THE IMPACT OF BRIEF TRAINING ON THE EMPATHIC

ABILITIES OF HIGH SCHOOL STUDENTS

BY

GLEN H. McCABE

A Thesis

Submitted to the Faculty of Graduate Studies

in Partial Fulfillment of the Requirements

for the Degree of

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Department of Educational Psychology

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Dedication

    I would like to dedicate this research, and any benefits that may accrue from it, to my daughter, who teaches me every day that it is more important to be happy than to be right.

ABSTRACT

Considerable attention has been given, in the
literature, to the specific counsellor characteristics
necessary for a therapeutic relationship to develop.
Empathic ability has been identified as one of the most
central characteristics. It is important, therefore, to
examine people's ability to learn and apply empathic
understanding.

The study tested whether or not high school students
who received instruction over a brief period of time would
demonstrate greater empathic ability than those who did not
receive instruction. The results of instructing and testing
an experimental group that received the instruction, were
compared to a control group that had not received the
program of instruction.

Empathic ability was measured using Guerney's 8 point
Acceptance of Others Scale. Results supported the idea that
the trained students would perform at a higher level of
empathy than the non-trained students.

Acknowledgements

I woud like to express my gratitude and thanks to all the people who helped me during the course of this endeavour. I am especially grateful to the members of my thesis committee, Dr. Ray Henjum, Dr. David Martin, and Dr. Kelvin Seifert. Their advice and sincere interest in my efforts were a source of direction and inspiration. I especially would like to thank the chairman of the committee, Dr. Henjum, for his patience and guidance.

I would like to express my appreciation to the St. James School Division, and the staff and students of Sturgeon Creek Regional Secondary School (SCRSS), for supporting my project. I would especially like to thank the students who took part in my research. Their willingness to participate and desire to understand, sustained my efforts.

Finally, I would like to thank those near and dear to me for their love and support, and for believing that what we feel is more important than what we think.

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CHAPTER I

It is generally accepted that modern living brings increased levels of pressure and stress. Overall, mental health in the community is said to be adversely affected by this increased stress and pressure. People have begun to experience more intense emotional needs, that were hitherto not so deeply present in society. Such needs were met in the past by the family of origin, the extended family and/or local community groups. In more modern times these mechanisms appear to have been themselves less available and more beleaguered by stress and breakdown.

Recently, in response to these special needs and concerns, people have begun to turn more and more to counselling and psychotherapeutic resources in the communty. In reaction to this trend, more people have begun to undertake to provide such services. A variety of therapeutic approaches have emerged in the 20th century in an attempt to respond to the growing search for supportive counselling and psychotherapy.

It is thought that people instructed in interpersonal communication skills would be better

equipped to provide support than those who have not received instruction. Non-professional people who are confronted with personal issues and problems amongst their familial and social groups can and do benefit from instruction in specific inter-personal skills. As a result of training, there may be benefits for the individuals who receive training, and for others with whom they come in contact who have expressed a wish for help. By extrapolation, the overall community could benefit from the improved communication skills of those trained as helpers.

The purpose of this study is to isolate empathic ability as a specific therapeutic skill, teach it to a group of high school students, and then to examine the changes in the treatment group as a result of the training. Previous research with other populations has suggested that, after participating in such training programs, where personal growth, relationships and communication skills were the focal points, people showed improvement in these areas.

Background To The Study

This section describes empathic understanding, it's uses and perameters in the counselling and psychotherapeutic context. It includes a description of it's use and significance in the establishment and

application of counselling and psychotherapy methods. It
includes information regarding methods of instruction of
communication skills, and information about the
measurement methods.

Empathic Ability

The use of empathy has been recognized as a
significant component of counselling and psychotherapy
for nearly a hundred years. Sigmund Freud acknowledged
the mysterious power of empathy when he said it was the
way in which "...we are enabled to take up any attitude
at all towards another mental life" (Margulies, 1984, p.
1025).

In the 1920s, Jacob Moreno talked about 'tele,' the
ability to communicate and sense the feeling of another,
as being one of the more central issues of psychodrama.
More recently, in the post World War II era, Carl Rogers
looked more closely at the practical application of
empathy in counselling and psychotherapy. After
unprecedented research and practical application in
clinical settings he concluded that empathic
understanding was one of three necessary and sufficient
conditions for the advent of personal growth and
creativity. The other two conditions considered by Rogers
to be necessary and sufficient for therapeutic change to
occur are genuineness and unconditional acceptance. He

also alluded to the processing of experience as closely
linked to the presence of what he called 'accurate
empathy.' Rogers suggested that the use of accurate
empathy by one person can promote and foster the internal
reliving of past experience in another.

Different theorists and researchers have tended to
define empathy in different ways. For example, Rogers
(1942, 1951) tended to refer to empathy as getting under
the skin of another and being with that person in their
deepest experiencing. Others (Martin, 1983; Rice, 1974)
have added to this the idea that one was most empathic
when he/she was able to sense the inner world of another,
and be slightly in advance of the client's understanding.
This has been called advanced empathy by some and
evocative empathy by others. Another way of defining
empathy has been to view it as a reflective ability. One
person reflects another person's feelings back to them in
such a way as to reduce anxiety and promote
understanding.

A definition of empathy that is useful for the
purposes of this study will incorporate all of the above.
In a single statement it could be said that empathy is
the ability or capacity to enter into and understand the
inner world of another person, to communicate this
understanding and, as much as possible, to add new
meaning to past experience. This definition tends to

frame empathy as a highly active two-way process of listening and responding.

Chapter 2 of this study contains more discussion on the above and a more detailed coverage of the research and the scope of empathy.

Training Methods

The literature (Jacobs, 1981; Lomis and Baker, 1985; Margulies, 1984; Martin, 1983) suggests strongly that instruction can have a positive effect on a person's ability to behave empathically.

There appear to be two main streams of thought related to instruction of empathic abilities. First, there is basic generic approach whereby empathic abilities are taught within the context of a broad spectrum of interpersonal communication techniques (Cooker and Cheachia, 1976). Empathy, for all intents and purposes, is incidental to the process of learning interpersonal communication skills. Truax, Carkhuff and Douds (1964) proposed a training program utilizing didactic and experiential components emphasizing role-modelling by a higher functioning trainer, and a controlled program of methods and group experience. They tried to make allowance for the integration of learned skills and personal values through the group experience component.

One other school of thought suggests that interpersonal communication skills can be taught as differentiated components of a larger picture. In other words, interpersonal abilities are related but distinct entities that can be taught as such. Ivey (1971, 1983) adopts this approach in his micro-counselling/basic attending skills model.

This study attempted to identify, define and instruct empathic ability as a discreet component of interpersonal skills. Whereas Ivey identified such items as eye contact, voice tone, body posture and so on as micro components, the focus in this study was to teach empathic understanding and responding as concepts and then have the participants practice them through the experiential application of language and practical exercises. This approach is deemed to enhance empathic ability. The impact of this effort was compared to another group of people that had not received the program of formal training in interpersonal communication skills.

Chapter two has a more detailed discussion of training methods with emphasis on styles of instruction and measurement methods. Chapter three gives details about the specific training methods and tools used in this study.

Sample Population

The subjects chosen for this study were chosen from among high school students ranging in age from 15 to 20 inclusive. The total number of subjects was twenty-two. They were all in grade 10, 11 or 12, with the possibility of some students studying subjects from more than one grade. They were randomly selected from the general school population.

Chapter three has a more in-depth discussion of the sample population and the data to be gathered in the experiment.

The Purpose of the Study

The purpose of this study was to investigate and analyze the impact of brief training on empathy in high school students. To this end a group of high school students participated in approximately 7 hours of instruction in empathic skills. The training approach was loosely based on Ivey's (1974, 1978) micro-counselling/basic attending skills model, with enhancement from Carr's (1980) Peer Counsellor Starter Kit, and Martin's (1983) Counselling and Therapy Skills. An aspect drawn from Ivey was the structured learning of individualized skills such as attending and body messages (non verbal). Carr's contribution was the emphasis on

empathic listening. The elements drawn from Martin's work were the use of taped role-play experiences, and open informal discussion.

The participants were divided into two groups: a control group and an experiemental group. Through the use of cross-group comparisons, information was gleaned about the usefulness of brief instruction in the learning of empathic responding as an interpersonal communication skill.

Research Questions

The question that directed this study is: Can high school students benefit from brief training in empathy skills to the point where they actually show a significant statistical difference from those who have not received instruction? More specifically, how will the group receiving instruction compare to the group that has not received the instruction.

Definitions

High School Student

A person who is between the ages of 15 and 20 (inclusively), and who actively attends classes at a recognized main-stream secondary learning institution in grade 10, 11, or 12 or any combination of classes thereof.

Trainers

The researcher and one assistant, both of whom participated in the administration of the post-treatment measurements. The researcher planned and conducted the entire training program.

Experimental Group

Those individuals who participated in the training program.

Control Group

Those individuals who did not receive the formal instruction in communication skills, but who participated in completing the empathic abilities test.

Empathic Ability

The ability of one to convey, in written and/or verbal form, an understanding of the expressed thoughts and feelings of another person.

Training

A brief, intensive training program in empathic ability using a didactic-experiential teaching model.

Limitations of the Study

The subjects in this study were chosen randomly from the population of a mainstream high school in Winnipeg. Half of the group partook of a brief intensive training program in interpersonal helping skills with specific emphasis on empathic understanding and responding.

Eligiblility for participation was based on being 15 to 20 (inclusive) years of age and attending classes in grade 10 to 12 on a regular, full time basis.

High school students are deemed to be at a particular stage of development on the road to adulthood. Their experiences are limited to some degree, and yet they are also perceived to be ensconced in a life transition (i.e. from adolscence to adulthood). These factors may effect an individual's pattern of results. The results generated by this study should be confined to that population.

The following chapter contains a detailed discussion of empathy: it's meaning, uses, and research on it's application, instruction methods in empathy training, and measurement guidelines and methods. Chapter three contains a detailed explanation of methods to be used in carrying out this study.

CHAPTER II

Review Of The Literature

This chapter contains a description of empathy, as a concept, the applied treatment methods and changes in communication skills levels as a result of participation in group training programs and the previous relevant research, both on development of empathic measures and results of treatment.

Empathy

Carl Rogers (1942, 1951, 1957, 1959, 1961, 1962, 1975, 1980) pioneered the development and application of empathy as a tool of counselling and psychotherapy. In more recent times his efforts and ideas have been applied and studied prodigiously.

In the last five decades or so empathy has been the focal point of much attention in the world of counselling and psychotherapy, not in the sense of discovery, but rather in the context of assessment, evaluation and measurement. It effectively has become one of the cornerstones of modern therapeutic intervention methods. Practitioners today view empathy as being closely associated with therapeutic change and, moreover, fundamental to most styles of clinical interventions (Egan, 1986; Margulies, 1984).

As stated in chapter one it is generally agreed that empathy is the ability of one or more people to enter

into and understand the inner world of another (Egan, 1986). Others have claimed that in order for empathic understanding to be useful it must be communicated openly (Margulies, 1984; Martin, 1983; Rice, 1974). In this sense the usefulness of empathy as a helping instrument lies in a two part process which includes empathic listening and empathic responding.

Reflection of feeling is a widely used technique in counselling. It is perhaps one of the most potent tools available to a therapist (Rice, 1974). In order for a helper to reflect feeling he/she must experience some level of accurate empathy with his/her co-respondent. Empathy, along with the other core conditions, genuineness and unconditional acceptance, forms the basis for therapeutic interventions where the focus of therapy is the reflection of feelings.

Another use of empathy is for the establishment of a climate of trust and nondefensiveness in the therapeutic relationship. This has been the central precept of client-centered therapy. Accurate empathy is a central element of client-centered therapy. The trust element is not only that which the client feels toward his/her therapist, but also that whereby the therapist trusts the client to inevitably symbolically approach the source of conflict and distress in his/her life.

In a broader sense empathy is used as a back-drop for many other forms of interventions. Even the

staunchest behaviouralist will acknowledge the usefulness
of empathy as a means for establishing a working
relationship with a client (Margulies, 1984), not to
mention other phenomenological methods such as
psychoanalysis, gestalt therapy, and transactional
analysis. If one looks at the idea of evocative empathy
as espoused by Rice (1974), Martin (1983) and others, one
of the potential uses of empathy that emerges is that of
promotion of the reprocessing of experience. It seems
that evocative empathy tends to promote and encourage a
desire (need) to re-examine past experience so as to
begin looking at that experience differently than had
been the case previously. The result is that one
effectively begins to re-define him/herself as expressed
through his/her thoughts, feelings and behaviours (Rice,
1974).

Another way of looking at the usefulness of empathy
is that it is a means by which a therapist can attempt to
suspend closure (Margulies, 1984). It is a way of keeping
the mind open to new possibilities for both the therapist
and the client. Personal change and growth are an ongoing
process that is effected by one's view of one's own
experience. The use of empathic responses in therapy
emphasizes that change is a progressive experience that
is more closely approximated as time passes and self
investigation continues. In this way the empathic
therapist plays the part of evocateur. Evocative empathy

makes it possible for a person to approach his/her greatest fears by successive approximations.

One of the criticisms of empathy, as it has been described by Rogers and others, is that it has been very difficult to define and operationalize in any useful sense. There are at least two possible explanations for this.

In the first instance, Egan (1986) suggests that empathy is not simply an intellectual or abstract concept, but is rather 'a way of being' (p.111). He suggests that in order for people to be really effective in the use of empathy they ideally must sense it as a way of life, not just as a professional role or a distinguishable therapeutic skill. From this standpoint there is little wonder that people would find it difficult to use empathic understanding in the same way that one would turn on a light switch or a water tap. A person attempting to use empathy in a therapeutic context, or in common day to day interactions for that matter, would have to be operating at an intuitive level rather than at a conscious level.

Using empathy as a way of life has other implications. A person would, by definition, have to set aside personal biases, prejudices and, in general, preconceived ideas about motivation, causes of behaviour and situational precursors when trying to be helpful with others. It seems that accurate empathy interacts closely

with acceptance and openness. Genuineness and unconditional acceptance preclude the presence of biases and preconceived ideas about motivation and behaviour.

A helper cannot really communicate an understanding of another's world without being in touch with that world. Most of the discussion about empathy (Bachelor, 1986; Egan, 1980, Margulies, 1984; Warton, 1983) involves additional discussion about being able to focus one's full attention to the inner experiencing of another. The literature suggests that this is a total concentration of energy rather than a coincidental effect. It would seem that a person must be able to forego personal issues and concerns in order to sense and experience the inner world of another. It is suggested that the way to do this is to listen empathically and observe empathically. However, what seems to be even more crucial is that one needs to be able to think empathically. Empathy, from this frame of reference, requires a high level of integration, a language, and a set of symbols.

Mayeroff (1971) suggests that empathic contact is essential to a caring relationship. To be in touch with someone else requires ability to attend, observe and listen empathically. To care for another is to try to 'be with' that person in as complete a way as possible.

> "To care for another person, I must be able to
> understand him and his world as if I were inside it.
> I must be able to see, as it were, with his eyes
> what his world is like to him and how he sees
> himself...(p. 41)".

To care means to understand, or at least try to understand. A person must go beyond the level of seeing another in an abstract or detached way, and substitute that for being with that person in their inner experiencing. Huxley (1963) suggests that we are all fundamentally alone, but that empathy is the attempt to break down the metaphysical barriers and join with another in his/her experiencing. Understanding the experiences, behaviours, feelings and attitudes of another person means that one must be able to cross the gap of isolation.

In his later work, Rogers (1980) suggested that basic empathy was really being with and understanding as "an unappreciated way of being" (p. 137) because presumed experts either ignored it entirely or were not skilled in it's use, despite it's usefulness in counselling and therapy. Rogers said that to listen and understand empathically

> "...means entering the private perceptual world of
> the other and becoming thoroughly at home in it. It
> involves being sensitive, moment by moment, to the
> changing felt meanings which flow in this other
> person, to the fear or rage or tenderness or
> confusion or whatever that he or she is
> experiencing. It means temporarily living in the
> other's life, moving about in it delicately without
> making judgements...(p. 142)".

Rogers' view suggests that empathy flows from the basic values of respect and genuineness. It is understandable that it is difficult to grasp and use this skill. And it

is also very understandable that empathic understanding as a tool for use in helping relationships has created such a level of controversy.

According to the above discussion,to be truly empathic, one must incorporate the skill into the fabric of one's day to day living. It cannot exist in isolation. It must be joined with other qualities such as genuineness and unconditional acceptance. Herein lies the issue with most of the reasearch and training done in empathic ability. Empathy is either taught as an isolated element, or included, often without identifying it, in a group of discreet skills such as eye contact, body posture/movement, probing questions, hand gestures and so on. The literature suggests strongly, as Jacobs (1981) has pointed out, that these methods only marginally improve empathic functioning. The real proof of whether or not instruction is useful is whether or not trainees function empathically after training. Despite the fact that Jacobs was "thumbing his nose", albeit in a good-natured way, at training in empathic abilities, he makes two very good observations, which are commented on in some detail below.

Martin (1983) points out that, although genuiness and warmth may be very significant in therapy, they are so dependent on individual personal elements that they are "...difficult to describe, much less to teach (p. 270)". Martin (1983) suggests that the evidence on

training empathic understanding is hopeful though inclusive. Mitchell (1977) suggests that out of the three necessary and sufficient core conditions of therapy (empathy, genuineness, and warmth), empathy at least can be taught. Carkhuff and Berenson (1967) suggest that graduate training has a negative effect on therapeutic skill. Martin (1983) points out that Bergin and Solomon (1970) found that the empathic ability of graduate students showed a negative correlation with the psychology subscale of the Graduate Record Examination (GRE).

Most people do not naturally respond in such a way as to display empathic understand. They offer advice or lend a sympathetic ear or identify with the other person (Bachelor, 1987). In order for a person to respond empathically they will likely have to go through a period of 'unlearning' old ways of responding before they can make headway in learning the apparently foreign technique of empathic responding. Researchers have attempted to teach people in empathy, but they have met with limited success. Jacobs discusses this in his study where he points out several studies (Pierce and Drosgow, 1969; Viatalo, 1971; Berenson, et. al., 1966; Carkhuff, 1969; Carkhuff and Bierman, 1970) where not one of them reported a post-training level that could be considered empathic, despite as much as 30 hours of training.

Empathy, and the training thereof, clearly continues to be a controversial issue. It is controversial because of it's phenomenological, abstract nature. It is not a tangible element that can be observed in the same way that the number of times and in what direction a therapist crosses his/her legs, or the number of times he/she makes eye contact with a person. It is rather, something that is sensed, or pre-consciously perceived. This makes it's measurement challenging at best, and nigh unto impossible at worst.

For this reason researchers have tried different ways of measuring empathy. Bachelor (1987) has used client perceptions as the basis for measuring therapist empathy. Sources, such as Jacobs (1981), have used external inter-rater measurements to assess levels of empathy. This has perhaps been the most commonly used methods of measurement. The Carkhuff 5 point scale appears to have been the most commonly used measurement tool in this method. Another method measure has been to solicit indicators from helpers as to when they thought they were responding empathically. At times combinations of the above methods have been used. There will be more discussion of the method used in this study in the methods and procedures portion of chapter three.

Empathy is also controversial because there is disagreement over whether it is a learned skill or an intuitive skill. Are some people born with more ability

to be empathic? Do people become empathic because they operate in an environment that teaches and encourages it? Or, is it a combination of both questions?

Jacobs (1981) points out that the issue is even more specific. It seems to be agreed, at least begrudgingly, that people can learn to function at a somewhat more empathic level after training, but they are not, in fact, functioning at an accurately empathic level. Perhaps it is an exercise in futility to try to train people to be empathic with one another. On the other hand, perhaps a method of training has not been developed that can impart the concept and the skill sufficiently well to have people become empathic. It is the opinion of this researcher that the latter statement deserves more exploration. Despite the large amount of research about empathy there may still be room for further adaptation and modulation in the training procedures that have been explored to date. There will be a more detailed discussion of this in chapter three.

Research indicates (Jacobs, 1981; Mitchell, et. al., 1977) that people tend to function at a level which has a net negative effect prior to training, and just below a helpful level after training. Martin (1983) points out that the latter can be achieved in as little as six hours, but more typically is done in about 100 hours. By these indicators, it would appear that the quantity of

teaching has a limited bearing on the level of effective responding.

It has been suggested that the ability to be accurately empathic may be an example of gifted behaviour, much in the same manner that some people are great sculptors, musicians or athletes. You either have it or you don't. If this is the case then teaching the skill would likely be useless. Those who could do it would and those who can't would simply sit back in envy. The truth of the matter is that even highly gifted individuals have benefited from training. Clearly, in research, even average, everyday people have shown they can improve their ability to be in touch with the feelings of others. This reason alone supports the proposition of exploring new, perhaps uncharted avenues of instruction.

How empathy occurs is largely a mystery (Margulies, 1984), but it is perceived as a basic ingredient in psychotherapeutic work. It has been touted as an essential element in such diverse contents as brief crisis intervention techniques and in the development of a long-term therapeutic relationship. It has been considered an essential component of all ongoing, positive relationships at the professional and the peer levels. The presence of empathy tends to bear a direct relationship to a client's perceived level of success in counselling, and also to the tendency for therapy to

continue. As a construct of psychotherapy, empathy has become so pervasive that it is virtually taken for granted. It has become perhaps the most researched and described single element in the psychological lexicon. The amount of literature and research about empathy, it's uses and nature, seems to suggest that it touches a deep chord in the heart of would-be helpers and therapists.

Although the role of empathy is much debated, and the concept is much debated, the concept remains a meaningful one in the literature (Bachelor, 1987). Two broad research perspectives have been present in the last 15 years. One is the assessment of therapist empathy by external raters to determine the effectiveness of the therapist/client relationship (Bachelor, 1987; Marziali, 1981). The other is to look at client perception of therapist empathy as a predictor of outcome of therapy. This current study is concerned with determining therapist empathy by using external raters. Despite the fact that Gurman (1977) and Patterson, (1984) suggest that to use external observers flies in the face of the client-centered approach to therapy in that it places the onus for determing therapist effectiveness away from the client. It is the opinion of this researcher that the use of external raters is warranted on the basis of maintaining an atmosphere where participant anxiety in the testing sessions is kept to a minimum. Using helpee ratings, particularly with adolescents, may simply serve

to raise anxiety and reduce performance. This is discussed more fully below.

The many uses and broad range of empathy have fostered much controversy over the years since it was introduced by Carl Rogers as one of the necessary and sufficient conditions of therapeutic change. Literature relating to it's description and uses is vast. It has caused people to attempt to disprove it's validity, or prove it, depending on their personal hopes and biases.

Instruction In Empathy

The result of the controversial nature of empathy in psychotherapy in addition to the debates about how it functions, has been a plethora of literature about it's acquisition as a skill and a concept. The sense that empathy is central to effective human interaction has led to a search for a method of teaching that would make it possible for people to learn to be empathic if they were not, and more empathic if they already were. Much of the emphasis has been on finding a way of training the behaviour, and increasing the motivation to utilize the behaviour (Jacob, 1981). This section looks briefly at the Carkhuff/Truax model of instruction, and the Ivey micro-counselling approach, among others.

As noted earlier, one of the serious questions that has arisen in discussions of empathy is whether or not it can be taught (Martin, 1983). There seems to be some

agreement in the literature that empathic abilities can be improved through instruction (Jacobs, 1981; Martin, 1983; Mitchell, 1977; Weihs amd Chapados, 1986). Much of the evidence gathered shows that while there is an improvement in empathic functioning after training, most respondents are still not functioning at an accurate empathic level. Use of the Carkhuff 5 point scale shows that prior to training most people function at the 1.3 to 1.7 range (ie. helper responses take away significantly from the expressed meaning of another), and at the 2.3 to 2.7 range after training (ie. helper responses take away somewhat from the expressed meaning of another). On the Carkhuff scale 3 is considered to be a response that is basically interchangeable with the expression of another. In other words, it neither takes away or adds anything to the meaning of another's expression of feeling or experience.

Jacobs (1981) questioned the meaningfulness of the apparent gains made by participants in training experiments because the trainees failed to reach the third level on the Carkhuff scale even after training.

Jacobs suggests that there are two significant reasons for the failure of instruction to bring respondents up to a 'minimally facilitative' level of empathy. First, he suggests that the language used in training tends to be too intellectual and too technical. He says the consequence of this is that, empathy as a

concept, is too abstract for easy assimilation. He cites the Carkhuff scale itself as being useless to the naive beginner. Jacob's (1981) cites the example of Carkhuff's definition of a level 5 response, one that adds new meaning to a person's expression, which states:

> "The helper's responses add significantly to the feeling and meaning of the expressions of the helpee(s) in such a way as to accurately express feeling, levels below what the helpee himself was able to express or, in the event of ongoing, deep self-exploration on the helpee's part, to be fully with him in his deepest moments." (p. 41)

This has the feeling of a very technical piece of legal jargon taken from the fine print of a personal services contract.

Also, there is a lack of clarity as to what empathy is. Egan (1986) says that empathy is a 'way of being', a professional presence, and thirdly, a communication skill. Martin (1983) and Rice (1974) talk about 'evocative empathy' which seems to be perceived differently from 'accurate empathy'. Empathy seems to be perceived as needing open expression to be considered complete. It is plain to see that even highly trained professionals would have difficulty operating empathically let alone a beginner who has never studied the subject in any meaningful sense, or at all, for that matter.

Jacobs' (1981) second point about the reason that instruction of novices in empathic abilities has been marginally successful is the apparent failure of the

framework of instruction to sufficiently induce trainees to put in the necessary effort to learn and integrate the information at hand. He cites the example that the subjects' natural responses are denoted as inferior, while the instructor's method of responding is inherently superior. The net result is the development of a high level of resistance to learning. Moreover, this resistance likely takes on a covert form which is expressed in a passive-aggressive mode. The trainee appears to be listening and involved, but is really engaged in thinking about something else.

It is strongly suggested in the literature (Avery, 1978; Carr, 1980; Ivey, 1974; Jacobs, 1981) that the instruction language, and the framework of instruction, be as non-threatening and understandable as possible. Common phrases and words should be used rather than technical terms wherever possible. Participants' offerings should be validated and given value so as to avoid inciting resistance. Also, definitions and concepts should be demonstrated through role modelling and practical presentations wherever possible.

Carkhuff and Truax (1969) found that when people were aware that their performance in empathic responding was being evaluated, their performance level dropped. It appears that anxiety levels and resistance levels were heightened as a result of being 'graded' on a scale. People report a high level of self-consciousness when

they are asked to behave empathically. It seems to have
the same effect on a person as when he or she is asked to
sing spontaneously for visiting strangers. All ability to
perform effectively, quickly disappears.

Most literature suggests strongly that the real
value of empathy lies not in it's absorption as a
strictly intellectual construct, but rather it's
application as a practical therapeutic skill (Egan, 1986;
Corey, 1982; Margulies, 1984; Martin, 1983 and Rice,
1974). This implies that the instruction of empathy
should be framed in the context of it being a 'hands-on'
skill. The concept is best learned through practical
demonstration and active participation. Emphasis should
be placed, without saying it outright, on learning for
the sheer joy of it, not for the 'pay-back' after
training is over.

In order to add to the 'active' component and to the
feedback portion, some researchers and trainers advocate
the use of role-plays and audio-tape recordings, which
would be played back later for purposes of evaluation,
demonstration and constructive criticism. (Egan, 1986;
Martin, 1983). Others (Avery, 1978 and Ivey, 1974, 1983)
advocate for the use of videotaping to assist in
training. Both the audio-tape and the videotape methods
can be used for the purposes of measurement of empathic
abilities using a graduated scale such as the Carkhuff
scale. Due to the anxiety issue about being evaluated

that is described above, the aspect of the research dealing with rating performance by trainees has to be dealt with openly, but, at the same time, very cautiously. Optimum performance in post-treatment testing is absolutely essential in order to get the best idea possible as to the level of functioning. Even a relatively small drop in trainee performance could mean the difference between operating at a marginally empathic level or at a consistently accurate empathic level.

The method of instruction of empathic skills has, for the most part, focused on the use of brief training. Jacobs (1981) points out that in eight studies he reviewed the average number of hours of training was approximately 20. In his own study, Jacobs used two one and a half hour sessions. Martin (1983) indicates that training time seems to range from six hours to 100 hours.

One of the crucial factors in this is the distribution of training time, not just the number of hours. Do people perform better if they have longer to learn? In other words, do people learn to be more empathic if the hours of instruction are spread over a longer period of time? If a person receives twelve hours of instruction over four weeks will they perform more empathically than if a person receives twelve hours over one weekend. Despite the issue of integration mentioned above the evidence seems to be inconclusive. In some cases people who receive instruction over a relatively

short period of time perform better than those who have
received the same number of hours of instruction over a
relatively longer period of time (i.e., two days as
opposed to one month). It appears that other factors
likely come into play. Some of which are related to the
ones described above as well as the effectiveness and the
ability of the trainer.

Most styles of instruction seem to focus heavily on
the didactic-experiential approach (Avery, 1978; Carkhuff
and Truax, 1969; Carr, 1980; Egan, 1986; and Ivey, 1974,
1983). Also, most instruction has tended to take place in
groups. Although there is no clear indication as to the
ideal group size (they range from 6 participants to as
many as 30) it would appear that 8 - 12 is a workable
range. Any smaller and the sample may be too small for
adequate representations in statistical analysis, and any
larger and the instruction may have a tendency to be too
impersonal and aloof to deal effectively with trainee
inqueries, feedback opportunities, retries,
clarification, suggestions, and so on.

The general format seems to be to present a concept,
idea, or definition in verbal and written forms to the
trainees, invite some general discussion of it amongst
the group members and then to enact some practical
demonstration of it's use. Any questions, concerns or
comments are dealt with at this point. Practical
demonstrations are made using videotapes, audiotapes,

role-modelling, films, and other audio-visual aids.
Trainees get to see the idea in action. After this there
is the opportunity for people to get actively involved by
trying to operationalize the idea themselves. This is
then followed by feedback and debriefing sessions. There
are variations on the theme but this, generally at least,
seems to cover the field (Bachelor, 1987; Jacobs, 1981;
McIntyre, Thomas and Borgen, 1982). It seems that the
focal point of most training is to place most of the
energy and time used for instruction on the practical
application of the skills, as opposed to the concepts
and aspects. The intellectual aspects seem to play a
lesser role in the acquisition of empathic ability than
do other issues (Martin, 1983).

Finally, there seems to be two broad frames of
reference by which empathy and, more generally,
communication skills are taught. On the one hand there is
the approach whereby empathic skills are taught as part
of general interpersonal communication skills (Avery,
1980; Carr, 1983 and McIntyre, Thomas and Borgen, 1982).
On the other hand, there is the approach whereby empathy
is isolated as a distinct idea and skill and taught with
secondary attention to other therapeutic skills (Lomis
and Baker, 1985 and Martin, 1983). It is not that other
aspects of communication are ignored, rather they are
framed in the context of "...empathic communication
skills (Lomis and Baker, 1985, p. 85). If one is

attempting to be empathic it would seem that there would be a tendency to use more eye contact, more nurturant words and sentences, gestures of encouragement, and so on. In both approaches there seems to be widespread incorporation of such instructional tools as feedback, suggestions, clarification, question and answer periods, modelling, validation, and encouragement.

Measurement

For the most part in the research one sees that independent, external raters are used to evaluate the level of empathic responding that participants achieve in post-treatment tests. There are instances where the rating has been based on the perceived empathy of the client (Bachelor, 1987). In these situations the client (trainee) is asked to give an indication of whether or not they thought the therapist (trainee) was responding empathically. These seem to be approached by doing pre-designed role-plays on an alternating basis. It has been purported that the perception of whether or not a therapist has been empathic is one of the best measures for predicting outcome and longevity of therapy. This however, is not the focus of this study, so it would be inappropriate to use this particular method.

The method of evaluation of trainee performance in this study will be to have ratings provided by external independent raters. The instrument to be used for this

purpose will be Guerney's Acceptance of Others Scale
(AOS) (1977). Although Carkhuff's 5 point scale appears
to have been more widely used it does not necessarily
suit the purposes of this tudy. As pointed out by Jacobs
(1981) the Carkhuff scale is rather abstract and very
technical. The language in the Carkhuff scale is deemed
as being very difficult for novices to understand. Also
it tends to measure empathy at a very advanced level
which does not really come into play in this study. The
fifth step of Carkhuff's scale is only reached by the
most skilled individuals and even then only some of the
time.

Guerney's scale has 8 gradations, or categories, of
empathic responses. They are worded very much more in the
mode of common language. Guerney has deliberately tried
to keep the words easy to understand. This is very
applicable to this study in that the participants will be
relative newcomers to the concept and it's practical
application. The levels from 1 - 6 are basically non-
empathic responses while levels 7 and 8 are empathic and
evocatively empathic, respectively. For example, level 8
on the Guerney AOS scale states:

> "Verbally reflects (states) the deepest feelings
> expressed by the other. Also, content, if any,
> accurately reflects the main thrust of the other's
> meaning. A highly empathic response (Jacobs, 1981,
> p. 47)."

The language used is clear and straight forward. It is likely to be much more readily understood by a novice trainee.

By contrast, Carkhuff's level 5 states:

"The helper's responses add significantly to the feeling and meaning of the expressions of the helpee(s) in such a way as to accurately express feeling levels below what the helpee himself was able to express or, in the event of ongoing, deep self-exploration on the helpee's part, to be fully with him in his deepest moments (Jacobs, 1981, p. 41)."

The language is highly intellectualized, and, while it may be very discernable to a trained professional, it is nontheless much less obvious in it's meaning for the novice than Guerney's level 8. Guerney's scale is even more straight-forward at the lower categories. The level of the language used in the Guerney scale is very significant since it will be presented to the trainees early in the instruction program.

The method of rating and evaluating trainee performance is discussed in further detail in chapter three.

Summary

In summary, the literature suggests that empathy is one of the central and key elements of beneficial human interaction. It also suggests that empathy is essential to any caring relationship, and particularly to one that is intended to be therapeutic in nature.

Research suggests that participants in training programs, where general communication skills or specific empathic skills are the focal point, tend to show increased expertise after training. In other words, it is generally agreed that novice trainees can benefit from brief training in empathic abilities.

However, there have been problems in the research. First, empathy has proven to be a difficult concept to define and present for the consumption of beginner trainees. After training most people still function, according to the Carkhuff 5 point scale and the Guerney 8 point scale, at a level of empathy that has been suggesed is too low to lend validity to the claims that are made that empathy can be successfully taught. However, research has been considered valid based on there being a statistically significant improvement in performance after training (i.e., 1.5 on Carkhuff's scale before training and approximately 2.6 after training, for a differential of 1.3). From the more general standpoint of interpersonal communication skills, which includes a variety of behaviours such as eye contact, body language, and so on, the research is considered to have met it's objective adequately.

In research experiments conducted to determine levels of empathic ability in trainees the Carkhuff scale has been much more widely used than the Guerney scale. However, the Carkhuff scale is highly technical in it's

use of language which makes it less desirable as a teaching tool for the purposes of this study. The Guerney scale appears to be more suitable due to it's use of common language.

The mode of instruction used when training has been attempted has been a combination of didactic and experiential components. This has been considered most successful due to the 'hands-on' relevence of empathy in relationships. This study will reflect this trend, with emphasis heavily favouring the experiential learning component.

The purpose of this project is to explore and evaluate the impact of a brief training program in empathic ability on a group of high school students.

Training and measuring and statistical analysis are explored in more detail in chapter three.

CHAPTER III

Methods And Procedures

In this chapter the research design, the sample of participants, instruction methods, data collection method, evaluation and measurement instruments, and the statistical analyses are described.

Research Design

The basic focus of this project was to study the impact of brief training in empathic abilities on a group of high school students (the experimental group), and to compare the results with the performance of a group of high school students who have not received the training (the control group). The crucial comparisons in this study were the cross-group comparisons. Each group was comprised of 11 participants. After the experimental group received the prescribed instruction program a post-treatment test, called the empathic abilities test, was completed by both groups. This provided the data base for subsequent statistical analyses. Each participant in the study generated twelve empathic responses. These responses were then statistically analyzed on a cross-group basis. In the post-treatment analysis the control group was the standard of measurement for the experiment. Since the two groups were considered to be the same sample, the only difference between them was the instruction in empathy skills.

The Sample

The sample was comprised of high school students only. All were 15 - 20 years of age, and actively attending classes at a recognized secondary institution in Winnipeg. All participants were full time school attendees, enrolled in grade 10, 11 or 12, or any combinations of classes thereof.

Initially 80 students were chosen from a complete list of the total high school population. There was no effort to screen or otherwise influence the nature of the sample other than the age and grade requirements. These 80 were invited to meet with the researcher and a school staff representative (the school counsellor) so that they could be informed about the experiment, and divided equally into the experimental and contol groups. The researcher indicated that they were selected to participate in a research study. They were also informed of the fact that the research is related to communication skills acquisition amongst high school students. They were told that there would be two separate groups, without identifying the specific categorical difference between them. Both groups were offered the training component, with the only specification being that one would receive it before the other. The time for the control group to receive the training was to be set after the testing had been completed. Both groups were tested

at the same time. Conditions for testing were exactly the same for both groups.

The control group members were given a letter of information to read themselves if they were 18 or over, or to show their parents/guardians if they were under 18. This letter assured confidentiality and anonymity. It outlined the role of the control group in terms of time and involvement. They were also advised in the letter that they could withdraw from participation at any time without penalty. See appendix C for the complete text of the letter of information.

The students selected for the experimental group were asked to stay while the others were dismissed. The students selected for the experimental group were presented with a letter of consent which they were instructed to read and sign themselves if they were 18 or over, and, if they were under 18, to have signed by their parents. The letter of consent outlined the nature of the treatment, it's basic objectives, and it's duration. The letter included all the necessary information for obtaining informed consent. It also outlined the fact that participants could withdraw at any time before or during the study without penalty or prejudice. It also indicated that confidentiality and anonymity would be assured, and that no deceptions would be used in the study. See appendix D for the full text of the letter of consent.

Both groups were advised as to when they would begin their portion of the study.

The Treatment

The experimental group participated in approximately 6 hours of training. Additional time was spent in practice outside of the training sessions. The additional time reflected 'homework' tasks completed by each participant. The 6 hours were broken up into three sessions. There was be a refreshment break at each midway point of each session. The instruction time was spread over a 2 day period. There was some time variation from one session to another, but every effort was made to adhere to the prescribed duration.

The training format was didactic-experiential, with the emphasis of instruction heavily favouring the experiential component. The intent was to use a question and answer format as new ideas and procedures were attempted. The experiential-didactic combination has been used extensively in empathy training by researchers (Avery, 1978, 1981, 1982; Carkhuff and Truax, 1969; Carr, 1980; Ivey, 1983; Lomis and Baker, 1985; Martin, 1983). These previous studies have reported that trainees responded favourably to the mixed approach. The practical participation approach was used to help the learning of

the meaning and the impact of the cognitive conceptual
aspects, such as the definitions of empathy, the use and
scope of empathy, a helping relationship, warmth,
genuineness, levels of empathy, the emotional/content
relationship in people's verbal expressions, and so on.
The emphasis on the practical/experiential aspect of
training was also intended to help to make the learning
experience more enjoyable, which in turn, was intended to
help reduce feelings of anxiety and/or resistance the
participants may have had.

The learning experience was organized and shaped to
encourage the development of two key elements. They are:
empathic listening and empathic responding. Some emphasis
was placed on the practical aspects of suitable and
effective attending behaviours, but more emphasis was put
on attending to the 'hidden' message, which is to say the
feeling part of a given expression. Some of the practical
attending behaviours taught are appropriate eye contact,
low level encouragement responses, and suitable body
movement and posture. In the empathic responding aspect
emphasis was placed on 'unlearning' of the 'usual' ways
of responding, and the development of an empathic
vocabulary. At the start of this phase the approach was
to utilize and teach the uses of simple reflection of
feeling.

The techniques of instruction included printed
matter, audiotape presentations, videotape presentations,

role-plays, game playing, problem-solving, questions and
answer sessions, open forums for discussion, role
modelling, and small group interactions. In each instance
the emphasis was to present the material in as easily
understood a framework as possible. This was intended to
help to respond to Jacobs' (1981) concerns about the use
of language that is too technical and the negative impact
of trainee resistance that develops as a result of
perceived trainer superiority.

The overall goal of the treatment, and ultimately
the experiment, was to improve the ability, and increase
the motivation of the participants, to behave
empathically. The various components of training,
including the framework of the presentation, were
designed to reflect this. In order to assist in this
goal, each individual session was set up in such a way as
to allow for the broadest possible range of self-
expression on the part of the trainees, and for as much
reinforcement for behaving in the desired mode as
possible. In each session there were opportunities for
casual interactions between participants, time-out
relaxation periods and review of the proceedings. The
trainer also looked for opportunities to validate and
encourage the trainees in their efforts as often as
possible. About a half to two thirds of each session was
spent in experiential components. About one sixth to one
quarter of the time was spent using audio-visual

presentations. One eighth to one sixth of each session was devoted to discussion of new concepts. The remainder of the time was allotted for review. The training sessions took place at the school from whence the trainees were recruited.

Each session began with about five minutes of informal, undirected conversation. There were eight to ten minutes spent on relaxation and focusing exercises. This was followed by a review of the previous session and the results of any homework assignments.

Participants were invited to comment on their own work. They were asked, in fact, to assess the extent that they felt they had been helpful to their role-play partner. The trainer did some demonstrations, after which the participants were invited to assess the level of empathy of the trainers responses, and to try to determine why they were or were not helpful. Throughout the training programs the students were encouraged to operate in the vernacular. The participants did role-plays whereby they practised their empathic skills. They alternated between the roles of helpee and helper. In some instances a three person role-play occurred where there was a three way rotation (ie. one helper, one helpee, and one observer). People were then invited to discuss their experience in the various roles they played.

At the end of each session the trainees were encouraged to use their newly acquired communication skills in their everyday interactions with others. They were also encouraged to think about how these new skills and information might influence their interactions with others. In the final session, before the data gathering component, the trainees spent all of the session practising their empathic skills and receiving clarification and feedback from the trainer. They were also alerted generally as to what to expect in the test situation. After the empathic abilities test was completed all of the participants in the experiment, including the control group, were debriefed about the purpose of the experiment, and the processing of the data.

The Data Collection

The data collected in this study was done so in two categories. The first component collected was the empathic abilities test responses, and the second was the demographic information. The empathic abilities test generated one hundred and thirty two responses for each group. The demographic data were the age, grade, and gender for each participant in both groups.

Demographics

The demographic information is coincidental to the main purpose of this study, but it was used to help isolate some of the independent variables that could influence the performance of a given participant. In order to determine the impact of each age and grade variable a correlation coefficient was be determined using Pearson's 'r'. The gender relationship was evaluated by using a t-test procedure. The results of these comparisons are reported in Chapter 4.

Empathic Response Data

As stated above, each participant in the experiment was asked to provide written empathic responses to statements presented in the empathic abilities test. The responses were made in response to 12 independent separate hypothetical statements presented on an overhead screen. Each statement presented had both a content component and a feeling component. The experimental group and the control group members alike, were asked to respond to each separate statement in as helpful a way as possible. This provided a total of 264 different responses. (i.e., 22 participants x 12 statements)

Rating the Responses

Each response was evaluated separately by two raters. One of the raters was this writer, and the second was an individual trained in the use of empathic skills and Guerney's AOS. The responses of the raters that were

not the same were averaged. The averaged rate and those

rates that were the same make up the rated responses that

were used in the statistical analyses. The rating process

was repeated for each of the responses given by each

participant. Each participant in the final analysis was

given one score for each response. This is discussed in

more detail below.

Scores on the AOS range from 1 to 8: one being

without empathic content and eight being highly empathic.

Each of the 8 categories corresponds to a level or tone

of social interaction between two people. Since this

scale has not been widely used, a copy of it is included

here. The AOS scale reads as follows:

Acceptance of Others Scale

8. Verbally relfects (states) the deepest feelings
expressed by the other. Also, content, if any, accurately
reflects the main thrust of the other's meaning. A highly
empathic response.
7. Recognizing feelings with full attention to mood, but
not conveying sensitivity to level of intensity, or not
responding fully to the significant feelings. Also
content, if any, in accord with main thrust of the
other's meaning.
6. A paraphrasing of content that is in accord with the
main thrust of the other's meaning. Acceptant, accurate,
but not stating any feelings of the other.
5. The attempt to "stay with" the other is clear, but
the response goes astray in some way. The following are
examples of ways in which the response may stray away
from one that focuses fully on the other's own thoughts
and mementus: (A) questioning in an attempt to get an
elaboration of the other's thoughts; (B) giving a
suggestion about the other's intent that has not been
implied by the other; or (C) a response that has the
effect of infusing ideas different from the other's.
4. Nonaccusative social conversation. Responding with
one's own ideas after the fashion of typical social
discourse. (A half minute of total verbal silence is
scored here. Under certain circumstantes, "Yes" or "uhm

uhm" and responses of this nature also scored here - see
guidelines.)
3.   Directing. Moderately critical in tone, but not
abusive. Taking the lead. Giving suggestions. Although
statements are not presented as being in direct
opposition, the statement has the effect of interjecting
thoughts that are in opposition to those expressed by the
other. Questioning in order to defend one's own point of
view.
2.   Open disagreements with content expressed by the
other. Contrary statements. Statements suggestive of
boredom, incredulity, rejection, disgust, disbelief, and
so on.
1.   Strongly agrumentative. Accusative. Openly rejecting
the other person or that person's rights to have the
feeling he has expressed. Abusive. Demanding. Angry.

In this scale only 7 and 8 can be considered

empathic categories. The rest (1 - 6) are essentially

non-empathic responses. The transition point could be

considered to be approximately 6.5 to 7.0. This is the

point where a response could be considered

interchangeable with the content and feeling of a given

expression. Trainee responses that are scored at 1 to 3

on the AOS could be viewed as responses that take away

significantly from the expressions of another. Trainee

responses that are scored from 4 to 6 could be seen as

taking away to some extent. Responses scored at 7 or 8

can be considered empathic.

The total time needed for the test was approximately

30 minutes from start to finish. The written responses

were handed in to the trainer immediately upon

completion. The response portion of the data gathering

process took about 20 minutes. The other ten minutes were

used for instruction, completing the demographic data and

answering any questions related to clarifying the
instructions.

Rater Preparation

Both raters were 'blinded' as to whether or not they
graded a trainee's response sheet or a control group
member's response sheet. They were also 'blinded' as to
the scores that each other gave until the grading was
completed. The 'blinding' was achieved by having a third
individual give a number coding to the response sheets,
concealing any identifying markings. The third person
then randomly shuffled the various response sheets. Each
rater worked independently with half of the sheets.Upon
completion of the first portion of response sheets they
were rotated between the two raters. They worked in
completely separate locations with no contact during the
grading process. The purpose of the 'blinding' process
was to eliminate, as much as possible, experimenter bias.

Rater Training

The independent rater was trained by the researcher
in his view of what empathy and empathic ability, and in
the use of Guerney's AOS.

The training session for the rater took
approximately 10 hours. The time was split into 3 parts.
The first dealt with the researcher's perceptions and
views on empathy. The second part dealt with the use of

Guerney's scale. The final phase was devoted to the practice of empathic responding, and the rating of each other's responses. This took up the bulk of the training time. The researcher and the rater tried to reach a consensus as to how empathic a given response was. The researcher and the rater participated in some brief role-plays together and discussed each other's responses. This process ensured that both raters developed a similar sense of empathy, and a similar sense of various empathic response levels.

The second phase of the rater training was devoted to learning how to operationalize Guerney's AOS. After discussion and familiarization with the scale the rater trainee and the researcher made responses to a variety of feeling oriented expressions. This was conducted in a similar fashion to the empathic abilities test presented to the students in the experiement. After completion the two raters traded answer sheets and grade each others responses one at a time. They then discussed the results together.

This training was intended to ensure that both raters were functioning by the same general standards when grading the responses of the trainees in the research experiment. Reliability between raters, using the Pearson's 'r' equation, at the end of training was between 0.78 and 0.94. The average r value was 0.83. On

the actual test responses the two raters were the same 76.5% of the time.

Data Analysis

The demographic information was collected prior to the start of the testing session. Before the trainees were asked to give their responses to the hypothethical statements, they were asked to provide their name, age, grade and gender. When they were asked to respond empathically they were asked to use words and sentences in as natural and normal a way as possible. They were asked to be as 'helpful' as they could.

The analyses of the collected data was based primarily on cross-group comparisons. The test results of the experimental group were compared to the test results of the control group. The differences in each case were compared to one another. Comparisons were also made based on age, grade, and gender. This latter phase was completed primarily for the purpose of developing ideas about further study and research.

The 12 scores for each participant were averaged, which became the overall participant test score. This was further mathmatically rated so as to derive an overall average group score. From this, further calculations were completed to derive information about the statistical differences between the two groups. A one-tailed t-test was completed in order to compare the performance

difference between the experimental group and the control group. The demographic data were analyzed by correlating them with the performance levels of each group.

All of the results are tabled and discussed in chapter four, which contains a full explanation of the findings of the study. Chapter five provides a detailed description of the conclusions drawn from the study, and suggestions for further research.

Case studies of the experimental group participants were developed for the purpose of addressing such items as change in attitude from the start to the finish of training, and the general attitudes of the participants in the training program. Each case study contains information about their grade, age and sex.

The following chapter is a presentation of the analyses of the data and the case studies.

CHAPTER IV

Results

The results of this study, investigating the impact of a brief training program and the empathic abilities of high school students, are reported below.

First, brief case reports of each of the eleven participants in the experimental group were prepared and reported. This was done in order to present the subjects of the study as real people with real ways of dealing with the world they encounter. Also, they are presented in order of highest score to lowest for purposes of reader interest. They show the character of the training group and how they dealt with each other and the researcher. Demographic information relating to age, grade and gender is reported. Their performance on the empathic abilities test is reported, along with information in general self-reports, and researcher impressions, relating to attitude, motivation, and general frame of mind. Also, some information is shared about their reasons for completing the training.

The second section of this chapter is a presentation of significant comparisons of the groups.

The final section of this chapter contains comments on the results of the demographic/performance correlations in the two groups.

The experiment was conducted at a large Regional Secondary School in Winnipeg. This is a school with a mixed population of teens and adults. It is also mixed in the sense that it has a combination of vocational and academic programs. The overall school population is approximately thirteen hundred. This is divided between the adult population (over 22 years old) at approximately 28%, and the regular student population at approximately 72%.

Case Studies

For each of the single case study reports, the subject was given a fictitious name. Any information that could be used to identify the student was deleted in order to assure anonymity. The training group was made up of a mixture of vocational and academic students.

Initially, the group was very quiet and watchful, taking all of their cues from the instructor. As time progressed in the first session they began to relax and offer more spontaneous input. The group was really very naive and inexperienced in matters that some might take for granted if compared to college students and graduates. For example, the first attempt at a role-play was basically a disaster. They just did not know what to do, or what was expected. It was necessary to describe every step and give practical demonstrations. Even at that, one participant asked quite bluntly, "So, what's the use of doin' it if it's not real. Ya can't respond to

a pretend situation." However, subsequent efforts were more fruitful. Also, they were naive about the impact of emotions on people's choices to act in a certain way, or how to give words to the feelings they themselves felt.

The first stage of training required a direct but very relaxed, flexible approach with the students in order to avoid setting the instructor up as an expert sitting in judgement of their lack of ability. As time progressed in training, they began to be better acquainted with what empathy was all about. They began to be more willing to take risks in the group.

They were an interesting mix of individuals who each contributed in some way or other to the overall group. The instructor tried to validate their right to self-expression no matter how simple, naive or misguided it may seem, so that they would not feel 'turned off' to the idea of improving their communication skills. Once they realized that the instructor was not going to judge them or criticize their efforts and they got to know one another, they began to open themselves up to the learning experience and had some fun with it.

Jane

Jane appeared withdrawn at the first meeting with the reasearcher. She seemed to be interested in what was going on around her but did not interact very much with others. She seemed almost shy. During training she offered no spontaneous responses, but was very attentive

when others spoke. She did not ask any questions of the researcher, but was always attentive to the instruction.

She seemed genuinely interested in what was happening, but reserved comment until she was asked to give input. She took part in all the group activities including the role-plays. When asked about why she took part in the training she did not have a real answer. She shrugged her shoulders and gestured that she was not sure. At the end of the training she indicated to a couple of her friends to take the training if they could because she thought it was interesting, and kind of different.

Interestingly, despite her rather withdrawn attitude and indifference in her rationale for taking the training, she scored 7.1 on her empathic abilities test. This is .75 above the group average and is, in fact, the highest average score achieved in this study. Only one other person scored as high as Jane. Her scores ranged from 5 to 8.

Herbert

Herbert presented himself as being somewhat uninterested in the group. He interacted very little with the others in the group, although he tended to 'chat' with the person who was sitting next to him. He seemed to have a good grasp of the notions of human emotions and the 'hidden' message in other people's comments. He was

very good in the role-play interactions once he got the
idea. He seemed to enjoy himself for the most part. He
refrained from any interaction with the instructor unless
he was directly addressed by him. At times Herbert seemed
almost bored with the proceedings. He was never rude, as
such, but never really showed any desire to be overly
pleasant either. However, toward the end of the training
he showed a flair for empathic responding that was
unexpected by the researcher. When asked why he took the
training he did not give any clear indication. He sort of
shrugged and moved in his chair uncomfortably. Herbert
scored an average of 6.9 on the empathic abilities test.
This is .55 above the group average. His scores ranged
from 5 to 8. His score is more indicative of his attitude
in the final stage of the training than it is of his
overall attitude. He clearly shows potential for making
further gains in interpersonal communication skills
training.

Heather

Heather presented as a rather shy sort of person.
She spoke in the group only when asked. She seemed to
like to be quiet and observe rather than get involved in
the interactions of the group. She gave very few
indicators as to whether or not she was getting anything
out of the training. Toward the middle of the training
program she began to offer some responses to general

group discussions. On one occasion she demonstrated that she has a good working vocabulary related to human feelings. As a group we were working on an exercise to improve vocabulary in the area of naming feelings. We were also rating the descriptive words as to intensity. Heather really was able to take a lead in this respect. Despite Heather's shyness she was by nature a very pleasant person. She smiled and spoke appropriately when spoken to by others in the group. She made no direct contact, however, with the instructor unless he initiated the interaction. When asked why she took the instruction she indicated a general interest and curiousity about learning communication skills.

Heather scored an average of 6.83 on the empathic abilities test at the end of the training period. Her scores ranged from 5 to 8. She scored .48 above the group average. She has demonstrated potential for benefitting from further training in interpersonal communication skills.

Wayne

Wayne presented as a person who was more enthusiastic and positive than he might like others to think he is. He professed to liking loud rock music, and being really uninterested in school. He said, when asked why he took the training in communication skills, that he did not want to pass up a chance to miss some classes.

In contrast to the outward bravado, Wayne was mostly a very pleasant cooperative person. In the group interactions he tended to be more brash and tried to show a disinterested attitude. In small group and one on one interactions he seemed to show more confidence and trust in his interaction. In fact, as time passed in training he showed a genuine desire to please others. He seemed to handle the role-plays better than many of the others when they were first tried in the group.

Wayne scored an average of 6.7 on the empathic abilities test. His scores ranged from 5 to 8. His score seemed to reflect his natural interest in interpersonal communication and interaction. He performed .35 better than the group average. At the end of training Wayne indicted that he thought he could really make use of more training in communication skills.

Jack

Jack presented as an energetic, almost 'hyper', sort of person. He was quite talkative most of the time during training and offered opinions, comments and questions nearly without hesitation. He was not, however, doing these things out of negativity. He was always on topic, and seemed to have a good grasp of the material most of the time.

He tended to challenge the researcher about the material presented, and the various exercises that were

being done. He showed a good sense of humour about his own behaviour. He often brought humour into the proceedings with a well-timed comment or gesture.

Jack indicated that he was a reluctant member of the training group. He said part of his motivation was to get out of a few classes. He seemed to be a reluctant student at the school. He seemed to have a passion for sports and popular music.

Jack scored 6.67 on the empathy test. He was .32 above the group average. His scores ranged from 5 to 8. He seemed to be getting close to the point where he was approaching the transition to being empathic most of the time. At the end of training Jack showed gains from being a part of the group. He commented that he did not think the training would be as interesting or as much fun as it was. One question he asked the researcher at the end of the training was, "Hey, where'd you learn this stuff, anyway. It's pretty neat."

Natasha

Natasha presented at the first meeting of the group as an energetic involved kind of person who was ready to take on any new learning experience that presented itself. She was pleasant with a positive way of dealing with people. She tended to be very straight forward in her comments to the group, and the researcher. She asked the researcher at an early stage of the training program,

"So what's this stuff good for anyway?" She showed a
certain naivete toward the material presented and yet
seemed to handle it with some ability. When asked why she
took the training she indicated that one of the guidance
counsellors in the school had told her that she could
benefit from some training in communication skills. Her
perkiness and liveliness were welcome additions to the
group, particularly at the start when things were just
getting underway.

Natasha scored 6.67 on the empathic abilities test.
She scored .28 above the group average. Her scores ranged
from 5 to 8. This coincides with the kind of interaction
she showed with other group members during the training.
She seemed very tuned in to the others in her
interactions with them.

Susan

Upon first meeting, Susan seemed a quiet, but
friendly young woman. She seemed to enjoy being in the
background more than in the centre of things. However,
she was quite comfortable in making responses when spoken
to or questioned. Her attitude toward the training
program seemed neutral. She did not express any strong
negativity or positiveness. She seemed to have a
congenial nature which was apparent as training
progressed. When asked why she took part in the training

she said she was kind of curious, but became more interested as time in training went on.

At the time of the experiment Susan was a student with hopes to go on to further study at a post-secondary institution. She had no particularly strong leanings toward any specific line of post-secondary study. She was a full-time high school student at the time of testing in empathic abilities. Her average score on the post-treatment test was 6.5. This is above the group average by .15. Her scores ranged from 5 to 8.

Clearly she was approaching a level of empathy that suggests she has an ability to identify the feelings of others on a fairly consistent basis. As the training time progressed Susan showed more comfort and openness. She was very competent in the role-plays and other training tasks. She also showed more confidence in making comments on the subject matter, and showed some increased curiosity about the topics. Susan was a positive addition to the training group, and demonstrated potential for further development in empathic abilities.

Mary

Mary presented at first as being very aloof. She seemed rather resistant to getting involved in any conversation with the researcher or other participants. She avoided eye contact and tended to look at the floor a great deal. She seemed almost angry at times although

there was nothing happening around her that could have been construed as being an irritant to her.

At the time of training, Mary was a student with hopes to go on to post-secondary training. She did not seem to have a clear career path, but tended to favour a technical or vocational route. She was a full time student at the time of testing.

As time progressed in training, Mary seemed to let down her guard and became more involved. She still kept an aloofness, but it was less intense. She did not seem as intent on keeping her distance. In fact, at times she showed a real warmth and interest in those around her. When asked why she attended the training in communication she replied that she thought it might be interesting. By the end of the training she said she thought it was really interesting. She scored 6.42 on the empathy test. She was only slightly above the group average. Her score ranged from 5 to 8. She was slightly below the transition point of being able to respond empathically on a consistent basis. She clearly shows potential for further growth in empathic abilities.

Mary was an interesting person to have in the group in that she showed that outward attitude belies the inner qualities of empathy and warmth.

Teresa

Teresa presented as a very naive person with very little knowledge or experience in the area of interpersonal communication skills. Like others she tended to interact intuitively, but with very little in the way of any attempt to be sophisticated or knowledgeable. She was very pleasant in her interactions with others and seemed very anxious to learn about the material. She was very enthusiastic about trying to do the exercises in the training. Sometimes when there was spontaneous laughter in the group over some event or comment, Teresa seemed to take just a little bit longer to get the joke. This seemed to be experientially related rather than intellectually related. However, in her dealings with others in role-plays and so on she seemed to respond very well. She was very spontaneous in her responses to questions from the researcher.

Teresa scored an average of 6.33 on the empathic abilities test, which puts her below the group average by .02. Her scores ranged from 5 to 7. When asked why she took the training she reported she was kind of curious when it was described by the researcher, and that really, she "didn't see any reason not to take it".

Bill

Bill was very much a contrast to Jack. He seemed very quiet by nature. He tended to remain silent unless

directly addressed by the researcher or some other group member. He was, however, quite pleasant when he did speak and neither showed any negativity or positiveness about joining in the program. If anything he perhaps betrayed a touch of skepticism about the usefulness of training in communication skills. He was very appropriate in his responses and seemed tuned in to the material being presented.

When asked why he attended the training he said he thought the researcher "seemed like a nice guy" so he thought he would give it a try. In this sense he seemed to be open to learning something new if he thought that the person teaching it was going to be pleasant and easy to get along with.

Bill scored an average of 5.67 on the empathic responding test. This placed him .68 below the group average. His scores ranged from 2 to 8. According to the transitional point between being empathic or not, he is below by .83, nearly a full step on Guerney's AOS.

By the end of training Bill was becoming more involved in casual group interactions and tended to show a more congenial nature than he had at the start of training. At the end of training, Bill indicated that he felt he had learned something about interpersonal communication.

<u>Sharon</u>

Sharon presented as an average high school student in that she was rather brash and a little 'unfocused' in her dealings with others. However, there seemed to be a certain edge or detachment that she showed. Her comments and questioning during training seemed to border on the aggressive. She tended to challenge the researcher rather than question, and made ad hoc comments. She seemed to be resistant to the idea that empathy had any real meaning in one's ability to be helpful with others. When asked why she took the training she said it was because she wanted to work in the field of psychology, or some related helping profession. She contributed to the group proceedings but not usually in a helping way, which seems to stand in opposition to her desire to be a helping person.

Sharon scored 4.0 on the empathic abilities test. This is 2.3 below the group average. It would appear that she was having difficulty with the material from the beginning of training. If time had allowed, some individualized attention might have been useful for her. Her range of scores was 3 to 5. However, after the testing she reported to have really enjoyed the experience and looked forward to pursuing her career goals.

Experimental-Control Group Comparisons

This section deals with the significant comparisons between the experimental and control groups, using scores on the empathic abilities test.

The two groups varied quite dramatically in the scores which were applied to their responses to the test stimulus statements in the empathic abilities test. For purposes of demonstration and clarity, the actual scores achieved by each individual in the experimental and control groups are presented in Table 1.

Table 1

Raw Scores of Individuals on Empathic Abilities Test from Highest to Lowest

Experimental Group (n=11)	Control Group (n=11)
7.1	6.92
6.9	5.83
6.83	5.33
6.75	5.17
6.67	5.08
6.67	5.08
6.5	5.0
6.42	4.83
6.33	4.75
5.67	4.17
4.0	4.0

Note: Maximun score = 8

Table 1 shows that in the experimental group there were 9 participants who scored 6 or better. This means that these students were approaching or beyond the transition to empathy of 6.5. In fact, 7 of the 9 were at or beyond the 6.5 transition point. Of the total 11 participants in the control group, 10 were below the 6 level. They showed performance levels below the paraphrasing category on Guerney's AOS.

In the experimental group only one person achieved a high-level response in the empathic abilities test (i.e., 7 or better on the AOS). Two others were close to achieving a high-level response. The closest was 6.92. The rest of the control group were well below the high-level response category. The lowest score in the experimental group was equal to the lowest score in the control group. Clearly, the range of scores for the experimental group (7.1 to 4.0) was somewhat larger than that of the control group (6.92 to 4.0), but not to a significant degree. The difference in the raw scores is most clearly demonstrated when viewed from the second highest scores to the second lowest scores. Although the highest and lowest scores in each group are close and identical, respectively, the rest of the scores show a differential of at least 1.0 in each case.

The data derived from the individual scores of the trainees and the control group are presented in Table 2.

Table 2

<u>Total Raw Scores, Means, and Standard Deviations for</u>
<u>Experimental and Control Groups Comparison</u>

Groups	n	Total Raw Scores	Means	SD	t
Experimental	11	69.84	6.35	.864	3.51*
Control	11	56.16	5.12	.786	

* $P < .01$

   An examination of the means for the two groups shows
that there is a 1.23 difference in the average
performance of each group. On the Guerney AOS, this is
equivalent to more than one complete categorical
difference. The experimental group has a somewhat greater
spread than the control group in it's relation to the
mean.

   A one-tailed t-test procedure was adopted to
determine the significance of the data. The t value was
determined to be 3.51. At 10 df, this shows a P value on
the t distribution of critical values table smaller than
.01. The data gives strong support to the thesis that
brief training improves scores on the empathic abilities
test. This experimental group clearly demonstrates a
positive difference in it's performance immediately
following the training program.

Correlation Comparisons by Age, Grade and Gender

Correlations of performance scores with age, grade, and gender were computed. Evidence revealed that none of the relationships were significant. It was found that scores did not vary with age, grade level, or gender.

CHAPTER V

Summary, Conclusions, and Recommendations

This final chapter of the study contains a summary of the research questions, methodology, results, and limitations of the study. The conclusions that seem warranted about this are discussed. Finally, some implications for empathic abilities, training, and further research are suggested.

Summary

The purpose of this study was to investigate and analyze the impact of brief training on empathic abilities of high school students. The research questions considered important to this study were: Can high school students benefit from brief training in empathy skills? Secondly, more specifically, will a group of students which receives instruction in empathic abilities perform at a significantly different level than a group which does not receive instruction? A review of the literature presented evidence and cited studies that strongly suggested people who receive instruction in empathic abilities demonstrate improved ability to respond empathically. However, the literature also suggested that trainees did not make gains significantly enough to perform consistently at an accurately empathic level.

The subjects for this study were a randomly selected group of 22 high school students. They were selected on the basis of being 15 - 20 years of age, and attending as full-time students in grade 10, 11 or 12.

A basic experimental group/control group post-test research design was employed to assess the performance factors for empathic abilities after training. Data were collected after the experimental group received the training program described in Chapter 3, Each participant generated 12 separate responses to 12 separate hypothetical statements. Participants were asked to respond as helpfully as possible, by attempting to identify the feelings inherent in the statements shown to them. Demographic data collected included: age, grade, and gender of each participant in the experimental group and the control group.

The empathic responses data were measured using Guerney's (1977) AOS. Two raters, the researcher, and one other person trained in empathic abilities and the AOS, scored the individual student responses. Each rater gave a score to each student response. Inter-rater reliability while scoring the actual test results for the two groups was approximately 80%. The scores which differed were equalized by averaging the two responses. During training the inter-rater reliability was at a level of r = .82 consistently over 5 practice test situations.

The treatment applied to the experimental group was a brief training component of approximately 8 hours in length which was split into 3 training sessions and a homework assignment. The skills were taught using a didactic-experiential learning model. The training was spread over a two day period.

Descriptions and analyses of the data for each group were done through a comparison of the raw scores of each individual in each, and a t-test for the comparison of the group means. The experimental group performed at a level between the 6 and 7 categories on the AOS, while the control group performed at a level slightly above the 5 category.

Comparative analyses were conducted for age, gender, and grade and empathic performance levels. There was no evidence to support the notion that there is any relationship between the performance of either group and the respective age, grade, or gender of the participants.

There is at least one limitation in the study that should be noted. The training was applied to a relatively small group within a very specific population. Results of the study could only be compared to other populations of a similar nature participant in a similarly designed training program.

Subjects in this study may have been influenced or changed in ways not measured by this study. There may be changes in their relationships with family and friends,

career attitudes, and so on. In addition, elements not controlled in this study may have contributed to the changes indicated by this study.

Conclusions

The following conclusions seem warranted by the results of this study.

First, a group of high school students randomly chosen from a secondary school population can benefit in their ability to respond empathically from brief training in empathic abilities.

The results of this study seem to coincide with the results of other studies. Particularly, they seem to support the findings of Jacobs' (1981) study. The experimental group performed at a distinctly higher level on the empathic abilities test than the control group, just as Jacobs' special training group had done in comparison to his ordinary training group.

There are several important distinctions which need to be made in the comparison between this and Jacobs' study.

First, the differential between the two groups in this study is not as dramatic as that recorded in Jacobs' study. The difference between the experimental group and the control group in this study is 1.23. Jacobs indicated scores that demonstrate a much greater differnce. Guerney's AOS was utilized in both studies.

Another important difference which takes on added meaning when compared to the above difference in the average of the groups in the two experiments, is the amount of training involved. There was more than twice as much time spent in training in this study than in Jacobs' study.

A third difference, which is perhaps more significant than the above two, is related to the level of education of the participants. In this study the group members were high school students. Jacobs' groups were university level. The latter could be expected to catch on more quickly to the knowledge and techniques of empathic responding.

All distinctions noted above are important considerations when making a comparison between this study and Jacobs' research.

In relation to the conclusion drawn about the improvement in performance after training, it is useful to note that the achieved level of the experimental group is below that of being consistently empathic (i.e., a 7 or 8 on the AOS). This falls in line with the results of other studies noted earlier.

However, the control group tended to perform at a level higher than would be expected if one based one's

expectations on the performances of control groups in other studies.

The fact that the performance of the control group was somewhat better than expected can be accounted for, at least in part, by several reasons. First, the group had to be alerted as the nature of the experiment due to ethical considerations. This gave them some opportunity to surmise what might be expected of them. Second, the members of the experimental group had opportunity to converse with the control group members about the training. This would further enhance the performance if they knew some of the specifics of the training. Third, the instructions given at the time of testing were such that they gave information about how to answer. The instructor asked the participants to respond "...as helpfully as possible by identifying how you think this person feels, and then responding as though you were having a conversation with him or her." Finally, one person in the control group scored relatively high in his test. He scored 6.9 which is 1.79 above the group mean. Also, he was one of 2 respondents in the control group to have one or more statement scores at the highest level on the AOS. This tended to bring the mean of the control group up. Without the highest score, the mean of the control group would be 4.9.

The first conclusion of this study is that brief training in empathic skills can produce an improvement in

empathic responding in a group of high school students. However, whether or not this new level of empathy would persist over time is unknown. To maintain a skill one presumably needs to practice it. There is no way of knowing at this point if the trainees will or will not try to continue to use the improved skill. Also, the responses provided after training were written with an allowance of time to formulate the response which goes well beyond the time available under conditions of normal discourse. The responses, therefore, can be said to only approximate actual verbal exchanges between two people.

The second conclusion of this study is that the high school students in the experimental group are willing to try to improve their communication skills when presented with an opportunity to do so. The members of the experimental group all stayed with the training until it was completed. They reported, for the most part, that they were curious or, at least, mildly interested in the training in communication skills. They also showed strong indications that they found the experience to be interesting, informative, and enjoyable.

A third conclusion that can be made is that the high school students in this study showed a willingness to apply their communication skills in their social relationships in the interest of learning and improving skills. When the students in the experimental group were asked to share in demonstrations with the instructor and

each other, or in role-plays, they responded favourably. They sometimes opted to use real situations from their own lives rather than contrived or 'pretend' scenarios. When asked to practice being empathic in their experiencing with others, they were willing to do so. Some reported that they found it strange to try to relate empathically in the sense of it's meaning in our training group, because they really felt more comfortable in the 'old' modes of being sympathetic or offering suggestions.

Another conclusion that can be drawn from this study is that the experimental group participants gained more comfort and confidence in their efforts to deal with others as the training progressed. The first attempts to do role-plays met with limited success, partly due to an inexperience with them, but mostly due to a lack of confidence and comfort with talking about each other's feelings. Once they gained some degree of comfort with being empathic with one another they were able to perform at a much more effective level. They seemed to acquire a way of dealing with others that only marginally existed in their repertoire of modes of responding at the beginning of training. They also asked questions and offered comments with more regularity and assertiveness than they did at the beginning of training.

Another conclusion is that it is possible to take a group of high school students and provide useful instruction in communication skills without the presence

of high-technology equipment or special surroundings. The equipment used by this researcher ranged from a VCR and monitor to an overhead projector. All of the instruction took place in either a small classroom or a much larger lecture theatre. Other space was simply not available due to school needs and commitments. There never was a sense by the instructor, or a comment from the students, that there was something lacking because of the surroundings or equipment.

It seemed that the application of core counsellor conditions really bore a stronger influence on the proceedings. The researcher attempted at all times during instruction to apply empathic understanding, acceptance, and genuineness. The students seemed to respond in kind. They seemed more curious about the way the researcher behaved toward them than they were about the condition of the equipment or the room they were in. The conclusion is that the core conditions are very desirable in encouraging students to devote their time, energy, and attention to learning the dimensions of empathy with their peers.

Another conclusion is that the attempt to teach empathic communication skills to a group of high school students confirmed strongly in the mind of the researcher that such instruction is not only desirable, but necessary. Perhaps high school age is not early enough to being such instructions, given the apparent lack of

empathy shown by the control group and the gains made by the experimental group. Also, through instructing this group, it was made clear that the students had a wish for improved communication skills. Their motivation seemed to come from a genuine interest in learning something and being treated with regard and openness.

The ninth and final conclusion drawn in this study is that appearances can be deceiving when it comes to learning and applying empathic communication skills. One participant who expressed a strong interest in helping professions performed the lowest of all the experimental group participants. Others who seemed bored or disinterested at first performed relatively well on the empathic abilities test. The case reports demonstrate that outward appearances are not to be relied upon when determining a student's ability to acquire and apply good communication skills. In other words, one must be careful to test the empathic abilities before deciding the level to which a student may or may not be empathic. Empathy can be hidden behind a veneer of anger, insecurity, frustration, and other feelings. One must be careful not to make judgements about the willingness or ability of people to be better interpersonal communicators.

Recommendations

The implications of this study lie in three areas:
1) personal growth and development, 2) interpersonal
relationships, and 3) further research.

This study has provided results that support the
belief that high school students are interested, willing,
and able to dramatically improve their interpersonal
communication abilities within their own social
environment. This indicates the possibility that the
general adolescent population is interested, willing, and
able to do the same. It also promotes the possibility
that adolescents are capable of and willing to help their
peers acquire improved interpersonal skills. Students
appear willing to make the necessary commitment needed to
improve their empathic abilities when a didactic-
experiential group learning model is employed. Most
subjects in this study perceived the experience to be
beneficial and positive.

The high school environment, like society in
general, has encountered an increased pressure from
various sources, including the market-place, to provide
and acquire more technical skills and more technical
equipment. Hence, the pre-occupation with computers, and
like machinery. More time is spent studying and working
in environments where interpersonal human contact and
interaction are diminishing. This seems to exist to the
detriment of the learning and practicing of inter-

personal communication skills. These seem to play a secondary role in the school environment. The feeling implied by this is that, since good interpersonal skills are not necessarily marketable in the same way as are technical knowledge and skills, there is less value in learning them. This condition underplays the need and value of good interpersonal communication skills in the school environment, and society in general. We seem to have less vision about caring, sensitivity, and meaningful relationships than would be possible if interpersonal empathic understanding were as highly valued as being able to operate a computer, or build machines. Small groups of high school students being educated in interpersonal empathic skills may provide an avenue of rediscovery of the qualities of caring and sensitivity.

It is possible to conceive that similar training in empathy could be effective with other groups of students at other high schools. Specific focusing on empathic understanding could be incorporated effectively within the broader context of communication skills training, life skills training, and family life training.

It is suggested that further research focus on:
1.   Assessing trainee performance with the training period stretched over a longer time period. Perhaps more hours over weeks or months. Allowing for being educated as opposed to being trained in empathy.

2.   Empathic students teaching other students to be
empathic.

3.   High school students teaching elementary or junior
high students.

4.   Assessing the impact of training by studying
recipients of help from trainees as to their perceptions
of the helpfulness of the trainers.

5.   A follow-up study to assess the effects of training
in empathic abilities on the lives of trainees after a
period of time such as six months or one year
(e.g.,career paths, friendships, family relationships,
etc.).

6.   This study could be replicated with other groups of
high school students from other high schools and a
comparison made with the results reported in this study.

7.   This instruction and evaluation procedure could be
applied to a larger group of trainees, and then compared
to those of this study.

8.   Other variables could be used as the basis for
studying improvements in empathic abilities (e.g., age,
gender, and grade).

9.   The same training could be done with other
populations, such as university students, psychotherapy
clients, professionals, etc.

10.   Because the raising of the level of empathy is
rather easily done, if conditions are provided, it is
suggested that all school counsellors might teach groups

of students on a more regular basis. Could the general
level of empathic relating be raised right across
society?

REFERENCES

Avery, A.W. (1978) Communication skills training for
    paraprofessional helpers.
    American Journal of Community Psychology, 6 (6),
    583 - 591.

Avery, A.W. and Rider, K. (1981) Communcation skills
    training for adolescents: a five month follow-up.
    Adolescents, 16 (62) 289 - 298

Avery, A.W. and Thiessen, J. (1982) Communication
    skills training for divorcees. Journal of
    Counselling Psychology. 29 (2), 203 - 205.

Bachelor, A. (1987) How clients perceive therapist
    empathy: A content analysis of 'received'
    empathy. Canadian Journal of Clinical Psychology.

Bachrach, H., Luborsky, L. and Mechanick (1974) The
    correspondence between judgements of empathy from
    brief samples of psychotherapy, supervisor's
    judgements and sensitivity tests. British Journal
    of Medical Psychology, 47, 337 - 340.

Banmen, J., and Capelle, R. (1972) Human relations
    training in three rural Manitoba high schools: A
    three month follow-up. Canadian Counsellor, 6 (4)
    260 - 270.

Barak, A., Engle, C. and Katzir, L. (1987) Increasing
    the level of empathic understanding by means of a
    game. Simulation and Games, 18 (4) 458 - 470.

Bartnik, R.W. and O'Brien, C.R. (1980) Health care and
    Counselling skills. Personnel and Guidance
    Journal, June, 666 - 667.

Bergin, A.E. and Solomon, S. Personality and
    Performance Correlates of Empathic Understanding
    in Psychotherapy in J.T. Hart and T.M. Tomlinson
    (Eds.) New Directions in Client Centered Therapy.
    Boston: Houghton-Mifflin, 1970.

Carkhuff, R.R. and Truax, C.B. Training in Counselling
    and Psychotherapy: An evaluation of an integrated
    didactic and experiential approach. Journal of
    Consulting Psychology, 1965, 29, 333-336.

Carkhuff, R.R. (1969) Helping and Human Relations: A
    primer for lay and professional helpers (Vols. 1
    and 2). New York: Holt, Rinehart.

Carkhuff, R.R. (1971) Training as a preferred mode of treatment. Journal of Counselling Psychology, 18(2), 125 - 131.

Carkhuff, R.R. and Berenson, B.G. (1977) Beyond Counselling and Therapy (2nd ed.). New York: Holt, Rinehart and Winston.

Carr, R.A. (1983) Theory and practice of peer counselling. Natcon 4. Ottawa: Employment and Immigration Canada.

Carr, R.A. (1986) Meeting needs - peer career counselling training: An evaluation study. Guidance and Counselling, 1 (3), 72 - 86.

Carr, R.A. and Saunders, G. (1980) Peer Counselling starter kit. Victoria: University of Victoria Peer Counselling Project.

Cooker, P. and Cherchia, P. (1976) Effects of Communication Skills Training on High School Students' Ability to Function as Peer Group Facilitators. Journal of Counselling Psychology, 23(5), 464-467.

Corey, G. (1982) Theory and practice of counselling and psychotherapy (2nd ed.) Monterey: Brooks/Cole Publishing.

Crabb, W., Moracco, J. and Bender, R. (1983) A comparative study of empathy training with programmed instruction for lay helpers. Journal of Counselling Psychology. 30 (2) 221 - 226.

Egan, G. (1986) The skilled helper (3rd ed.) Monterey: Brooks/Cole Publishing.

France, M.H. (1984) Training peer counsellors for career development. The Vocational Guidance Quarterly, (March), 198 - 202.

Gendlum, E.T. (1974) Client-centered and experiential psychotherapy. In D.A. Wexler and L.N. Rice (Eds.), Innovations in client-centered therapy. New York: Wiley.

Gilliland, B. et. al. (1984) Theories and strategies in counselling and psychotherapy. Engelwood Cliffs: Prentice - Hall, Inc.

Haase, R.F. and DiMattia, D.J. (1970) The application of the microcounselling paradigns to the training of support personnel in counselling. Counsellor Education and Supervision, 10, 16 - 22.

Haynes, L.A. and Avery, A.W. (1979) Training Adolescents in self disclosure and empathy skills. Journal of Counselling Psychology, 26 (6) 526 - 530.

Hayslett, H.T., (1968) Statistics made simple, Toronto: Doubleday Publishing.

Ivey, A.E. (1974) The clinician as teacher of interpersonal skills: Let's give away what we've got. Clinical Psychologist, 27, 6 - 9.

Ivey, A.E. and Authier, J. (1978) Microcounselling (2nd ed.). Springfield, Ill.: Charles C. Thomas.

Jacobs, D. (1981) Successful empathy training. Journal of Humanistic Psychology, 21, 4, 39 - 55.

Johnson, D. and Johnson, F. (1982) Joining Together (2nd ed.). Englewood-Cliffs: Prentice-Hall.

Leventhal, A., Berman, A., McCarthy, B. and Wasserman (1976). Peer counselling on the university campus. Journal of College Student Personnel, 17 (6) 504 - 508.

Lomis, M. and Baker, L. (1985) Microtraining of Forensic psychiatric patients for empathic counselling skills, Journal of Counselling Psychology, 32 (1), 84 - 93.

Margulies, A.M. (1984) Toward empathy: the uses of wonder. American Journal of Psychiatry, 141, (a) 1025 - 1033.

Martin, D.G. (1972) Learning-Based, Client Centered Therapy, Monterey: Brooks/Cole Publishing.

Martin, D.G. (1983) Counselling and Therapy Skills. Monterey: Brooks/Cole Publisher.

Marziali, E., Marmar, C. and Krupnick, J (1981) Therapeutic Alliance Scales: Development and relationship to psychotherapy outcome. American Journal of Psychiatry, 138, 361-364.

McIntyre, D.R., Thomas, G. and Borgen, W. (1982) A peer counselling model for use in secondary schools. Canadian Counsellor, 17, (1) 29 - 36.

Mitchell, K.M., Bozarth, J and Krauft, C.C. (1977) A reappraisal of the therapeutic effectiveness of accurate empathy, non-possessive warmth and genuineness. In A.S. Gurman and A.M. Razin (eds.), Effective psychotherapy: A handbook of research. Oxford, England: Pergamon Press.

Morgan, R. Luborsky, L., Crits-Christopher, P., Curtis, H. and Solomon, J. (1982). Predicting the outcome of psychotherapy by the Penn Helping Alliance Rating Method. Archives of General Psychiatry, 34, 397-402.

Pascoe, L.V., Naar, R., Guyett, I.P. and Wells, R. (1976) Training medical students in interpersonal relationship skills, Journal of Medical Education, 51, 743 - 750.

Patterson, C.H. (1984). Empathy, Warmth, and Genuineness in Psychotherapy: A review of reviews Psychotherapy, 21, 431-438.

Peebles, M.J. (1980) Personal therapy and ability to display empathy, warmth and genuineness in psychotherapy. Psycho-therapy: Theory, Research and Practice, 17, 258 - 262.

Pierce, R.M. and Drasgow, J. Teaching facilitative interpersonal functioning to psychiatric inpatients. Journal of Counseling Psychology, 1969, 16, 295-298.

Pyle, R.R. and Snyder, F.A. (1971) Students as paraprofessional counsellors at community colleges. Journal of Student Personnel, 12, 259 - 262.

Rice, L.N. (1974) - The evocative function of the therapist. In D.A. Wexler and L.N. Rice (eds.), Innovations in client-centered therapy. New York: Wiley.

Rogers, C.R. (1942) Counselling and psychotherapy. Boston: Houghton Mifflin.

Rogers, C.R. (1951) Client-centered therapy. Boston Houghton Mifflin.

Rogers, C.R. (1957) The necessary and sufficient condition of therapeutic personality change. Journal of Consulting Psychology, 21, 95 - 103.

Rogers, C.R. (1959) A theory of therapy, personality
     and interpersonal relationships, as developed in
     the client-centered framework. In S. Koch (ed.),
     <u>Psychology: A study of a science</u> (Vol. 3). New
     York: McGraw-Hill.

Rogers, C.R. (1961) <u>On Becoming a Person</u>. Boston:
     Houghton Mifflen.

Rogers, C.R. (1962) The interpersonal relationship:
     The core of guidance. <u>Harvard Educational Review</u>,
     <u>32</u>, 416 - 429.

Rogers, C.R. (1975) Empathic: An unappreciated way of
     being. <u>Counselling Psychologist</u>, <u>5</u>, 2 - 10.

Tammenin, A., Gun, M., Smaby, M., and Peterson, J.
     (1976). Teacher-Advisors: Where there's a skill
     ther's a way. <u>Personnel and Guidance Journal</u>,
     September.

Truax, C.B. and Carkhuff, R.R. (1967). <u>Toward effective
     counselling and psychotherapy</u>. Chicago: Aldine.

Weihs, K. and Chapados, J. (1986) Interviewing skills
     training: A study. <u>Soc. Aci.Med</u>, <u>23</u>, 1, 31 - 34.

Vitalo, R. Teaching improved interpersonal functioning
     as a preferred mode of treatment. <u>Journal of
     Counseling Psychology</u>, 1971, 18, 166-171.

Yalom, I.D. (1975) <u>The theory and practice of group
     psychotherapy</u> (3rd ed.). New York: Basic Books.

APPENDICES

Appendix A

Guerney's Acceptance of Others Scale

1. Strongly argumentative. Accusative. Openly rejecting the other person or that person's rights to have the feeling he has expressed. Abusive. Demanding. Angry.

2. Open disagreements with content expressed by the other. Contrary statements. Statements suggestive of boredom, incredulity, rejection, disgust, disbelief, and so on.

3. Directing. Moderately critical in tone, but not abusive. Taking the lead. Giving suggestions. Although statements are not presented as being in direct opposition, the statement has the effect of interjecting thoughts that are in opposition to those expressed by the other. Questioning in order to defend one's own point of view.

4. Nonaccusative social conversation. Responding with one's own ideas after the fashion of typical social discourse. (A half minute of total verbal silence is scored here. Under certain circumstances, "Yes" or "uhm uhm" and responses of this nature also scored here – see guidelines)

5. The attempt to "stay with" the other is clear, but the response goes astray in some way. The following are examples of ways in which the responses may stray away from one that focuses fully on the other's own thoughts and mementus: (A) questioning in an attempt to get an elaboration of the other's thoughts; (B) giving a suggestion about the other's intent that has not been implied by the other; or (C) a response that has the effect of infusing ideas different from the other's.

6. A paraphrasing of content that is in accord with the main thrust of the other's meaning. Acceptant, accurate, but not stating any feelings of the other.

7. Recognizing feelings with full attention to mood, but not conveying sensitivity to level of intensity, or not responding fully to the significant feelings. Also content, if any, in accord with main thrust of the other's meaning.

8. Verbally reflects (states) the deepest feelings expressed by the other. Also, content, if any, accurately reflects the main thrust of the other's meaning. A highly empathic response.

Appendix B

Empathic Abilities Test

1. "I had an argument with my parents last night. I don't even feel like going home today."

2. "All I ever do is stay at home. In the evenings my husband doesn't even want to go out."

3. "I was really proud of my mark. But my father didn't seem to feel I should be."

4. "I should really call to see how things are, but...I don't know."

5. "She thinks she's so good. I hate her."

6. "We had a great time. I can't wait till the next time we go."

7. "I wanted to ride my bike last weekend but it was broken, and I didn't have the money to get it fixed. Oh well, maybe next week."

8. "Why do I always have to clean up around here? It's always me."

9. "He never shows any interest in me. Sometimes he makes me so upset."

10. "I really want to win, but what if I don't. Everybody is going to be down on me."

11. "Boy, it was exciting to be on stage. It was scary in a way. I was just shaking."

12. "There's only one more week of school left, but I've got to write those stupid exams yet."

Appendis C

Information Letter for Parents of Control Group Participants

Dear Parent/Guardian:

This letter is sent to inform you that your son/daughter _____
has been asked to participate in a research study in interpersonal communic-
ation skills. I am a graduate student in Educational Psychology, and this
research is in aid of completing the requirements for the Masters of Education
degree at the University of Manitoba. This research has the support of the
School Division and the school staff.

There are two groups in the study. One is the "experimental" group, who
will receive a brief instruction program in interpersonal communication
skills, and the other is the "control" group, who will only participate in
a 30 - 45 minute testing phase, where they will be asked to identify feelings
expressed in a series of written hypothetical statements. _____
has been asked to participate in the "control" group portion.

Confidentiality will be maintained at all times during and after testing.
Participants will not be asked at any time to disclose private, personal
or family information. No deceptions will be used in this study, nor will
there be any instructions, stimuli or procedures that will knowingly cause
participants any undue emotional or physical discomfort or distress,
embarrassment or anxiety, or any other negative state. Participants may
withdraw at any time without penalty. Anonymity of all participants will
be maintained in all instances of reporting and data analysis.

If you have any concerns about your son's/daughter's participation in this
research, please call me as soon as possible at 831-0822.

Your assistance in this matter is greatly appreciated.

Yours truly,

Glen McCabe

Appendix D

Letter of Permission for Parents of Experimental Group Participants

Dear Parent/Guardian:

This is sent to request permission for your son/daughter _____,
to participate in a research experiment for the purpose of completing my Masters
of Education degree at the University of Manitoba.

The purpose of this study is to determine the impact of a brief training
program in interpersonal skills on the communication abilities of high school
students. More specifically, the focus of the training will be empathic listening
and responding. Participants will take part in a series of instructional sessions.
The teaching will be group oriented and based on a didactic/experiential approach.
Students will participate in small group discussion, role-plays, relaxation
exercise, question and answer sessions, and audio-taped "homework" assignment,
feedback sessions and demonstration exercises. They will also be asked to provide
written responses to 2 sets of hypothetical statements. One set of responses will
be collected prior to training and one set after. The process will take about 10
hours, divided into 4 equal sessions.

Confidentiality will be maintained at all times during and after training.
Participants will not be asked at any time to disclose private, personal or family
information. No deceptions will be used in this study, nor will there be any in-
structions, stimuli or procedures that will knowingly cause participants any un-
due emotional or physical discomfort or distress. embarrassment or anxiety or any
other negative state. Participants may withdraw from the training at any time
without penalty. The role-plays, demonstrations, etc. will be based on hypothetical
conditions determined by the participants and/or instructor.

If you wish, you may obtain information about the results of this study after
the findings and conclusions are written by contacting the researcher, Glen McCabe.
You may get additional information at this time by contacting the researcher

The intended research study will potentially provide valuable information
about training in peer support programs, life skills, and inter-personal abilities
in high school environments. If you are in agreement with having _____
participate in the above described program, please sign below in the space provided
and have your daughter/son return this letter to the school office as soon as
possible.

Signature of Consent: _____

Thank you for your assistance in this matter.

Yours truly,

Appendix E

Feeling Word List

Happy	Sad	Angry	Confused	Scared	Weak	Strong
alive	awful	agitated	anxious	afraid	ashamed	active
amused	bad	annoyed	awkward	anxious	blocked	aggressive
anxious	blue	bitter	baffled	apprehensive	bored	alert
calm	bummed out	burned up	bewildered	awed	defenseless	angry
cheerful	crushed	critical	bothered	cautious	demoralized	bold
content	depressed	disgusted	crazy	chicken	disorganized	brave
delighted	desperate	dismayed	dazed	edgy	distracted	capable
ecstatic	devastated	enraged	disorganized	tearful	discouraged	confident
elated	disappointed	envious	disoriented	frightened	embarrassed	determined
energized	dissatisfied	fed up	distracted	hesitant	exhausted	eager
excited	distressed	frustrated	disturbed	horrified	fragile	energetic
fantastic	disturbed	furious	embarrassed	horrified	frail	happy
fortunate	down	hostile	frustrated	insecure	frustrated	healthy
friendly	embarrassed	impatient	helpless	intimidated	guilty	intense
fulfilled	gloomy	irate	hopeless	jumpy	helpless	loving
glad	glum	irritated	jolted	lonely	horrible	mean
good	hateful	livid	lost	nervous	ill	open
great	hopeless	mad	mixed up	panicky(ed)	impotent	positive
hopeful	hurt	outraged	panicky	shaky	inadequate	potent
lively	lonely	perturbed	paralyzed	tense	incapable	powerful
loving	lost	put out	perplexed	terrified	insecure	quick
motherly	low	riled	puzzled	threatened	lifeless	secure
optimistic	miserable	resentful	shocked	timid	lost	solid
overjoyed	painful	seething	stuck	uneasy	overwhelmed	spirited
peaceful	sorry	sore	stunned	unsure	powerless	super
pleased	terrible	ticked off	surprised	worried	quiet	sure
proud	turned off	uptight	tangled		run-down	tough
refreshed	uneasy	worked up	trapped		shaky	
relaxed	unhappy		troubled		shy	
relieved	unloved		uncertain		sick	
rested	upset		uncomfortable		small	
satisfied			undecided		stressed	
spirited			unsure		stupid	
thankful			upset		timid	
thrilled			weak		tired	
turned on					unsure	
up					useless	
warm					vulnerable	
					worn out	

APPENDIX F

Letter for the School Division

(Name of Superintendent)
Superintendent
(Address of School Division)

Dear (Name of Superintendent),

This letter is sent to formally request approval from the (name of School Division) to conduct a research experiment involving the use of high school students as participants. My name is Glen McCabe and I will be conducting the research as part of my Master's thesis in Educational Psychology at the University of Manitoba.

The purpose of the study is to evaluate the impact of brief instruction on the empathic abilities of high school students. For the purposes of this study a high school student is defined as a person between the ages of 15 - 20 (inclusive), and attending classes on a full-time basis in grade 10, 11, or 12, or any combination of classes thereof.

The study will require from 24 - 30 students, half of whom will be designated the experimental group, while the other half will be designated as the control group. Both groups will participate in a post-treatment test. On this occasion the participants will be asked to provide written responses to a series of separate statements.

The experimental group will receive a brief training program in empathy, its nature, and how it is used as a basic communication skill. The training period will be divided into three sessions. The control group will not receive the training prior to the post-treatment test, but will be offered an opportunity to receive the training program at a later date. The total time involved for the experimental group will be approximately 8 hours, and 1 1/2 hours for the control group. The selection of participants will be done randomly so as to approximate as closely as possible a general high school population. The instruction will include the use of small group interactions, audio tape playbacks, brief role-plays, question and answer sessions, and so on. The emphasis of instruction will be on the practical application of empathic skills.

The data collected will include written empathic responses and the student's name, age, grade and gender. The empathic responses will be 'graded' using Guerney's (1977) Acceptance of Others Scale (AOS) . This is a scale developed for measuring the helpfulness of responses. The

data will be statistically analyzed to determine significant differences in the performance levels of the two groups. The results of the analysis will be made available to the school division, the school where the research experiment was conducted and the students involved.

At no time during the study will the students be asked to participate in any activity that would by its nature cause embarrassment, distress, anxiety or any other 'negative' state. If a student feels that participation in a given activity may cause physical or emotional discomfort they may decline from involvement at any time, without prejudice. The experiment will be conducted n such a way as to coincide with the guidelines and the approval of the Faculty of Education Ethics Review Committee. Confidentiality will be maintained at all times.

It is my belief that the (name of School Division) can benefit from supporting this research. First, those who participate as trainees will have improved communication skills, and awareness of the needs of others. Previous research indicates that people from other population groups have benefited from brief instruction in communication skills. Improved communication skills can translate into improved interpersonal relationships. Second, some of those in receipt of the training may be very desirable candidates for participation in a peer support program, whether one exists at that high school or one is contemplated there in the future. Empathic ability is considered to be a central component of good communication, and ultimately, a caring relationship. A person versed in the nature, uses, and application of empathic abilities is on the way to having a clearer perception of the basic ingredients of a positive relationship. Another possible benefit would be the recognition accrued from an association with a research experiment which may play a role in enhancing interest in the potential of improving people's lives through the teaching of important life skills. This experiment may play a role in future decisions regarding the role of school counselling, family life training, and the potential for making communication skills training a part of a mainstream curriculum.

The chairperson of my advisory committee is Dr. Henjum. If you have any questions or concerns that you would like to ask him, he can be reached at the University of Manitoba by phoning 474-9018. If you have any questions, comments or concerns that you would like to direct to me, I can be contacted at home or work.

I look forward to hearing from you in the near future.

Yours truly,

Appendix G

Carkhuff's Empathy Scale

Level 1. The verbal and behavioral expressions of the first person either do not attend to or detract significantly from the verbal and behavioral expressions of the second person(s) in that they communicate significantly less of the second person's feelings than the second person has communicated himself . . . . The first person may be bored or uninterested or simply operating from a preconceived frame of reference which totally excludes that of the other person(s)

Level 2. While the first person responds to the expressed feelings of the second person(s), he does so in such a way that subtracts noticeable affect from the communications of the second person. The first person may communicate some awareness of obvious surface feelings of the second person but his communications drain off a level of the affect and distort the level of meaning. The first person may communicate his own ideas of what may be going on but these are not congruent with the expressions of the second person

Level 3. The expressions of the first person (therapist) in response to the expressed feelings of the second person(s) (client) 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 feelings below what the person himself was able to express or (2) in the event of ongoing deep self-exploration on the second person's part, to be fully with him in his deepest moments