tasks to accomplish.

8 What did the client appear to be feeling at this time?

Frustration - fairly relaxed about it though. He had dealt with it better than I. In his head, He was fairly lay back - looked less hassled than he said he felt.

9 How were you feeling at this time?

Tense, frustrated - related to what I was doing before I came. Jolted: 'Aha, this is going to easy - we're already in there together'. Fairly relieved and a bit excited that we'd 'cliqued' so quickly.

10 What changes in your behaviour were you aware of around this time?

Aware of telling self to slow down - swallowing - suppressing need to leap in and say 'yes me too...' I chose to self disclose later, but after I had dealt with the Aha feeling. Very in the here and now, I had to distance myself from him quickly to be able to see it as his problem and his time - 'hell, unfulfilled again' was what went through my mind, but that was after I realised I needed to back off.

RATING CHARACTERISTICS: Figure 6.12 provides the Likert scale rating characteristics (overall similarity; overall closeness; specific similarity; specific closeness) for Group 3: High skill counsellors.

Figure 6.12 Likert scale rating characteristics of Group 3: High Skill Counsellors.

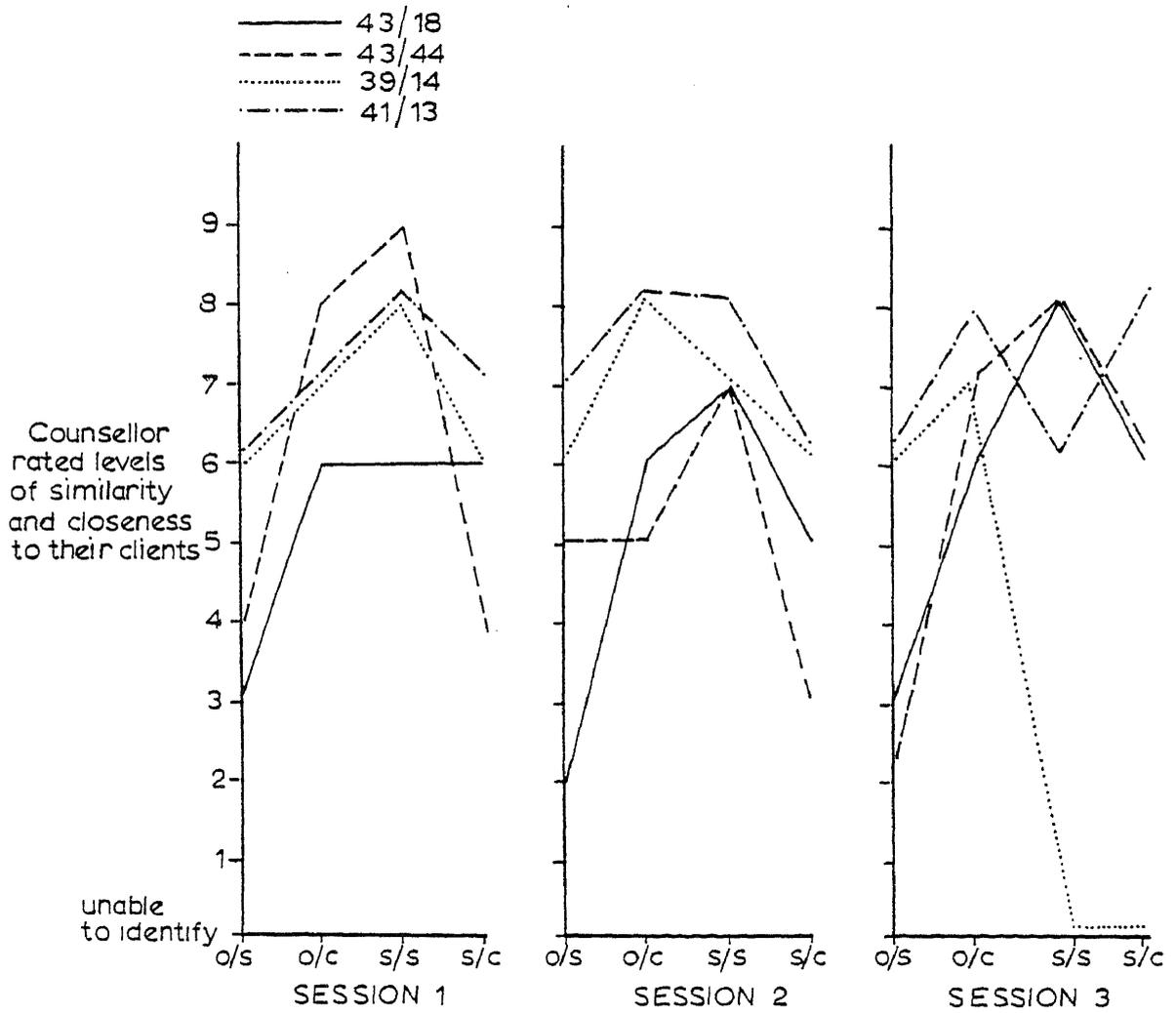


Figure 6.12 indicates that ratings on the 9-point overall similarity scale were within the low-moderate range (2 - 7). Ratings of overall closeness were consistently much higher than those of overall similarity (6 - 8). Ratings of specific similarity tend to be of the same magnitude or slightly higher than those of overall closeness (6 - 9), and ratings of specific closeness were of similar magnitude to those of overall similarity but lower than those of specific similarity.

In other words, it appears that Group 3 counsellors perceive themselves overall, as of only mildly similar characteristics to clients, although they feel quite close to their clients. All counsellors could identify a time of high specific similarity but this experience was not precipitated by a strong feeling of closeness as was the case with Group 2 counsellors.

PROCESS FACTORS:(Questions 6 - 10) The most salient feature of High Skill Counsellors' responses was the extent to which counsellors described the experience in terms of subjective involvement, whilst objectively assessing the effects of such involvement.

Unlike Peak Experiencing Counsellors who seemed entangled in, and propelled by the experience of high level similarity, High Skill Counsellors (Group 3) appeared more in control of their level of involvement. Similarities were discussed by Group 3 in terms of either the client's perspective, or the counsellors ability or decision to use/not use his or her 'similar' experience to facilitative therapeutic progress.

High Skill counsellors expressed awareness of both their own and client behaviours and feelings in a manner akin to that of an unassociated bystander.

Overall the most prominent features of Group 3 responses were:

- (i) the extent to which counsellors chose to involve/not involve themselves more deeply in the experience;
- (ii) that deeper involvement appeared to be with a view to enhancing understanding of the other. The decision to pursue further involvement tended to be made in terms of whether or not such involvement was directed toward the therapeutic goals of the client;

(iii) that whether or not to reveal the nature of the similarity to the client and if so, at what stage, appeared to have been a conscious decision.

Group 4: Counsellors Exhibiting Inconsistent/Unclassifiable Response Patterns (n = 8).

OVERALL AND SPECIFIC SIMILARITY: Counsellors generally had to ponder in order to provide occasions of overall or specific similarity and audiotaped records indicated the presence of long silences between question and response.

Examples:

'When she talked about how important her independence was to her'.

'When she smiled all the time she was telling me about how unhappy she was - I do that'.

RATING CHARACTERISTICS: Figure 6.13 shows the rating characteristics obtained for the remainder of the counsellors involved in the study. Whilst some counsellors displayed rating patterns which resembled those obtained for Groups 1, 2 or 3, their accompanying response patterns differed sufficiently to preclude their inclusion within one or other of these groups.

PROCESS FACTORS (Questions 6 - 10): When asked to report client feelings, counsellors responses tended to be broad and relatively uninformative.

Examples:

'Feeling a bit anxious'.

'Talking about her marriage'.

'Looking at her hands'.

'Didn't really notice'.

On relating their own feelings and behaviour at the time of greatest similarity, Group 4 counsellors tended toward concern with their own performance rather than the issue of similarity; the presenting problems of the client, or interactional process factors.

Examples:

'Wondering what Egan would have done here'.

'Worried about where to go from here'.

'Feeling tired - like I'd let her talk far too long, needed a push'.

Overall, a wide span of responses were displayed, but none sufficiently consistently to justify the construction of an additional group, or the inclusion of a counsellor within an existing group. The most uniform characteristic of Group 4 was the lack of importance attached to the concept of similarity.

When compared with Groups 2 and 3, the most noticeable and consistent differences were the lack of emotional tone, the strong tendency toward concrete rather than abstract responses, and the apparent detachment and lack of interest with which Group 4 responded.

In summary, three groups of counsellors exhibiting distinguishable differences in rating and response patterns were identified and described. The fourth group comprised counsellors whose response patterns were not consistent with those of the abovementioned group nor sufficiently distinctive to form an additional group.

The groups are essentially characterised by their titles: Group 1, Low responders; Group 2, Peak experiencers; Group 3, High skill counsellors; Group 4, Unclassifiable responses.

The major difference between Groups 1, 2 and 3 was in terms of intensity of expression and degree of personal involvement.

Group 1: Low Responders generally reported low overall similarity to the client and could rarely identify a specific occasion of high similarity to the other. Responses were generally concrete and of low emotional intensity.

Group 2: Peak experiencing counsellors all reported moderately high overall similarity to the other throughout the three sessions, and experienced extremely high similarity to the client on one or more occasion. The responses of Group 2 counsellors displayed high levels of emotional intensity and subjective involvement during the occasions of high similarity,

to the point where several counsellors reported being temporarily transported and unaware of either the situation or the client.

Group 3: High Skill counsellors, displayed low to moderate levels of overall similarity and although all counsellors identified a specific occasion of moderate to high similarity to their clients, the experiences were not reported with the emotional intensity of Group 2 counsellors. Furthermore, High Skill counsellors displayed an objectivity uncharacteristic of Group 2 and frequently reported having to work to retain a 'professional emotional distance' from their clients, rather than relive a segment of their own experience or deal with personal issues whilst professionally still in the role of the counsellor.

A diagrammatic summary of rating and process differences between Groups 2 and 3 is provided in Figure 6.14.

Figure 6.14 Similarity and closeness: Summary of process factors and ratings characteristics described by Group 2: Peak Experiencing Counsellors and Group 3: High Skill counsellors.

RATINGS	OVERALL SIMILARITY	OVERALL CLOSENESS	SPECIFIC SIMILARITY	SPECIFIC CLOSENESS
HIGH	Group 2: Present oriented/ similarity of values/life experiences/affective.	Group 2: Closeness ratings± 1 rating point, or = to, overall similarity ratings.	Group 2: 'Peak' affective similarity experience. Tempor- ary 'absorption' of client into self, or 'transposition' of self into client. Intense/either self disclosing or undisclosed to client. Group 3(b): 'Significant' experience of similarity. Counsellor is 'moved' but if immersed, only temporarily cognitive takes supremacy over affective and counsellor returns focus to immediate issue of client. Intense/ self involving.	Group 2(a) Describe clients as extremely close and the close- ness is generally retained through session and ensuing sessions. Group 2 (b): One counsellor rated feel- ing more similar than close to clients. Group 2(c): Two counsellors chose to distance from clients- experience too painful. Much less closeness than similarity.
MEDIUM	Group 3: Present oriented/ similarity of values. Cognitive or affective.	Group 3: Closeness ratings consistently much higher than overall similarity ratings (up to 4 points higher).	Group 3(a): Specific similar- ity ratings lower than or equal to overall closeness ratings. Counsellor discloses 'super- ficial' similarity to client, but either does not disclose deeper experiences to the client or reports them as self- involving rather than disclosing at a later point in therapy. Moderately intense.	Group 3(a):Closeness ratings slightly lower than similarity.
LOW				Group 3(b): Significant, undisclosed similarity results in marked drop in ratings of closeness.

6.3 Similarity and Empathy: The Relationship Between Phase One Results (Chapter 4) and Phase Two Results (Chapter 6)

The specific dyadic components of each of the four groups of counsellors isolated through analyses of Records of Post-counselling Interview (R. of I.), (reported in Chapter 6.2), were compared with the specific dyadic rating patterns isolated through analyses of individual counsellors TCAE and BLRI rating, (reported in Chapter 4).

The following summarised points indicate the level of empathy rating (high/low) obtained for each counsellor within each of the four perceived similarity response groups described in Chapter 6.2. Empathy ratings were compared by means of a median split. A table showing counsellors high and low groupings across measures of empathy is provided in Appendix 15. A record of the specific counsellors falling within each of the four perceived similarity groups (Low Responders; Peak Experiencers; High Skill counsellors and; Unclassifiable counsellors) may be found in Figures 6.4; 6.7; 6.12 and 6.13, respectively.

(i) R. of I. responses and TCAE scores as rated by supervisors and observers (sessions 1, 2 and 3).

Group 1, Low responders (n=5): All counsellors were rated as low empathisers across the above 4 ratings (i.e. observers ratings sessions 1,2,3; supervisors overall rating).

Group 2, Peak experiencers (n=7): 1 counsellor was rated consistently low; 2 were of mixed high and low ratings and 4 were rated highly.

Group 3, High skill counsellors (n=4): All counsellors were rated as high empathisers across all 4 ratings.

Group 4, Unclassifiable (n=8): 4 counsellors were rated as consistently low; 3 were mixed high and low; 1 was rated highly.

(ii) R. of I. responses and TCAE - counsellor self-ratings (sessions 1, 2 and 3).

Group 1: 4 counsellors rated self as consistently low on empathy; 1 displayed mixed ratings.

Group 2: 5 ratings were mixed and 2 were high.

Group 3: All ratings were high.

Group 4: 2 ratings were high; 4 were mixed and 2 were low.

(iii) R. of I. responses and BLRI self-ratings (sessions 1, 2 and 3).

Group 1: 2 ratings were high; 1 was mixed; 1 was low.

Group 2: 2 ratings were high; 3 were mixed; 2 were low.

Group 3: 3 ratings were low; 1 was mixed.

Group 4: 3 ratings were high; 1 was mixed; 4 were low.

(iv) R. of I. responses and BLRI - client ratings.

Group 1: 2 ratings were high; 1 was mixed; 1 was low.

Group 2: 4 ratings were high; 1 was mixed; 2 were low.

Group 3: 2 ratings were high; 1 was mixed; 1 was low.

Group 4: 3 ratings were high; 1 was mixed; 4 were low.

There were two prominent trends outlined in (i) - (iv) above. First, Group 1 (Low Responding counsellors) were also consistently rated as low (TCAE) empathisers by observers and by their own self-ratings (sessions 1, 2 and 3), and were rated low by supervisors (global ratings). The only exception was one counsellor who displayed mixed high/low self-ratings across sessions.

The second observable trend was that all Group 3 (High skill counsellors) were also rated as high (TCAE) empathisers by observers and by themselves (sessions 1, 2 and 3) as well as by supervisors (global ratings). Group 3 predominantly rated themselves low on BLRI empathy.

Several more specific patterns were obtained, which further delineate the relationship between empathy ratings and perceived similarity rating and response groups:

- (v) Although Groups 2 and 3 generally displayed mixed or low self-ratings (BLRI), all except two counsellors who identified a moment of high similarity considered of strong emotional intensity (9 out of 11 Group 2 or 3 counsellors) rated themselves considerably more highly on the BLRI for this session. In some cases BLRI ratings made by Group 2 or 3 counsellors after sessions

where they reported experiencing emotionally intense, high level similarity to their clients, differed by as much as 15 points from ratings of the other two sessions during which less extreme levels of similarity were experienced (02/23; 10/16; 43/44; 43/18; 39/14).

The two counsellors whose ratings on the BLRI were lower during the 'peak similarity' session than during other sessions were the two Group 2 counsellors (5/27; 8/20), who described the experience of similarity as present-oriented and painful, and both rated themselves and responded to interview questions as feeling more distant from the client after the experience (see Group 2; Chapter 6.2).

- (vi) When extreme high/extreme low (Q1 and Q4) BLRI counsellor ratings (sessions 1, 2 and 3) were isolated, all extreme scorers were members of either Group 2: Peak Experiencing counsellors or Group 3: High Skill counsellors.
- (vii) Group 3: High Skill counsellors (n=4) held the top 4 ranks when rated on the TCAE by observers, and members of Groups 2 and 3 (n=11), held the top 10 observer - rated TCAE rankings.
- (viii) It was stated in Chapter 4.3 that there was an overlap of 80% between dyads yielding the greatest observer rated and counsellor rated difference scores. (i.e. the difference between TCAE ratings of counsellors moment of greatest similarity and randomly selected segments of videotaped interaction).

When dyads exhibiting the greatest difference scores were compared with R. of I. Groups 1 - 4, it was found that 68% of high difference scorers were located in Group 2, and 75% were located in either Group 2 or 3.

This figure is well beyond chance since only 46% of the total counsellor sample are in fact represented in Groups 2 and 3.

When cell contingencies were compiled between High/low specific similarity scores and large/small difference scores (median split)

100% of those falling within the high similarity/large difference Cell (session 1, 2 and 3) were located in R. of I. Groups 2 or 3. (Chapter 4.6).

- (ix) All dyads (n=8) identified by a cluster analysis of empathy ratings, were dyads whose counsellors were located in Groups 2 and 3.

In summary, High Skill counsellors and Low Responding counsellors were both also consistently rated high and low (respectively) on TCAE empathy. High Skill counsellors and Peak Experiencing counsellors rated themselves more highly on BLRI empathy for the session during which they experienced highest levels of perceived similarity - although overall they rated themselves low on BLRI empathy. There was no pattern to BLRI ratings across the other two groups (Low Responders and Unclassifiable counsellors). Several other very specific trends were reported between perceived similarity groups and empathy rating patterns - further exemplifying the intricacy of the association between these two variables, within the present study.

ADDITIONAL INFORMATION ELICITED FROM VIDEOTAPED RECORDS OF COUNSELLING INTER-ACTION

Within the present study, videotapes of subjects' counselling interaction were observed to detect whether there were any differences in verbal patterns or non-verbal behaviour, at or about the time during which greatest perceived similarity to the other occurred.

A summary of differences in the self-disclosing/self involving response patterns of Group 2 (Peak Experiencing counsellors) and Group 3 (High Skill counsellors), following the occasions of counsellor identified greatest perceived similarity, is provided below.

- (i) Group 2, Peak Experiencing counsellors: when the 20 cases (Figure 6.7) of counsellor moments of greatest perceived similarity to the other were isolated, it was observed in 16/20 cases that counsellor self disclosure occurred within 3 minutes of the occasion of greatest counsellor perceived similarity. In 15/16 cases, the topic of counsellor self

disclosure was the same topic as that under discussion during the occasions of greatest counsellor perceived similarity to their client.

- (ii) Group 3, High Skill counsellors: While on 3/12 occasions (Figure 6.12) counsellor self disclosure was observed within 3 minutes of the moment of greatest counsellor similarity, on only one occasion was the topic of self disclosure identified by the counsellor as the occasion of greatest similarity.

On several occasions however, Group 3 counsellors returned to the topic of 'greatest similarity' after a time interval of more than 12 minutes. When the topic was re-opened, the counsellor statement was either presented as disassociated from both counsellor and client, or presented as a self involving statement, where the counsellor indicated indirectly that his or her own similar experience was providing the basis for further exploration into the clients experience. In both cases however, the focus of attention was retained by the client. Such statements were markedly different from the 'me to' type of self disclosure described in (i) above, with reference to Peak experiencing counsellors, where counsellor self disclosure generally appeared to sever rather than enhance, the conceptual flow of client verbalisation.

- (iii) Where analyses of videotapes and records of interview revealed mutual client/counsellor self disclosure, the topic and the moment of counsellor self disclosure were, with one exception, located by clients as the moment of greatest similarity.
- (iv) Three Group 2 counsellors who used self disclosure considerably more frequently than others, were rated as either extremely similar (n=2) or moderately dissimilar (n=1) by clients but were rated as low on empathy by observers.

The two clients who rated counsellors as extremely similar after high levels of counsellor self disclosure, also rated their counsellors high on (BLRI) empathy (11/19, 10/29).

The client rating his counsellor as extremely dissimilar, rated him as low on (BLRI) empathy (5/27).

All counsellors frequently using self involving statements (43/18; 41/13; 43/44; 39/14; 02/32) were rated extremely highly on (TCAE) empathy by observers, although were only rated moderately highly by clients (BLRI) in comparison with the total rating range.

- (v) An additional trend, observable with respect to three different Group 2 counsellors, was that of mirroring behaviour. There were three occasions where marked mirroring of counsellor and client behaviours immediately followed mutual client/counsellor self disclosure. On each of the three occasions, both client and counsellor identified the time of mutual self disclosure as the occasion of greatest perceived similarity. Mirrored behaviours included backward trunk lean/hands clasped behind head, marked forward trunk lean, leg crossing/uncrossing, and synchronised initiation of verbalisation.

In summary, the pattern of self disclosure/self involvement displayed by Group 2 counsellors, differed from that displayed by Group 3 counsellors. In 75% of cases Group 2 (Peak Experiencing counsellors) disclosed to their clients their perceptions of similarity within 3 minutes of the occasion they identified as the moment of greatest perceived similarity. Group 3 (High Skill counsellors) either did not disclose their feelings of similarity at all, or discussed the topic or theme deemed to be similar at a later point in therapy, with reference to the client rather than to the self.

The above finding, together with the earlier reported finding that Group 3 counsellors tended to avoid deep personal involvement or re-experiencing of the event or emotion they perceived as similar to that of the client, suggests that one of the differences between Groups 2 and 3 may be the ability of the latter counsellors (or the inability of the former counsellors) to delay self-gratification within the counselling interaction.

Another finding of particular interest was that observers generally rated counsellors who frequently self disclosed, as low on TCAE empathy whereas

they generally rated counsellors making frequent self involving statements as high on TCAE empathy. This again raises the issue of whether or not observers tend to rate TCAE empathy primarily on counsellors manner or form of behaviour, rather than on the 'appropriateness' or otherwise of the counsellors response in relation to the clients behaviour.

6.4 Overview: Where to from here?

Chapter 6 outlined the methods of analysis used to categorise and describe data associated with counsellors' perceptions of similarity to their clients, as reported in post-counselling records of interview.

Three distinct groups of counsellors were isolated, whose rating and response patterns differed markedly from each other. The characteristics of each of the groups is epitomised by its title: Low Responders; Peak Experiencers and High Skill counsellors, respectively. A fourth group was formed, comprising counsellors whose responses were inconsistent or otherwise unclassifiable within any of the above three groups.

Results presented in Chapter 6, obtained from the analysis of descriptive data associated with counsellors perceptions of similarity to their clients, were then compared with results obtained from the empirical analyses of measures of empathy, presented in Chapter 4. Individual counsellors rating patterns across both measures of empathy (the BLRI and the TCAE scale) as rated from all counselling perspectives (counsellor, client, observer and supervisor), were compared across each of the four groups identified on the basis of perceived similarity rating and response patterns.

The outcome of comparisons between results reported in Chapters 4 and 6, confirmed the earlier made suggestion that the relationship between rated levels of counsellor empathy, and the nature and degree of counsellor perceived similarity to the other is complex and differs across different measures of empathy.

High Skill counsellors (Group 3) who experienced a high level of similarity to the other, tended to rate themselves as more empathic on the BLRI following the session during which high level similarity was experienced, despite their rating themselves extremely low for other sessions.

One possible explanation for such a finding is that the BLRI is (as suggested in Chapter 5), primarily a measure of self esteem when self rated by counsellors. Occasions during which counsellors experience high levels of similarity to clients may provide stimulation and a sense of confirmation which in turn, enhances feelings of self esteem and competence. This may be particularly so if the form of similarity is an emotionally intense, past experience, where the counsellor has dealt 'successfully' with the issue currently of concern to the client.

When counsellor perception of similarity is associated with an emotionally intense present oriented experience and the issues raised by the client are still current issues for the counsellor, as was the case with two Group 2 (Peak Experiencing) counsellors, a lowering of self confidence, together with the difficulty experienced in maintaining sufficient objectivity to see the issues as belonging to the client, may result in a lowering of self esteem and subsequently, lower BLRI scores.

Adjunctively, the BLRI could be considered a measure of positive or negative 'empathy' depending on whether the counsellor's concomitant perceived level of similarity was high/low or present/past oriented. The idea of positive or negative empathy is somewhat akin to Moreno's (1956) concept of Tele, where deep understanding of another engenders the potential for both positive and negative behaviour toward the other. Additional reasons for High Skill counsellors (or counsellors rated highly on TCAE empathy, by observers and supervisors), rating themselves low on BLRI empathy were presented in Chapter 5.

Counsellors whose record of interview responses were of low emotional intensity, concrete and generally uninformative (Group 1) were also all rated as low empathisers by both observers and supervisors (TCAE).

Overall, counsellors who experienced high levels of perceived similarity to the other (Group 2: Peak Experiencers and Group 3; High Skill counsellors), were, with one exception all rated highly on (TCAE) empathy by observers and supervisors when compared with the total range of TCAE ratings awarded counsellors. In fact, the top four TCAE - observer ranks were held by the four Group 3 counsellors and 10 of the 11 top ranks were held by counsellors from Groups 2 or 3. (See Chapter 4.6).

The distinction between the categories classified in the Content Analysis system as self disclosure and self involvement was earlier noted to be a particularly useful one for differentiating counsellor responses.

The same two categories were applied to videotape analyses of differences in counsellor behaviour during or following the moment of greatest perceived similarity to the other. It was found that the quantity of counsellor self involving versus self disclosing statements, also appeared to relate to whether a counsellor was rated high or low on empathy. Counsellors who frequently used self disclosure, and in particular, disclosed to clients their moment of greatest perceived similarity, were generally perceived as highly empathic (BLRI) by the client if the self disclosed similarity was construed by the client as similar to, and thus an accurate representation of, the issue (s) which they (the client) had raised. However, counsellors making frequent self disclosing statements were rated as less empathic (TCAE) by observers than counsellors making frequent self involving statements.

The discrepancy between TCAE ratings of excerpts of the moment of specific similarity and ratings of random excerpts was noted in Chapter 4.3. The finding reported in Chapter 6, that counsellors eliciting the greatest difference scores between the above two excerpts (as rated by both observers and counsellors) were predominantly Group 2 or 3 counsellors, again raises the question of what is being measured by the TCAE scale.

It appears as if counsellors who experience a specific occasion during which they perceive a high degree of similarity between themselves and their clients and who were also rated high on TCAE empathy by observers and self, behave in ways which are overtly different during their moments of greatest perceived similarity.

Hill et al (1981), in investigating the relationship between non-verbal communication and counselling outcome, states that the use of frequency data and other traditional methods for analysis are not adequate for tapping the complexities of non-verbal behaviour. Furthermore, they suggest that the occurrence of a behavioural sequence at a specific moment in therapy may be a far more important determiner of outcome than overall level or frequency of behavioural characteristics. The extent to which the occurrence of a specific moment of high similarity may affect process

factors and therapeutic outcome, requires further investigation.

Findings reported in Chapter 6 indicate subtle links between perceived similarity and 'empathy' as measured by the TCAE and BLRI, particularly for counsellors whose perceptions of similarity to clients was moderate to high, on one or more specific occasion.

Such findings may not have emerged however, if analyses of a solely psychometric form, had been conducted.

The precise nature of the link between high similarity, skill and judged empathy is unclear - but then the precise nature of the variables being measured by the above two 'measures of empathy' is also unclear.

As indicated in Chapter 2, neither research into client or counsellor self perception of similarity, nor research into the association between counsellor and client perceived similarity and measures of empathy, is known by the writer to have been previously conducted. The finding within the present study, that the BLRI and the TCAE scale appear to be measures of different constructs, raises the issue of which (if either) of the measures is in fact measuring empathy, and further compounds the difficulties involved in detecting the relationship between perceived similarity and empathy.

A thorough review of literature associated with the measurement, use and importance of empathy within therapy was conducted prior to the development of the present study and major trends within the literature were reported in Chapters 1 and 2. However, the findings reported in Chapters 4 and 6 led to the conviction that a literature search of works of a more philosophical and theoretical nature was a necessary component of the present study. It was anticipated that such a review might assist in clarifying the conceptual (as distinguished from the empirical) links between perceived similarity and empathic understanding, and shed light on whether a high degree of perceived similarity appears to be a causal factor in determining a counsellors ability to deeply empathise with a client.

Chapter 7 presents an historical review of the nature of empathic understanding, from early inception of the term through to its present

day usage. A large proportion of the material presented was obtained from infrequently cited works published before 1960.

Chapter 7 is presented essentially as a pre-cursor to the development of second-order hypotheses and is included to highlight the discrepancies between the nature and the measurement of empathy, and the complexity of the link between perceived similarity and empathy.

PART III

CHAPTER 7

THE NATURE OF EMPATHY: AN HISTORICAL REVIEW

It is easy to clothe Imaginary Beings with our own Thoughts and Feelings; but to send ourselves into the Thoughts and Feelings of Beings in circumstances wholly and strangely different from our own ... and who has achieved it?

He [who does] may not have it in logical coherence, in his Brain and Tongue; but he must have it by Tact. For all sounds and forms of human nature he must have the ear of an Arab listening to the silent Desert; the eye of a North American Indian tracing footsteps ... upon the leaves that strew the forest; the touch of a Blind Man feeling the face of a darling child (Samuel T. Coleridge, 1802).

7.1 Pre-1962 Literature

EMPATHY AND AESTHETICS

The earliest documented use of the concept of empathic understanding is attributed to the German aestheticist, Lipps (1897) who referred to the term 'Einfühlung' - feeling oneself into in relationship to the self and the object of one's contemplation (Bachrach, 1967; Katz, 1963; Szalita, 1976).

Lipps contended that empathy was a form of inner imitation and motor mimicry where, in artistic contemplation, the person enters into and becomes the object. So much so, that the subject is unaware of the imitative muscular and gestural activity of the body, loses the 'as if' quality which previously separated subject from object and becomes dominated by the imagination.

In esthetic imitation I become progressively less aware of muscular tensions or of sense-feelings in general the more I surrender in contemplation to the esthetic object. Even spatially, if we can speak of the spatial extent of the ego, I am in its place. I am transported into it. I am, so far as my consciousness is concerned, entirely and wholly identified with it (Lipps, c.f. Rader, 1935, p. 298).

The act of imaginative transposition, he asserts, is not associated with the past, nor is it futuristic. The subject is not simply relating to the object of contemplation but rather, becomes momentarily absorbed within the object. "Hypnotic absorption of such intensity" states Katz, 1963, "is estatic... only empathy of the estatic kind would be genuine according to Lipps" (p. 88). The subject slides effortlessly into such activity because of the a priori similarity between subject and object.

The similarity between the subject and the object existed before the moment of actual stimulation or excitation. Empathy is based on the principle of an a priori similarity.... The linkage between the object and ourselves is instantaneous so that we spring from our own identity, to the identity of the object (Lipps, c.f. Katz, 1963 p. 87).

The empathiser, Lipps believes, is not consciously aware of the existing similarity prior to the process of transposition. It is only upon subsequent reflection when boundaries between self and other have been restored, that the subject becomes free to speculate upon the nature of the similarity.

Buber (1948) was critical of Lipps' concept of total absorption and rejected the use of the term empathy because of its connection with the regression of the ego. He substituted instead, the term 'inclusion', the process of simultaneously experiencing an event from the perspective of both self and other.

Two primary differences appear to distinguish Lipps' concept of empathy from Buber's notion of inclusion. The first is the degree to which the self approximates an 'empty vessel' during the process of transposition; the second pertains to whether the activity occurs primarily at a conscious or unconscious level. Lipps considers the operation to be progressively less amenable to conscious control or cognitive monitoring as the subject becomes more and more involved in here-and-now contemplation of the object.

Buber however, suggests that even at the moment of peak 'transposition', the subject retains as much awareness of self as of the object and that consequently, the process must be considered to involve a balance

between both cognitive and affective, conscious and unconscious forces.

Debate as to whether empathy is primarily cognitive or affective; conscious or unconscious; covert or overt has continued intermittently over the last five decades, only to fade during the late 1960's, in favour of more pragmatic concerns.

EMPATHY AND IDENTIFICATION

Freud (1921, 1933) refers indirectly to the regressive component of empathy whilst discussing the mechanism of identification. He considers the primary processes of introjection, imitation and regression to all be elements of identification (1933).

Through introjection, a 'blurring' of ego boundaries occurs and the subject physically or imaginatively imitates the object.

One ego become like another, which results in the first ego behaving itself in certain respects in the same way as the second; it imitates and as it were, takes it into itself (Freud, 1933, p.30).

Regression differs primarily in that it is a form of retroactive enactment whereby the subject relives significant past experiences, either imaginatively or through a more overt, conscious form of role-play. Freud refers to identification as the "mechanism by which we are enabled to take up any attitude at all towards another's mental life", and traces a path which leads "from identification through imitation to empathy" (1921, p.70). He does not refer to a priori similarities as prerequisites for empathic understanding but rather, emphasises that the potential for identification, and hence empathy, occurs as a result of the combined effects of instinctual biological antecedents and early socialization and acculturation. It appears that the difference maybe primarily one of semantics.

Freud concurs with Lipps that the activity - whether it be identification or empathy - is largely covert and unconscious. However, whereas Lipps stresses the positive, insight-producing potential of the activity it is Freud who, whilst augmenting the importance of the concept within therapy, warns of the pervading dangers of therapist identification and countertransference.

Fenichel (1953) from within the psychoanalytic tradition, observed that the terms identification and empathy were not synonymous, but was unsure of the specific nature of the difference.

Empathy - viz., the intuitive grasp of the real world of another person - is closely related to... narcissistic identification but is not identical with it... The problem of what has to be added to identification to make it understanding empathy, remains unsolved (1953, p. 104).

Identification as a component of empathy is nevertheless a recurrent theme within post-Freudian, psychoanalytic thought. Kohut (1959) speaks of 'vicarious introspection'. Stewart (1954, 1955) discusses the similarity between empathy and goodwill, and describes empathy as a sequential process which develops from identification through an unconscious transitory imitation to conscious imitation, then to mutual transference. Adlers (1931) definition provides a link between Lipps and Stewart. He states simply that to succeed in therapy 'we must be able to see with the eyes of another and listen with his ears' (p. 172). Buchheimer (1963) later points out the similarity between Stewarts definition of empathy as mutual transference and Adlers (1956, p. 127) concept of social interest. Little (1951) sheds some light on the particular form of identification which may be involved in the process of empathy.

The analyst necessarily identifies with the patient, but there is for him, an interval of time between himself and the experience which for the patient, has the quality of immediacy - he knows it from past experience, while to the patient, it is a present one. That makes it at the moment, the patients experience, not his, and if the analyst is experiencing it as a present thing, he is interfering with the patients growth and development (p. 35).

SCHAFFER AND DEVELOPMENT EMPATHY

Schafer (1958), without reference to Stewart, uses the term 'generative empathy', borrowed from Erikson's seventh stage of man, to characterize the developmental nature of the activity. Whilst Schafer perceives empathy as a progression through various phases of involvement and detachment, the phases do not appear to be lineally linked as are those described by Stewart (1955). Moreover, Stewart's conception is steeped

in the aesthetic, whereas Schafer emphasises the interplay between the cognitive and the aesthetic.

Schafer defines generative empathy as "the inner experience of sharing in and comprehending the momentary psychological state of another" (1958, p. 345), and differentiates the process from both identification and deductive problem solving.

The following, in summary form, are characteristics he attributes to empathy:

1. Empathy is an experience of the mind. A form of experiential internal action where the subject ideally remains to a degree above his observations, though not aloof from them.
2. A subtle and relatively conflict-free interplay of introjective and projective mechanisms occurs, enhancing the object of contemplation as well as the subject's experience. Preconscious or conscious experiential fantasies concerning the object and the relationship express this interplay of mechanisms.
3. The boundaries of awareness are enlarged through discovery of new forms of experience as well as through recovery and clarification of past experience.
4. Controlling functions of the empathiser's ego are strengthened. The process renews and advances internal mastery. A new balance of the forces active in personal relationship is achieved on a higher level of organisation than has so far been the case and increased energy becomes available to the ego.
5. At least potentially, communication with the object is enhanced (p. 346).

The related themes of interplay and balance epitomize Schafer's concept of empathy. Overemphasis on cognition, Schafer asserts, limits the therapist's response to a pedantic adherence to formulas and "prevents the ego regression necessary for comprehending in a manner which

facilitates appropriate selectivity and growth" (p. 347). Alternatively, overemphasis on affect would lead to a "confining or intolerable reactivity involving an illusion of identify fusion of the ego with the object and other phenomena customarily encountered in dreams" (p. 349).

Schafer asserts that when the cognitive is given primacy, the self of the therapist is not receptive enough to blend in harmony with the other; the pre-eminence of the affective leads to a passivity and yielding of autonomy over the environment.

The empathic experience as described by Schafer is not complete however, when the self emerges from the dual processes of introjection and projection (the ingestion of other within self and the attribution of self to other, respectively). Rather, the former encapsulative experience is followed by a distancing of the self from the object, a regaining of perspective and a continuation of conscious interaction presumably at a level different to that established prior to the empathic experience. The self of the empathiser "emerges intact from the play of introjective and projective processes that go into grasping the experience of another". The capacity is thereby retained for approaching the person afresh so that the empathic process "may be carried to completion through renewed observation and interaction" (p. 349).

The interplay of forces appears more analogous to that of a syncopated rhythm than to a tug of war. The essence of the experience described by Schafer occurs at an unconscious level; the withdrawing from union with the other appears to be primarily a conscious process; and the effect is manifest through an improvement in quality of interaction with the other. The mechanism is one of receptivity rather than propulsion, stillness rather than activity. That the empathic experience may not necessarily lead to verbalization is implicit:

The urgent need to cure, to act, to modify, does not promote empathic understanding, whereas a reservoir of empathic understanding can effectively guide necessary action or restraint (Schafer, 1958, p. 353).

The dependency of identification and empathy upon a set of pre-conditions, and the emphasis placed upon the incorporation of both projective and introjective processes, superficially unites Schafer

and Freud. There appears however, to be no Freudian equivalent for the affective/cognitive realignment and subsequent distancing of self from other which characterises Schafer's generative empathy. Furthermore, Freud's emphasis on the amour-propre impulse of the subject to take possession of the object through introjection (1933), appears antithetical to Schafer's concept of empathy. The direction of energy flow within Freudian introjective processes, appears toward accumulation for the self; the energy flow in Schafer's notion of generative empathy is ultimately toward altruistic enhancement of the other.

Generative empathy preserves (introjects and ...restores) the object. This is unlike the actor's narcissistic appropriation of the characteristics of others; it is also unlike the schizophrenic's confusion as to where he leaves off and the other person begins. The empathizer's implicit aim is to understand, to enhance the reality of the other person through his own experience and the experience of that person; that he thereby enhances his own inner world does not detract from the object-related nature of empathy (Schafer, 1958, p. 353).

Schafer's work eloquently captures the spirit and essence of a number of other theorists and clinicians whose writing appeared between 1945 and 1962 (Fenichel, 1945; Fromm-Reichmann, 1950; Grummon, 1950; McKellar, 1957; Reik, 1949; Schachtel, 1949; Scheler, 1954; Weighart, 1962). Grummon (1960) for example, alludes to a priori similarity being a pre-requisite for empathic understanding, by describing empathy as a "form of preconscious emotional knowing". Fenichel (1945) emphasises the bicameral nature of the process by describing empathy as two separate acts. First, an identification with the other person and secondly, an awareness of one's own feelings after the identification, which, in turn, engenders an awareness of the other's feelings.

Other analysts underscore the importance of receptivity and openness, but describe the nature of empathy in terms of intuitive processes. Fromm-Reichman (1950, 1955) uses the term empathy, synonymously with that of intuition and illustrates vividly through use of her own clinical experience, that the process of intuitive understanding appears imbued with an energy of its own which moves the therapist to act or to remain still. Similarly, Weigert (1962) regards empathy as "the tool of psychological understanding... which results in intuitive discoveries. The psychotherapist reflects about these discoveries and becomes aware

of the philosophic premises of his art " (p. 143; f.f.).

That inaction or silence may be as appropriate an empathic response as verbalization, is a notion which seems to have emerged from the analytic school of thought. As early as 1928 in fact, Ferenczi asserted that empathy was a precondition for tact and that 'true' empathic understanding would dictate. "When one should keep silent... and at what point the further maintenance of silence would only result in useless suffering" (c.f. Beres and Arlow, 1974, p.43). The idea of silence as an empathic response, does not appear to have infiltrated far into other clinical streams and today remains largely buried in the archives of analytic history.

Despite both semantic and conceptual differences in their descriptions of the process of empathic understanding, a recurrent theme emerges which appears to link aestheticists and analysts writing largely independently of each other, over a period spanning three decades. Reik (1949) expresses it thus; that "what has been heard with the 'third ear' must then be tested out in the house of reason".

Whether the experience of the other is labelled empathy, transposition, inclusion or intuition, the 'emotional contagion' is considered separate from the rational decision to test the validity of the experience, to act, to ponder or to remain silent. Verification of the insight does not appear to be part of the empathic experience, but rather, occurs as a result of the experience.

EMPATHY AND ROLE-TAKING

Mead (1934) from within a social-psychological framework does not specifically refer to empathy but describes role-taking as an action through which an individual achieves intimate knowledge of another. "We feel within him and we are able so to feel ourselves into the other because we have, by our own attitude, aroused in ourselves the attitude of the person we are assisting" (1934, p. 299).

The process of role-taking is primarily a conscious, cognitive activity which involves both listening to the self as self is heard by the other and responding as the other, to the self. Mead views the ability to take

the role of another as a skill developed through training; the upper limit of which, is based upon the innate capacity of the individual to imaginatively experience another's world.

Hastorf and Bender (1952) express a similar theme in describing empathic ability as "The objective and cognitive perception of the psychological structure of another person;... a combination of sensory, imaginative, and intellectual processes. Imitative factors, particularly of a kinesthetic nature, may well aid the process" (p. 575).

Moreno (1953) in his development of psychodramatic role theory endorses the skill component of role reversal referred to earlier by Mead. The decision to take the role of another, he argues, is a conscious choice; the ensuing emotional involvement wells from a cathartic 'letting go' of rational control. He suggests however, that rather than being rooted in a preconditional similarity the act of role reversal invokes or enhances the feelings of similarity between the participants, which subsequently increases the potential for more versatile role taking. Moreno, like Mead does not refer specifically to the term empathy. Nevertheless, Moreno's process of encounter and notion of tele-fundamental components of psychodramatic theory - capture Lipps emphasis on ecstasy and transposition; Freud's conception of the positive and negative potentialities of identification and regression; and Mead's notion of emotional rehearsal or replay.

Encounter of which tele is a component, is described by Moreno as follows:

Encounter means meeting, contact of bodies, confrontation, countering and battling, seeing and perceiving, touching and entering into each other... communicating... in a primary, intuitive manner by speech or gesture, by kiss and embrace, becoming one. It encompasses not only loving but hostile and threatening relationships. It is not only emotional rapport... or intellectual... or scientific... it is a meeting on the most intensive level of communication. The encounter is extemporaneous, unstructured, unplanned, unrehearsed.... It is the sum total of integration between two or more persons, not in the dead past or the imagined future but in the fullness of time (1975, p.26).

Unlike Schaffer's (1958) implication that empathy includes elements of

altruism, Morenos concept of Tele involves action which may emerge from either positive or negative motives toward the other.

Murray's (1938) concept of recipathy and later Speroff's (1953) assertion that empathy and role-reversal are mutually dependent processes, emerge from within a similar theoretical framework to that described by Mead. Speroff (1953) states that the purpose of role reversal is to bring about a "cognitive restructuring of the situation so that the orientation is towards convergence of perception between self and other".

Two major differences separate Speroff's (1953) notion of role-reversal and Moreno's process of encounter from Lipps' earlier description of empathy. First, role-taking appears at least initially, to be largely a cognitive activity. It involves consciously deciding to act 'as if one were' the other. Lipps' description of empathy intimates that the transposition of self into other, occurs primarily at an unconscious level and that cognitive processing of the event is only possible when distance between self and other has been regained. Speroff's assertion that in role reversal cognitive restructuring is ideally followed by a convergence of perception, is perhaps the antithesis of the process described by Lipps (1897).

Secondly, the act of contemplation and absorption into the other appears to be private and predominantly non-verbal. Role taking implies a more overt process where the activity is predominantly, if not necessarily, of a verbal nature.

Furthermore, if we extrapolate somewhat and describe the point of psychic union between self and other in terms of spatial location, it appears that within the encounter, union occurs at some (fluid) point external to self and other but within the psychological space common to them both. The point of union consistent with Lipps' portrayal of empathy, would appear to occur within the boundaries of psychological space usually claimed by the other.

CARL ROGERS

Prior to the classic work of Rogers (1955, 1957), concern with the importance of empathy within therapy appears to have been largely

limited to psychoanalytically-orientated theorists influenced to varying degrees by aestheticists, and to writers from a social-psychological background who tend to give preeminence to the role-taking, skill component of empathy.

Rogers (1957) contended that empathy was one of a number of conditions necessary and sufficient for the occurrence of therapeutic personality change. His work has provided the impetus for a heated and on-going literary debate between the humanistic/existential and behavioural schools of thought, and has brought about a subsequent furor of research into the nature of the therapeutic relationship and its impact on the outcome of therapy (Bachrach, 1976; Parloff, 1977).

Rogers early references to empathy are imbued with a flavour which combines the 'hypnotic absorption' attributed to Lipps, with the 'convergence of perception' and process of encounter described respectively by Speroff (1953) and Moreno (1953).

The essence of some of the deepest parts of therapy seems to be a unity of experiencing... when there is this complete unity, then it acquires the out-of-this-world quality which many theorists have remarked upon, a sort of a trance-like feeling in the relationship from which both the client and I emerge at the end of the hour as if from a deep well or tunnel. In these moments there is... a timeless living in the experience which is between the client and me (1955, p. 208).

Rogers, from within a phenomenological framework speaks of empathy as a fundamental way of knowing, the direction of which may be either outward toward another, or inward; as a mechanism through which one comes to know the self. In this respect his emphasis on discovery and renewal conforms to the notion of generative empathy described by Schafer (1958).

By as early as 1959, Rogers conception of empathy seems to have altered. He then describes the 'state' of empathy as the ability to:

Perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain there to 'as if' one were the other person but without ever losing the 'as if' condition. Thus it means to sense the hurt of another as he senses it and to perceive the causes thereof as he perceives them without ever losing the recognition that it is 'as if' I were hurt

or pleased etc. If this 'as if' quality is lost then the state is one of identification (1959, p. 120).

Rogers' emphasis on the 'as if' quality as the distinguishing characteristic between empathy and identification, appears antithetical to Lipps' contention that the loss of the 'as if' rider is the essence of empathy. It appears 'as if', in the course of writing, Rogers has changed the respective balance between the cognitive and affective dimensions of his concept of empathy. The 'unity of experiencing', to which Rogers referred earlier, seems to have been replaced with a need to maintain cognitive awareness of the self throughout the therapeutic endeavour. The image which springs to mind is that of a small child at the movies, whose only recourse to retaining a sense of reality, is to frequently repeat, 'It's alright, it's only a movie!' The difference between the counsellor's and client's sharing of a 'dynamic experience' and the counsellor's infiltration as an observer of the innermost world of the client, is a subtle but vital one and seems to involve a redistribution of the balance of power within the dyad. In the latter instance the counsellor appears to enhance his or her own powerbase through a form of non-involved voyeurism - a situation which ~~may~~ increase the potential for unconscious abuse of client experience.

Rogers makes it clear that he perceives the therapeutic impact of empathy as being dependent upon the therapists communication of insight to the client.

The final requirement is that the client perceives to a minimal degree, the acceptance and empathy which the therapist experiences for him. Unless some communication of these attitudes has been achieved, then such attitudes do not exist in the relationship as far as the client is concerned and the therapeutic process could not, by our hypothesis, be initiated (1957, p.99).

Two points must be made with reference to the above quotation, in light of previous discussion on the communication of empathic understanding. First, Rogers emphasis differs markedly from that of earlier theorists, particularly those operating from within a psychoanalytic framework. Fromm-Reichman (1950) and Schafer (1958), for example, suggest that empathic understanding provides the therapist with insight into the

timing and appropriateness of response. They assert that the absence of a response may often be more therapeutically facilitative than a verbal response indicating that the therapist has 'heard' the client.

Rogers implies that the therapeutic process does not begin until the client perceives the therapist's empathic attitude. His choice of nomenclature is interesting. His linking of 'acceptance' with 'empathy' raises the question of whether the display of some sort of therapist 'goodwill' is in fact a more important component of the concept than the therapist's ability to step inside the shoes of the client.

Secondly, the prescriptive manner in which Rogers' assertions have been interpreted and applied, appears to have completed the scene-setting which, through a subtle change of emphasis, has dramatically altered the concept of empathy. Schafer (1958) emphasised that careful monitoring of the balance between cognitive and affective dimensions was necessary. Overemphasis on the cognitive, he suggested, limits the therapists response to a "pedantic adherence to formulas"; whereas overemphasis on the affective "leads to a confining....reactivity" and "identity fusion with the object". Perhaps it is the impact of affective imbalance to which Freud (1933) referred in warning of the dangers of identification and countertransference.

The 'pedantic adherence to formulas' is probably nowhere better illustrated than within the client-centered school of thought itself, where empathy is frequently used synonymously with the term 'client-centered therapy', to mean little more than the reflection back to the client, of the summarized content and affect of his or her last remarks, despite some belated protestation on the part of Rogers (1975).

Whilst it is not difficult to perceive how the 'pedantic adherence to formula' on the part of client-centered disciples may have led to a misinterpretation of Rogers' concept of empathy, his implicit linking of the phrases 'acceptance', 'as if one were the client' and 'reflection of client feeling', with the term 'empathy' appear to have had in practice, the unfortunate effect of imputing to empathy, the qualities of a damp sponge.

7.2 Post-1962 literature

If the concept of empathy prior to 1962 can be characterized as a process of 'feeling oneself into (and out of) the world of another', the concept over the last two decades may be described, with a few notable exceptions, as the process of 'being seen attempting to understand the world of another'. The primary focus of the last two decades has been on correlating empathy with other variables where at its most extreme, empathy appears to be 'whatever empathy tests measure' (Cronbach, 1955).

Two divergent areas of interest characterise literature associated with empathy published since 1962. The first is the writing of analytical and social psychologists whose work is closely aligned with the thrust of pre-1962 literature and appears to have progressed virtually untouched by and with little reference to the empirical orientation of the period. This infrequently cited body of literature appears to have had little widespread influence on research or clinical practice outside the schools of thought from which it was generated. The second and major area of interest is associated with psychometric verification or refutation of the 'necessary and sufficient conditions' espoused by Rogers (1957); the development of instruments for measuring empathy; and the correlation of empathy with measures of outcome. Each of these areas is further discussed below, with continued reference to the nature rather than the measurement of empathy.

ANALYTICAL AND SOCIAL PSYCHOLOGISTS

Katz (1963) extends the work of Reik (1949), and defines empathy as "vicarious introspection". He emphasises the importance of a generalised similarity to the other in empathically understanding another, by stating that it is "our own a priori similarity to our fellowman which gives us a base from which to move... without which, we would have a conception, not an experience of the other persons feeling" (p. 93).

Whilst a number of pre-1962 theorists discuss the nature of empathy, few

writers described the process by which it may occur. Katz suggests that the empathiser travels through the following four stages:

1. Identification: Through a relaxing of conscious controls the subject indulges in contemplative fantasy, which brings about a loss of self-awareness. "Once we are physically excited in our meeting with others, we let ourselves go in an imitative activity" (1963, p.41). Katz suggests this involvement occurs unconsciously, without the cognitive decision to adopt a role. "If it is only an intellectual effort made consciously and deliberately it cannot be said to be genuine identification" (p. 41).
2. Incorporation: Katz asserts that when we identify, we project our being into others; when we incorporate, we introject the other person into ourselves. Incorporation is the reciprocal of identification. "In incorporating, we introduce into our own consciousness, something that is partly alien and foreign to us, and reduce the social distance between us and another" (p. 43).
3. Reverberation: "What we have taken into ourselves now echoes upon some part of our own experience and awakens a new appreciation. The dialectic between the actual me, and the me which is identified with the other person, becomes a new source of insight" (p. 44). Reik describes reverberation as a "vibration in two rhythms at the same time...yielding insights that appear unpredictably" (1949, p. 468). The process of reverberation signals the re-awakening of self-knowledge. "Only when we detect something familiar in our own experience, do we appreciate the quality of the others experience which we have internalised" (p. 45). The empathiser does not consciously assess what is similar or dissimilar in his or her own responses and those of others. The process is involuntary and the awareness that is accessed is implicit rather than explicit.
4. Detachment: "Ejecting the ego of the other and withdrawing to analyse and compare". Detachment involves a receding from subjective involvement, a psychic distancing and an objective intellectual analysis of the client's experience using the insight gained through phases 1,2 and 3 .

Katz refers primarily to covert processes and places little emphasis on whether or not the understanding is communicated to another. His somewhat lineal perception of the manner in which empathic understanding occurs, sets him apart from Szalita (1976), despite their shared interest in empathy as a covert process.

Szalita's work is characterised by the emphasis he places upon the intuitive and serendipitous:

Empathy, like life itself, is perpetual discovery, even on a small scale. It operates continuously between humans, most often imperceptibly but on rare occasions in sudden flashes. The mini-discoveries we make in conducting therapy are likely to spurt into the mind when we suspend intellectual judgement There comes a leap in consciousness, call it intuition or what you will, and the solution comes to you and you don't know how or why Empathy ... [is] one of the important mechanisms through which we bridge the gap between experience and thought. How it operates is still unknown. [It is] an expansion of self awareness which reduces the distance between perception and insight (1976, p. 144, f.f.).

Szalita's description of empathy as a 'leap in consciousness' aligns him closely with Fromm-Reichman (1955) and Weigert (1962), who refer to a 'spontaneous emotional knowing' which may induce action different from that considered 'logical' by the rational mind.

Bucheimer (1963), affirms the 'precognitive' nature of empathy and asserts that it contains an anticipatory component. "Though part affective and part cognitive, [it] is an abstract and abstracting process". However, he distinguishes empathy from projection, attribution, identification and intuition, because of the formers 'more objective and generalized nature' and adds that an empathic response is not the re-enactment of another persons feeling, nor does it involve a judgement of another persons behaviour. His description of empathy as objective and abstract, together with his differentiation of the term from that of intuition, appears enigmatic, particularly given the close association afforded empathy and intuition by theorists with comparable psychoanalytic backgrounds, such as Fromm-Reichman (1955), Greenson (1960), Rank (1932), Sachs (1942) and later Szalita (1976).

Over a decade later however, Beres and Arlow (1974) make a similar point, notwithstanding some semantic differences, but offer a more detailed basis for their assertions.

Neither intuition nor empathy are mystical phenomena based on some kind of innate capacity to comprehend or experience. When the therapist appears to arrive intuitively at an understanding of his patient, he is actually becoming aware of the end product of a series of mental operations carried on outside the scope of consciousness. Intuition, however, differs from empathy. Empathy involves identification although transient, with the mental activity of another person. Intuition does not involve identification; it is an immediate apprehension of an idea, a thought or a fantasy. Empathy furnishes the clue which alerts the therapist to the emergence of the correct interpretation. The intuitive understanding of the therapist follows his empathic response (p. 46).

The transient state of identification which Beres and Arlow (1974) assert is a component of empathy, appears to be followed by a 'leap in consciousness' consistent with that described by Szalita (1976). It is unclear, however, whether the process of identification is construed as one of the series of mental activities 'carried on outside the scope of consciousness' or whether the therapist is consciously aware of having identified with the client.

Intuition, in terms of Beres and Arlow's assertion, appears to provide the intimate link between therapist and client. Empathy is a more 'abstract and abstracting process' (Buchheimer, 1963), which results in a severing of the transitory identification and allows the information gained by the therapist to disperse like oil on water, across the therapist's stored memories of the client. At some point an instantaneous meshing appears to (at least potentially) occur, between the stored memories and the new insight in similar fashion to the meshing of cogs in a gearbox. The subsequent emergence of a thought, action or idea, would probably be, according to Beres and Arlow, the end point in the intuitive process; the conscious engaging of a gear, prior to the implementation of therapeutic action.

Szalita's separation of the 'inner activity' from its manifestation, appears conceptually compatible with the assertions of Beres and Arlow

(1974). Szalita does not suggest that the nature of the discovery or insight ought to be revealed to the client, but rather, that because "empathy is a process of collecting observational data, [it]... should include judicious application of the data.... Failure to make use of the understanding renders the therapy sterile" (1976, p. 148).

He stresses that the resultant therapeutic action must be consonant with the patient's immediate need and the therapist's attitudes and ethical values (p. 150 f.f.). His reference to the utilization of empathic insight as a basis for inducing "patient thought ... and abreaction" (p. 150), together with his citation of clinical examples, implies that 'therapeutic action' may include the perspecacious display of a wide range of therapist emotional responses - including anger and confrontation. A similar point is expressed by Bachrach (1973), who states that empathy may be expressed through a variety of channels.

The stance taken by Bachrach (1973) and Szalita (1976) differs markedly from that of Rogers (1957) and later client-centered therapists (Fischer, 1975; Wilson, 1972), who maintain the importance of the clients perceiving the "acceptance and empathy which the therapist experiences for him" (Rogers, 1957, p. 99). Whilst there is not necessarily a conceptual discrepancy between acceptance and the expression of empathic insight in the form of confrontation or anger, it seems unlikely that Rogers would perceive confrontation or anger as expressive of empathy.

Szalita does not dwell on the means by which the accuracy of therapist empathic understanding may be gauged, although he appears to favour a point made by Greenson (1960), with which Rogers (1957) concurs: that the therapist's response is confirmed by the client's unsolicited expression of a similar point, or by the client's affirmation that the therapist's expression was an accurate description of feelings she or he was unable to demonstrate.

It appears however, that the therapist's expression of anger for example, may not be immediately accepted by the client as empathic, although the accuracy and empathy exhibited by the therapist may be recognised by the client at a later point in therapy.

Beres and Arlow (1974) also express concern at the clients reaction being used as the primary gauge of empathic accuracy, and warn of the dangers of perceiving mutuality of transference and countertransference as indicative of accuracy of perception. They argue that even therapist insight must be subjected to disciplined cognitive validation (p. 47) although do not unfortunately indicate how this might be achieved, other than by stating that "Thinking and feeling with the patient must be replaced... by thinking and feeling about the patient" (1974, p. 34). Similar sentiments are expressed by Reik (1949) and Schafer (1958).

The issue of verification of therapist accuracy of response is as difficult as verification of any other phase of the empathic process- despite its being potentially more overt than preceding phases.

It is concern with this issue which appears to have provided the primary impetus for most writing on empathy, since 1962.

POST-1962 'MAINSTREAM' PSYCHOLOGICAL THOUGHT ASSOCIATED WITH THE CONCEPT OF EMPATHY

Barrett-Lennard

The writing of Barrett-Lennard (1962, 1981), spans the gap between the theoretical and the empirical. Whilst his initial emphasis was toward the measurement of Rogers' therapeutic conditions, his later research pertains largely to process factors involved in empathic communication.

Although the theoretical framework developed by Rogers provided the impetus for the efforts of both Barrett-Lennard (1962) and Truax & Carkhuff (1967), their approaches differ markedly. Truax & Carkhuff were essentially interested in measuring empathy from the perspective of an independent observer. Barrett-Lennard however, aligned himself more closely with Rogers in postulating that it was the client's experience of the therapist's response which was the primary locus of therapeutic influence, and hence the most logical source for the measurement of therapist impact.

In order to operationalise the concept, Barrett-Lennard both refined and elaborated Rogers concept of empathy. His earlier cited definition (Chapter 2.1) comprises four major components:

- (i) an empathic attitude ("desiring to know");
- (ii) an opening of empathic 'receptors' ("reaching out to receive communication");
- (iii) extrapolation or translation from the client's overt behaviour to his or her covert awareness ("translating words or signs into meaning");
- (iv) maintaining recognition that the experience belongs to the other.

Whereas earlier theorists emphasised the interplay between cognitive and affective forces and the temporary absorption into or identification with the world of another, the process of empathy described above appears to be primarily cognitive in nature. Barrett-Lennard states in fact that confusion or dissolution of ego boundaries detracts from the process of empathic understanding:

To the extent that A identifies with B's feelings or unconsciously projects feelings of his own into his perception of B's experience, or in any way confuses B's experience with experiences that originate in himself, his empathic understanding of B will be reduced (1962, p. 54).

In a later work, Barrett-Lennard describes empathy as a cyclical process involving five sequential steps. The steps may be summarised into three distinct phases; resonation and understanding; expressed empathy; and received empathy.

Phase 1: Resonation

Step 1. A is actively attending (with an empathic set) to B, who is in some way expressing his or her own experience. (Barrett-Lennard does not fully explain the notion of an empathic set except through reference to a "particular form of non-judgemental attention giving").

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

Phase 2: Expressed empathy

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

Phase 3: Received empathy

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

Step 5: B then continues or resumes visible self-expression in a way that also carries feedback elements for A; finally, assuming that B's further expression also goes beyond feedback elements and A's attention (empathic set) is sustained, the process cycle has gone full turn and is again at Step 2, with added or fresh content. (Barrett-Lennard, 1981, p. 93-94).

There is a marked difference between Barrett-Lennard's earlier psychometrically oriented work, which offers little theoretical basis for the development of the BLRI; and his recent treatise on the nature of empathy (Barrett-Lennard 1981). The recent publication of his conceptual stance provides a more solid basis for investigating issues such as those raised in the present study, as to what is in fact being measured by the BLRI.

Truax & Carkhuff

Truax & Carkhuff (1967) embarked in similar fashion to Barrett-Lennard (1962) with the mandate of attempting to verify empirically, Rogers 'Necessary and sufficient conditions for positive therapeutic change' and their primary research interests over the last decade have been associated with the development and evaluation of a series of scales purported to measure accurate empathy, non-possessive warmth and therapist genuineness.

Accurate empathy was operationally defined by Truax & Carkhuff as involving "both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the clients current feelings" (1967, p. 46).

They further state "It is not necessary - indeed it would seem undersirable - for the therapist to share the clients feelings in any sense that would require him to feel the same emotions".

Truax & Carkhuff (1967) stress that it is the verbal response to which they refer as the skill of accurate empathy.

A sharp distinction should be made between a therapist's understanding and the frequency, accuracy, extent and depth of empathic responses that are communicated to the client.... While such understanding is a precondition to the therapists making accurately empathic responses, it may or may not be related to actually making responses.... When empathy is defined in terms of operational scales...it becomes clear that what is being measured is an interpersonal skill rather than an attitude or a personality attribute. In short, you have to understand to be able to make an accurately empathic response, but the absence of a ... response tells us nothing about the depth, extent or accuracy of the understanding (p. 139).

The tone of the above statement is in contrast to that of Barrett-Lennard who, whilst advocating the need for operationalisation of definition and empirical measurement, asserts that "empathy is first and foremost an inner experience ... for such an empathic response to have an impact on the other - which is another distinct issue - it must of course be expressed or made visible in some way or other" (1981, p. 93).

As time progresses, Truax and colleagues demonstrate increasing preoccupation with the overt, cognitive component of empathy. In discussing positive therapeutic change, Truax & Mitchell (1971) state that "those techniques [empathy, warmth and genuineness], do not occur in pure form but instead are grafted onto the existing qualities of a human being.... (p. 299). [They] are interpersonal skills that can be learned and sharpened with practice" (p. 313). It takes little effort to observe the conceptual gulf between Lipps' (1897) initial description

of empathy as 'hypnotic absorption' or 'ecstatic transportation' and Truax & Mitchell's reference to 'techniques learned with practice'. The distinction is perhaps nowhere better epitomized than in the conclusion of Truax (1966, 1972) that empathic responses may be studied meaningfully without the presence of client statements and that the absence of such statements do not significantly alter the measurement of accurate empathy.

Carkhuff's (1967, 1969) publication of the Human Relations Development Training Model (H.R.D.) and his refinement of measurement scales devised earlier in conjunction with Truax (1966) have assisted in popularising and perpetuating the emphasis on empathy as a verbal skill.

The Truax & Carkhuff (1967) and the Carkhuff (1969) scale remain the most frequently used instruments for the measurement of empathy and the work of Truax & Carkhuff and associates continues to generate widespread research interest (Grief & Hogan, 1973; Wilson, 1972). That their work has markedly changed the concept of empathy cannot be overemphasised. Indeed, little reference to the nature and process of empathic understanding or the historical development of the concept was found within mainstream psychological journals or counselling texts, beyond the application of empathy as a verbal skill.

This point is under scored by Bachrach, who states that:

The best known research is based on a conceptualization of empathy that differs from that of clinical theory. Truax's definition has shifted the emphasis from a way of perceiving to a way of communicating; from an intrapsychic process to an observable behaviour (1976, p.37).

Similarly, Haase & Teppler (1972) note that "Although the concept of empathic communication has proved of extensive heuristic value, the understanding of the concept is defined principally by its verbal components" (p. 418).

Zimmer & Anderson (1968) view the changes of focus in a more positive light.

It is possible that ... empathy can be identified by the structure and style of language and consequently approach operationalismIt is questionable whether much more utility can be derived, either for training purposes or descriptions of facilitating relationship, by maintaining the 'sacredness' of empathy Pushing for greater operationalism and further empirical verification ... can

lead to counselling and counsellor training as a viable endeavour (p. 424).

7.3 Summary

In summary, early theorists such as Lipps and Freud suggest that empathy involves a fusion of the subject with the object of contemplation and concomitantly, an unconscious dissolution of ego boundaries. Buber de-emphasises the concept of 'regression in the service of the ego' and stresses simultaneity of experience of both self and other. Freud, Schafer and Moreno assert that empathy, or at least some component of empathy, may be used for both positive or negative ends, although the realms of such potentialities are not clearly delineated. Psychoanalysts such as Fenichel, Sullivan and Fromm-Reichman affirm the intuitive nature of the process, whilst emphasising that the emotional contagion necessary to feel from within another, gives way to a reflective distancing which is in turn replaced by action. Ferenczi, Schafer, and later Szalita, impute that the communication of empathy is not necessarily verbal, but that even when a verbal response is deemed appropriate the format need not paraphrase the experience or the verbalization of the client, in order to be empathic.

The work of role-theorists such as Sprenoff and Hastorf & Bender, based on the earlier writing of Mead, heralded the beginning of a change of emphasis from a concern with the function of the intuitive, to a preoccupation with cognitive processes, role-taking and the development of verbal skills. Schafer and Rogers both reinforce the interplay between the cognitive and the affective. However, in contrast to Schafer, Rogers places priority on the communication of empathy as the essential component for positive therapeutic outcome and in so doing, sets the scene for the development of empathy as a measurable, predominantly verbal, communication skill. Barrett-Lennard concurs with Rogers that, while the process may have covert components it is the overt which in the final analysis, is of therapeutic import. Truax & Carkhuff acknowledge the reliance of their operational definition on verbal response skills and continue to present information on the psychometric intricacies of the scales while questions asked as to the validity of such scales, appear to remain unanswered.

Little change has occurred in the last few years. Methodological and psychometric issues continue to be debated and the utility of empathy within therapy continues to be empirically verified by some researchers, although refuted by others. Several writers have commented upon the confused and inconclusive state of the literature, although most appear to accept the established scales as valid measures of the concept.

Differences in the conceptualisation of empathy outlined by Hornblow (1980) were presented in Chapter 1 in the form of dichotomies, to demonstrate the relative emphasis placed by theorists on the cognitive over the affective; the covert over the overt; and the innate over the learned. Chapter 7 shows more specifically, that empathy prior to about 1962 was conceptualised primarily as a dynamic, affective process of largely covert or non-verbal form, for which a priori similarity to the other was frequently deemed to be a 'precondition'. The focus of the last two decades has been on empathy as a cognitive, overt, predominantly verbal skill which is usually measured as if it were a unitary behaviour. As Hackney (1978) observes,

The construct [of empathy] has undergone an evolutionary process that has altered its meaning and moved its locus from an internal state to an external process What grew out of the necessity to specify something observable and measureable has led to quite a different product (p. 37).

The present chapter demonstrates through an historical review, that not only do theorists differ in the emphasis they place on various components of the construct of empathy, but that the construct itself has undergone changes of such magnitude that even if scales such as the BLRI and the TCAE measure what they purport to measure, the variables being measured bear little (if any) resemblance to the concept described prior to the preoccupation of the last two decades, with operationalisation and psychometric verification.

John Watkins (1978) asserts that

Concepts developed within one brand of psychology will often be redefined in the language of another.... The house of psychology has become like a tower of Babel; we speak but we do not understand each other (p. 14).

The findings of the present study, together with the clarification and broadening of perspective obtained from consulting early, apparently almost forgotten works, leads the writer to assert that the Tower of Babel analogy could perhaps be better replaced by the Sufi story of the blind men and the elephant where, in anxiously seeking to learn about the properties of the animal, each man though he had found the whole because he had grasped a part thereof (Shah, 1970, p. 25).

CHAPTER 8

A PROCESS MODEL OF EMPATHIC UNDERSTANDING

The historical research presented in Chapter 7 was undertaken to obtain greater insight into possible conceptual (as distinct from methodological) explanations for the results of the present study.

The degree to which the concept of empathy has altered since the inception of the term nearly ninety years ago, and the theoretical and psychometric emphasis of the last two decades, on the communication of empathy rather than the nature of the concept or the process by which it occurs are posited as factors which may in part account for the divergency of findings associated with the measurement of empathy.

Concomitantly, whilst little mention has been made in research conducted over the last two decades, of a possible conceptual link between counsellor perceived similarity and empathy, it appears that the notion of a priori similarity was considered by several early theorists (for example, Freud, 1921; Lipps, 1897; Reik, 1949; Schafer, 1958), to be a component of empathy.

It was asserted in Chapter 7 that literature on the nature of empathy may be characterized as a series of parts, none of which alone, captures the whole.

Whilst acknowledging that what is described is in itself, only part of a whole, Chapter 8 will present a way of looking at the concept of empathy which may both account for many of the present findings and show that the 'divergence of thought, definitional dilemma, inconclusive and frequently repetitive state of the literature' to which Hornblow and others (Caracena & Vicory, 1969; Chinsky & Rappaport, 1970; Corcoran, 1981) refer, is perhaps due to our having simply grasped at (the least 'important') parts of a whole whose depths remain largely unfathomed.

Two different models of empathic understanding described in some detail in Chapter 7 were those of Katz (1963) and Barrett-Lennard (1981). Katz (1963) extends the work of Reik (1949) and refers to empathy as essentially a covert process; Barrett-Lennard (1981) is largely concerned with overt empathic communication.

Chapter 8 presents a model of the process by which empathic understanding may occur, based upon a combination of the work of Katz (1963) and Barrett-Lennard (1981).

It is postulated by the writer that when the above two models are combined, the ensuing description of the process by which empathic understanding may occur, is sufficiently all-inclusive to represent and encompass each of the references to empathy contained in Chapter 7.

Katz refers to four stages through which the empathiser travels: identification; incorporation; reverberation and; detachment. Barrett-Lennard's five step model may be summarised into three phases:- resonance; expressed empathy and received empathy. It can be seen through reference to Chapter 7, that the models offered by Katz and Barrett-Lennard, are not mutually exclusive.

Barrett-Lennard's description of Phase 1, resonance most closely resembles Katz's stage 3, reverberation. Whether Phase 1, (Barrett-Lennard) could be considered to include Katz's, earlier stages of identification and incorporation as well, is purely speculative. Through omission of stages equivalent to expressed and received empathy, Katz implies that the empathic experience is complete when the empathiser withdraws from subjective involvement with the other. Unlike Barrett-Lennard who perceives the communication of empathy and its reception by the other as integral components of the empathic process, Katz appears to consider the communication of empathy, if it occurs at all, to be quite separate.

If the four stages described by Katz are combined with the final three steps outlined by Barrett-Lennard, the empathic process might be considered to involve the components: identification; incorporation; reverberation; detachment; communication; reception; and feedback.

The term 'preconditions' is included as a precursor to empathic understanding and refers generically to the concepts of: socialization/acclimatisation, (Freud, 1921); a priori similarity, (Katz, 1963; Lipps, 1897; Schafer, 1958); and empathic set, (Barrett-Lennard, 1981). The preconditions to empathy are construed within Chapter 8, as a base which sets the lower threshold for empathic potential.

Each of the phases is summarised below:

1. PRECONDITIONS: - A set of largely undefined attitudes, values, skills and awarenesses which exist prior to the act of empathic union with another. The concept appears to be a combination of the Jungian notion of the collective unconscious (Jung 1960; p. 310 f.f.) and the more pragmatic contention of Katz (1963), that "We comprehend who we resemble".
2. IDENTIFICATION: - Predominantly unconscious imitative or projective activity and involvement with another.
3. INCORPORATION: - Introjection of the other in to the self. The reciprocal of identification.
4. REVERBERATION: - The 'vibration in two rhythms' between the other and the self. The phase during which new insight into the other and the self occurs, due to the temporary amalgamation of self and other and the subsequent forming of a new (transitory) system of being.
5. DETACHMENT: - Withdrawal from subjective involvement to enable objective analysis of the insight gained earlier.
6. COMMUNICATION: - The empathiser communicates to the other in some way, the felt awareness and insight gained into the others experience.
7. RECEPTION: - The other receives and understands the empathisers expression and trys it on for 'goodness of fit'.
8. FEEDBACK: - The other provides some discernible feedback, which indicates to the empathiser the accuracy of the communication and/ or the insight gained in to the other.

Figure 8.1 names twenty of the most prominent theorists referred to in Chapter 7 and indicates in checklist form, which of the above process factors are referred to, conceptually if not semantically, by each theorist. The lack of inclusion of relatively recent work is in fact indicative of the state of the literature specific to the nature of empathy.

<u>Figure 8.1 Checklist of Empathic Process Factors</u>								
<u>Referred to by Major Theorists.</u>								
	Pre-conditions	Phase 1 Identifi- cation	Phase 2 Incorp- oration	Phase 3 Reverb- eration	Phase 4 Detach- ment	Phase 5 Commun- ication	Phase 6 Recept- tion	Phase 7 Feed- back
Lipps (1897)	X	X	X	X	X			
Freud (1921)	X	X	X		X			
Mead (1934)			X		X	X		
Reik (1945)	X			X	X	X	X	X
Fenichel(1945)		X	X		X			
Little (1951)		X	X	X	X	?		
Hastoff & Bender (1952)		X	X		X	X		
Sullivan (1953)	X			X		X		
Speroff (1953)			X		X	X		
Moreno (1953)	X		X	X		X	X	X
Rogers (1957)	X			X		X	X	X
Schafer(1958)	X		X	X	X	X		
Weighart(1962)	X		X	X	X			
Barrett- Lennard (1962)	X			X		X	X	X
Truax & Carkhuff(1967)	X	?				X	X	X
Katz (1963)	X	X	X	X	X			
Bucheimer(1963)	X			X	X			
Grief & Hogan (1973)	X					X	X	X
Beres & Arlow (1974)		X	X	X	X			
Szalita (1976)	X			X	X	X		

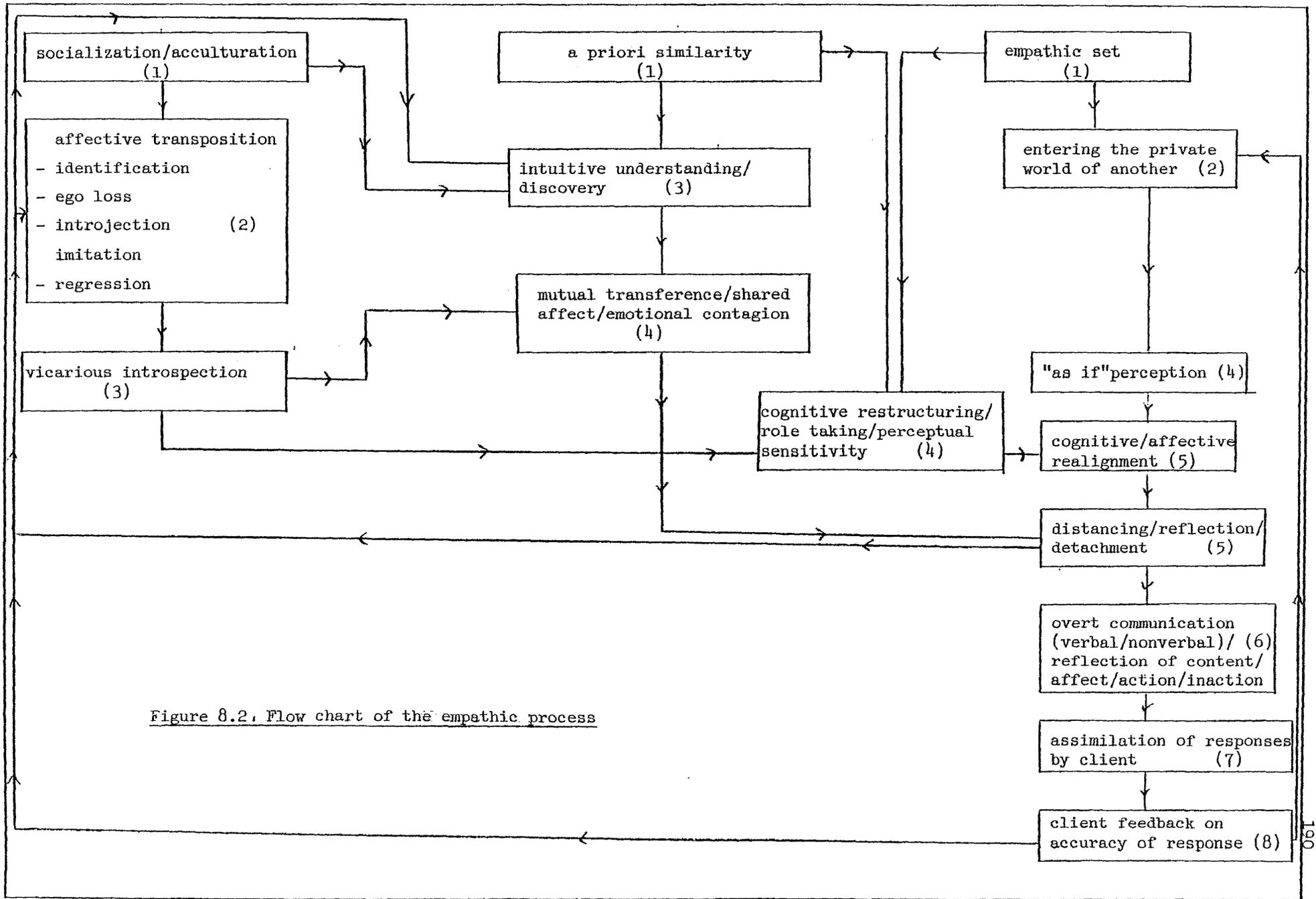


Figure 8.2. Flow chart of the empathic process

It may be seen from Figure 8.1 that none of the twenty theorists refer to empathy as a process involving all the eight outlined phases. Rather, each emphasises the importance of one, or several of the phases. The emphasis of earlier writers on phases 1 - 4, compared with that of later writers on phases 4 - 7 is also visible.

Figure 8.2 provides a flow chart of the empathic process. Each of the flow-units comprise a summary of the concepts and themes referred to by theorists listed in Figure 8.1. The numerals in brackets indicate the stage (1 - 8) of the empathic process outlined above, which equates with the flow unit.

The overlap and the parallel development between theoreticians and schools of thought can be isolated relatively easily (from left to right: early aestheticists, Freud and psychoanalysts; Schafer, Szalita and neo-Freudians; Mead, Moreno, role theorists and psychodramatists; Rogers, Barrett-Lennard, Truax & Carkhuff, and client centered therapists).

The eight-phase model is presented as a way of understanding the link between the covert and the overt; the affective and the cognitive; the innate and the learned components of empathy, each of which has been described by various theorists at some stage throughout history, as being the pre-eminent component of empathy. It may be seen that the empathic skill of 'perceiving and communicating feelings', described by writers such as Truax & Carkhuff, is reduced to a very small component of the larger phase of empathic communication; empathic communication itself, being only one of probably eight or more phases involved in empathically understanding another.

Despite the preoccupation of researchers and counsellor trainers, with developing and measuring the skill of 'empathic' communication, this phase is probably the most dispensible of any of the stages involved in the process of empathy since the understanding must first occur, before it is communicated - a point, it appears is frequently overlooked by trainers teaching the skill of empathy.

Hackney (1978) notes that

empathy does not get the heavy emphasis that it did twenty or so years ago. In fact the strong inference [today] is that empathy is mentioned more out of a sense of obligation

than commitment....It is respected, even acknowledged as important but it is not given the power of a necessary and sufficient condition. (p. 37).

It may be that 'empathy' as it is generally known today, deserves no more emphasis than it receives. As a skill of verbal communication it probably warrants no more attention than a host of other interpersonal skills which may be useful, perhaps even necessary, but hardly sufficient to bring about positive therapeutic change.

If however, empathy is conceived of as a complex, multi-phasic process with the potential to provide the basis for deep understanding of another, the expression of which may take as many forms as there are modes of communication, then several questions may be raised.

The four questions presented below are discussed briefly to indicate the manner in which findings reported in earlier chapters may relate to the model devised as an outcome of the findings.

While the statements offered are interpretative they are essentially presented as second - order hypotheses, requiring further development, refinement and research.

1. What is the nature of the relationship between each of the phases of the empathic process?
2. Can the process be entered or aborted at intermediary stages and if so, with what effect?
3. At what stage is (or ought) empathy to be measured?
4. Is there a relationship between movement through the empathic process and the apparent diversity of empathic ability exhibited among individuals?

1. WHAT IS THE NATURE OF THE RELATIONSHIP BETWEEN EACH OF THE PHASES OF THE PROCESS?

The empathic experience appears to involve a fluid passage from phase to phase, and the phases do not appear to be as rigidly differentiated in experience as is implied by the theoretical description.

They do however, seem to be linearly related so that the passage through one phase allows the potential entry into the next phase. The exception to the above statement may be with regard to the phases of identification and incorporation. It is possible that either one or other phase is predominantly experienced. That is - one either merges with the other or incorporates the other into the self.

Alternatively, the merging of self and other may take place at a point removed from, but central to both self and other, somewhat akin to the process of establishing the highest common denominator.

2. CAN THE PROCESS BE ENTERED OR ABORTED AT INTERMEDIATORY STAGES AND IF SO, WITH WHAT EFFECT?

Barrett-Lennard (1981) states that "there is room for considerable slippage between the inner resonation, communication and reception levels of empathy" (p. 93). It appears that the potential for movement into each subsequent phase may not necessarily be realised and the process may be aborted at any stage, either consciously or unconsciously. Whether or not the process is aborted may be concomitant upon the counsellor possessing high enough levels of whatever is necessary to enter the next stage.

In addition, the extent to which the issues expressed by the other are also present and painful issues for the empathiser, may limit the empathic potential of the counsellor, or may cause the process to be aborted at the stage of identification. The need to disassociate oneself from the emotional intensity of the similarity, (an experience reported by two Group 2, Peak experiencing counsellors, Chapter 6.2), may in fact signify the abortion of the empathic process on those occasions. Several other examples of roadblocks to progression through the process, are provided below.

A moderate to high level of overall perceived similarity may be a pre-condition for the occurrence of identification. Overall similarity as perceived by counsellors within the present study does not appear to involve specific life experiences, or similarity of demographic - type data,

so much as an individual's ability to perceive others as holding broad value similarities and having experienced similar emotions. In other words, overall similarity as a precondition for empathy may be primarily an attitude of mind.

The ability to identify or incorporate, (Phase 2 and 3), may require (a) a moderate to high, emotionally intense expression from another which generates within the empathiser, (b) a moderate to high emotionally intense reaction. Within the present study, Group 2 (Peak Experiencing) counsellors who experienced the focus of the 'peak level' similarity as outside themselves and who described the experience in terms of awareness of the other rather than the self, could be said to have been involved in phase 2, identification. Group 2 counsellors who described the focus of energy as within themselves and who expressed a far greater awareness of their own feelings and behaviours than those of the other may have been involved in phase 2, incorporation.

Whilst Group 2 counsellors appear to have experienced high levels of either identification or incorporation they expressed fewer statements indicating they had objectively evaluated the utility of the experience, than did Group 3 counsellors. Group 3 counsellors described their experience less in terms of the 'peaks' and 'heights' of Group 2 counsellors (Phases 1 - 3 of the empathic process). However, the former group's skill level or their ability to make relatively 'ego-less' statements (as indicated by their higher level of self-involving rather than self-disclosing responses), appears to have brought about a movement through reverberation, (Phase 4), a distancing and reflection, and subsequently, a decision as to whether or not to use the insight gained and if so, in what manner (Phase 5).

It is suggested that the majority of Group 2 counsellors may not have been able to sufficiently detach themselves to reflect, consolidate and utilize the experience gained through phases 1 - 4 of the empathic process. Ferenczi (1928), from quite a different stance, makes a similar point.

When a practitioner ... becomes engaged in a profound act of empathy, he still retains the power to recover his own sense of identity.... The professional is distinguished from the untrained empathiser because he combines the capacity for identifying with a knowledge of the appropriate moment to interrupt the process of letting himself go (p.189).

Whilst the process may be aborted if the level of skill is insufficient to move the counsellor to the next phase, the cessation of the process may not necessarily bring about the disassociation and evaluation which occurs during phase 5, detachment. It is suggested that counsellors who involve themselves in phases 2, 3 and perhaps 4, and who immediately self-disclose their involvement or perceived similarity, may in so doing, be potentially more harmful than helpful to their clients. If affective detachment and evaluation (Phase 5) does not occur, self-disclosure is likely to epitomise the 'confining reactivity' of which Schafer (1958) warned. The disciplined cognitive evaluation (Beres & Arlow, 1974) which is required for 'maximal' use of the affective experience is unlikely to result in immediate self-disclosure of the 'me too' type.

Empathy, "consists of more than an immediate affective response, if it is to be more than narcissistic self-gratification on the part of the therapist" (Beres & Arlow, 1974, p. 74).

It appears unlikely that the empathic process could be entered during phases 2 - 5 without undergoing the previous phases. However, it is possible that phases 1 - 5 may be 'short cut'. The description of empathy as the ability to "perceive and communicate ... the feelings of the patient" (Truax & Carkhuff, 1967, p. 285), and the incorporation of such definition into systematic or microskills-type training programmes, seems to have resulted in empathy being taught and practiced as the skill of reflective, (or additive) content and affect. The skill is usually taught in conjunction with 'empathy enhancing' non-verbal behaviours such as forward trunk-lean, eye contact and head nodding (Ivey, 1970). Such verbal and non-verbal behaviour may be able to be executed with high levels of skill, without the therapist possessing the preconditions for empathy or experiencing the processes described in phases 1 - 5. They would hardly be construed as 'empathic' per se, however, within the context of the model adumbrated in the present chapter.

Hogan (1975), suggests that "whether or not a counsellor is empathic is irrelevant; what counts is ... if he acts as if he understands a client's expectations and cares about a client's welfare"(p. 16).

Conversely, Katz (1963) asserted, before the advent of HRD and similar programmes, that

If this (our empathy or love for the client), were no more than a gambit in therapy, representing a conscious and superficial attempt to achieve a proper therapeutic relationship, less energy would be required. If the empathizer merely simulates an attitude, he involves less of himself. He would likely not communicate with the other person in any depth... because depth of feeling in one tends to correspond with the depth of feeling in the other.

The ability to express the feelings of the client, even at deeper levels that she or he was able to express, is perhaps one of the more obvious and less demanding forms of empathic communication.

The use of silence as an empathic expression or the use of well-timed confrontation at a level appropriate to the characteristics of the client may require a double-edged insight: resonance with the clients internal state; together with the ability, conviction and perhaps altruism to communicate something which the client may not wish to hear and may (at least in the first instance) consider extremely 'unempathic'.

The variety of possible empathic responses, appears to span the variety of possible conscious and unconscious communication, thus further exacerbating the difficulties involved in measuring empathy. As Auld & Murray (1955) conclude, there is no single type of empathic response that works best under all circumstances. To focus upon and measure one form of response as 'empathic' would appear to negate the 'essence' of empathy in so far as it is described in this chapter.

Reception and feedback, the final two phases of the empathic process, occur within the other rather than the empathiser. The client's response is generally used to provide information on the level of therapist empathy. As intimated by Carkhuff (1969), while the therapist may obtain considerable depth of insight through the empathic experience, if the understanding is expressed to the client at a depth, or in terms beyond that to which she or he can presently attune, the response can not be considered 'highly empathic' even though it may be rated highly by observers.

In addition however, and contrary to that implied through use of the TCAE scale (Truax's 1966 comments notwithstanding) there appears to be little evidence to support using the reaction of the client immediately following the therapists response, as a gauge of the therapist's level of empathy. In the same way that a counsellor may or may not choose to immediately communicate empathic understanding to the client; the client may or may not immediately respond to the expressed empathy of the counsellor.

Indeed, if empathic understanding has been communicated to the client in the form of a high degree confrontation, client responses to BLRI questions may also be made primarily in terms of the blow of the confrontation, rather than the degree of insight exhibited by the therapist.

3. AT WHAT STAGE IS (OR OUGHT) EMPATHY TO BE MEASURED?

It was asserted earlier that the BLRI and the TCAE scale may well be tapping different phases of the empathy process. Barrett-Lennard (1981) makes a similar point.

The present writer further suggests that the same scale, measured from differing counselling perceptions may also be tapping different phases (if in fact, either scale is tapping any of the phases of empathic understanding, in the first place). For example, if the BLRI-counsellor form is susceptible to, among other variables, level of self-esteem or the extent to which the counsellor possesses an internalised, experiential model of empathy by which to gauge the quality of the experience about to be rated, it may well be tapping the empathic process at a point somewhere between phase 4 (reverberation) and phase 5 (detachment) - or detachment and phase 6 (communication).

The BLRI-client form appears to be far more dependent than the counsellor form, on the quality of the counsellors verbal or non-verbal communication, irrespective of whether or not the communication occurs as a result of empathic understanding. As such, it appears likely to be tapping the process at about phase 7 or 8 (reception or feedback).

The question of what is being measured by the BLRI is further compounded

by the fact that it is a measure of the 'overall' sessional level of empathy. It is difficult to know whether the highest encountered level, the lowest encountered level, the sequence or incident which is most clearly remembered, or something quite different, is being rated.

The TCAE observer form on the other hand appears to be a measure of the communicatable levels of something and so would appear to measure the process at phase 6, if at all. The wide range of counsellor behaviour exhibited over even a 3-minute segment, together with the difficulty expressed above, that empathic understanding may not be verbalised immediately upon its occurrence, suggests it is more likely that the TCAE is a generic measure of 'perceived counsellor skill' than a measure of empathy.

Such an assertion however requires far more verification than has been provided in this study.

It is suggested that empathy, as described in Chapter 8, may be impossible to measure with the sorts of instruments currently available since it is primarily a covert process. Whether, when, and how the empathic insight is expressed appears largely dependent upon the quality and depth of the empathic experience, the level of sensitivity and skill of the counsellor, the counsellor's perception of the client and situational factors. It is possible that different instruments may need to be devised for measurement at each phase of the process, since the processes differ vastly from each other.

4. IS THERE A RELATIONSHIP BETWEEN MOVEMENT THROUGH THE EMPATHIC PROCESS AND THE APPARENT DIVERSITY OF EMPATHIC ABILITY EXHIBITED AMONG INDIVIDUALS?

The extent of the movement throughout the empathic process; the stage at which the process is aborted, and whether the process is 'shortcut' through the development and use of an 'empathic' verbal skill repertoire, appears, within the parameters of the model presented in Chapter 8, to determine the empathic 'ability' of an individual .

In addition, while preconditions to empathy may well generalise across

situations and enhance the 'empathic potential' of some individuals over others by acting as a threshold for entry, the quality of a specific empathic experience as well as the potential professional and personal use of the experience, appear largely a function of the subject and object involved, on any given occasion.

In summary, an eight stage model was presented to describe the process by which empathic understanding may occur. It was observed that the discrepancy of research findings may well be due to researchers focusing, if at all, on different phases of the empathic process. Several questions associated with movement through the process were raised. Responses to each of the questions were offered with reference to the findings of the present study, both by way of summary, and as second-order hypotheses requiring further investigation.

Whilst the model provides a possible explanation for the divergency of research findings reported in current literature, accounts in part for the complex association between measures of empathy and similarity within this study and appears sufficiently inclusive to represent and encompass the work of the majority of theorists writing on the nature of empathy, it should be subject to far more rigorous testing than was possible within the scope of the present study.

CHAPTER 9

OVERVIEW AND IMPLICATIONS

The Tao which can be spoken is not the eternal Tao. The name which can be named is not the eternal name (Lao Tzu, 1972).

Though I speak with the tongues of men and of angels and have not compassion, I become as a sounding brass or a tinkling cymbal (1 Corthinthians, 13 v 1).

This exploratory study was initially designed to investigate the association between measures of empathic understanding, compatibility and dyadic perceptions of similarity within counselling, in an effort to shed further light on the nature of empathic understanding.

Six specific objectives were outlined (Chapter 2.5):

to examine the relationship between two instruments deemed to measure the construct of empathy: the Barrett-Lennard Relationship Inventory (BLRI) and the Truax/Carkhuff Accurate Empathy Scale (TCAE);

to compare ratings of counsellor empathy, both within and across measures, from the perspectives of counsellor, client, observer and supervisor;

to investigate the association between counsellor and client ratings of empathy, and perceptions of similarity and closeness;

to compare observer and counsellor ratings of TCAE empathy across randomly selected videotaped excerpts of counselling behaviour and excerpts selected as occasions of greatest subject perceived similarity to the other;

To compare a measure of dyadic compatibility, the Fundamental Interpersonal Relationship Orientation - Feelings scale

(FIRO-F), with measures of perceived similarity and empathy;

to explore through post-counselling interviews, counsellor's and client's perception of similarity to the other, and the association between perceptions of similarity and ratings of empathy.

A summary of the major findings of the study is provided below.

While both the BLRI and the TCAE exhibited a high degree of reliability, they appear to be measures of different constructs. Results of a factor analysis suggest that not only must the two instruments be treated as independent measures but that ratings made from different counselling perspectives (counsellors, clients, external judges), using the same instrument, must also be treated independently (4.1).

Ratings of overall perceived similarity, closeness and (BLRI) empathy, were all highly correlated when rated by clients, although there was no correlation between counsellor's level of overall perceived similarity, closeness and BLRI empathy.

Similarly, there was no correlation between counsellor's, observer's or supervisor's ratings of TCAE empathy and counsellor's level of overall perceived similarity (4.2).

Observers demonstrated a high consistency of rating across randomly selected videotaped excerpts of counselling behaviour and excerpts selected as the occasion of greatest counsellor perceived and client perceived similarity to the other. There was no correlation however, between counsellor's ratings of the above three forms of videotaped excerpts (4.3).

No statistical relationship was obtained between dyadic compatibility (FIRO-F) and perceived similarity, closeness, or empathy, irrespective of the measure of empathy or the perspective of the rater (4.4, 4.5).

Analyses of specific dyadic patterns isolated a group of counsellors

who exhibited relatively consistent ratings of empathy, irrespective of measure, session or perspective of the rater, and whose counselling behaviour, rated at the moment of greatest perceived similarity to the other, elicited the largest difference scores when compared with ratings of randomly selected segments of counselling behaviour (4.6).

An analysis of counsellor records of interview yielded three groups of counsellors who exhibited relatively consistent within - group and different across - group responses to questions associated with perceptions of similarity. The three groups, accounting for 66% of the total counsellor sample, were labelled low responders, high skill empathisers and peak experiencers on the basis of their similarity ratings and interview response patterns. A fourth group was formed, comprising counsellors who exhibited unclassifiable response and rating patterns (6.2).

An intensive case study comparison was made between individual counsellor records of interview and counsellor rating patterns across measures of empathy and perceived similarity. A complex matrix was obtained upon the amalgamation of case study findings. Briefly, counsellors who perceived themselves as highly similar to their clients during one or more counselling sessions and who described similarity as a 'peak' experience, tended to rate themselves low on the BLRI, moderately high on the TCAE and were rated moderately high on the TCAE by observers and supervisors. Counsellors expressing moderate to high levels of perceived similarity to their clients but who described the experience of similarity in terms of therapeutic rather than personal impact, tended to rate themselves very low on the BLRI, high on the TCAE and were rated very high on the TCAE by observers and supervisors. Counsellors' BLRI-self ratings tended to be much higher following the session during which they perceived a high degree of similarity between self and client. Counsellors who perceived little similarity between themselves and their clients were rated as low empathisers by observers and supervisors (TCAE scale) (6.3).

An historical review of the nature of empathy (as separate from its measurement) was undertaken in order to clarify and interpret the abovementioned findings. It was noted that conceptualizations of empathy

had altered markedly over time, from descriptions of empathy as an affective, covert, predominantly non-verbal process to descriptions of a cognitive, overt, predominantly verbal skill which was generally measured as if it were a unitary behaviour.

The evolution and narrowing of the construct appears to have occurred largely as a result of the need for behavioural, measurable and trainable processes within counselling research and practise (7).

An 8-phase model of the process by which empathic understanding may occur, was then presented and the manner and extent to which the model could be deemed accountable for the findings of the study was discussed. It was suggested that empathic understanding may involve a set of attitudinal pre-conditions and a series of phases leading through imitation and incorporation to a psychological union or reverberation with the other, which in turn, brings about the potential for new insight into both the other and the self.

The experience and insight which transpires during the phase of reverberation however, must be subjected to cognitive evaluation, a process requiring a distancing and disassociation from the other. Having detached self from other, the empathiser is free to choose the most effective method and medium for utilization of the empathic understanding.

The depth of empathy offered by the counsellor may be influenced by: the counsellor's level of a priori or perceived similarity to the other (pre-conditions); the particular client/counsellor combination; the amount of 'slippage' occurring at each step of the process; and the counsellors repertoire of methods and mediums for communication of empathic understanding.

It was suggested that the divergent state of theory and research associated with empathy may be largely attributable to the emphasis placed by writers on one or several phases of the process, to the exclusion of other phases. Measures of empathy may well be tapping different phases of the process and as such, there is no reason to expect that measurement at one phase, or from one counselling perspective would necessarily correlate with measurement at another phase. However, whether either of the empathy

measures used in the present study is in fact tapping any of the phases which may be involved in the process of empathic understanding, requires further delineation of the nature of the concept as experienced at each phase.

9.1 Limitations of the Study

The objective of this exploratory study was to obtain broad-based trends which could then form the basis for hypothesis generation and further research. A wide range of data collection and analysis techniques were subsequently employed to investigate a number of variables. The breadth of the study however, placed limits upon the depth to which specific components of the data could be viably explored and discussed.

Some of the limitations of the study were due to difficulties inherent in counselling research or difficulties involved with exploration of a concept as nebulous as empathy. Others arose from the forms of data collected and the methods selected for the analysis of data.

The methods of data collection and analysis have both strengths and limitations. More specific and sophisticated methods of empirical analysis may have elicited undetected trends within the data, although possibly run the risk of losing touch with the people behind the data or producing statistically precise, albeit conceptually meaningless results.

Descriptive methods of data collection and qualitative analyses conducted through use of an intensive case-study approach were time-consuming and tend to lack scientific 'credibility', although they enabled the researcher to detect subtle differences and patterns across a number of variables which may not otherwise have been amenable to analysis.

Other more specific limitations have already been pointed out in earlier chapters and an outline of some of the major difficulties associated with data collection and analysis is provided in Appendix 17.

9.2 Implications for Counsellors and Counsellor Trainers

The procedures used for the training of raters and the measurement of empathy are frequently the same as those used in many counsellor education programmes for the training of counsellors. Generally, student counsellors are required to be able to construct responses at levels which are considered to be at least 'minimally' facilitative. Models of counselling training, such as those offered by Carkhuff (1969, 1971, 1972), Egan (1975) and Ivey (1971), which are based upon operationalised definitions of empathy similar to those of Truax & Carkhuff (1967), have gained widespread acceptance over the last few years (Aspy, 1972; 1975; Ivey, 1971; Sprinthall, 1975). Carkhuff's training programme for example, appears useful for systematic interpersonal skills training with white middle class counsellors and may produce counsellors capable of making verbally correct, ratable, 'empathic' responses and 'empathically,' appropriate non-verbal behaviours (Carkhuff & Berenson, 1967; Pierce & Schauble, 1970, 1971; Vitalo, 1970, 1971). The efficacy of the programme, in terms of its ability to enhance positive therapeutic outcome has however, been severely criticised by Hefle & Hurst (1972), Lambert & De Julio (1977), Lambert, De Julio & Stein (1978) and Resnikoff (1972).

It may be appropriate to add to methodological concerns, questions associated with the conceptual basis of the training of empathic understanding and together with Corcoran (1981) and Schuster (1979), observe that in perpetuating such programmes to the exclusion of training which provides for growth and development at less overt levels of human functioning, we may run the risk of producing a generation of highly skilled technicians. If empathy is, in fact, first and foremost an intra-psychic experience, verbal symbols are probably inadequate to represent fully the nature and process of the experience. Consequently, attempts to operationalise the concept which focus primarily upon verbal behaviours, may run the risk of at least overemphasising the verbal component or at worst, coming to identify as empathic understanding, the overt signs stereotypically associated with its occurrence.

As Hart (1961) observed with respect to client-centered therapy, "Stereotypes substitute for information and pumpkin seeds are mistaken for pumpkins".

It appears important that we determine what type of trainee we are dealing with, the sort of training our own skills and abilities best fit us to deliver, and the characteristics of the job market or service for which counsellors are being trained. The methods and skills required to enhance the potential of a highly sensitive/low skill trainee for example, are likely to be quite different to those required for a low sensitive/highly skilled trainee.

It was suggested in Chapter 7 and 8 that empathic understanding was communicable through a wide variety of mediums. The efficacy of counsellor training programmes designed to improve among other skills, counsellor empathy, may be ameliorated by trainers concentrating on developing the experiential base with which counsellors enter training, and extending the counsellors' capacity for tolerating and expressing within therapy, a wide range of emotions and communicative responses. Experiential training which focuses on enhancing personal and moral development may allow the trainee to move to levels of functioning which increase the potential for understanding another's world; subsequent interpersonal skills training in addition to the former, may assist in broadening the channels of communication open to the counsellor.

Erikson (1950), in outlining his psychosocial phases of personality development emphasises the importance of a relatively stable ego and an experiential understanding of the boundaries of the self, in developing intimate relationships. Schafer (1959) shares with Erikson the view that the partial loss of self involved in relating intimately to another is only tolerable when the subject is relatively sure of the self and can maintain a sense of self, without frequent support and acknowledgment from others. The implication within the therapeutic relationship is that a therapist who has not moved beyond the stages of intimacy and generativity will be caught between Scylla and Charybdis. In the case of empathic understanding, this may well be epitomised in confusion of the boundaries of self through inability to move beyond the empathic phase of narcissistic identification, or dichotomously, the rigid adherence to structure, technique and generalisation across clients in an effort to avoid the involvement, individuality of response or spontaneity of the affective self.

Szalita (1976) suggests that the test of one's empathy is the capacity to relate to the sensitivity of the sufferer, rather than the magnitude of the misfortune. How does such a capacity develop?

Hogan (1975) proposes that it may be learned through modelling; Szalita (1976) asserts that it depends on life experience and the ability to combine imagination with stored memories and new experiences; Kapleau (1963), Lesh (1970), Schuster (1979) and Watts (1961) maintain it may be enhanced by the incorporation of Eastern methods of mind expansion and control.

A repeated theme however, (Boorstein, 1979; Hogan, 1975; Mumford, 1967; Russell, 1967; Szalita, 1976) is that "a degree of suffering is necessary before one can resonate to the suffering of others - as Shakespeare observed, 'he jests at scars who himself has never felt a wound'" (Hogan, 1975, p. 16). Szalita (1976) makes a similar point. "The student who is reluctant to experience painful emotions has to recognise how his defensive armour abstracts his empathic responses" (p. 149).

It may not be suffering per se which deepens the capacity for empathic understanding, so much as the ability to reflect upon life experiences; the peaks, the depths and the mundane. The experience itself may be of limited worth unless it is examined by the experiencer, both at objective/rational and subjective/affective levels of involvement.

It is perhaps at the stage of re-experiencing, reflection, catharsis and resolution that the counsellor trainer can offer most toward trainee self-understanding (and hence, possibly empathic understanding), particularly where the potential for both personal and skill development is coupled with the capacity of the trainer to model, rather than teach, the skills necessary for facilitative change.

Carkhuff's (1969) remark that it is unlikely we can empathise with another at a level beyond that at which we are functioning ourselves, has serious implications for those of us involved in either counselling or training.

9.3 Implications for Further Research

Many references have already been made to avenues which may provide useful and complementary additions to the body of literature associated with empathy and therapy.

As noted elsewhere, research over the last two decades has focused primarily on empathy and outcome, and researchers have generally utilized measures of empathy which rely heavily on a verbal communication skills framework. One of the problems is, that it is difficult to determine whether or not the scales are measuring empathy, or some component of it, until we define more clearly what it is to which we refer as empathy. If empathy is narrowly defined (in practice if not in theory) as something like 'the therapists ability to appear accepting and to accurately reflect back to the client, the content and feelings expressed by the client' it is relatively easy to measure the accuracy of therapist response. Such a definition however seems to bear little resemblance to the concept of empathy as described prior to the last two decades.

If alternatively, empathy is considered to be a dynamic, multiphasic predominantly covert process which may or may not be communicated to the other, and if communicated, may take on as many forms as there are modes of communication, it simply misses the point to discuss 'accurate empathy' in terms of a defined form of verbal response.

As Hackney (1978) points out, rather than establishing that the phenomenon exists and the nature of its existence we have assumed its existence and attempted to measure the quantity.

If the former definition is even close to accepted present day comprehension of the concept of empathy, we would do well as researchers, to work toward a renaming of the construct to which we refer, since such description appears to bear little resemblance to empathy as incepted.

Further investigation into the covert components of empathy, the qualities and attitudes which may comprise preconditions to empathic understanding, the nature of the association between similarity and empathy, more effective ways of selecting students of high empathic

potential and, developing training programmes which enhance that potential, would be beneficial to both counselling research and training.

The use of measurement devices such as the BLRI and the TCAE scale appear of limited value unless as researchers and counsellor trainers we concede that empathy is primarily a verbal skill, or that the overt component of empathy is measurable through verbal responses. The question still remains however, as to whether the instruments are even then, valid.

Similarly, while the concept of counsellor-client compatibility and the relationship between compatibility and empathy is probably worth pursuing, there may be more profitable vehicles for further exploration than the FIRO-F scales.

As Goldman (1976) points out, consideration needs to be given to broadening the perception of measurement within counselling research in general, and in this case, research into empathic understanding in particular.

Questions of statistical significance often take precedence over concerns of real-life importance.... We have sanctified precision, measurement, statistical methodology and the controlled laboratory experiment. This obsession with the values and standards of the physical sciences has led us away from more meaningful, though admittedly cruder studies of the counselling process.... We should operate most of the time at the level of the naked eye and of the whole functioning human being. Usually this will mean giving up a certain degree of precision (really pseudo precision in most cases). Nothing short of a revolution in counselling research is needed (1976, p. 552).

9.4 Empathy: mythical or mystical?

This exploratory study compared two measures of empathy with measures of compatibility and perceived similarity in order to establish a deeper understanding of the nature of empathy.

In the final analysis, the form and characteristics of the questions asked, determine the parameters of the responses received. Whether we perceive empathy as the "emotional contagion or communication which exists outside the spoken word" (Sullivan, 1953), or contend that "whether counsellors

are in fact empathic is irrelevant [so long as they] seem empathic" (Hogan, 1975), appears to largely determine the extent to which empathy is perceived as a myth, a kind of cure-all lolly water, a skill in the tool-kit of the technological therapist, a necessary and sufficient condition for positive therapeutic change, or a mystical experience.

APPENDICES

APPENDIX 1 THE BARRETT-LENNARD RELATIONSHIP INVENTORY:MALE COUNSELLOR, CLIENT FORM

M C N -----

RELATIONSHIP INVENTORY

Below are listed a variety of ways that one person could feel or behave in relation to another person.

Please consider each statement carefully and indicate whether or not you feel it is true about your relationship with your counsellor today.

There are no right or wrong answers. We are concerned about how you actually feel now. Please be as honest as you can.

- Circle 1 if you strongly agree with the statement
 2 if you agree with the statement
 3 if you mildly agree with the statement
 4 if you mildly disagree with the statement
 5 if you disagree with the statement
 6 if you strongly disagree with the statement

	Strongly agree	Agree	Mildly agree	Mildly disagree	Disagree	Strongly disagree
1. He respects me	1	2	3	4	5	6
2. He tries to see things through my eyes.	1	2	3	4	5	6
3. He pretends that he likes me or understands me more than he really does.	1	2	3	4	5	6
4. His interest in me depends partly on what I am talking to him about.	1	2	3	4	5	6
5. He is willing to tell me his own thoughts and feelings when he is sure that I really want to know them.	1	2	3	4	5	6
6. He disapproves of me.	1	2	3	4	5	6
7. He understands my words but not the way I feel.	1	2	3	4	5	6
8. What he says to me never conflicts with what he thinks or feels.	1	2	3	4	5	6
9. He always responds to me with warmth and interest - <u>or</u> always with coldness and disinterest.	1	2	3	4	5	6
10. He tells me his opinions or feelings more than I really want to know them.	1	2	3	4	5	6
11. He is curious about "the way I tick", but not really interested in me as a person.	1	2	3	4	5	6
12. He is interested in knowing what my experiences mean to <u>me</u> .	1	2	3	4	5	6
13. He is disturbed whenever I talk about or ask about certain things.	1	2	3	4	5	6
14. His feeling toward me does not depend on how I am feeling towards him.	1	2	3	4	5	6

	Strongly agree	Agree	Mildly agree	Mildly disagree	Disagree	Strongly disagree
15. He prefers to talk only about me and not at all about him.	1	2	3	4	5	6
16. He likes seeing me.	1	2	3	4	5	6
17. He nearly always knows exactly what I mean.	1	2	3	4	5	6
18. I feel that he has unspoken feelings or concerns that are getting in the way of our relationship.	1	2	3	4	5	6
19. His attitude toward me depends partly on how I am feeling about myself.	1	2	3	4	5	6
20. He will freely tell me his own thoughts and feelings, when I want to know them.	1	2	3	4	5	6
21. He is indifferent to me.	1	2	3	4	5	6
22. At times he jumps to the conclusion that I feel more strongly or more concerned about something than I actually do.	1	2	3	4	5	6
23. He behaves just the way that he <u>is</u> , in our relationship.	1	2	3	4	5	6
24. Sometimes he responds to me in a more positive and friendly way than he does at other times.	1	2	3	4	5	6
25. He says more about himself than I am really interested to hear.	1	2	3	4	5	6
26. He appreciates me.	1	2	3	4	5	6
27. Sometimes he thinks that I feel a certain way, because he feels that way.	1	2	3	4	5	6
28. I do not think that he hides anything from himself that he feels with me.	1	2	3	4	5	6
29. He likes me in some ways, dislikes me in others.	1	2	3	4	5	6
30. He adopts a professional role that makes it hard for me to know what he is like as a person.	1	2	3	4	5	6
31. He is friendly and warm toward me.	1	2	3	4	5	6
32. He understands me.	1	2	3	4	5	6
33. If I feel negatively toward him he responds negatively to me.	1	2	3	4	5	6
34. He tells me what he thinks about me, whether I want to know it or not.	1	2	3	4	5	6
35. He cares about me.	1	2	3	4	5	6

	Strongly agree	Agree	Mildly agree	Mildly disagree	Disagree	Strongly disagree
36. His own attitudes toward some of the things I say, or do, stop him from really understanding me.	1	2	3	4	5	6
37. He does not avoid anything that is important for our relationship.	1	2	3	4	5	6
38. Whether I am expressing "good" feelings or "bad" ones seems to make no difference to how positively - <u>or</u> how negatively - he feels toward me.	1	2	3	4	5	6
39. He is uncomfortable when I ask him something about himself.	1	2	3	4	5	6
40. He feels that I am dull and uninteresting.	1	2	3	4	5	6
41. He understands what I say, from a detached, objective point of view.	1	2	3	4	5	6
42. I feel that I can trust him to be honest with me.	1	2	3	4	5	6
43. Sometimes he is warmly responsive to me, at other times cold or disapproving.	1	2	3	4	5	6
44. He expresses ideas or feelings of his own that I am not really interested in.	1	2	3	4	5	6
45. He is interested in me.	1	2	3	4	5	6
46. He appreciates what my experiences feel like to <u>me</u> .	1	2	3	4	5	6
47. He is secure and comfortable in our relationship.	1	2	3	4	5	6
48. Depending on his mood, he sometimes responds to me with quite a lot more warmth and interest than he does at other times.	1	2	3	4	5	6
49. He wants to say as little as possible about his own thoughts and feelings.	1	2	3	4	5	6
50. He just tolerates me.	1	2	3	4	5	6
51. He is playing a role with me.	1	2	3	4	5	6
52. He is equally appreciative - or equally unappreciative - of me, whatever I am telling him about myself.	1	2	3	4	5	6
53. His own feelings and thoughts are always available to me, but never imposed on me.	1	2	3	4	5	6
54. He does not really care what happens to me.	1	2	3	4	5	6
55. He does not realize how strongly I feel about some of the things we discuss.	1	2	3	4	5	6
56. There are times when I feel that his outward response is quite different from his inner reaction to me.	1	2	3	4	5	6

	Strongly agree	Agree	Mildly agree	Mildly disagree	Disagree	Strongly disagree
57. His general feeling toward me varies considerably.	1	2	3	4	5	6
58. He is willing for me to use our time to get to know him better, if or when I want to.	1	2	3	4	5	6
59. He seems to really value me.	1	2	3	4	5	6
60. He responds to me mechanically.	1	2	3	4	5	6
61. I don't think that he is being honest with himself about the way he feels toward me.	1	2	3	4	5	6
62. Whether I like or dislike myself makes no difference to the way he feels about me.	1	2	3	4	5	6
63. He is more interested in expressing and communicating himself than in knowing and understanding me.	1	2	3	4	5	6
64. He dislikes me.	1	2	3	4	5	6
65. I feel that he is being genuine with me.	1	2	3	4	5	6
66. Sometimes he responds quite positively to me, at other times he seems indifferent.	1	2	3	4	5	6
67. He is unwilling to tell me how he feels about me.	1	2	3	4	5	6
68. He is impatient with me.	1	2	3	4	5	6
69. Sometimes he is not at all comfortable but we go on, outwardly ignoring it.	1	2	3	4	5	6
70. He likes me better when I behave in some ways than he does when I behave in other ways.	1	2	3	4	5	6
71. He is willing to tell me his actual response to anything I say or do.	1	2	3	4	5	6
72. He feels deep affection for me.	1	2	3	4	5	6
73. He usually understands <u>all</u> of what I say to him.	1	2	3	4	5	6
74. He does not try to mislead me about his own thoughts or feelings.	1	2	3	4	5	6
75. Whether I feel fine or feel awful makes no difference to how warmly and appreciatively - <u>or</u> how coldly and unappreciatively - he feels toward me.	1	2	3	4	5	6
76. He tends to evade any attempt that I make to get to know him better.	1	2	3	4	5	6
77. He regards me as a disagreeable person.	1	2	3	4	5	6
78. What he says gives a false impression of his total reaction to me.	1	2	3	4	5	6

	Strongly agree	Agree	Mildly agree	Mildly disagree	Disagree	Strongly disagree
19. I can be very critical of him or very appreciative of him without it changing his feeling toward me.	1	2	3	4	5	6
20. At times he feels contempt for me.	1	2	3	4	5	6
21. When I do not say what I mean at all clearly he still understands me.	1	2	3	4	5	6
22. He tries to avoid telling me anything that might upset me.	1	2	3	4	5	6
23. His general feeling toward me (of liking, respect, dislike, trust, criticism, anger, etc) reflects the way that I am feeling toward him.	1	2	3	4	5	6
24. He tries to understand me from his own point of view.	1	2	3	4	5	6
25. He can be deeply and fully aware of my most painful feelings without being distressed or burdened by them himself.	1	2	3	4	5	6

APPENDIX 2 (a) The Truax & Carkhuff 9-point Accurate Empathy Scale
(reprinted from Toward Effective Counselling and Psychotherapy,
Truax & Carkhuff, 1967, p.p. 46-57. examples omitted).

GENERAL DEFINITION: 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.

STAGE 1.

Therapist seems completely unaware of even the most conspicuous of the client's feelings; his responses are not appropriate to the mood and content of the client's statements. There is no determinable quality of empathy, and hence no accuracy whatsoever. The therapist may be bored and disinterested or actively offering advice, but he is not communicating an awareness of the client's current feelings.

STAGE 2.

Therapist shows an almost negligible degree of accuracy in his responses, and that only toward the client's most obvious feelings. Any emotions which are not clearly defined he tends to ignore altogether. He may be correctly sensitive to obvious feelings and yet misunderstand much of what the client is really trying to say. By his response he may block off or may misdirect the patient. Stage 2 is distinguishable from Stage 3 in that the therapist ignores feelings rather than displaying an inability to understand them.

STAGE 3.

Therapist often responds accurately to client's more exposed feelings. He also displays concern for the deeper, more hidden feelings, which he seems to sense must be present, though he does not understand their nature or sense their meaning to the patient.

STAGE 4.

Therapist usually responds accurately to the client's more obvious feelings and occasionally recognizes some that are less apparent. In the process of this tentative probing, however, he may misinterpret some present feelings and anticipate some which are not current. Sensitivity and awareness do exist in the therapist, but he is not entirely "with" the patient in the current situation or experience. The desire and effort to understand are both present, but his accuracy is low. This stage is distinguishable from Stage 3 in that the therapist does occasionally recognize less apparent feelings. He also may seem to have a theory about the patient and may even know how or why the patient feels a particular way, but he is definitely not "with" the patient. In short, the therapist may be diagnostically accurate in his sensitivity to the patient's current

feelings.

STAGE 5.

Therapist accurately responds to all of the client's more readily discernible feelings. He also shows awareness of many less evident feelings and experiences, but he tends to be somewhat inaccurate in his understanding of these. However, when he does not understand completely, this lack of complete understanding is communicated without an anticipatory or jarring note. His misunderstandings are not disruptive by their tentative nature. Sometimes in Stage 5 the therapist simply communicates his awareness of the problem of understanding another person's inner world. This stage is the midpoint of the continuum of accurate empathy.

STAGE 6.

Therapist recognizes most of the client's present feelings, including those which are not readily apparent. Although he understands their content he sometimes tends to misjudge the intensity of these veiled feelings, so that his responses are not always accurately suited to the exact mood of the client. The therapist does deal directly with feelings the patient is currently experiencing although he may misjudge the intensity of those less apparent. Although sensing the feelings, he often is unable to communicate meaning to them. In contrast to Stage 7, the therapist's statements contain an almost static quality in the sense that he handles those feelings that the patient offers but does not bring new elements to life. He is "with" the client but doesn't encourage exploration. His manner of communicating his understanding is such that he makes of it a finished thing.

STAGE 7.

Therapist responds accurately to most of the client's present feelings and shows awareness of the precise intensity of most of the underlying emotions. However, his responses move only slightly beyond the client's own awareness, so that feelings may be present which neither the client nor therapist recognizes. The therapist initiates moves toward more emotionally laden material, and may communicate simply that he and the patient are moving towards more emotionally significant material. Stage 7 is distinguishable from Stage 6 in that often the therapist's response is a kind of precise pointing of the finger toward emotionally significant material.

STAGE 8.

Therapist accurately interprets all the client's present, acknowledged feelings. He also uncovers

the most deeply shrouded of the client's feelings, voicing meanings in the client's experience of which the client is scarcely aware. Since the therapist must necessarily utilize a method of trial and error in the new uncharted areas, there are minor flaws in the accuracy of his understanding, but these inaccuracies are held tentatively. With sensitivity and accuracy he moves into feelings and experiences that the client has only hinted at. The therapist offers specific explanations or additions to the patient's understanding so that underlying emotions are both pointed out and specifically talked about. The content that comes to life may be new but it is not alien.

Although the therapist in Stage 8 makes mistakes, these mistakes are not jarring, because they are covered by the tentative character of the response. Also, this therapist is sensitive to his mistakes and quickly changes his response in midstream, indicating that he has recognized what is being talked about and what the patient is seeking in his own explorations. The therapist reflects a togetherness with the patient in tentative trial and error exploration. His voice tone reflects the seriousness and depth of his empathic grasp.

STAGE 9.

The therapist in this stage unerringly responds to the client's full range of feelings in their exact intensity. Without hesitation, he recognizes each emotional nuance and communicates an understanding of every deepest feeling. He is completely attuned to the client's shifting emotional content; he senses each of the client's feelings and reflects them in his words and voice. With sensitive accuracy, he expands the client's hints into a full-scale (though tentative) elaboration of feeling or experience. He shows precision both in understanding and in communication of this understanding, and expresses and experiences them without hesitancy.

APPENDIX 2 (b) Melloh Accurate Empathy Scale

Reprinted from Truax & Carkhuff, Toward Effective
Counselling and Therapy, 1967

TABLE A

A SCHEMATIC PRESENTATION OF
A SCALE FOR THE MEASUREMENT OF ACCURATE EMPATHY^a

LEVEL OF CLIENT FEELINGS PERCEIVED AND REFLECTED BY THE THERAPIST	DEGREES OF THERAPIST ACCURACY IN THE PERCEPTION OF CLIENT FEELINGS AT THE STAGES OF THE ACCURATE EMPATHY SCALE								
	STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5	STAGE 6	STAGE 7	STAGE 8	STAGE 9
Present obvious feelings	ignores	understands poorly	often accurate	usually accurate	accurate	accurate	accurate	accurate	unhesitating flawless accuracy
Veiled feelings		ignores	senses but understands poorly	accuracy very low but try- ing	sensitive but some- what inaccurate tentative interpre- tation	accurate toward content but not intensity	accurate	accurate	
Preconscious feelings						ignores	a precise "pointing toward"	sensitive trial-and- error exploration	

This schematic presentation of levels of accurate empathy, developed by Richard A Melloh, University of Florida, has been found useful for both research raters and therapist trainees. It provides a brief summary of the table scale, and is intended to facilitate the training of raters in the use of the scale.

APPENDIX 3. The Carkhuff 5-point Accurate Empathy Scale

(Reprinted from Carkhuff, R R Helping and Human Relations, Volume II 1969, pp 315-317 examples omitted).

This scale is derived in part from "A Scale for the measurement of Accurate Empathy," which has been validated in extensive process and outcome research on counselling and psychotherapy (summarized in Truax & Carkhuff, 1967), and in part from an earlier version that had been validated in extensive process and outcome research on counselling and psychotherapy (summarized in Carkhuff, 1968; Carkhuff & Berenson, 1967). In addition, similar measures of similar constructs have received extensive support in the literature of counselling and therapy and education. The present scale was written to apply to all interpersonal processes and represents a systematic attempt to reduce ambiguity and increase reliability. In the process many important delineations and additions have been made, including, in particular, the change to a systematic focus upon the additive, subtractive, or interchangeable aspects of the levels of communication of understanding. For comparative purposes, level 1 of the present scale is approximately equal to stage 1 of the Truax scale. The remaining levels are approximately correspondent: level 2 and stage 2 and 3 of the earlier version; level 3 and stages 4 and 5; level 4 and stages 6 and 7; level 5 and stages 8 and 9. The levels of the present scale are approximately equal to the levels of the earlier version of this scale.

- Level 1: The verbal and behavioural expressions of the first person either do not attend to or detract significantly from the verbal and behavioural expressions of the second person(s) in that they communicate significantly less of the second persons feelings than the second person has communicated himself.
- 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.
- 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.
- 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.

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 feeling levels below what the person himself was able to express or (2) in the event of ongoing deep self-exploration on the second persons' part, to be fully with him in his deepest moments.

APPENDIX 4. The Composite Accurate Empathy Scale used within the present study.

ACCURACY EMPATHY SCALE

ACCURATE EMPATHY INVOLVES BOTH THE COUNSELLORS' SENSITIVITY TO THE CLIENTS' FEELINGS AND HIS/HER ABILITY TO COMMUNICATE THIS UNDERSTANDING IN WAYS THAT ARE MEANINGFUL TO THE CLIENT.

THINKING ABOUT THE SEGMENT OF THE INTERVIEW YOU HAVE JUST OBSERVED, CIRCLE THE APPROPRIATE NUMBER TO INDICATE HOW ACCURATELY YOU THINK YOU, AS COUNSELLOR, RESPONDED TO THE FEELINGS AND BEHAVIOURS OF YOUR CLIENT.

1	2	3	4	5	6	7	8	9
MIDPOINT								
Seems completely unaware of client's most obvious feelings or responds inaccurately or inappropriately.	Rarely accurate - and then only in response to client's most obvious feelings.	Often accurate about obvious feelings.	Usually accurate about obvious feelings.	Responds accurately to all obvious feelings.	Responds accurately to all obvious feelings.	Responds accurately to, and understands all obvious feelings.	Responds accurately to and interprets all acknowledged feelings.	Always responds accurately and unhesitantly to client's full range of feelings, in their exact intensity.
Doesn't notice deeper feelings.	Ignores or misunderstands much of what client is really trying to say.	Concerned about deeper, more hidden feelings but doesn't understand them.	Occasionally recognises less apparent feelings, concerned, and tries to understand but accuracy is low.	Aware of more hidden feelings but sometimes responds inaccurately. Misunderstandings not disruptive though, because they are expressed tentatively.	Recognises and understands the content of most deeper feelings but sometimes misjudges the intensity of feeling. 'With' client, but doesn't encourage exploration.	Aware of content and precise intensity of most underlying feelings. Responses are at a slightly deeper level than that expressed by client. 'With' the client.	Uncovers deep feelings of which client is scarcely aware and adds significantly to client's understanding of these feelings. Minor mistakes in understanding are sensitively corrected. Displays a 'togetherness' with the client.	Sensitively and precisely expands hints of feelings the client was barely aware of into full scale elaboration of feelings. Responds fully to deepest feelings and communicates 'togetherness' in the exploration of these feelings.
Responses subtract noticeably from the feelings expressed by the client.			Responses are essentially interchangeable in terms of feeling and meaning, with those of the client (i.e. responses neither add to, nor subtract from, client's expressions.		Responses add slightly to the feelings expressed by the client - enabling client to experience/express feelings s/he was previously unable to.		Responses add significantly to the feeling and meaning expressed by the client.	

APPENDIX 5 (a) The FIRO-F Scale (Schutz 1978)

For the first set, put down a number from 1 to 6 next to each item. The numbers mean:

1. definitely not true 2. not true 3. tends to be not true 4. tends to be true 5. true 6. especially true

- | | |
|---|---|
| <input type="checkbox"/> 1. I feel that each person is important. | <input type="checkbox"/> 16. I feel personally distant from people. |
| <input type="checkbox"/> 2. I feel warm toward people. | <input type="checkbox"/> 17. I want people to feel affectionate toward me. |
| <input type="checkbox"/> 3. I feel that each person is a significant individual. | <input type="checkbox"/> 18. I feel unconcerned about people. |
| <input type="checkbox"/> 4. It pleases me when people take an interest in me. | <input type="checkbox"/> 19. It is important to me that people feel concern for me. |
| <input type="checkbox"/> 5. I <i>don't</i> feel that I can rely on people's judgment. | <input type="checkbox"/> 20. I admire people's abilities. |
| <input type="checkbox"/> 6. I feel affectionate toward people. | <input type="checkbox"/> 21. I <i>don't</i> like people to have doubts about my abilities. |
| <input type="checkbox"/> 7. People don't mean anything to me. | <input type="checkbox"/> 22. I feel bitter toward people. |
| <input type="checkbox"/> 8. I want people to feel that I'm an important person. | <input type="checkbox"/> 23. It is important to me that people feel personally close to me. |
| <input type="checkbox"/> 9. I am skeptical of people's abilities. | <input type="checkbox"/> 24. I like people to take an interest in me. |
| <input type="checkbox"/> 10. It is important to me that people have confidence in my abilities. | <input type="checkbox"/> 25. I trust people's abilities. |
| <input type="checkbox"/> 11. I feel personally close to people. | <input type="checkbox"/> 26. I <i>don't</i> want people to be skeptical of my abilities. |
| <input type="checkbox"/> 12. I feel neutral toward people. | <input type="checkbox"/> 27. I feel cordial toward people. |
| <input type="checkbox"/> 13. I feel good when people feel I'm an important person. | <input type="checkbox"/> 28. I want people to feel cordial toward me. |
| <input type="checkbox"/> 14. I admire people's competence. | <input type="checkbox"/> 29. It bothers me when people feel neutral toward me. |
| <input type="checkbox"/> 15. I want people to feel that they can rely on my judgment. | <input type="checkbox"/> 30. I <i>don't</i> want people to have any reservations about my competence. |

For the next set, the numbers 1 to 6 mean:

1. definitely not true 2. not true 3. tends to be not true 4. tends to be true 5. true 6. especially true

- | | |
|--|---|
| <input type="checkbox"/> 31. I feel very friendly toward people. | <input type="checkbox"/> 35. I want people to like me. |
| <input type="checkbox"/> 32. It is important to me that people feel very friendly toward me. | <input type="checkbox"/> 36. It bothers me when people feel I'm insignificant. |
| <input type="checkbox"/> 33. I am very pleased when people show respect for my competence. | <input type="checkbox"/> 37. I <i>don't</i> care whether people like me or not. |
| <input type="checkbox"/> 34. I feel cool toward people. | |

For the next set, the numbers 1 to 6 mean:

1. never 2. occasionally 3. sometimes 4. often 5. usually 6. always

- | | |
|--|---|
| <input type="checkbox"/> 38. It bothers me when people feel indifferent toward me. | <input type="checkbox"/> 42. I am bothered when people don't have confidence in my abilities. |
| <input type="checkbox"/> 39. I am suspicious of people's competence. | <input type="checkbox"/> 43. I try to avoid doing things that might make people feel hostile toward me. |
| <input type="checkbox"/> 40. I get annoyed when people don't trust my abilities. | <input type="checkbox"/> 44. It disturbs me when people don't like me. |
| <input type="checkbox"/> 41. It bothers me if people dislike me. | |

For the final set the numbers 1 to 6 mean:

1. nobody 2. one or two people 3. a few people 4. some people 5. many people 6. most people

- | | |
|---|--|
| <input type="checkbox"/> 45. I feel indifferent to people. | <input type="checkbox"/> 50. I have confidence in people's abilities. |
| <input type="checkbox"/> 46. I am interested in people. | <input type="checkbox"/> 51. I am stimulated by people. |
| <input type="checkbox"/> 47. I trust people's competence. | <input type="checkbox"/> 52. I feel I can depend on people's judgment. |
| <input type="checkbox"/> 48. I am intrigued by people. | <input type="checkbox"/> 53. It is important to me that people feel they can depend on my abilities. |
| <input type="checkbox"/> 49. I want people to feel that I'm a significant person. | <input type="checkbox"/> 54. I hate people. |

Name:

APPENDIX 5 (b) Formulae for Calculating Compatibility Indices

(Schutz, 1958).

Schutz delineates three forms of compatibility which can be calculated separately or combined to form a global compatibility index (k). The meaning and specific formula for computing each of the compatibility indices is provided below, where the subscripts q and z refer to member 1 and member 2 of a dyad and E and W refer to Expected and Wanted behaviour. In each case, the closer a score approximates zero, the greater the compatibility of a dyad.

Reciprocal compatibility reflects the degree to which q and z mutually satisfy each others needs and is calculated by the formula:

$$RKqz = (Eq - Wz) + (Ez - Wq)$$

Absolute values are used since it is the magnitude rather than the direction of score which is important.

Originator compatibility is concerned with the degree to which q and z complement each others preference for initiating and receiving across the three need areas and is derived from the formula:

$$OKqz = (Eq - Wq) + (Ez - Wz)$$

In dyads where q and z both display a preference for originating, the score will be positive, indicating competitive originator compatibility. Negative scores reflect apathetic originator incompatibility and are described as displaying a dyads preference for receiving rather than initiating.

Interchange compatibility refers to the mutual expression of the "commodity" of a given need area (Schutz, 1966, p.110). For example, high interchange compatibility is exhibited when dyads or groups express similarly high amounts of a given interpersonal need. Interchange compatibility is calculated by the formula.

$$XKqz = [(Eq + Wq) - (Ez + Wz)]$$

INTERVIEW FORMAT - CLIENT
COUNSELLOR

QUESTION NO.		INTERVIEWER INSTRUCTIONS
1	Thinking about your Counsellor as a <u>total</u> person, what do you feel, are the <u>greatest similarities</u> between you and your Counsellor, Client?	<ol style="list-style-type: none"> 1. Probe for full description. 2. Record in order mentioned. 3. Record whether similarity of present, here-and-now (preceeding interaction) or similarity of disclosed past experiences. 4. Additional probe 'What is it that makes that important'
2	Again, thinking about your Counsellor as a <u>total</u> person, how would you rate your <u>overall similarity</u> to the Counsellor, Client?	Show Scale A
<u>CODE</u>		

SCALE A : DISSIMILARITY / SIMILARITY

1	2	3	4	5	6	7	8	9
EXTREMELY DISSIMILAR	STRONGLY DISSIMILAR	MODERATELY DISSIMILAR	MILDLY DISSIMILAR	NEUTRAL (NEITHER SIMILAR NOR DISSIMILAR)	MILDLY SIMILAR	MODERATELY SIMILAR	STRONGLY SIMILAR	ALMOST IDENTICAL

QUESTION NO.		INTERVIEWER INSTRUCTIONS
3.	Thinking about your Counsellor as a <u>total</u> person, Client how would you rate your <u>overall feeling of closeness or distance</u> to your Counsellor, Client <u>CODE</u>	Show Scale B
4	Thinking about your Counsellor as a <u>total</u> person, Client what do you feel are the <u>greatest differences</u> between you and your Counsellor, Client	Probe as for Question No.1

SCALE B : DISTANCE / CLOSENESS

1	2	3	4	5	6	7	8	9
EXTREMELY DISTANT	STRONGLY DISTANT	MODERATELY DISTANT	MILDLY DISTANT	NEUTRAL (NEITHER DISTANT NOR CLOSE)	MILDLY CLOSE	MODERATELY CLOSE	STRONGLY CLOSE	EXTREMELY CLOSE

QUESTION NO.		INTERVIEWER INSTRUCTIONS
5.	What do you feel, was <u>the most significant issue</u> emerging from the interaction?	Emphasize 'emerging, from (not neces- sarily initial presenting issue) Emphasize that issue may be +ve or -ve.

QUESTION NO.		INTERVIEWER INSTRUCTIONS
7	Counsellor What was the Client doing/saying at this time?	
8	What did the Counsellor Client appear to be feeling at this time?	

QUESTION NO.		INTERVIEWER INSTRUCTIONS
9	How were you feeling at this time?	
10	What changes in your behaviour were you aware of around this time? (Thinking, feeling, energy level, non-verbal behaviour, vocal rate, intonation etc.)	Up to about 3 CI/CN units either side of event.

QUESTION NO.		INTERVIEWER INSTRUCTIONS
11	As you think back now to the time you felt <u>most similarity</u> between you and your Counsellor what Client strikes you as being of <u>greatest similarity</u> ?	Probe for classification in terms of event, role, feeling generated - other
12	How would you rate the Counsellor's experience (feeling/Client's action) in terms of its similarity/dissimilarity to your own experience?	Use whichever term appears most appropriate. Show Scale A

QUESTION NO.		INTERVIEWER INSTRUCTIONS
13	How would you rate the Counsellors experience Client's (feeling/action) in terms of how close, or how distant you felt to the Counsellor at this point? Client	Show Scale B
14	Were you aware of the feeling of similarity during the interview?	Yes/No

QUESTION NO.		INTERVIEWER INSTRUCTIONS
15	<p>Were there any other occasions on which you were aware of a similarity between you and your Counsellor, Client?</p> <p style="text-align: center;"> 1 2 3 4 ───────────────────┬──────────────────┬──────────────────┬──────────────────┬────────────────── Almost all Many a few None the time </p>	
16	<p>At what stage did you feel most distance between yourself and your Counsellor, Client?</p> <p>When —</p> <p>At what stage of the interaction did this occur?</p> <p style="text-align: center;"> 1 2 3 ───────────────────┬──────────────────┬──────────────────┬────────────────── Early Middle Late </p>	

QUESTION NO.		INTERVIEWER INSTRUCTIONS
17	<p>At this stage, how would you rate the Counsellor's Client's experience (feeling/action) in terms of its similarity/dissimilarity to your own experience.</p> <p>CODE _____</p>	<p>Use whichever term appears most appropriate.</p> <p>Show Scale A.</p>
18	<p>At this stage, how would you rate the Counsellor's Client's experience (feeling/action) in terms of how close or how distant you felt to the Counsellor Client</p> <p>CODE _____</p>	<p>Show Scale B</p>
19	<p>How helpful has this session been to you?</p> <p>CODE _____</p>	<p>Show Scale C</p>

Scale C. HOW HELPFUL HAS THIS SESSION BEEN TO YOU?

1	2	3	4	5	6	7	8	9
EXTREMELY HARMFUL	HARMED ME QUITE A LOT	MODERATELY HARMFUL	SLIGHTLY MORE HARMFUL THAN HELPFUL	INDIFFERENT - A WASTE OF TIME	SLIGHTLY MORE HELPFUL THAN HARMFUL	MODERATELY HELPFUL	HELPED ME QUITE A LOT	EXTREMELY HELPFUL



Dear

We are seeking people who have had some training in basic counselling skills, to participate as clients in a research project.

The project is investigating factors which affect the development of the therapeutic relationship between clients and counsellors.

Participation will involve either one, two or three sessions, each of about 40 minutes duration, during which time you will have the opportunity to discuss issues of concern to you, with a trained counsellor. Whether or not you wish to continue beyond the first session for an additional one or two sessions, is a matter that you and the counsellor with whom you are working, can discuss toward the end of the first session.

Some degree of role playing is inevitable when participants are involved, at least in part, for research purposes. However, the more 'real' the issues are to you the more both you, and we as researchers, will get out of the experience.

Immediately after each session, you will be required to spend some time with an interviewer. Whilst the interaction between the client and the counsellor will be videotaped, the ensuing interview will not. You will not be asked to evaluate the counsellor's skills but rather to discuss your perceptions of the preceding session and, possibly, to view the videotape and indicate how you felt at various stages of the interaction.

Utmost confidentiality will be maintained. No-one, other than the researcher involved with the project and the counsellor and client concerned, will have access to either the videotape or information obtained from the subsequent interview, without the prior consent of both counsellor and client.

A meeting of those interested in participating as clients, will be held at WAIKATO UNIVERSITY, on WEDNESDAY JULY 28 at 7.30 p.m. in Room K2.08. This will provide an opportunity for you to clarify any issues of concern, with the researcher Lyn Yeoman.

As the success of the project is dependent upon support and the willingness of people to participate, you are urged to attend and indicate your interest.

If you are interested, but unable to attend this meeting, please phone Hamilton 62889, Extension 4920 or 4923 and leave a message to this effect.

Yours sincerely,

Handwritten signature of Doug MacLean.

Doug MacLean
Senior Lecturer in Education

Handwritten signature of P.S. Freyberg.

P.S. Freyberg
Professor of Education
Head of Department

COUNSELLING RESEARCH PROJECT

C O N F I D E N T I A L

1. SURNAME _____ FIRST NAMES _____

2. ADDRESS _____

PHONE _____

3. AGE _____ YEARS

4. SEX M. F.

5. CURRENT OCCUPATION _____
(if not working presently, previous occupation)

6. STATE ANY FORMAL QUALIFICATIONS YOU HOLD _____

7. BRIEFLY STATE ANY TRAINING OR COURSE OF STUDY YOU HAVE UNDERTAKEN (OTHER THAN THE ABOVE), WHICH YOU CONSIDER RELEVANT TO THE FIELD OF COUNSELLING OR THERAPY.

8. WHAT EXPERIENCE HAVE YOU HAD IN WORKING WITH PEOPLE IN A HELPING CAPACITY? (COUNSELLOR, TEACHER, SUPERVISOR, SOCIAL WORKER, GROUP LEADER, ETC.)

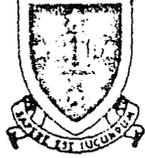
NATURE OF THE GROUP YOUR ROLE LENGTH OF INVOLVEMENT

<u>NATURE OF THE GROUP</u>	<u>YOUR ROLE</u>	<u>LENGTH OF INVOLVEMENT</u>

9. BRIEFLY DESCRIBE ANY LIFE EXPERIENCES YOU HAVE HAD THAT YOU BELIEVE HAVE ENRICHED YOU AS A PERSON, AND WHY.

APPENDIX 9. List of Technical Apparatus

- 4 Sony Black and White video cameras
- 3 Concealed microphones
- 2 Sony video monitors
- 1 Sony black and white, 0.5 inch reel to reel recorder
- 1 Low noise microphone pre-amplifier
- 1 V.H.S. recorder
- 70 1-Hour black and white reel to reel tapes
- 26 3-Hour V.H.S. tapes
- 2 National audio cassette recorders
- 90 90-minute audio cassette tapes
- 1 Digital timer, intervals 0.5 seconds - 1 minute, used in conjunction with a fourth camera to insert a continuous time sequence onto all Video tapes.



University of Waikato

240

PRIVATE BAG : HAMILTON : NEW ZEALAND : TELEPHONE 62-889

28 September, 1982

Dear

Since you indicated an interest in obtaining more information on the nature of the Counselling Research Project than could be given whilst you were involved as a participant, we invite you to join us for a short informal get-together on :

MONDAY 4 OCTOBER : TIME: 7.30 p.m. VENUE: Room KG09
University of Waikato.

This is an opportunity to hear more about the purpose of the research (results are not yet available), and to discuss your involvement in the research with others who participated as clients. Counsellors will not be present at this meeting.

If you cannot attend, please accept my sincere thanks for your interest and involvement in the project.

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'Lyn Yeoman'.

Lyn Yeoman

APPENDIX II. Distribution Characteristics of BLRI Subscales.

The distribution characteristics of the BLRI subscales: empathy; level of regard, congruence, unconditionality of regard and willingness to be known are presented in Tables f, g and h, below.

The means obtained for counsellors (Table f), were comparable across all variables to those obtained by Barrett-Lennard (1962) after five sessions (n=40) although the standard deviations obtained in the present study were considerably smaller.

Both the means and standard deviations obtained for clients (Table g) were slightly lower than those reported by Barrett-Lennard, particularly on the level of regard and the unconditionality of regard dimension, although they were similar in distribution to those reported by Kurtz & Grummon (1972).

Ses	empathy		regard		congruence		uncondit.		known		n.
	x	s.d	x	s.d	x	s.d	x	s.d	x	s.d	
1	16.60	6.99	35.54	6.91	24.72	7.79	16.83	10.51	22.51	6.52	24
2	19.36	5.36	33.66	4.45	25.28	6.32	16.32	10.84	25.42	6.36	21
3	19.33	5.33	35.93	2.71	27.86	5.87	21.53	11.60	26.93	5.07	15

Table f. Means and standard deviations for all BLRI subscales (empathy, regard, congruence, unconditionality, willingness to be known), by session: Counsellor self-ratings.

	empathy		regard		congruence		uncondit.		known		n
	x	s.d	x	s.d	x	s.d	x	s.d	x	s.d	
1	14.48	12.95	25.75	7.60	24.16	8.90	12.41	8.69	19.83	9.33	24
2	18.59	9.51	28.38	7.41	26.90	9.87	15.66	8.44	21.85	9.79	21
3	23.06	7.81	31.53	5.79	29.00	8.92	19.20	9.84	26.80	7.53	15

Table g. Means and standard deviations for all BLRI subscales (empathy, regard, congruence, unconditionality, willingness to be known), by session: Client ratings of counsellors.

Table h indicates that the only significant difference obtained between counsellor and client ratings was on the level of regard dimension where counsellors' ratings were considerably higher than those of clients. A near significant difference was obtained between counsellor and client ratings of unconditionality of regard.

There were no significant differences (Mann-Whitney U-test) between males and females; male and female clients, male and female counsellors or the clients of male and female counsellors, on: empathy; congruence; regard; or willingness to be known, sessions 1,2, or 3, although males tended to rate themselves consistently slightly higher on empathy and congruence than females.

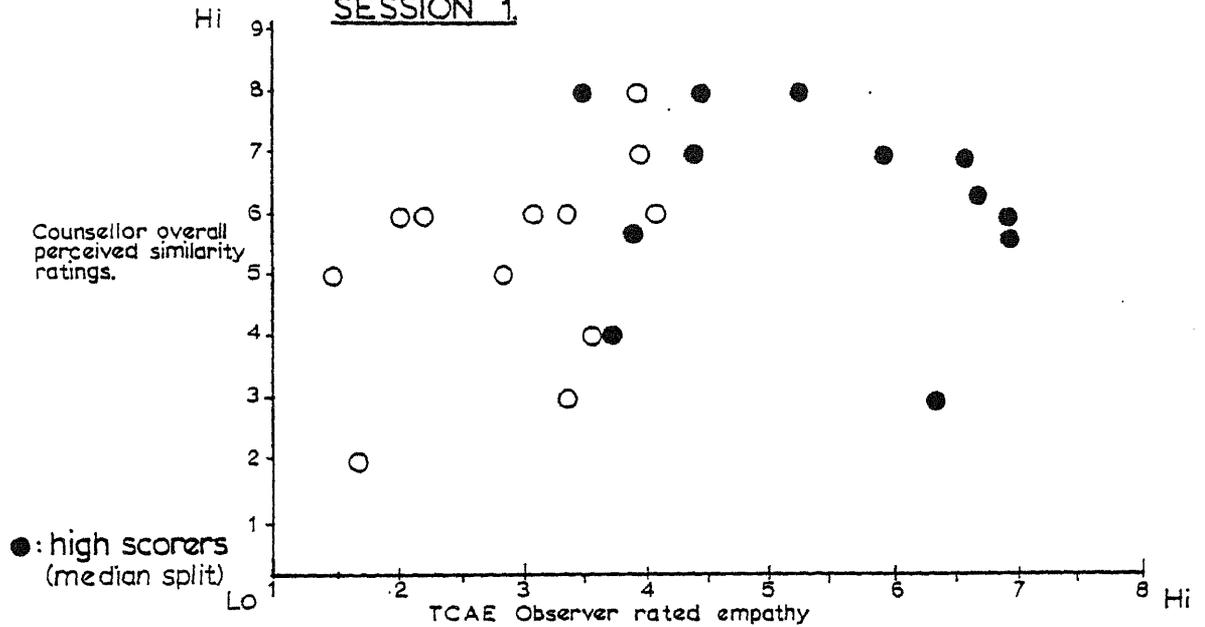
A significant difference was obtained however, between male and female counsellors on the unconditionality of regard variable for session 3, with female counsellors' rating themselves higher on this dimension than males ($z = 3.03$, $p = 0.002$, $n = 7$; $n = 8$).

Sess	Empathy		Regard		Congruence		Uncondit.		Known		n
	Z	P	Z	P	Z	P	Z	P	Z	P	
1	-0.14	ns	-4.90	0.001	-0.18	ns	-1.73	0.08	-0.45	ns	24
2	-0.36	ns	-3.08	0.002	-1.22	ns	-0.40	ns	-1.01	ns	21
3	-1.20	ns	-2.21	0.02	-0.85	ns	-1.31	ns	1.07	ns	15

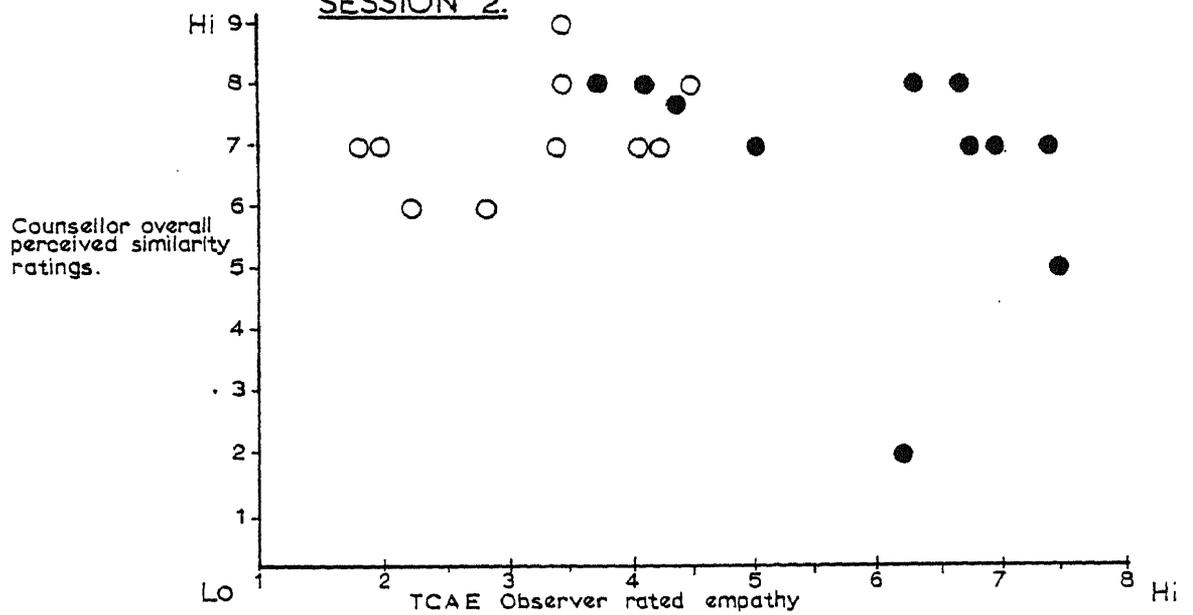
Table h. Mann-Whitney U scores and probability levels between counsellors and clients ratings of BLRI variables; by session.

Counsellor perceived similarity ratings and T.C.A.E. Observer ratings.

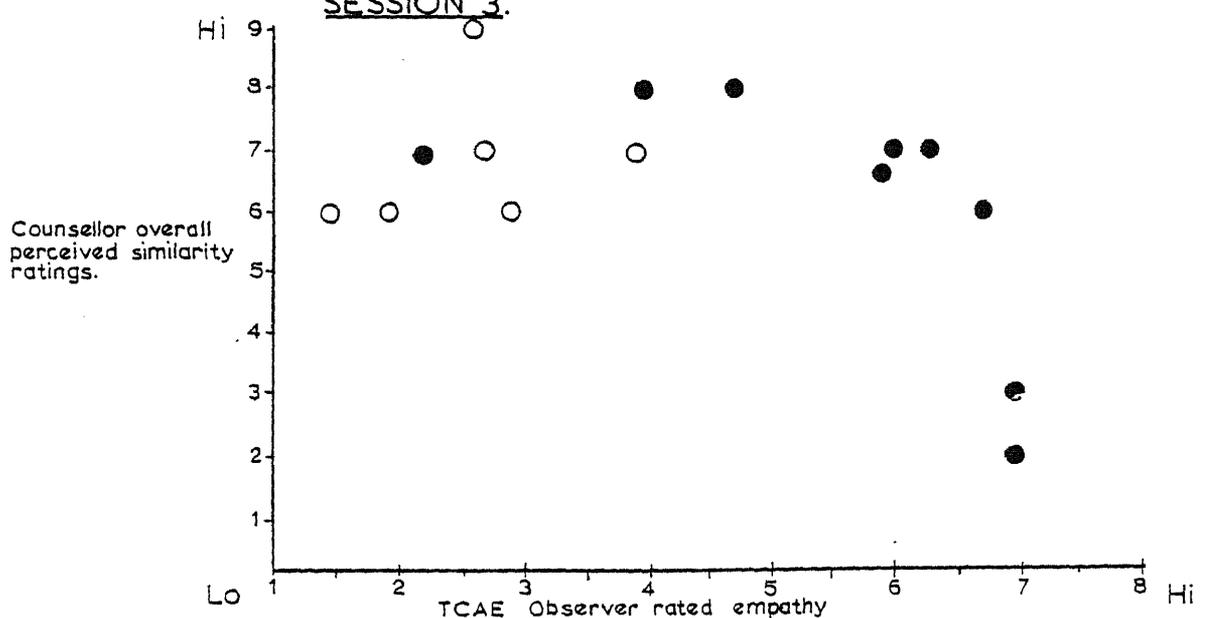
SESSION 1.



SESSION 2.



SESSION 3.



APPENDIX 13. Zero order Pearson Product - Moment Correlations

between Compatibility Indices and Ratings of Similarity and Closeness.

A. Counsellor ratings of similarity and closeness (sessions 1, 2, 3) with compatibility indices.						
Compat.index	Sim.Ses 1	Sim.Ses 2	Sim.Ses 3	close.Ses 1	close.Ses 2	close.Ses 3
Total K	0.190	0.210	0.087	0.309	0.212	0.172
Reciprocal	0.219	0.147	0.127	0.130	0.112	0.213
Interchange	0.053	0.399	0.286	0.339	0.202	0.081
Originator	0.022	-0.292	-0.088	0.040	0.089	-0.057
N	24	21	15	24	21	15

B. Client ratings of similarity and closeness (sessions 1, 2, 3) with compatibility indices.						
Compat.index	Sim.Ses 1	Sim.Ses 2	Sim.Ses 3	close.Ses 1	close.Ses 2	close.Ses 3
Total K	-0.311	-0.211	0.052	0.319	-0.125	-0.091
Reciprocal	0.300	0.198	0.387	-0.088	-0.198	0.186
Interchange	-0.247	-0.172	-0.194	-0.014	0.132	-0.018
Originator	-0.034	-0.224	0.352	-0.123	0.156	-0.162
N	24	21	15	24	21	15

APPENDIX 14. Zero Order Pearson Product - Moment Correlations between Reciprocal, Interchange and Originator Compatibility Indices, and Measures of Empathy.

	BLRI Counsellor	BLRI Counsellor	BLRI Counsellor	BLRI Client	BLRI Client	BLRI Client
Session	1	2	3	1	2	3
Reciprocal	-0.0966 (24) P=0.653	-0.1001 (21) P=0.666	-0.3653 (15) P=0.181	0.0854 (24) P=0.692	0.3734 (21) P=0.095	0.2508 (15) P=0.367
Interchange	-0.1145 (24) P=0.594	-0.1177 (21) P=0.611	-0.4137 (15) P=0.125	0.0912 (24) P=0.672	0.2453 (21) P=0.284	0.1591 (15) P=0.571
Originator	-0.0834 (24) P=0.698	-0.0596 (21) P=0.797	-0.3711 (15) P=0.173	0.0749 (24) P=0.728	0.3718 (21) P=0.097	0.2569 (15) P=0.355

	TCAE Observer	TCAE Observer	TCAE Observer	TCAE Counsellor	TCAE Counsellor	TCAE Counsellor	TCAE Supervisor
Session	1	2	3	1	2	3	Overall
Reciprocal	0.3516 (24) P=0.092	0.2783 (21) P=0.222	0.3316 (15) P=0.227	0.1033 (24) P=0.631	-0.0548 (21) P=0.814	0.2061 (15) P=0.461	-0.3296 (24) P=0.116
Interchange	0.3716 (24) P=0.039	0.3702 (21) P=0.099	0.3495 (15) P=0.202	0.1109 (24) P=0.606	-0.313 (21) P=0.893	0.2022 (15) P=0.470	-0.3878 (24) P=0.061
Originator	0.3190 (24) P=0.129	0.2494 (21) P=0.276	0.3084 (15) P=0.263	0.1009 (24) P=0.639	-0.0695 (21) P=0.765	0.1974 (15) P=0.481	-0.2956 (24) P=0.161

APPENDIX 15. Dyadic Summary Sheet showing high/low counsellor groupings (medium split) across empathy ratings.

Dyad number	BLRI	BLRI	BLRI	BLRI	BLRI	BLRI	TCAE	TCAE	TCAE	TCAE	TCAE	TCAE	Super-visor mean
	Counsellors	Counsellors	Counsellors	Clients	Clients	Clients	Observers	Observers	Observers	Counsellors	Counsellors	Counsellors	
	Session	Session	Session	Session	Session	Session	Session	Session	Session	Session	Session	Session	Ranking
	1	2	3	1	2	3	1	2	3	1	2	3	
43/18	L	L	H	H	H	H	H	H	H	H	H	H	H
39/14	L	L	L	L	L	L	H	H	H	H	H	H	H
04/40	H	H	H	H	H	H	L	L	L	L	L	L	L
12/37	H	H	H	H	H	H	L	L	L	H	L	L	L
08/20	H	H	H	H	H	H	H	H	H	H	H	L	H
10/16	L	L	L	H	L	L	H	H	H	H	H	H	H
83/94	H	L		L	L		L	L		H	H		L
06/15	L	L		H	L		H	L		L	H		L
04/17	H	H	H	H	H	H	L	L	L	L	L	L	L
11/21	H			L			L			L			L
43/44	L	L	L	L	H	L	H	H	H	H	H	H	H
09/34	L			L			L			L			L
07/36	L			H			H			L			H
10/29	L	L	L	H	H	H	L	H	H	L	H	H	H
11/19	H	H	L	H	H	H	L	L	L	H	L	L	L
05/27	H	H	L	L	L	L	H	L	L	L	H	H	H
02/32	H	H		L	L		H	H		H	L		H
03/26	H	H		L	L		L	L		H	H		L
07/24	L	L		L	L		H	H		L	H		H
41/13	L	L	L	H	H	H	H	H	H	H	H	H	H
01/25	L	H	L	L	H	H	L	L	L	H	L	L	L
12/35	H	H	H	L	L	L	L	L	L	L	L	L	H
02/23	H	L	H	H	H	H	H	H	H	H	H	H	H
03/33	L	L		H	H		L	L		L	H		L

APPENDIX 16. Content Analysis of Records of Interview

BROAD TRENDS: COMPARISON OF COUNSELLOR AND CLIENT OVERALL AND
SPECIFIC PERCEPTIONS OF SIMILARITY TO THE OTHER.

The following results are presented with reference to the system of content analysis described in Chapter 6.1.

1. Overall Similarity (Interview Question 1)

Table a. shows the total number of units (themes) coded for both counsellors and clients in response to Question 1. A copy of the Record of Interview is provided in Appendix 6.

<u>Table a. Total number of response units coded for counsellors and clients. Question 1 (by session)</u>					
		Counsellors		Clients	
Session	n	themes	\bar{x}	themes	\bar{x}
1	24	81	3.37	101	4.20
2	21	65	3.09	53	2.52
3	15	34	2.26	41	2.73
TOTAL	60	180		195	

The number of identified client themes tended to be somewhat higher than the number of identified counsellor themes. However, no account was taken, of themes repeated by subjects from session to session. Clients were in fact much more repetitive than counsellors in their descriptions of overall similarity, although specific counsellors also tended to repeat themes across sessions. It appears that repetitiveness may be primarily a function of dyadic combinations.

The trend toward a decreasing number of both client and counsellor responses across sessions is interesting. It is difficult to determine however, whether the pattern is attributable to the lessening importance of the concept of similarity over time; the decision of specific subjects to eliminate, rather than repeat an earlier stated response; familiarity over time with the record of interview, or other factors.

A session by session comparison of responses indicated that although the total number of responses lessened over time, the classification pattern remained similar. It appears that while patterns differ markedly from dyad to dyad, individual subjects respond consistently across sessions.

It was decided therefore, that the loss of information suffered from the presentation of combined sessional analyses would be extremely small.

Table b. shows the mean percentage of responses occurring within the following three content analysis categories: Forms of similarity; Domain; Time perspective, for both counsellors and clients.

Table b. Mean percentage of responses; Forms of similarity; Domain; Time perspective: <u>counsellors and clients</u>														
DOMAIN	COUNSELLORS (CN)						CLIENTS (LT)						Total	
	Cognitive			Affective			Cognitive			Affective			CN	LT
TIME PERSPECTIVE	P _i	P _{ii}	F _{iii}	P	P	F	P	P	F	P	P	F		
FORMS OF SIMILARITY														
Value	5	4	0	9	5	0	2	1	4	8	2	4	23	21
Role	7	6	0	1	2	0	10	2	2	4	4	3	16	25
S.L.ExperiencesIV	14	7	0	4	2	0	9	3	4	6	3	0	27	25
Demographic	10	15	0	2	1	0	8	2	0	10	6	0	28	26
Other	3	1	0	2	0	0	2	0	0	0	1	0	6	3
TOTAL	39	33	0	18	10	0	31	8	10	28	16	7		
PERCENTAGE	72%			28%			49%			51%			100%	100%
i Past; ii Present; iii Future; iv Specific Life Experience														

It may be seen that counsellors responses are primarily cognitive whereas clients responses are more or less evenly distributed between both cognitive and affective domains.

All counsellors responses are past or present oriented. Client responses are primarily past oriented although 17% of responses fall within the future similarity category. Further inspection indicated that the majority of responses within the future similarity category were expressive of the clients desire to be 'like' the counsellor.

Counsellors cognitive responses tended to be of demographic or specific life experience forms of similarity; whereas affective responses tended more toward value similarities.

Clients cognitive responses were distributed throughout role, specific life experience and demographic similarities; whereas affective responses tended to be demographic or value oriented.

Table c. shows the mean percentage of counsellor responses falling into the Disclosure (self disclosure/self involvement) and Intensity (strong/moderate/neutral) categories for each of the above Forms of Similarity.

Table c. Mean percentage of counsellor responses for Disclosure (self disclose/self involvement) and Intensity (strong/moderate/neutral) across Forms of Similarity

Values (23%)			Role (16%)		
	S.D. I	S.I. II		S.D.	S.I.
Strong	47	14	Strong	8	4
Moderate	4	24	Moderate	40	14
Neutral	9	2	Neutral	20	14
TOTAL	60	40	TOTAL	68	32
Specific Life Experience (27%)			Demographic (28%)		
	S.D.	S.I.		S.D.	S.I.
Strong	16	14	Strong	0	0
Moderate	22	34	Moderate	14	12
Neutral	8	6	Neutral	54	20
TOTAL	46	54	TOTAL	68	32

I Self Disclosure II Self Involvement

It can be observed that counsellor responses expressed with the greatest degree of intensity, were those falling within the values classification. Responses stated with the least degree of intensity were those classified as demographic. Furthermore, the majority of responses across each of the forms of similarity, fall within the self disclosure, rather than the self involvement category.

Table d. provides the mean percentage of client responses falling into the Disclosure (self disclosure/self involvement) and Intensity (strong/moderate/neutral) categories for each of the Forms of Similarity.

Table d. Mean percentage of client responses for Disclosure (self disclosure/self involvement) and Intensity (strong/moderate/ neutral) across Forms of Similarity.				
Values (21%)			Role (25%)	
	S.D. _I	S.I. _{II}		
Strong	16	0	Strong	14 0
Moderate	56	14	Moderate	23 16
Neutral	8	6	Neutral	21 26
TOTAL	80	20	TOTAL	58 42
Specific Life Experience (25%)			Demographic (26%)	
	S.D.	S.I.		
Strong	12	4	Strong	0 0
Moderate	30	18	Moderate	10 6
Neutral	28	8	Neutral	68 16
TOTAL	70	30	TOTAL	78 22

I Self disclosure; II Self involvement.

Table d shows that clients are far-less intense in their expression of similarity than counsellors and tended to make a greater proportion of self disclosing rather than self involving statements. The relatively high number of client self involving statements within the similarity of role category is the exception to the above trend - although it can be seen that the majority of self involving responses were of neutral intensity.

2. Specific Similarity (Interview Question II)

Table e. shows the number of counsellors and clients able to identify a specific moment of similarity, across each session.

Table e. Counsellors and Clients identifying a moment of specific similarity (by session).			
Session	Total n	Counsellor	Client
1	24	21	22
2	21	18	16
3	15	13	13

On only two occasions were both members of a dyad unable to identify a specific moment of similarity and in fact, the same dyad was involved on both occasions: (Dyad 04/40).

Tables obtained for specific similarity will not be presented since response tallies were very similar to those presented in Tables b, c and d. Two exceptions to the above statement were obtained however: the percentages for similarity of value were much higher for counsellors (34% compared with 23% in Table b); and the total number of responses falling into the affective category were also higher (54% compared with 28% in Table b.).

3. General comments: Overall and specific similarity as perceived by counsellors and clients in response to interview questions 1 and 11.

- (i) Counsellor responses were in most instances, considerably more specific than client responses - except where the former were expressed in terms of demographic data.
- (ii) As indicated within Chapter 4, clients questioned their ability to distinguish between similarity and closeness in the absence of counsellor self disclosure. Counsellors, did not appear to experience this difficulty - probably largely due to the proportionally greater amount of information available to them about their clients, by which to assess the degree of similarity.

Analyses of videotapes later indicated that in approximately 78% of cases, specific moments of similarity identified by clients were preceded during the counselling interaction by counsellor self disclosure.

Not all counsellor self disclosures were interpreted by clients as moments of similarity, however. In a number of instances self disclosure was interpreted as a moment of dissimilarity and great distance. For example: "When she said she really understood and began telling me about how painful it was for her...I realised how little she'd understood of what I said. It just shut me right up."

The consequences of badly timed or inaccurate counsellor self disclosure appear potentially more detrimental to both client growth and the client - counsellor relationship, than is often recognised.

- (iii) Parity of response (i.e. Where both members of a dyad described their perceptions of similarity in terms of the same theme), occurred across about 40% of dyads on at least one occasion.

Where this occurred, responses tended to be of two kinds:

- (a) Stereotypical or demographic similarity ('We're both women', 'We both come from the same area of Britain'), or
- (b) Similarity of specific life experience or values, where mutual self disclosure occurred during the course of the counselling interaction. ('The discovery for both of us, of a self-nurturing role within a self-deprecating role').

- (iv) Inter-sessional patterns: counsellors and clients whose descriptions of specific similarity fell into tangible demographic or stereotypical role categories, expressed with a cognitive orientation, tended to feature within the same categories across each session.

Subjects whose descriptions were primarily affective and fell within similarity of value or specific life experience categories, tended to both describe the moment of similarity in far greater detail and exhibit a wider range of responses from session to session, than those falling within the above categories.

- (v) In general, clients and counsellors who perceived themselves as dissimilar or of low similarity to the other, responded in terms of concrete life experiences or demographic data of a cognitive orientation and at a level coded as of neutral intensity.

Subjects who perceived themselves as highly similar to the other tended to respond in terms of similarity of values or of specific life experiences, expressed with a strong degree of intensity and of affective orientation, although of either a self disclosing or self involving nature.

While the absence of future orientated counsellor responses was of interest, the time perspective category appears overall, to be of little value.

In summary, there were both qualitative and quantitative differences in the nature of similarity as perceived by counsellors and clients.

Clients tended to identify a greater number of general similarities than counsellors, although the similarities were more concrete, and of a lower level of intensity than those of counsellors.

Client perception of specific similarity appeared to be largely tied to the degree and quality of counsellor self disclosure.

Counsellors displayed responses of a wider range of intensity than clients across questions associated with both overall and specific similarity.

APPENDIX 17. Difficulties and Limitations Associated with Data Collection and Analysis.

Many of the potential limitations associated with the instruments used in the present study have already been discussed.

The points listed below are associated with specific difficulties of a practical nature, which may have affected validity and reliability within the present study but most certainly affected the efficiency and utility of data collection and analysis.

1. One of the difficulties of an exploratory study such as this is the lack of a clearly defined research base and body of literature upon which to gauge the 'most fruitful' directions for specific analysis.

Consequently, much research time is associated with unfruitful explorations which are necessary in order to ultimately determine the emphasis of the study. In addition, much potentially valuable data remains virtually untapped because of time limitations or because it relates only tangentially to the purpose of the study.

2. One of the aims of the study was to gather data as directly as possible from subjects and where feasible - such as in the structured interview situation - to use subjects responses in determining the basis for categorization.

Thus, no attempt was made to design a content analysis system until after the completion of data collection in order to minimise the risk of selective questioning and recording by interviewers.

While such an approach has conceptual and aesthetic advantages, it produced a back-up effect which slowed down the process and flow of analyses.

3. The concept of closeness was introduced into the structured interview and used in association with that of similarity to assist subjects in distinguishing between similarity and closeness and thus lessen the likelihood of subjects responding to questions of similarity in terms of perceived closeness.

However, clients expressed difficulty in differentiating the two, although the distinction appeared to be a meaningful one for counsellors.

The link between the two concepts from the perspective of the client may be an interesting avenue for further research.

4. It is difficult to assess the extent to which thoughts and feelings; within - counselling behaviour; and post-interview responses obtained subsequent to the first interview were distorted as a result of the data-collecting procedures.

TCAE and BLRI responses were consistently aberrant for session 2 - although it is unclear whether such an anomaly is attributable to data collection procedures, since session 3 and session 1 responses were relatively consistent.

An analysis of videotapes revealed two sources of behaviour which appeared to differ between first and subsequent counselling sessions: both counsellors and clients exhibited far more relaxed body language and intonation patterns during the second and third sessions and; the frequency of discussion associated with counsellor-client relationship factors increased during the second and third sessions.

Such behaviours may have been a function of client-counsellor familiarity as much as a consequence of research procedures.

5. The effect of video and audio recording equipment was on several occasions raised for discussion by a client or counsellor during the first session. Subjects report habituating to the equipment after a few minutes and the effect on behaviour was probably minimal, although cannot be discounted.
6. Strategies for increasing the validity of the structured interview were outlined in Chapter 3. There is still however, considerable room for distortion or invalidity of responses collected through such methods:

Subjects specific use of language may distort interviewers recording of responses. The meaning of every word cannot be questioned;

Subjects may choose to withhold the most important information because of lack of trust or the degree of self-disclosure required;

While the social desirability of any response over another was minimised, subjects may still respond in accordance with a desire to please the interviewer;

The nature of the interview and the depth and topics of discussion may sensitise subjects to thought patterns or behaviour of which they were previously unaware and thus increase the likelihood of such behaviours reoccurring;

When data obtained from several sources is conflicting, it is difficult to determine the potential source of invalidity;

7. The Barrett-Lennard Relationship Inventory is a relatively easy instrument to administer and score. However, as previously mentioned it is difficult to assess the basis upon which counsellors and clients make their ratings and the factors associated with 'high' and 'low' ratings which may be more likely being measured than the variable under consideration.
8. Subjects reported frustration and boredom in completing the FIRO-F scale. Such factors may have affected the results obtained.

Furthermore, in order to use the FIRO-F as an indicator of dyadic compatibility, each item must be scored according to six different Guttman scales. Scale scores are then re-computed in accordance with four different formulae for computing compatibility.

In addition to the arithmetical difficulties outlined in Chapters 3 and 5, the FIRO-F does not appear to be a cost-effective use of research time.

9. Much more research is required into the psychology of rating - particularly with reference to the Truax/Carkhuff Accurate Empathy Scale.

While high interrater reliability was consistently obtained, an audio-tape of observers post-rating discussion indicated that raters tended to use the scale levels (1-9) and rate in accordance with some sort of 'intuitive' balancing system - rather than using the descriptions associated with each level.

Furthermore, they expressed concern over whether they were in fact responding to counsellor 'niceness', 'expertise' or the extent to which they 'approved' of the counsellors response, rather than responding to the 'appropriateness' of the response within a particular setting, as indicated by the clients reaction.

Since the difficulties of raters appear to have seldom been investigated or reported, it is unclear whether such behaviours generalise to raters outside the parameters of the present study.

Another avenue for further research is the extent to which discrepancy between observers ratings of one particular counsellor may be due to an observer's perceived similarity to the client.

It is possible that raters who perceived high similarity between self and client tended to rate the counsellor of that client more highly if she or he responded in a manner which the rater considered personally desirable and lower if the counsellor responded in a personally unacceptable manner.

10. TCAE observers expressed in post-rating discussion that 'highly skilled' counsellors were the most difficult to rate since verbal fluency, technical skill and empathic responses became confused.
11. The Truax/Carkhuff Accurate Empathy Scale includes reference to both 'obvious' and 'more hidden' behaviour.

Observers expressed concern that choosing an appropriate level for 'obvious' behaviour, committed them to also rating 'hidden' behaviour at that level.

Since observer training stressed the importance of rating at the most manifest level, the ignoring of more covert behaviour which would have required a higher degree of interpretation, may increase the reliability of the scale whilst decreasing validity.

ACCURATE EMPATHY RATING RECORD SHEET

RATER NAME: _____

USING THE ACCURATE EMPATHY SCALE PROVIDED, CIRCLE THE APPROPRIATE NUMBER TO RECORD YOUR RATING OF EACH VIDEOTAPE EXCERPT.

PRACTICE RATING 1

Excerpt 1	1	2	3	4	5	6	7	8	9
2	1	2	3	4	5	6	7	8	9

PRACTICE RATING 2

Excerpt 1	1	2	3	4	5	6	7	8	9
Excerpt 2	1	2	3	4	5	6	7	8	9

INTERACTION RATING _____

Excerpt 1	1	2	3	4	5	6	7	8	9
2	1	2	3	4	5	6	7	8	9
3	1	2	3	4	5	6	7	8	9
4	1	2	3	4	5	6	7	8	9
5	1	2	3	4	5	6	7	8	9
6	1	2	3	4	5	6	7	8	9
7	1	2	3	4	5	6	7	8	9
8	1	2	3	4	5	6	7	8	9
9	1	2	3	4	5	6	7	8	9

APPENDIX 19. Means and Standard Deviations: overall similarity; overall closeness; specific similarity and specific closeness, for counsellors and clients, (by session).

Session	Variable	Counsellors		Clients		N _I
		\bar{x}	s.d	\bar{x}	s.d	
1	Overall similarity	5.75	1.77	6.42	1.53	24
	Overall closeness	6.54	1.06	6.62	1.55	24
	Specific similarity	6.58	2.99	6.16	2.56	21
	Specific closeness	6.42	3.03	6.29	2.42	21
2	Overall similarity	6.17	2.74	6.04	2.72	21
	Overall closeness	6.21	2.58	6.16	2.73	21
	Specific similarity	5.92	3.36	4.54	3.42	19
	Specific closeness	5.66	3.53	4.83	3.65	19
3	Overall similarity	4.21	3.66	4.79	3.87	15
	Overall closeness	4.37	3.52	4.75	3.84	15
	Specific similarity	4.09	4.08	3.95	3.89	13
	Specific closeness	4.00	3.83	4.13	3.99	13

- I. Note that the different N for ratings of overall and specific similarity/closeness indicates the number of subjects for that session who were able to identify a moment of specific similarity or closeness.

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