

THE RELATIONSHIP AMONG COGNITIVE COMPLEXITY,
MORAL REASONING AND EMPATHIC RESPONSES IN COUNSELORS-IN-TRAINING

by

Dale Noreen Rayter

A thesis
presented to the University of Manitoba
in fulfillment of the
thesis requirement for the degree of
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in
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A thesis submitted to the Faculty of Graduate Studies of
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ABSTRACT

Considerable attention has been given in the literature to the specific counselor characteristics necessary for positive therapeutic outcomes. Empathy has been identified as one of the important characteristics present in the counseling relationship. It becomes important to examine if personality dimensions contribute to the counselor's empathic ability.

Two such variables which have been implicated as being related to empathic ability are cognitive complexity and moral reasoning. The study hypothesized that there would be a strong positive relationship among cognitive complexity, moral reasoning and level of empathic responses in a sample of counselors-in-training.

One component of cognitive complexity is integrative complexity and it was measured by the Paragraph Completion Method. Moral reasoning was measured by the short-form of the Defining Issues Test and empathy was rated using Carkhuff's five-point empathic understanding scale. Results of the study indicated a low to moderate, but statistically non-significant positive correlation among these variables.

The discussion of the findings focused primarily on the conceptual and methodological problems associated with the examination of these variables.

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Chapter I

INTRODUCTION

The counseling relationship can be understood in terms of the nature of the interactions which occur between the counselor and client within the counseling context. Although the counseling relationship has been identified as an important factor in the therapeutic process (Hansen, Stevic, and Warner, 1982; Parloff, Waskow, and Wolfe, 1978), counseling theories vary in the emphasis which they place upon it. Some theories, for example, psychoanalytic, ego, Adlerian, and reality, acknowledge the counseling relationship as a necessary precursor to client change, while Rogerian, or client-centered theory identified it as being both necessary and sufficient for client change to occur (Truax and Carkhuff, 1967). Rogers (1961) and Carkhuff (1969) have specified the characteristics of a positive counseling relationship and one of the most important among these characteristics is empathy (Rogers, 1975). Empathy has been chosen as the characteristic to be examined in the current study for the following reasons: of all of the characteristics which are present, empathy supercedes the other characteristics in the critical role it plays in the counseling relationship (Truax and Carkhuff, 1967; Rogers, 1975). Empathy is defined as the counselor's ability to understand the client's internal frame of reference accurately and respond empathically. A counseling relationship void of empathy would be more adversely affected than a relationship void of any of the other characteristics.

Empathy has also received more attention in the literature than the other characteristics. It has been examined in two main contexts: studies which have focused on its role in the counseling relationship, and studies which have tried to clarify this complex variable conceptually and methodologically (Gladstein, 1977; Avery, D'augelli, and Danish, 1976). The current investigation will focus on the latter.

One finds a variety of criticisms which have been levied against the manner in which this variable has been conceptualized and operationalized. Hickson (1985) notes that there has been a lack of specificity in studying the nature of empathy. She states,

"... empathy has been defined in association with the related terms of identification, insight, projection, role playing, and sympathy. ... It is not altogether clear whether researchers are dealing with one variable or several variables employing the same label" (p.92).

Similarly, Gladstein (1977) concludes, "With such a wide range of bases for looking at the nature of empathy, it should not be surprising that researchers could come up with different conclusions" (p.71).

Marks and Tolsma (1986) postulate three basic reasons why the area of empathy research is plagued by misunderstanding. The first reason is that each theoretical orientation differs in its conceptual and operational definitions of empathy. For example, they state that "...the phenomenologist perceives it as entering 'the private perceptual world of the other' (Rogers, 1975, p.4);... from a behaviorists perspective... it is a learned response to the cues of another... (p.5-6).

Secondly, a research study may not be integrated in terms of its underlying theoretical framework, operational definition, and measurement instrument. If there is inconsistency among these dimensions, how valid are the conclusions drawn from the study?

Finally, Marks and Tolsma (1986) argue that although many studies appear to be similar, ie. operate from the same conceptual basis, ask the same research question, and use the same measurement instrument, subtle differences in the methodology of each study result in different findings. Therefore, what appears to be comparable initially, in the final analysis is not.

Another factor which contributes to the misunderstanding surrounding empathy research was discussed by Patterson (1984). He focused on reviewer bias, noting that "the conclusions of the reviewers in many cases do not appear to follow from their own summaries of the research studies" (p.431). Firstly, Patterson (1984) states that reviewers tend to include studies which agree with their position. For example, if an author believes that empathy is an unnecessary condition for the therapeutic change, the reviewer will exclude those studies which do not support this contention. Secondly, he notes that the methodology of each study included in the review is not criticized in a consistent manner. Again, he maintains that the reviewers will apply more stringent criteria to studies which do not represent their own biases. A third shortcoming is that the results of some studies, even if they do not constitute a majority included in the review, but are in agreement with the reviewers premise will be overemphasized. Conversely, if the results of a great number of studies are divergent from the reviewer's

position, they are underemphasized. Patterson (1984) concludes that "Bias leads to misunderstanding, misinterpretation, or even misrepresentation of the findings of the original studies" (p.432). The criticisms raised by Patterson (1984) warrant consideration by researchers in this area. However, the article would have been strengthened if studies which argued in favor of empathy as a necessary and/or sufficient condition would have been included for critical analysis. Ironically, Patterson (1984) appears to have demonstrated his own selection bias in this review.

Where then does all of this information leave the researcher investigating empathy? What is most apparent is that empathy, as a hypothetical construct, has generated considerable research; whether investigators have attempted to define it, examine whether it is or is not an important characteristic in the therapeutic process, or have reviewed existing research in an attempt to organize the findings into a coherent entity. As with other areas of research, this area is fraught with conceptual and methodological problems. The theses of Marks and Tolsma (1986), Hickson (1985) and Patterson (1984) illustrate these points clearly.

However, the overall objective of the above-noted authors was to generate useful suggestions which could be used to improve the quality of future research. This, in the hope that empathy would be better understood. The contention by Parloff, Waskow, and Wolfe (1978) that the study of variables other than empathy would probably be more useful in understanding the therapeutic process seems premature. Logically, a viable alternative would be to design better empathy research. It is

with this objective in mind, ie. to understand empathy more fully, that the current investigation is being undertaken.

How does the counselor-in-training become empathic? In addressing this question Rogers (1975) makes the following point:

"It is most encouraging to know that this subtle, elusive quality, of utmost importance in therapy, is not something one is 'born with', but can be learned, and learned most rapidly in an empathic climate" (p.6).

It is important to note that Rogers did not emphasize a skills-training program as being sufficient for the acquisition of this and other therapeutic skills. Rather, he emphasized how the counselor functions personally as crucial in the acquisition and demonstration of these skills. He states,

"The better integrated the therapist is within himself, the higher the degree of empathy he exhibits. Personality disturbance in the therapist goes along with a lower empathic understanding, but when he is free from discomfort and confident in interpersonal relationships, he offers more understanding" (p.5).

Parloff, Waskow, and Wolfe (1978) also echo this perspective. It becomes apparent that there are a number of factors, both personal and environmental which must be taken into account when considering how this skill is acquired and maintained.

A number of training programs based upon Roger's formulation of necessary and sufficient conditions have been developed for usage with both professionals and lay helpers. Although it is beyond the scope of this paper to specify the characteristics of each of these programs, comparing and contrasting one with the other, it is necessary to give a general description of them before examining their limitations.

Mahon and Altmann (1977) stated that training

"programs generally have in common the premise that the process of relating interpersonally can be broken down or defined in terms of specific behaviors or skills, each of which can be acquired or 'sharpened' during training" (p.12).

How this is accomplished varies among the specific programs. Truax and Carkhuff (1967), for example, identified three components in their training procedure, those being,

"a therapeutic context in which the supervisor himself provides high levels of therapeutic conditions; a highly specific didactic training in the implementation of the therapeutic conditions; and a quasi-group therapy experience where the trainee can explore his own existence, and his own therapeutic self can emerge" (P.242).

Other training programs (eg. Martin, 1983) place greater emphasis on the beneficial effects of using role playing and feedback from audio and video-taped sessions.

The objective of training programs is to teach trainees counseling skills in the hopes that the acquisition of these skills will make the counselor a more effective helper. Although one finds some support for the success with which training programs have met this objective, the support is equivocal. First of all, there is some evidence to suggest that some individuals do not acquire these skills even after receiving training (Lutwak and Hennessy, 1982). Furthermore, and perhaps related to this point is that the supervisor's own skills are a critical factor in determining the success of the training program. That is, if the supervisor is functioning above the minimally facilitative level (identified as a level 3), the trainee will acquire and develop the counseling skills. Conversely, if the supervisor functions below this level, this may result in deleterious effects for the trainee (Pierce and Schauble, 1970; Pierce, Carkhuff, and Berenson, 1967).

The acquisition of counseling skills is the first in a series of progressions related to the counselor's development. Even if the trainee acquires the necessary skills, and demonstrates an adequate level of proficiency, this does not ensure that the skills will be maintained or improved, or transferred to a non-training setting. Issues such as these have been raised in a critical article by Mahon and Altmann (1977). They suggest that researchers look beyond the parameters of the training program and examine how the trainees' beliefs, attitudes, and values inhibit or facilitate the acquisition of specific skills, and how these impact on their interpersonal skills.

The current investigation will examine how cognitive complexity and moral reasoning, two personality variables, relate to empathic ability. Following is a discussion of each of these variables.

1.0.1 Cognitive Complexity

Cognitive complexity is a variable which identifies the manner in which individuals process information (Miller, 1978). The underlying assumption is that information is organized into conceptual or cognitive structures, and that these structures vary along the dimensions of concreteness and abstractness. These dimensions exist on a continuum and are identifiable based on the degree of differentiation and integration which the individual utilizes in organizing and processing information. Differentiation is defined as "... the breaking of a novel, more undifferentiated, situation into more clearly defined and articulated parts (while) integration is the relating or hooking of such parts to each other and to previous conceptual standards" (Harvey et

al., 1961, p.18). It is inferred that an individual who utilizes low levels of differentiation-integration in processing information would have a concrete conceptual system, while an abstract conceptual system would be characterized by higher levels of these processes.

Cognitive complexity is comprised of a number of components, two of which are dimensional and integrative complexity. Dimensional complexity is characterized by the process of differentiation, with no integration occurring, while integrative complexity assumes that the individual utilizes differentiation and integration when organizing information. Vannoy (1965) who factor analyzed the interrelationship of several cognitive complexity measures pointed out that dimensional complexity is a necessary, but insufficient condition for integrative complexity. He states, "it is possible for cognitive structure to be highly dimensionalized or differentiated and yet remain unintegrated" (p. 394). As such, integrative complexity is more sophisticated than dimensional complexity.

The application of cognitive complexity to the counseling context can be understood in the following framework: does this variable impact on the counselor's ability to be empathic and if so, in what way? For example, how would a conceptually "concrete" counselor interact with his/her clients, and in what way would this interaction differ from a conceptually "abstract" counselor? Goldberg (1974) and Lutwak and Hennessy (1982) have delineated counselor behaviors associated with these characteristics. Counselors functioning at the more concrete conceptual levels "tend to prescribe courses of action, focus on how clients should or ought to behave, deliver information, and engage in

fact-finding questioning" (Goldberg, 1974, p.364). It is interesting to note that a similar finding was reported by Carlozzi (1985) regarding highly dogmatic counselors. The more conceptually "abstract" counselor utilizes "reflective responding and open ended questioning ... (and) display greater tolerance for ambiguity and greater acceptance (for the client's) alternative modes of behavior and experiencing (Goldberg, 1974, p. 365). Given these descriptions, it is reasonable to infer that counselors functioning at more abstract conceptual levels are likely to be more empathic than counselors who are conceptually concrete. This is one of the central questions to be addressed in the current investigation. The inclusion of cognitive complexity as a pertinent variable related to empathy is theoretically and empirically justifiable. Evidence of the latter will be presented in the literature review.

1.0.2 Moral Reasoning

Moral reasoning is the process that occurs when an individual evaluates a situation in terms of "rightness" and "wrongness". This process can be understood within the context of moral-development theory. Kohlberg's (1976) theory of moral development is divided into three levels: preconventional, conventional, and postconventional, with each level having two stages. Kohlberg notes that social perspective or role-taking is an important aspect of the conventional and post-conventional levels of moral development. He states, "...these role-taking stages describe that level at which the person sees other people, interprets their thoughts and sees their role or place in

society" (p.32). He considers the ability to be empathic, that is "the emotional side of role-taking" (p. 49) to be one of the necessary, although not sufficient, conditions which contribute to the individual's level of moral development. Conceptually, we can infer that counselors functioning at a higher levels of moral development, with an increased role-taking ability, are likely to be more empathic when interacting with their clients than counselors functioning at lower levels.

A search of the literature on the topic of moral reasoning, specifically as it relates to empathic ability, indicates that this has not been investigated. However, as such an examination can be theoretically justified it will be included in the current study. Having set out the conceptual framework for this study, we will now focus our attention on the literature pertaining to cognitive complexity and the counseling process.

1.1 LITERATURE REVIEW

Over the past fifteen years, the research on cognitive complexity has clarified the role this variable plays in the counseling process. The studies which will be reviewed can be classified according to their particular orientation. For example, while some of the studies have focused upon the counselor's conceptual level and a particular counseling behavior, others have examined the interactive effect between the counselor's and client's conceptual level. In addition, other researchers have considered how variations in environmental structure impact on the counseling process. Although these orientations differ from each other, each provides us with valuable information regarding cognitive complexity.

Goldberg (1974) was one of the forerunners who examined the relationship between a counselor's conceptual level and his/her mode of verbal interactions in the counseling setting. Eighty six graduate students enrolled in a counseling methods course were the subjects for this study. He found that counselors with more abstract conceptual systems "were more likely to respond to clients feelings, to convey to the client an awareness of and sensitivity to his perspective, to deal with core rather than peripheral concerns, and to encourage the client to explore his feelings and attitudes through open-minded rather than fact-seeking questioning" (p.366). The central limitation of this study is that it utilized an analogue as opposed to a real counseling session to present the client's statements to the counselors. Therefore, although the results were statistically significant, their generalizability was limited.

Using a more elaborate design to study cognitive complexity, Kimberlin and Friesen (1977) examined how low and high conceptual level subjects would respond (in terms of empathy) to emotionally ambivalent and non-ambivalent client statements. Undergraduate students participated in the study. They hypothesized that the low conceptual group would be rated at a lower empathic response level when presented with ambivalent client statements. They stated,

"... the low conceptual level person (counselor) is less able to process conflicting information (ie., to recognize both sides of a conflict and be able to conceptually integrate the conflicting elements... This inability to perceive the complexity in human emotions would seem to limit the low conceptual level counselor's ability to understand and respond empathically to more complex ambivalent client emotional states" (p. 354).

Additionally, Kimberlin and Friesen (1977) hypothesized that placing subjects in training environments which varied the degree of structure would facilitate the development of empathic skills for both groups.

The results supported the first hypothesis, ie. that the low conceptual group was less able to respond empathically to ambivalent client statements than the high conceptual group. The second hypothesis was not supported. Both the low and high structured training settings only facilitated the subjects' responses to non-ambivalent client statements. Although the findings of this study are useful in terms of shedding some light on the characteristics or processes involved in empathy and empathic responding, the study has a number of methodological shortcomings. Subjects were identified as being low conceptually if they were on the bottom 40% of the distribution (with a score of 1.4 or less) and high conceptually if they were in the top 40% of the distribution (with a score of 1.8 or more). The issue arises as to whether these cut-offs are sufficiently different from each other to warrant these two classifications. The utilization of an arbitrary classification system could call into question the validity of the study's results. A second shortcoming of the study pertains to the analogue design. This feature and the use of undergraduate as opposed to graduate students again limits the generalizability of the findings.

Alcorn and Torney (1982) studied the relationship between cognitive complexity and accurate empathic understanding. Specifically, the study examined how the counselor's cognitive complexity related to their ability to "accurately identify emotions expressed in audiotaped simulated client statements" (p.534). However, as opposed to utilizing

standardized instruments, cognitive complexity was measured by scoring "the number of different subcategories used by counselors to describe their emotional experiences" (p.535). In addition, verbal ability of the subjects was evaluated with the Vocabulary scale of the Wechsler Adult Intelligence Scale. Forty subjects participated in the study, drawn from a wide variety of social work settings. Most of the participants (all but 3) received their academic training in social work, and held a graduate degree (all but 11). Results supported the hypothesis that there is a positive relationship between cognitive complexity and accurate empathic understanding, as well as a significant positive correlation between cognitive complexity and verbal ability. Although this study focused on empathic understanding as opposed to empathic responding, one could speculate as to whether cognitively complex counselors would show higher facilitative levels of empathic responses to their clients. The positive relationship between verbal ability and conceptual complexity points to one of the major difficulties encountered in measuring cognitive complexity; finding a technique which is less dependent on the subject's verbal ability.

Other methodological shortcomings of this investigation warrant being mentioned. The small sample size as well as the analogue design limit the generalizability of these findings. In addition, inter-rater reliability on dummy data for empathic understanding was never calculated. The adoption of such a cross check would have made the study methodologically stronger. Finally, the inclusion of empathic responding as a variable to be measured would have allowed for an elaboration of the obtained findings.

Lutwak and Hennessy (1982) examined whether there were differences in the level of empathic responses as a function of conceptual level. They hypothesized that a lower conceptual level would be associated with a lower level of empathic responding while a higher conceptual level would correspond to a higher empathic level. Subjects, who consisted of advanced undergraduate and graduate counseling students, were administered the Harvey's This I Believe (TIB) test. After the 13th training session, participants were asked to audiotape a counseling interview with a person not in the class who was not a relative. The best ten minute segment of the interview was rated for empathy using Carkhuff's five point scale. The TIB was scored by a different rater. The results supported the hypothesis of the study. This is particularly interesting in view of the fact that all subjects had been exposed to a training program which purportedly should have enabled the counselors to respond at a minimally facilitative empathic level (Level 3 on the Carkhuff scale). There are other mediating factors involved in the degree of skill demonstrated by trainees besides having completed a training program, and this study seems to indicate that conceptual ability is one of these relevant mediating factors. As Lutwak and Hennessy (1982) conclude, "A counselor's interview behavior is a function of both skill and perceptual framework" (p.259). The inclusion of other cognitive complexity measures may have provided more information regarding the relationship between cognitive complexity and empathic responding. In addition, the use of video-tape to record the counselors' sessions would have been preferable as the non-verbal component of empathy can only be captured with video-taped sessions. This methodological change may have altered the ratings.

Recently, a meta analysis was conducted by Holloway and Wampold (1986) on studies which investigated conceptual level and counseling tasks. They categorized these studies into two types; A) ones which used conceptual level as the independent variable and a particular behavior (such as empathy) as the dependents variable, and B) studies which examined "the matching model hypothesis" (p.311), that is, examining the effects of having the environmental structure matched or mismatched with conceptual level. We will discuss this latter type of study shortly. The basic hypothesis of the former was that individuals with an abstract conceptual system would perform better on counselor related tasks. The results of the meta analysis supported this hypothesis. The limitations of this meta analysis may have affected the validity and generalizability of the findings. As Holloway and Wampold (1986) note, the number of studies used for the analysis was very small, as it was difficult to obtain studies "that could be conceptually and methodologically compared" (p.317). In addition, the generalizability of the results to counselors is limited, as a wide variety of subjects/groups were used in the studies selected for inclusion in this meta-analysis.

Conceptual level also appears to be involved in other counseling skills. Fuqua, Johnson, Anderson, and Newman (1984) have suggested that conceptual level may be an important factor in diagnosis and treatment planning. Holloway and Wolleat (1980) examined the relationship between a counselor's conceptual level and clinical hypothesis formation. Conceptual level was assessed using the Paragraph Completion Method, while the Clinical Assessment Questionnaire (CAQ) was used to elicit the

counselors' hypotheses regarding a client's difficulties. Thirty-seven counseling students were the subjects used in this study. The results obtained gave partial support for the hypothesis of the study. Of the seven categories used in the CAQ, only two, "quality and clarity of expression evident in the counselors' clinical judgments and the number of divergent questions posed about client behavior" (Holloway and Wolleat, 1980, p. 543), revealed a statistically significant relationship to conceptual level. Although this study identifies conceptual level as a factor which discriminates the type and sophistication of clinical hypotheses, some methodological limitations temper the significance of these findings. The sample size of 37 is small; all the subjects were drawn from the same program; the study utilized an analogue design. Therefore, the generalizability of the results are limited.

In summarizing the results of the above-noted studies, there appears to be a consensus that cognitive complexity and, more specifically, conceptual level are positively related to counseling skills, particularly empathic ability. Such findings, have encouraged research which has examined whether cognitive complexity measures could predict and/or discriminate between empathic and unempathic counselors.

Dunkenblau and Lichtenberg (1979) examined whether cognitive complexity scores could be an adequate predictor of counselor effectiveness. Graduate counseling students were administered five different measures of cognitive complexity and were rated by their practicum supervisor on their effectiveness in actual counseling interviews with the Counselor Effectiveness Scale. None of the

cognitive complexity measures, singly or in combination predicted counselor effectiveness. One interpretation which Dunkenblau and Lichtenberg (1979) offered is that "cognitive complexity, while apparently contributing to counseling process differences, may not result in eventual outcome/ effectiveness differences" (p.6). In addition, they suggest that the sample was homogeneous on several of the cognitive measures, and therefore there was insufficient variability needed to test the hypothesis. Two other factors may have also impacted upon the obtained results. The choice of using a global measure such as the Counselor Effectiveness Scale may have been inappropriate. Perhaps, a more specific counseling behavior/process (such as empathy) would have been easier to predict from the cognitive complexity measures. Secondly, the use of the practicum supervisor; as opposed to a trained rater who did not know the counselor, may have influenced the ratings assigned, and therefore, the results of the study. The underlying assumption is that the supervisor may have been more subjective in rating the counselors' interviews than a rater who was unfamiliar with the subjects.

Maniei (1984) conducted an examination of cognitive complexity and empathy. The study had three main areas of focus, one of those being, which of the five cognitive measures administered could more accurately discriminate between high-empathy and low-empathy counselors. An examination of the different cognitive instruments revealed that the measures which identify the process of differentiation (as opposed to integration) more accurately discriminated between these two groups of counselors.

As was noted earlier, some researchers have examined the counseling process, taking into consideration both the conceptual level of the counselor and client. These studies assume that these two variables interact with each other and impact upon the counseling process. For example, when Heck and Davis (1973) utilized two analogue measures to determine if the counselors' empathic responses varied as a function of an interactive effect between the counselors' and clients' respective conceptual levels, this hypothesis was confirmed. Heck and Davis (1973) state, "The level at which (empathy) is expressed is affected by differences in (the conceptual level) of clients" (p.103). This point was also raised by Goldberg (1974). Comparative levels of empathic responding were measured for the low conceptual group and the high conceptual group of counselors. The obtained results indicated that high conceptual counselors have a higher base level of empathy than the low conceptual counselors. Again, as in the Goldberg (1974) study, the main criticism that can be levied against this study is that it utilized an analogue design and therefore is limited in generalizability.

Blaas and Heck (1978) examined what effect counselor cognitive complexity and the client's type of presenting problem would have on specific counseling process variables. Four specific processes were examined; counselor-client congruency, counselor empathy, counselor verbal mode, and subrole. Briefly, these can be defined as follows: counselor-client congruency was the degree to which the counselor and client agreed on the type of behavior present in the session by the counselor; counselor empathy was rated by two independent raters on Carkhuff's Accurate Empathy Scale; counselor verbal mode was determined

by evaluating the counselor's response to the client on the affective-cognitive dimension. Specifically, the percentage of time that the counselor responded to the client's cognitive content was used as the index of verbal mode. Finally, subrole identified whether the counselor was direct or indirect in responding to the client, with advice, considerable direction, and criticism being behaviors associated with a direct subrole. The results indicated that the counselor's cognitive complexity did not discriminate between the four counseling process variables. The two different counseling tasks did produce a significant difference for counselor subrole, verbal mode, and accurate empathy, suggesting that the type of presenting problem impacts on how the counselor responds. Finally, there was a significant difference in accurate empathy between the counseling tasks for the low conceptual group. Unfortunately, Blaas and Heck (1978) do not attempt to account for this occurrence in their discussion of the findings. The study maintains that an interactionist perspective is much more useful than examining single characteristics such as cognitive complexity or client type in accounting for differences in the counseling process. The main shortcoming of this study pertains to its utilization of a simulated counseling session to study the counselor-client interaction. Clearly, this does have implications for the generalizability of the findings. However, as Blass and Heck (1978) point out the adoption of this type of design facilitates a closer study of the interactionist perspective.

Lichtenberg and Heck (1979) examined the structure of interviews conducted by low and high cognitively complex counselors. They also examined the degree of consistency present in the counselor's behavior

for different counseling interviews with the same client. Subjects were counselor trainees, and the counseling interviews conducted were real as opposed to simulated and/or analogue sessions. The clients and counselors' responses were organized into five interaction process categories. The results indicated that the nature of the counselor-client interaction differed between the two groups (ie. low vs. high cognitive complexity), with the high complexity group demonstrating greater variability in response patterns. However, across counseling interviews verbal response patterns were consistent. With regard to the latter finding, it is possible that the limited duration of the study resulted in no noted change in the interactional pattern between the counselor-client. Perhaps such a change would have been apparent if more than two sessions would have been conducted. Notwithstanding this shortcoming, the study indicates that "different cognitive styles on the part of the counselor do influence the character of the interaction generated during counseling" (p.21).

In order to study the interaction between counselors and clients, Maniei (1984) placed counselors and clients into "cognitively simple" or "cognitively complex" groups (four groups in all) based on their performance on five cognitive complexity measures. For the counseling sessions, counselors interviewed clients with whom they were matched or mismatched for cognitive complexity. Empathy was evaluated by the counselors, clients, and two independent judges. Maniei (1984) hypothesized that cognitively complex counselors would be rated by the clients and judges as being more empathic than cognitively simple counselors. However, within this framework, there would be an

interaction between matched and mismatched counselor-client dyads. That is, cognitively complex counselors would be more empathic with complex clients than with cognitively simple clients, while cognitively simple counselors would be more empathic with their counterpart clients than with complex clients. In terms of empathy, the hypothesis was that clients are better judges of the counselor's empathy than the counselors are of themselves. The results of the study partially confirmed the first hypothesis. Clients were the only group to identify/perceive cognitively complex counselors as being more empathic than cognitively simple counselors. In addition, the findings revealed a consistency between the clients' and judges' ratings of the counselor's empathy, suggesting that clients are more accurate judges of empathy than the counselor. As Maniei (1984) points out, this finding is comprehensible in view of the fact that

"the client is the most accurate judge of the counselor's level of empathy, since it is the client who finally judges whether the counselor has understood his or her thoughts, feelings, and experiences" (p.18).

In terms of accounting for why the judges did not rate the cognitively complex counselors as being more empathic, he suggests that this may have, in part, been attributed to the fact that there was a similarity in counseling style among the counselors. Implicitly, this style may have masked any noticeable differences in the empathy present in both groups.

With regard to the matched/mismatched counselor-client dyads, no support was found for these hypotheses. That is, when the counselor and client were matched for cognitive complexity, this did not result in an increase in the counselor's level of empathy. The most apparent

shortcoming of this study is the very small sample size. It is difficult to determine the reliability or validity of these findings, when only nine counselors participated in the study. A second criticism which can be put forth pertains to the clients who participated in this study. All of them knew their counselor, having received seven weeks of counseling prior to the formal study. It is unknown whether this familiarity would have influenced the nature of the counselor-client interactions and therefore, impacted on the results obtained in the study. Perhaps, a more viable alternative would have been to rate the first session, prior to the counselors-clients becoming familiar with each other. Finally, as with other studies, the counselor-client interactions were audio-taped as opposed to being videotaped. Again, this limited the quantity and quality of information that was available to the judges rating the counselor's empathy.

These type of studies have provided us with useful information regarding cognitive complexity, the counselor-client interaction and the counseling process. It is clear that no single variable can be used to determine the nature and effect of the counseling process. Some studies have considered how different levels of cognitive complexity for the counselor and/or client necessitate changes in the level of structure in the counseling environment. This is based on the theoretical assumption that cognitively "simple" individuals function better (derive greater benefit) from a highly structured (concrete) environment, while cognitively "complex" individuals function optimally in a low structure (abstract) environment.

A study by Stein and Stone (1978) examined the impact of varying environmental structure to suit the needs of the client. A highly structured environment was provided to those clients with a low conceptual level, while a low structured environment was adopted for counseling the high conceptual level group. There was one significant difference between this study and other research which has been conducted in this area. That is, the conceptual level of the counselor was not considered. Rather, "skilled counselors" (ie. rated as functioning at a level 3 or higher on Carkhuff's scale) received training on how to conduct low and high structured counseling interviews, prior to the onset of the study.

The study confirmed that varying the level of structure to compliment the client's conceptual level resulted in greater satisfaction for both client groups. The authors conclude, therefore, that

"it may be important for the counselor to alter his or her interviewing style or intervention programs to capitalize on the apparent strengths and preferences of each kind of client" (p.101).

Although this recommendation appears valid, it assumes that all counselors would be equally able to alter their counseling behavior. This particular study provided specific training to enable the counselors to engage in this type of behavior. The question remains as to whether counselors who had not received this type of training, even if they were functioning at a facilitative level, would be equally adept at varying the environmental structure to maximally assist the client. Paranthetically, it is interesting to note that there was a noted difference between the two counselors in terms of their interactions with the clients, which produced a lower level of satisfaction for the

group dealing with one counselor as opposed to the other. Perhaps this was attributable to individual differences in the counselor's ability to effectively utilize the training he/she received, and/or in his/her conceptual level. This would seem to indicate that training is not sufficient to ensure counselor flexibility. In fact, as has been noted earlier, results from other studies indicated that conceptually complex counselors would more easily be able to vary the environment to suit the client's conceptual level than a conceptually concrete counselor (Lutwak and Henessy, 1982; Maniei, 1984). Therefore, although there seems to be a consensus regarding the importance of the counselor being flexible and altering the structure of the environment to benefit the client, the most effective approach to accomplish this goal has yet to be established.

As was noted earlier, one of the components of the meta analysis conducted by Holloway and Wampold (1986) "examined the behavioral performance of counselors, clients, or both, of different conceptual levels under different counseling or training conditions that had various levels of environmental structure" (p.311) (Type "B" studies). Three theoretical hypotheses were tested for these studies. The first hypothesis replicated the hypothesis used for the Type "A" studies (discussed earlier); that individuals with a higher conceptual levels would perform better than lower conceptual level subjects. In addition, Holloway and Wampold (1986) hypothesized that subject's in a highly structured environment would perform better on counseling related tasks than subjects in a low structured environment. Finally, they hypothesized that matched conceptual level and environmental structure

would result in individuals performing better than individuals in mismatched conditions.

The results of the analyses confirmed all but one of the theoretical hypotheses on Type "B" studies; that being, the hypothesis which stated that individuals with a higher conceptual level would perform better on counseling related tasks than individuals with a low conceptual level. Although this hypothesis was supported by the findings of the Type "A" studies, it was not replicated for the Type "B" studies. Perhaps the most interesting finding pertains to the interactive effect between conceptual level and environmental structure. Conceptual-systems theory predicts that individuals with a low conceptual level will perform better in a highly structured environment, while high conceptual level individuals will perform better in a low structured environment. The results of this study confirmed this scenario, but in addition, demonstrated that the performance of low conceptual level subjects exceeded that of high conceptual level subjects in a highly structured environment, indicating that environment plays a substantive role in this process.

1.1.1 Summary

Empathy, or more specifically, empathic responding has been identified as a crucial variable in the counseling relationship. Cognitive complexity has been implicated as a personality variable related to empathic ability, both theoretically and empirically. As was noted earlier, cognitive complexity is multifaceted, and one of its' components is integrative complexity. As integration is considered to

be a more sophisticated cognitive process than differentiation, integrative complexity will be the focus of the current investigation.

Although the relationship between moral reasoning and empathic ability has not been empirically demonstrated, it appears theoretically plausible as moral reasoning involves taking the perspective of the other. The inclusion of both of these variables will shed light on the extent to which personality variables influence/impact upon empathic ability. The specific nature of the relationships between these variables will be stated in the hypothesis section.

1.2 HYPOTHESES

The purpose of this study is to examine the relationship between cognitive complexity, moral reasoning, and empathic responding in a group of counselors-in-training.

More formally stated the hypothesis of this study is as follows:

H1: There will be a statistically significant positive relationship among conceptual level, moral reasoning, and level of empathic responses.

Chapter II

METHODOLOGY

2.1 SUBJECTS

2.1.1 Sample Size

There were 20 subjects in total. Fourteen of them were enrolled in the pre-masters practicum while one subject was in the master's practicum in Educational Psychology. Five other subjects were recruited from Psychology. Their selection criterion was that they had completed a clinical psychology course which is very similar to the practicum courses in terms of developing counseling skills. Of the five subjects from psychology, two were at the master's level, while three were at the doctoral level. Fifteen of the subjects were female, while five were male. The subjects ranged in age from 23-44 years (mean of 31 years, median of 29 years).

2.2 INSTRUMENTS

2.2.1 Cognitive-Complexity Measure

The measure used to assess cognitive complexity, or more specifically, integrative complexity was the Paragraph Completion Method. This paper and pencil measure was developed by Hunt, Butler, Noy and Rosser (1978) and was based upon the cognitive-developmental theory of Harvey, Hunt, and Schroder (1961). It is comprised of six

incomplete sentence stems which pertain to issues of uncertainty, rule structure, and authority. The subject's predominant mode of processing information is rated, identifying the degree of abstractness-concreteness present. Responses are scored on a scale ranging from 0-3 with 3 representing the most abstract conceptual level. Hunt et al. (1978) describe the general characteristics of the four levels of conceptual development in the following way: The subject who scores (0) zero

"... He may react impulsively... in a negative unsocialized manner ... He is totally self centered and does not consider other people's thoughts and/or feelings ... He may react defensively by withdrawing, ignoring the situation or blaming others ..." (p. 4).

The subject scored (1) one has the following characteristics: "concern with behaving in a socially acceptable way, and polarized or dichotomous thinking or behavior" (p.5). A response scored (2) two occurs when the subject

"... is open to other people's ideas and evaluates alternatives. But no attempt is made to integrate this evaluation with the solution or decision. He is very much concerned with his own thoughts and feelings and is striving for independence. In considering alternatives, he reveals an increased tolerance of uncertainty, ambiguity and difference of opinion" (p.5).

Finally, a subject receiving a score of (3) three

"...considers and weighs alternatives, then decides upon the best possible solution to a particular problem. In doing so he shows concern for his own and other's ideas and feelings, and about the possible consequences of his decision ... He is secure in his independence and is aware of himself, of his relationship with others and how they view him ..." (p.5).

The subject's conceptual level is the average of the three highest scores (CL3). Hunt et al. (1978) report the average CL3 of graduate students to be 1.87. The inter-rater reliability for this measure,

reported in three studies ranged from .72-.90 (Lichtenberg and Heck, 1979; Blaas and Heck, 1978; Holloway and Wolleat, 1980). Further, in reviewing studies which have been conducted to assess the reliability and validity of this instrument, Gardiner and Schroder (1972) conclude that the Paragraph Completion Test is "a psychometrically sound and valid measure of complexity" (p.959).

2.2.2 Moral Reasoning Measure

The Defining Issues Test (DIT) was developed by James Rest. This instrument is an outgrowth from Kohlberg's theory of moral development. It is an objective paper-and-pencil measurement instrument designed to measure moral judgement. Subjects are required to indicate what issues would be relevant if they had to make a decision in specific social situations. It is important to note that this test is not designed to identify or slot the individual as functioning at a particular stage of moral development. Rather, it is designed to determine the type of moral reasoning which subjects prefer to use when grappling with moral dilemmas. Some important differences exist between these two variables. Being at a particular stage implies that the individual has reached a particular stage and always functions at that stage when considering a moral situation. Conversely, Rest (1979) has argued that many stages of moral development can be present, or operating at the same time, and that the particular situation plays a significant role in which stage is predominant. Being at an identifiable stage of development also implies that the person's overt behavior will be consistent or based upon their particular stage of development. However, the underlying assumption

with moral reasoning is that, although an individual may be able to reason at a higher stage of moral development, this does not ensure that the individual's actions will be consistent with his/her reasoning.

The most commonly used scoring procedure is the calculation of the "P%" score. This is determined by the frequency with which the subjects prefer statements which correspond to Kohlberg's fifth and sixth (postconventional) stages over all other statements. The range of P% scores is from 0-95% on the short form and from 0-100% on the long form of the test. The three story short form of the DIT was administered in the study. The P% score based on the three story version correlated in the .90's with the six story version (Rest, 1986). Moreland (1985) notes that "A wide variety of evidence attests to the DIT's validity." For example Rest (1979, 1986) reported that the DIT correlates with other measures of moral reasoning an average of .50, reaching as high as the .70's. The evidence for the construct validity of the DIT is enhanced by several longitudinal studies wherein subjects attributed increasing importance to higher moral stages. Martin, Shafto, and Vandeinse (1977) found that "each scale score discriminated significantly among age groups as did the Principled Reasoning (P) score" (p. 460). They conclude that the results support the construct of moral reasoning and the validity of the Defining Issues Test as a measure of such reasoning. Similar conclusions have been drawn by Davison (1979). Rest (1986) reported the test-retest reliability for college students to be .67.

2.2.3 Measure of Counselor Behavior

Carkhuff's Empathy Scale (1969) was chosen to rate the video-taped counseling sessions which the counselors conducted. It was chosen as it is theoretically consistent with the definition of empathy adopted by this study. This scale is also considered to be less ambiguous and more reliable than other available scales (Martin, 1983; Avery, D'augelli, and Danish, 1976). This is a five-point scale, with each level describing the degree of empathic responding given by the counselor to the client. Level 3 is considered to be minimally facilitative, whereas anything less (levels 1 and 2) detracts from the client's communication and is unhelpful to the counseling process. In the same vein, levels 4 and 5 are considered to be additive to the counseling situation, facilitating the client's self-exploration and understanding.

2.3 PROCEDURE

2.3.1 Rater Training

The two raters who scored the conceptual measure were required to read the PCM manual and then rate 10 protocols provided in the manual. A comparison of their scoring to the scores in the manual indicated that they had grasped the criteria used in the manual. The raters worked on the protocols separately and never consulted each other on the scores assigned to the subjects.

The raters who assigned empathy scores for video-taped sessions were chosen, because of their extensive clinical experience and familiarity with the construct of empathy. They were given a copy of Carkhuff's

description of the five levels of empathy. In addition, they were given a copy of Gazda's (1977) text, which included scorable examples of different levels of empathic responses. The raters' scores could be compared to the scores given in the text. The raters were instructed to assign two scores per subject, one after the first five minutes of the session, and another after the second five minutes of the session. They did not discuss with each other the subjects or the scores given to their counseling behavior. No consultation was used to deal with instances of disagreement.

2.3.2 Administration

Potential subjects were given a written description of the purpose of the study. Specifically, they were told that the purpose of the study was to identify counselor characteristics which may be related to counseling effectiveness. They were also told what their participation would involve, approximately 1 hour. Those subjects who agreed to participate were scheduled for the written measures and the counseling session. Most of the subjects completed both parts of the study on the same day.

The written measures were given in the following order: 1. the Paragraph Completion Method, 2. the Defining Issues Test. Standardized administration for all tests was followed. These measures were given by the author. The subject's test results were not discussed until all the data was collected and scored. The first test was scored by two raters, while the second measure was scored by the author. This procedure was adopted to prevent scoring bias; ie. giving a subject a lower/higher

score on one measure because of his/her performance on another measure. The same client and presenting problem were used in each session, and all of the sessions in their entirety were videotaped. The client was instructed to tell the counselor that she wished to discuss her relationship with her mother. She was also instructed to give the counselor ample opportunity to respond to her statements. The counselors were introduced to the client, and were reminded that the session was being videotaped. They were instructed to "counsel the client" and that the session would last ten minutes in total. At the end of the ten minutes the subjects and client were interrupted. Subjects were told they would receive feedback after the data had been analyzed and compiled. The videotapes were rated by two raters for level of empathic responses. Feedback was provided to all interested participants, where the main findings of the study were presented.

2.4 STATISTICAL ANALYSIS

The hypothesis(es) of a study and the type of measurement instruments used to operationalize the variables dictate the choice of statistic used to analyze the data. Examining the nature of the relationships which exist between variables necessitates the use of correlational analysis. The two most common and reliable forms of correlational analyses are the Pearson product-moment (r) and the Spearman rank-order (r_s) correlation coefficients. The former is "most appropriate when the sets of data to be correlated represent either interval or ratio scales" (Gay, 1981, p. 293), while the Spearman rank order correlation is more often used with ordinal scale data, although it can also be used for

interval scale data. The data from the Paragraph Completion Method and empathy scales correspond to the ordinal scale, while the P% score of the DIT corresponds to the ratio scale. Therefore, both the Pearson product-moment and Spearman rank-order correlation coefficient were used to analyze the data. Specifically, correlation coefficients were obtained for the following: 1. the Defining Issues Test and empathic responding; 2. the Paragraph Completion Method and empathic responding; 3. the Defining Issues Test and the Paragraph Completion Method. Inter-rater reliability was calculated for both the Paragraph Completion Method and empathic responding.

Chapter III

RESULTS

Correlational analyses revealed a positive relationship among the three variables. However, these relationships were low to moderate in strength and were statistically non-significant ($p > .05$, $df=18$, critical r value=.44, critical r_s value=.475). As such, the hypothesis of the study was not supported.

Table 1 presents the mean and standard deviation of the DIT, PCM, and empathy scale.

TABLE 1

Mean and Standard Deviation of DIT, PCM, and empathy

	Mean	S.D.
DIT-P%	55.06	18.76
PCM	2.35	.33
Empathy	2.84	.49

Table 2 presents the correlational coefficients between the DIT, PCM, and empathy.

TABLE 2

Correlation Coefficients Between DIT, PCM, and Empathy

	r-Empathy	r _s -Empathy
DIT	.25	.28
PCM	.38	.14

There was considerable variation in the range of P% scores on the Defining Issues Test (30-83.3%), although the group mean of 55.06% was consistent with those reported by Rest (1986). Table 3 presents the frequency and respective percentage of the P% distribution. An examination of the table reveals a bi-modal distribution.

TABLE 3
Frequency of P% Scores

P% score	Freq.	Percentage
30.0	2	10%
36.6	4	20%
40.5	2	10%
43.3	1	5%
50.0	1	5%
53.3	1	5%
66.7	1	5%
70.0	3	15%
73.3	1	5%
76.7	2	10%
80.0	1	5%
83.3	1	5%

Subjects' averaged conceptual scores on the PCM ranged from 1.66-2.75, with the group mean of 2.35 being higher than those means reported by Hunt et al. (1978). Table 4 presents the frequency distribution for conceptual level scores on the PCM. It is clear that, as a group, 12 of the 20 subjects (60%) were rated as being quite conceptually abstract, with an average conceptual scores of 2.50 or greater.

TABLE 4
Frequency of PCM Scores

PCM score	Freq.	Percentage
1.66	1	5%
1.75	2	10%
2.00	1	5%
2.08	1	5%
2.17	1	5%
2.33	1	5%
2.41	1	5%
2.50	3	15%
2.57	7	35%
2.66	1	5%
2.75	1	5%

Inter-rater reliability for the PCM was calculated using four different definitions of "agreement". IRR was .85 when the CL3 scores given by the raters were the same or within .5 of each other. IRR was .83 when the six scores given by the raters were the same or within .5 of each other. IRR was .43 when there was a perfect match (100% agreement) between the scores the raters assigned to the subjects for the CL3. The same coefficient was obtained when this criterion was applied to the six responses of each subject's protocol. It should be noted that the first two coefficients (.85 and .83) are consistent with those reported by Hunt et al. (1978).

Finally, mean empathy scores ranged from 1.63-3.75 with the group mean calculated at 2.84. Table 5 gives a frequency distribution of empathy scores. Perhaps the most surprising finding is that only one-half of the subjects were rated as responding at 3.0 or higher (with 3.0 being considered the minimally facilitative level).

TABLE 5
Frequency of Empathy Scores

Empathy	Freq.	Percentage
1.63	1	5%
2.13	1	5%
2.38	2	10%
2.50	2	10%
2.63	1	5%
2.75	2	10%
2.88	1	5%
3.00	2	10%
3.13	3	15%
3.25	3	15%
3.38	1	5%
3.75	1	5%

Inter-rater reliability for empathy, with agreement being defined as scores being the same or within .5 of each other was calculated to be 72.5%. It is important to note that consultation to address disagreement was not involved in the rating process.

The correlational coefficient of +.20 (+.26 rS) between the PCM and DIT reflects, as one would expect, that the two measures are measuring two different variables, integrative conceptual complexity and moral reasoning, respectively. Perhaps it is reasonable to suggest that the commonality between these two instruments is that they required the subject to put the stimulus into a conceptual framework prior to formulating a response.

The DIT and empathy variables were also positively correlated (+.25) (+.28 rS). Again, this moderate coefficient is reflective of the dissimilar nature of these two variables. Perhaps the positive relationship reflected a tendency for subjects rated as responding with higher levels of empathy to choose/prefer those statements on the DIT which purportedly measure advanced moral reasoning. The nature of the statements focus on the broader philosophical issues involved in a particular situation. The ability to understand a situation from a broader perspective (or to decenter) is a necessary condition for the individual to be empathic. Therefore, perhaps the counselor who is able to view situations from a broader perspective would also be able to understand the client's perspective.

Similarly, the positive relationship (+.38) (+.14 rS) between PCM and empathy demonstrates that an individual's conceptual ability (one's ability to understand and integrate information) may be a contributory factor in the individual's ability to be empathic. In the counseling situation the counselor must integrate various pieces of information. If the counselor is skilled at integrating information, this may facilitate the counselor in understanding the client better and, in turn this may lead to higher levels of empathic responses. However, it does not indicate that a high conceptual level, or a high level of moral reasoning ensures a high level of empathic responding.

The following section presents a discussion of the major theoretical and methodological issues which arose from the study. It is followed by an identification of the limitations of the current investigation, with a final section discussing implications for future research.

3.1 DISCUSSION

The manner in which an individual processes incoming information impacts on how it is understood and, in turn, what type of response is formulated. The study demonstrated that a high level of cognitive complexity (ie. processing information in a highly integrated fashion) does not necessarily ensure high levels of empathic responding. Similarly, the findings of the study suggest that utilizing advanced moral reasoning does not ensure an individual possessing good conceptual skills and/or responding with high levels of empathy.

In view of the studies which have found a strong positive relationship to exist between cognitive complexity and empathy, or differences in levels of empathic responses between "low" and "high" cognitively complex subjects, the first issue that must be addressed is why this study did not obtain similar findings. An examination of the theoretical and methodological issues of this study provides some information to this question.

To begin, Heck and Lichtenberg (1977), using a sample of graduate counseling students, found that the use of multiple cognitive measures was justifiable as no single instrument could measure cognitive complexity. They maintain that cognitive complexity is comprised of many aspects and not a general trait. Therefore, studies utilizing a single cognitive instrument, at best, can claim to be measuring one aspect of cognitive complexity and not a general complexity construct.

The evaluation of the Paragraph Completion Method also provides further insight into the obtained results. The PCM purports to measure

one aspect of cognitive complexity; that being integration. Maniei (1984), in attempting to determine which aspect of cognitive complexity was a better discriminating factor between low and high empathic counselors, found that the PCM (measuring the integration aspect of cognitive complexity) had the lowest correlation with empathic responding. This finding is consistent with the current study as the PCM could not have predicted which subjects would have had low or high scores on the empathy scale. This was reflected in the moderately low positive correlation between these two variables.

Taking all of the above information into account therefore, it would appear that studies of this nature should include multiple cognitive measures, and that the PCM is the least important measure to include if empathy is the only variable of the counseling process being examined.

Another issue which warrants some discussion pertains to whether it is appropriate to make the conceptual jump from cognitive complexity to the ability to respond empathically. The intermediate step of empathic understanding is deemphasized. Methodologically, it is assumed that if the counselor processes information in a sophisticated manner and empathically understands the client, this ensures that he can draw upon this understanding and respond empathically. Although a number of studies have found support for this hypothesis, perhaps the inclusion of empathic understanding would have contributed to a clearer understanding of the relationship between conceptual level and empathy. Studies of this nature have proven to be fruitful (Alcorn and Torney, 1982).

Each measurement instrument has its' own methodological shortcomings. As such, one might reasonably expect them to impact on the findings obtained in the study. This is particularly true for the Defining Issues Test. Two identifiable limitations pertain to the design of the test.

As was noted earlier, the format of the test requires that the subject rate items (which represent different stages of moral reasoning) in order to identify which issues are important for the particular situation. Unfortunately, within each scenario, every stage is not represented by an equal number of items. Furthermore, the number of items representing a particular stage is not held constant between the different scenarios. Therefore, this may result in the subject choosing a particular item because its stage is more frequently represented within that set of items.

The DIT format has also been criticized on the basis that the items are not randomized. There is a concentration of lower stage items earlier on in the scale as opposed to all stages being represented throughout all sections of the scale. Again, this ordering effect may influence how the subject rates the items, thereby effecting the validity of the results.

Another factor which may have played a role in the obtained results is the sample used in the study. Specifically, the subjects were homogeneous insofar as they were selected because they had participated, or were participating in a counseling practicum course. This similarity may have overridden any other difference which were observed on the

three measurement instruments, ie. the PCM, the DIT, and the empathy scale, thereby diminishing the magnitude of the correlational coefficients.

Another methodological issue arising from this study is how the variable of empathy was measured. The current study chose to rate the empathy after two intervals; after five and ten minutes of the counseling session. This procedure raises the question of whether this was the most accurate way to rate empathy. Put more succinctly, would the empathy scores have been significantly different if a response-by-response method been used (Heck & Davis, 1973)? We can only speculate as to any difference this may have made. However, it is reasonable to assume that some information is lost when this more general method of assessment is used. Furthermore as the empathy scores were derived by averaging the ratings given by the raters, again, this would have influenced the subjects' final scores, thereby having an impact on the correlational analysis results. One method which could have been used to minimize these effects was to allow for the raters to resolve disagreements through consultation.

Two main objectives of research are to increase our understanding in a particular area and, to refine the theoretical and methodological issues in the hope that future research will elaborate upon our initial understanding. The current investigation was no exception. The discussion has raised a number of issues which, in turn will have implications for future research. However, prior to turning our attention to this topic, we will identify the limitations of the current study.

3.2 LIMITATIONS OF THE STUDY

The current investigation had a number of limitations. They are as follows:

1. The number of subjects used was small (20). This has two implications: it becomes more difficult to obtain a statistically significant result as the N decreases; the generalizability of the findings are severely limited.

2. The use of only one measure to assess cognitive complexity was inadequate. This limited the quantity and quality of information available regarding the subject's conceptual skills.

3. The shortcomings in the format of the DIT, identified in the discussion section, may have diminished the validity of the results.

4. The scoring procedures for the PCM and empathy scales which averaged the subjects' scores, may have diluted the data and therefore effected the findings of the study.

5. The duration of the counseling session (10 minutes) may have been too brief to obtain an adequate sample of the counselor's empathic ability.

6. The procedures to assign an empathy score after each five minute segment in the session, as opposed to a response-by-response score, may have resulted in a less accurate depiction of the counselor's empathic skills.

7. Experimenter bias on the part of the client may have been operating insofar as she was familiar with the therapeutic process and, as such would not have been completely objective.

8. The use of only one client for all of the counselors also may have impacted on the study. Specifically, the client's familiarity with the process may have influenced how she interacted with the clients. Further, to the extent that the client changed after interacting with each counselor, it is difficult to gauge how consistent her behavior was over time.

9. The subjects were not randomly assigned to the counseling session and the use of this method would have been preferable.

Having set out the limitations of this study, we will now discuss implications for future research.

3.3 IMPLICATIONS FOR FUTURE RESEARCH

Identifying and understanding those variables which impact on our development as counselors has received considerable attention over the past decade. There are many questions which remain unanswered. There are a number of suggestions for future research which can be given based both from the current study, and other research which have been conducted in this area.

Firstly, the cognitive complexity variable should be measured by more than one instrument. The quantity and quality of information obtained from this study, because only one conceptual measure was used, was

severely limited. Relatedly, other subject variables should be assessed in future research. Two such variables are educational level of the subjects, distinguishing between premaster, master, and doctoral-level students, and work experience related to or involving counseling. The inclusion of these variables may give us a clearer indication which variables are involved in one's counseling skills. Furthermore, as conceptual and counseling skills are assumed to be developmental in nature, an examination of these variables using longitudinal designs may well provide researchers with more insight into this topic.

The literature review revealed one consistent trend; that being, the greater number of studies used a two-group design (ie. high conceptual vs low conceptual subjects) to ascertain if there were statistically significant differences between them on a specific counseling variable (such as empathy). Studies of this nature seem to provide more definitive information than the correlational design. Therefore, perhaps future research should continue to utilize the between groups design. Care, however, should be taken in determining the criterion for "high" vs. "low" conceptual subjects.

The need to include other theoretical frameworks in future research also would appear to be a necessary progression. This is important to help identify factors which impact upon both cognitive complexity and empathy. The current investigation included social-cognitive theory by using the DIT as a measure of moral reasoning. The results indicated a moderately positive relationship, between the DIT and PCM. As such, it provides us with some valuable information regarding the relationship between moral reasoning, cognitive complexity and empathy.

Piagetian theory would also be very useful to include in future research. One aspect of cognitive-development theory is that, as the individual progresses into formal operations one of the characteristics of this stage is the ability of the individual to take the perspective of the other. This, in short is the definition of empathy. Furthermore, in formal operations the individual is able to think abstractly, hypothesize about relationships between variables and outcomes, indicating that the individual is processing information in a more complex fashion. It would be reasonable, therefore, to assume that there is a positive relationship between cognitive complexity and cognitive development. Therefore, the inclusion of Piagetian measures would provide valuable information pertaining to cognitive complexity and empathy (Baxter, 1976).

The current study had a small group of subjects who showed both low conceptual and empathy scores. As the utility of having good conceptual skills in the counseling situation has already been demonstrated in previous research (Holloway & Wolleat, 1980), the issue arises as to what training procedures should be incorporated into training programs to facilitate the development of conceptual and counseling skills. For example, the type/quality of clinical supervision available to the counselors-in-training could have a considerable impact in this area. Carlozzi (1985) notes,

"... the supervisor must focus not only on the counseling techniques, the counseling process, and the client dynamics, but also on the counselor as a person. ..[Therefore] The supervisor as a person must model the kind of non-defensive, open-minded responsiveness to the experiences of the counselor, as the supervisor expects the counselor to do in response to the experiences of the clients.

In terms of conceptual skill, open-mindedness is reflective of a person who is conceptually sophisticated. Identifying how supervision and other training procedures impact on the development of conceptual and counseling skills requires further investigation (Berg and Stone, 1980; Clairborn and Dixon, 1982).

To limit training programs to "counseling" skills (such as, teaching empathy) may well be counter-productive if counselors are not cognitively sophisticated enough to think about and conceptualize what is entailed in a counseling relationship. If the objective of counseling programs is to train their students to be the best possible counselors, a wider variety of skills, such as conceptual skills, must be integrated into graduate programs. The findings of future research in this area will help to determine the best way of accomplishing this goal.

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