

THE UNIVERSITY OF MANITOBA

ENHANCEMENT OF COMMUNICATED EMPATHY THROUGH MODELING AND
CORRECTIVE FEEDBACK IN-PROCESS OF DYADIC PRACTICE.

by

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BY

DONALD JOHN MEEN

A thesis submitted to the Faculty of Graduate Studies of
the University of Manitoba in partial fulfillment of the requirements
of the degree of

DOCTOR OF PHILOSOPHY

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Abstract

This study investigated the effects on communicated empathy of modeling and corrective feedback when delivered in-process of dyadic practice. Contrast control training was modeling and corrective feedback delivered extra-process of dyadic practice. Subjects were 32 volunteers for peer counselor training randomly assigned by sex to experimental or contrast control training conditions, then paired. Eight hours of training were given to separate dyads in four weekly sessions, by one of two randomly assigned trainers.

Pre-training, post-training and follow-up (one month) evaluations were conducted, using counseling analogues with trained actors as clients. Communicated empathy was assessed in its Expressed (by the helper) and Received (by the client) phases, following the Barrett-Lennard (1981) cyclical model of the empathy process. Expressed empathy was measured by ratings along the Carkhuff (1969c) empathy scale and by frequency of paraphrase and reflection responses. The actor-clients rated Received empathy on the Barrett-Lennard (1964) Relationship Inventory.

Analyses of covariance on post-training scores (with pretest scores as the covariate) supported the hypotheses that subjects trained by modeling and corrective feedback in-process of dyadic practice would show greater Expressed empathy, according to both its measures. However, the hypothesis of greater Received empathy from the experimental

group was not supported. Repeated measures analyses of variance were employed to assess effects maintenance and showed significant decline for paraphrase and reflection frequency, only.

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Introduction

Since Titchener's introduction of the English term empathy in 1909, considerable attention in Psychology, both in theoretical and research domains has been paid to this concept. Early discussants included Freud (1921), Adler (1931), the sociologist Mead (1934), social psychologists Cottrell (1942) and Dymond (1949). That this interest continues is evidenced by recent multidimensional conceptualizations of empathy including those of Lesh (1970), Keefe (1976) and Barrett-Lennard (1981).

The relevance of empathy to the successful psychotherapeutic endeavor has been indicated across schools, from the psychodynamic (eg. Alexander, 1948; Ferenczi, 1930; Reik, 1948), to the client-centred (eg. Jourard, 1959; Rogers, 1951), and even to the behavioural (eg. Wilson and O'Leary, 1980). It is among the client-centred that empathy is ascribed its most significant role: the therapist's communication of empathic understanding and unconditional positive regard, while being personally genuine were asserted by Rogers (1957) to be "necessary and sufficient" conditions for therapeutic change. Truax and Carkhuff (1964), in describing their linear multiple regression model for psychotherapy research, added concreteness or specificity to make a four-fold schema of "facilitative conditions" essential to effective therapy. Recent integrative reviews of the research literature have

led both to reaffirmation of its significant role and to more circumscribed conclusions about empathy's relation to therapeutic outcome. While Hornblow (1980) affirms a positive relationship, Gladstein (1970) concluded that such existed only where psychotherapy was concerned, with evidence equivocal for counseling contexts. Kurz and Grummon (1972) stated that there was "little doubt" of a positive relationship, but that measurement limitations left ambiguity. Lambert, DeJulio and Stein (1978) concluded there was a "modest" association between successful outcome and facilitative conditions, whereas Martin (1983) saw a moderately good to strong relationship depending on measures used. Patterson (1984) asserted that "evidence for the necessity, if not the sufficiency of the therapist conditions of accurate empathy, respect or warmth, and therapeutic genuineness is incontrovertable" (p.437). In the end and given these qualifications, empathy remains a factor of importance to successful psychotherapy, meriting further study.

From as early as 1947 (Blocksma and Porter) training programs aimed at enhancing empathic functioning in counselors have been published, with Rogers (1956) signalling an early dispute between advocates of different teaching methods, the "experiential" versus the "didactic". With their entry into the scene urging an integration of didactic and experiential approaches (Truax, Carkhuff and

Douds, 1964), Truax and even more prominently, Carkhuff propelled systematic skill training to prominence. There followed a period of ten or more years during which extensive research on training for empathy skill was published. Major systematic training programs were developed by Truax, Carkhuff and their associates (see Carkhuff, 1969; Carkhuff and Berenson, 1967; Truax and Carkhuff, 1967), and by Ivey and his (see Ivey, 1971; Ivey, Normington, Miller, Morrill and Haase, 1968). Numerous others outlined and tested modifications of the major programs (eg. Fry, 1973; Thompson and Blocher, 1979), while still others proffered unique programs (eg. Avery, 1977; Boyd, 1973). Empathy skill training has not been without its critics. Mahon and Altmann (1977) for example claimed that while studies showed training effectiveness, it was only short term and not transferred to actual counseling contexts. The capability of skill training to overcome personality factors in counselor-trainees was questioned by commentators like Bachrach (1968; the factor being therapist capacity for "adaptive regression") and Walstedt (1968; the therapist's "empathy quotient" being the factor). As the research review below will show, these important questions have not been well addressed in the published literature even to date. What seems clear is that empathy, as researchers are able to measure it, can be enhanced by educational programs, though unanswered questions and

limited conclusions remain.

Prominent among the teaching strategies in the various systematic programs were both modeling and feedback. Carkhuff (1969a) for example saw the trainer's level of functioning in the facilitative conditions as the "single most critical aspect of effective training" (p. 240). Ivey, Normington, Miller, Morrill and Haase (1968) employed videotaped modeling and Rogers (1956) recommended direct viewing of therapy, while Thompson and Blocher (1979) tested for the effects of supervisor-trainee co-counseling. Feedback has been provided by trainers reviewing students' taped interactions with them (eg. Ivey, Normington, Miller, Morrill and Haase, 1968; and more elaborately, Kagan et al., 1967), by independent rating of interactions along preestablished scales (as in Carkhuff's Systematic training and others, eg. Brockhaus, Marshall and Dustin, 1973) and by clients themselves (as in Dustin, 1971).

A number of researchers have examined modeling and feedback as elements of the supervision of counseling/psychotherapy trainees. In an extension of the "experiential" (i.e. in which supervision parallels therapy in form) vs. "didactic" (i.e. in which supervision included prominently modeling and feedback), didactic approaches were generally held to have superior efficacy (see Birk, 1972; Goldfarb, 1978; Payne, Weiss and Kapp, 1972). Considering components of supervision, suggestive evidence of efficacy

is noted for modeling and supervisor reinforcement (Miller, 1969) and for modeling or feedback alone (Ronnestad, 1977).

In the counseling and psychotherapy literature, published studies of modeling and feedback as separate teaching/learning strategies in empathy training have been few. Payne, Weiss and Kapp (1972) and Payne, Winter and Bell (1972) found modeling to significantly enhance the effects of didactic supervision. Perry (1975) found a modeling effect but no instructions effect in examining combinations of levels of these strategies. Instructions and modeling were found effective by Uhlemann, Lea and Stone (1976), as were instructions, modeling and practice by Dalton, Sundblad and Hylbert (1973). With respect to feedback, Ronnestad's (1977) study showed it to enhance expressed empathy, and when Carlson (1974) combined feedback with instructions, he found them superior to verbal reinforcement and control conditions. Thus, though modeling and feedback have been widely used as empathy training strategies, their actual efficacy in this regard appears to have received limited research attention.

Rationale for the Study

The intent of this study was to investigate the empathy enhancing effects of a training strategy composed of modeling and corrective feedback delivered in-process of dyadic practice. The literature reveals that modeling, feedback and practice figure prominently as elements of

widely studied systematic training programs and both modeling and feedback have been the subject of specific study, separately and in various combinations with other training techniques. The review below will show that, in all, the evidence supports the efficacy of both modeling and feedback in increasing communicated empathy in counselor trainees. What is also evident, however, is that results across studies leave a considerably incomplete overall picture. Specifically, evidence of the efficacy of their combined use has not appeared as yet in the published literature.

Though modeling studies have not yet addressed this training dimension, research into the effects of feedback on empathy learning indicates the superiority of immediate over delayed delivery (Reddy, 1969a). Thus, the effectiveness of training interventions which are in-process (therefore immediate and contingent on individual responses) appears to merit further investigation. Additionally, with respect to feedback, Carlson (1974) showed superiority of a corrective form (i.e. with instructions for improvement) over simply evaluative feedback. Therefore, given these indications of what would constitute a highly potent combination of training strategies, the study was designed to examine the efficacy of modeling and corrective feedback, delivered in-process of dyadic practice.

Interpretability and utility of research findings have

often suffered due to methodological limitations in training studies. Among the recurrent limitations have been the use of counseling analogues of questionable validity as representations of actual counseling, the inadequate cuing of control subjects to desirable test behaviour, and the use of inadequately controlled non-experimental designs. This study included an experimental design and equivalent cuing of experimental and control subjects to desirable test behaviour. Its use of trained actors as clients, counterbalanced over testing occasions and with controls for consistency of presentation is believed to have provided an optimally realistic representation of counseling given the ethical constraints on actual client use. Modeling and feedback studies have rarely attended to effects maintenance, whereas this study included follow-up assessment at one month. The measurement of empathy from different vantage points is recommended (Lambert, DeJulio and Stein, 1978) but seldom a feature of empathy training studies. This deficit, too, was addressed in this study through its assessment of empathy from both Expressed (by the helper) and Received (by the helpee) perspectives (Barrett-Lennard, 1981).

Hypotheses

Hypothesis I

Experimental subjects, trained by modeling and corrective feedback in-process of dyadic practice, will

demonstrate greater Expressed empathy than contrast control subjects, trained by modeling and corrective feedback extra-process of dyadic practice, during a counseling analogue, as measured on the Carkhuff (1969c) Empathic Understanding in Interpersonal Processes scale.

Hypothesis II

Experimental subjects will demonstrate greater Expressed empathy than contrast control subjects, during a counseling analogue, as measured by frequency of paraphrase and reflection use.

Hypothesis III

Role-played clients will judge Received empathy, as measured on the Barrett-Lennard Relationship Inventory (1964 revision) Empathy subscale, to be greater from experimental subjects than from contrast control subjects, during a counseling analogue.

Empathy Competence through Counseling and Psychotherapy
Training, A Review of the Literature

Empathy: Concept Overview

Among the early Greeks "empathia" referred to an affective state encompassing qualities of affection, passion and suffering, and a process of feeling-into another. According to Gladstein (1984), aesthetic philosopher Robert Visser was the first person to use the term "Einfühlung", in 1873. This concept was developed significantly by Lipps for whom it described a process of aesthetic appreciation, characterized as feeling oneself into, and thus establishing an identification between oneself and another (person or object). In 1909 Titchener provided the English translation as "empathy".

Gladstein (1984) traced the evolution of the term empathy from its root in the thinking of aesthetic philosophers in the late 19th century. Their perspective was in part a reaction to the elementalism and empiricism of the scientific method embraced by such people as Helmholtz and Wundt. Gladstein further notes the sociological roots of the concept in the concern about the process of individual socialization. Sociologist Mead developed the "role-taking" perspective of empathy which involved a process in which "We feel with him and are able so to feel ourselves into the other because we have, by our own attitude, aroused in ourselves the attitude of the person we

are assisting" (Mead, 1934, p.299). This was a perspective also of social psychologists, as for example Dymond who spoke of the ability for "imaginative transposition of oneself into the thinking, feeling and acting of another", thereby "structuring the world as he does" (Dymond, 1949, p.127). Gladstein identified a second social psychological perspective of empathy as emotional arousal or reactivity. He considered both developmental psychology and counseling/psychotherapy as contributing further to the evolution of the concept. Developmental psychology, especially through Piaget, has addressed development of judgment and reasoning and posited that empathy is possible only after stages characterized by egocentrism have been passed. From counseling and psychotherapy have come two streams of thought about empathy: identification and role-taking. Freud (1921) viewed empathy as a vehicle for understanding another person who was of limited emotional importance, through inference and mimicry. Adler, in outlining his concept "social feeling" described being "able to see with (another's) eyes and listen with his ears" (Adler, 1931, p.172). Carl Rogers has provided this extensive role-taking definition:

The state of empathy, or being empathic, is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the 'as if' condition (Rogers, 1959, p. 210).

It is this "as if" quality which distinguishes empathy from identification or projection (Keefe, 1976). Another distinction frequently made is between empathy and sympathy. Buchheimer (1963), in contrasting "mitfuehlung" (sympathy) with "einfuehlung", describes the former as a "feeling along with" another person without necessarily "feeling into" that person, only the latter activity requiring interaction or communication.

The years intervening since the aesthetic philosophers' development of the concept empathy have seen a burgeoning of conceptualizations. Hornblow (1980) suggested these may be differentiated according to their emphases on aspects which are: (a) affective (eg. Ianotti, 1975) or cognitive (eg. Hogan, 1969) or both (eg. Gendlin's, 1962, "felt meaning"); (b) covert, as in attitudes (eg. Rogers, 1975) or overt in behaviour (eg. Truax and Carkhuff, 1967); (c) verbal (eg. Carkhuff, 1969b) or nonverbal (eg. Sullivan, 1953). Furthermore, they may vary according to (d) whether the emphasis is on trait (eg. Clark, 1980) or process (eg. Hoffman, 1975), and (e) their theoretical base.

Acknowledging the complexity of the phenomenon, several writers have posited multidimensional models. Lesh (1970) provides a synthesis of major definitional thrusts from Rogers (1967), Kagan (1967), Truax and Carkhuff (1967) and psychoanalytic writers (including Reik, 1948). He asserted that empathy, rather than a simple single component, is an

interpersonal interactional process involving at the least these components: (a) perception of both conscious and preconscious levels of feeling, (b) identification of these feelings, (c) differentiation between client and counselor feelings, (d) objectification or separation of client feelings, (e) interpretation of client feelings, (f) articulation of the conscious and preconscious client feelings.

Keefe (1976) contributes further by describing separate counselor tasks and abilities required for the successful completion of each of three phases of empathy: (a) the counselor's perception of overt behavioural cues (requiring attending skillfulness); (b) the elicitation of counselor's cognitive and feeling responses (requiring that cognitive filtering processes be held in abeyance); (c) the conscious separation of feelings held by self alone from those shared with the client (requiring psychological openness, ability to attend to one's feelings and facility in cognitive sorting and labelling of feelings). This accurate empathic reception is usually but not always to be complemented by accurate empathic communication.

Barrett-Lennard (1981) proposes a cyclical model of empathy, in which, at: Step 1, Empathic Set by Empathizer, "A is actively attending (with an empathic set) to B who is in some way expressive of his or her own experiencing..."; Step 2, Empathic Resonance, "A reads or resonates to B in

such a way that directly or indirectly expressed aspects of B's experience become experientially alive, vivid, and known to A."; Step 3, Expressed Empathy, "A expresses or shows in some communicative way a quality of felt awareness of B's experiencing."; Step 4, Received Empathy, "B is attending to A's response sufficiently at least to form a sense or perception of the extent of A's immediate personal understanding." and Step 5, Feedback, Fresh Expression and Resonation, "B then continues or resumes visible self-expression in a way that also carries feedback elements for A..." (p. 94) As will be discussed below, a further value of Barrett-Lennard's model lies in its provision of an alternate explanation for weak relationships among empathy measures.

To illustrate the definitional debate, Hornblow (1980) contrasts Hogan (1975): "It is difficult to define empathy in a way that will meet with general approval because the word has several different phenomenological referents that are hard to encompass with one concept" (p.14), with Bachrach (1976): "Almost irrespective of theoretical orientation, the concept of empathy...refers to the ability of one person to experientially 'know' what another is experiencing at any given moment, from the latter's frame of reference, through the latter's eyes" (p.35). But does this debate have to be joined? Perhaps it is more productive to acknowledge that indeed empathy is a complex construct, the

elements of which have sometimes been focused upon erroneously as though any one adequately defined the whole. The value of the current multidimensional models lies in their reconciling the subsuming character of empathy as Bachrach describes it with its various identified referents, by acknowledging its multi-component, interactive and gestalt quality.

Empathy Measurement

The focus on circumscribed aspects of the complex called empathy has led in turn to a variety of measures which attempt to quantify them. With respect to this situation two major questions have occupied the attention of researchers: What are the relationships among empathy measures? and What is the relationship of counseling outcome to such measures? To begin, there follow two categorization systems for empathy measures.

The first is provided by Kurz and Grummon (1972). They classified measures as (a) Situational, where empathy is regarded as a trait measurable by a standardized test such as the Affective Sensitivity Scale of Kagan et al. (1967); (b) Predictive, where counselors predict client responses to self-descriptive items as with the Interpersonal Checklist of LaForge and Suczik (1955); (c) Judged tape ratings such as the Truax (1967) Accurate Empathy Scale or Carkhuff's (1969c) Empathic Understanding in Interpersonal Process scale, which employ independent raters to assess

communicated empathy; (d) Perceived, in which clients rate empathy as they experience receiving it from the counselor, and counselors rate their own provision of it, such as with the Barrett-Lennard (1962) Relationship Inventory.

Gladstein (1977) distinguished measurement types as: (a) Subjective (equivalent to Perceived, above), (b) Objective, in which independent judges rate counselor responses or an instrument taps a counselor quality or trait, and (c) Predictive (equivalent to Predictive, above). He elaborated upon these by differentiating the forms of empathy which they measure as being one of: (a) Affective, which is a "matching of feelings" (Iannotti, 1975), as assessed by such as the Affective Sensitivity Scale (Kagan et al., 1967); (b) Cognitive, which is "role-taking" (Dymond, 1949; Mead, 1934) and is assessed by predictive measures; (c) Cognitive/Affective, which involves both foci (Rogers, 1975), as assessed by such as the Barrett-Lennard (1962) Relationship Inventory (Subjective) or the Truax (1967) Accurate Empathy scale (Objective) measures.

A concern about the validity of empathy measures led researchers to assess correlations among them. Though Rogers, Gendlin, Kiesler and Truax (1967) had found a significant correlation between client-perceived and tape judged measures, Fish (1970) found none and Caracena and Vicory (1969), only a negligible one. Kurz and Grummon (1972) investigated the broadest range of measures,

assessing the relationships among two predictive measures, a judged tape rating, empathy perception from both client and counselor perspectives and a situational measure. These were held to be a representative sample of research-utilized empathy measures. Though all had been claimed to measure the same or a similar variable, the correlations found were low, not significant or even negative. Their conclusion was that "the data thus reveal not a unitary concept but six different variables which are thought to be similar but in fact are not" (p.112). They qualified this conclusion by stating that the client-perceived and judged tape measures had a nearly significant correlation.

However, Barrett-Lennard (1980), operating from the interactional and multi-process perspective of empathy embodied in his model, provides an alternative interpretation with greater integrative and heuristic value. He stated:

One might expect that modestly positive correlations based on a broad sample of relationships would occur among valid measures of the principal experiential and communicational processes involved in the different phases. However, theoretically there is no reason to expect, for example, a close relationship between inner resonance and personal understanding (Phase 1) and the degree to which the receiving person is actually conscious that the other is with him or her in personal understanding (focus of Phase 3) (p.95).

Empathy and Therapeutic Outcome

A bridge to the issue of the relationship between empathy and therapeutic outcome is afforded by a second

validity concern about the correlations of different measures with therapeutic outcomes. The Kurz and Grummon (1972) investigation found that client-perceived empathy (assessed by the Barrett-Lennard Relationship Inventory), measured after the third interview, showed the strongest relationship to outcomes, as indicated by the Tennessee Self-Concept Scale (Fitts, 1965), the M.M.P.I., therapist evaluation and client evaluation. A moderately positive relationship was found between tape-judged empathy (Carkhuff's, 1969c, Empathic Understanding in Interpersonal Process Scale) and outcome thus measured. However, no relationship was found between their measures of predictive empathy (Interpersonal Checklist, La Forge and Suczik, 1955; Langfield's, 1967, modified version of the Kelly Role Concept Repertory Test), the situational measure (Kagan et al.'s, 1967, Affective Sensitivity Scale), or the therapist self-rating and outcome. In their review of studies (including that of Kurz and Grummon) Lambert, DeJulio and Stein (1978) concluded that client-perceived and tape-judged empathy are the best predictors of outcome. They did not believe the evidence sufficient to support the contention of Gurman (1977) that client-perceived was superior to tape-judged in this regard.

In his examination of studies which he identified as involving counseling rather than psychotherapy outcome research, Gladstein (1977) contended that different findings

concerning empathy and outcome seemed due in part to the type of empathy measure used. Considering subjective, objective and predictive measures, he concluded that there was limited evidence for a relationship between client-perceived empathy and client-assessed outcome, alone.

Thus the only two measurement approaches which researchers have concluded to be correlated positively with therapeutic outcome are the tape-judged (Barrett-Lennard's Expressed empathy) and the client perceived (Barrett-Lennard's Received empathy).

The construct and measurement debates have nonetheless led, on balance, to fairly consistent conclusions that there is a positive relationship of empathy to therapeutic outcome. Alone in attempting a distinction between counseling ("essentially normal" clients with some developmental concerns) and psychotherapy ("emotionally disturbed" clients) contexts, Gladstein (1970, 1977) asserted that his reviews showed empathy to be related to successful psychotherapy outcome, but not clearly related to successful counseling outcome. To Kurz and Grummon (1972):

There is little doubt that there is a relationship, and perhaps a very substantial relationship, between what has been called empathy and therapy outcomes. But present empathy measures may in fact be tapping other aspects of the therapist behavior and the therapeutic relationship which accounts for these findings. Thus ambiguity still exists about the role of therapist empathy in effective therapy (p.115).

Hornblow (1980) concluded from studies he reviewed that

"therapists' empathic qualities (have been shown) to be associated with successful outcome of psychotherapy" (p.23). Lambert, DeJulio and Stein (1978) in addressing facilitative conditions more generally (including empathy, warmth and genuineness) suggested that "only a modest relationship between (them) and therapeutic outcome has been found" (p.486). Martin (1983) summarized that there was a moderately good relationship between level of facilitative conditions and successful outcome, when the conditions are tape-judged by trained raters, and a strong relationship when client perceptions are the measure.

Recently Patterson (1984) has provided a review of reviews concerning the role of therapist facilitative conditions in counseling and psychotherapy outcome. He strongly asserted that much bias has been shown in reviews minimizing of the effects of empathy, warmth and genuineness. He criticized them for biased selection of articles, and differential application of standards and weightings of research in order to conform with biases. Acknowledging the many limitations of much research to date, and adding further to the list, Patterson nonetheless concluded that:

Considering the obstacles to research on the relationship between psychotherapist variables and therapy outcome, the magnitude of the evidence is nothing short of amazing. There are few things in the field of psychology for which the evidence is so strong. The evidence for the necessity, if not the sufficiency of the therapist conditions of accurate

empathy, respect or warmth, and therapeutic genuineness is incontrovertible (p.437).

Training Programs and Strategies

Throughout the remainder of this review, distinctions among study dependent variables will be made according to which phase of the empathic process as outlined by Barrett-Lennard (1981) appears to be represented.

Early Training Models

In an early article addressing counselor training, Blocksma and Porter (1947) outlined a six week program in the client-centred mode, an objective of which was skill in recognizing and reflecting "attitudes underlying" client statements (apparently Empathic Resonation and Expressed empathy phases, respectively). This solely descriptive article outlines training strategies as lectures, individual reading, individual counseling, case analysis, group therapy/discussion.

In 1956, Carl Rogers asserted that "experiential learning is the only learning which is directly related to effectiveness in psychotherapy" (p.79). Furthermore this learning could not be communicated, only facilitated. What was to be learned experientially included acceptance, empathy, deep understanding, and deep person to person relationship. Specific training methods recommended began with listening to therapy recordings, role-playing, direct viewing of therapy, and participating in group and

individual therapy. To follow was experience doing psychotherapy, during which one's work was recorded, then multiple therapy and supervised practica. He recommended massed experiential learning over traditional course formats.

N.D.E.A. (National Defense Education Act) counseling and guidance institutes conducted in the late 1950's and early 1960's were evaluated for their efficacy in increasing "Understanding" responses (Porter, 1950). These institutes, for those already functioning in school counseling capacities, were characterized by varying proportions of coursework and supervised practica distributed over 6 to 8 week periods. Studies by Munger and Johnson (1960) and Demos and Zuwaylif (1962, 1963) reported significant increases in Understanding responses, but employed single group pretest-posttest designs which are causally uninterpretable. Understanding responses were judge-rated and represent Expressed empathy.

Professional Training Programs

Carkhuff (1966) contended that professional training programs may have deteriorative consequences for facilitative functioning because they "neglected or disregarded any systematic attention to the core of facilitative interpersonal conditions" (p.363), while devoting such attention to secondary dimensions and techniques. This deterioration was attributed to the

retarding effects of the low levels of facilitative functioning that students encountered in graduate school instructors (Carkhuff, 1968a, 1968b). Apparently at least in part as an indictment of professional training, Carkhuff (1968b) further asserted that lay persons could develop facilitative functioning levels commensurate with or higher than those of professionals, and in less time, given appropriate training.

In addressing the question of professional program efficacy, Carkhuff and other commentators, including Bath and Calhoun (1977), Dustin (1973) and Dustin and Marshall (1972), draw their evidence largely from cross-sectional or longitudinal passive observation studies, and/or training studies which contrast trainee empathy levels with those of professionals or professional program students.

Cross-sectional studies assessing empathy comparability of students from professional programs with others, have variously found: that clinical students were more empathic than non-clinical, though first and fourth year clinical were equivalent (Carkhuff, Kratochvil and Friel, 1968); that graduated increments in empathy paralleled increasing levels from undergraduate to graduate clinical students (Carkhuff, Piaget and Pierce, 1968) and that professional program students were more empathic than medical students (including psychiatry students) who were in turn more so than undergraduates (Elizur and Rosenheim, 1982).

On the other hand, doctoral students were found equivalent to undergraduates (Dilley, Lee and Verrill, 1971), psychiatrists and psychiatric residents to bachelor level mental health program students (Pope, Nudler, Vonkorff and McGhee, 1974). Jamison and Johnson (1975) found various combinations of superiority among male and female therapists, crisis workers and undergraduates.

Causal interpretability in such passive-observational studies depends upon compensatory design features which render implausible selection, maturation and history threats to internal validity. Since such features were not included in these studies, equivalence of groups in respects other than training, cannot be assumed. Though associations between variables may be revealed, causal effects of training cannot, even where the study was adequate otherwise.

In a longitudinal study, Carkhuff, Kratochvil and Friel (1968) found clinical psychology students returning for their second year to be functioning at a mean level lower (not significantly) than that of their previous year. Moreover, of the group of returning students and the group who dropped out, the latter had the higher (not significantly) first year functioning level. Again, the design does not allow any causal inferences to be made about program effects.

A feature of some specific training program studies

(Bierman, Carkhuff and Santilli, 1972; Carkhuff and Truax, 1965; Dustin and Marshall, 1972) has been the comparison of empathy levels of trainees with those of various groups of professionals or professional program students. Equivalence found has been proffered as evidence that such training is as effective as professional programs in enhancing empathy, or the obverse, that professional programs are no more effective than the specific and much briefer training. It is not clear what is being compared, however. The professional contrast subjects, apparently unaware of desirable test behaviour, may have demonstrated their preferred modes of responding. This cannot be equated with their ability in empathic responding. Nonetheless, even if their ability were represented, the study designs do not allow discernment of the effects of their professional program alone.

In a similar vein, Dustin (1973), as a result of finding no difference in facilitative functioning level between counselors and teachers before or after their participation together in his training program, questioned the efficacy of the counselors' prior training. Again, professional training effects are not identifiable separately from those of subsequent experience or a host of other variables.

Bath and Calhoun (1977) reviewed published and unpublished studies relevant to the question of the efficacy

of professional counseling training for empathy competence. On balance, they found more evidence against than for efficacy and concluded there was continued cause for concern in this regard. However, the data on which these reviewers based their conclusions was of the same nature as that cited above. A more justifiable conclusion, both then and now, would be that professional training programs have not been demonstrated to be efficacious in developing empathy competence among their students.

If it could be shown that professional programs were ineffective in developing empathy competence among students, the question would remain as to whether this could be attributed to inability or to disregard for this objective. Though to Rogers, Carkhuff and innumerable others the significance of empathy to therapeutic success is axiomatic, the position is by no means universal (eg. Gladstein, 1977; Lambert et al, 1978). This latter view is consistent with the Bath and Calhoun (1977) observation that, despite the availability of effective training for empathy competence, it was too often left to chance in professional programs.

Common elements of professional training programs will now be examined with respect to their empathy enhancing capabilities.

Practicum.

One-group pretest-posttest design studies have found among subjects an increased concern with internal frame of

reference of others and with implicit meanings (Schoch, 1966), and increased communicated empathy (Delaney, Long, Masucci and Moses, 1969). However, the lack of compensatory design features does not allow causal inferences as to practicum efficacy.

The removal of a psychiatric internship requirement allowed Lindy, Green and Patrick (1980) to compare the performance of self-selected with- and without-internship groups. The without-internship group was rated greater on psychotherapy skills. The very fact of their self-selection effectively challenges the assumption, required for causal interpretation, that groups were equivalent on relevant dimensions other than internship.

Aronson, Akamatsu and Page (1982) studied the written communication and discrimination of empathy in two successive clinical psychology student cohorts across academic, prepracticum skill training, and practicum periods. A control group from another clinical program was compared with only one experimental group and only at pre- and post-academic training. The value of this feature is unclear. A stable baseline for one experimental group was shown over two pre-skill training occasions. This would counter maturation as an alternative causal hypothesis to the increase in empathy found subsequent to specific skill training, though there was no control against confounding effects of extra-study variables. Results showed no

increase in empathic communication pre- to post-practicum.

Hackney (1971) advocated pre-practicum skills training to free practica from the role of providing basic information and skill. He recommended that practica should focus on the "accumulation of experience rather than training" (p. 103). Through practicum experience the increased ability of counselors to be empathically skillful, and to be so across client characteristics and over time, would be expected. In the end only the Aronson, Akamatsu and Page study offers interpretable information as to practicum efficacy in empathy enhancement, and it shows no effect. Clearly, sufficient research is not yet available for a firm judgment, however.

Supervision.

The studies investigating "didactic" versus "experiential" styles of supervision and those concerned with modeling and feedback in supervision are reviewed below under Modeling and Feedback in Empathy Training.

Blane (1968) randomly assigned counseling students to receive a brief positive or negative supervision session, or none, following a half hour taped interview with a volunteer client. Supervision was either the application of positive or negative statements to subjects' counseling behaviour. Gain scores showed significant within-group increases in Expressed empathy (EU scale) for positive supervision, but no significant differences between groups.

In an experimental supervision analogue study, Hodge, Payne and Wheeler (1978) contrasted the effects of programmed learning, individual supervision or none, and professional or peer supervisors, on empathy communication. Supervisors evaluated and discussed subject responses and modeled superior ones. Through a programmed learning tape, subjects heard discussion and demonstration of effective and ineffective responses. Half the supervisors were professionals, half peers, while subjects were undergraduates. The individual supervision group mean was significantly greater than that of the others, the programmed learning mean significantly greater than the control. No difference between peer or professional supervision groups was found. The dependent variable was Expressed empathy rated along the Carkhuff EU scale.

In sum, considering training effects on Expressed empathy, only weak support for a positive supervision approach is shown. Individual supervision is shown to be effective and appears superior to programmed learning (in turn superior to no training). These studies provide no evidence of transfer beyond counseling analogues to actual counseling. With respect to the effects of professional training and its components on empathy learning, very little usable research has been published. The efficacy of professional training programs as wholes is certainly not supported, but neither is the research adequate which has

suggested professional training to be ineffective. Single studies indicated no effect for practicum, though an effect for individual supervision and supervision emphasizing subject successes. Important issues of generalization to actual counseling and stability over time and client characteristics have not been addressed. Such a dearth of evidence precludes firm judgments as to the effects of these teaching strategies on student empathy.

Educational/Therapeutic Experiences

Sensitivity training.

Sensitivity training programs investigated are of diverse characteristics, thus limiting possible generalizations as to the efficacy of such experiences on empathy competence in counselors.

Foreman (1967) examined effects of a two weekend, and Reddy (1970), a four day, T-group with counseling centre staff and students. However, their single group designs without compensatory design features allow no causal conclusions. Furthermore, these studies relied on self-report or reports from other group members. Such measures are problematic in terms of veracity, and of unknown relevance to empathy offered during counseling.

The effect of sensitivity training on the perception of non-verbal communication was examined by Delaney and Heimann (1966). Their use of a Semantic Differential, with instructions to rate "what the concepts shown...meant to

(subjects)" leaves conclusions about empathy increases impossible to draw.

In an experimental study, Myrick and Pare (1971) contrasted the effects of a 15 week program on graduate counselors. Expressed empathy was rated on the Truax (1967) Accurate Empathy scale (AE). No training effect was shown on rated interviews with actual clients. While adequacy of its implementation cannot be assessed, apparently this sensitivity training did not increase empathy competence. However, with a treatment and control group of only nine the lack of significant difference may be a function of low statistical power.

McWhirter (1974) randomly assigned counseling graduate students to 8 sessions of either sensitivity training or lecture/discussion (counseling relationship theory) conditions. The sensitivity training group was significantly greater than control on accurate empathy on a counseling analogue posttest (Truax AE scale ratings of Expressed empathy).

In an experimental study with college counselors, Selfridge, Weitz, Abramowitz, Calabria, Abramowitz and Steger (1975) assessed the effects of adding 16 hours of sensitivity training to Carkhuff-type Systematic Training. Written empathy communication and client rated interpersonal atmosphere, of which empathy was a part, were significantly greater for the group with added sensitivity training.

Client rated empathy alone was greater but not significantly so. Thus it appears training effects generalized somewhat to actual counseling behaviour. A study strength was that several clients rated each counselor, a more accurate picture provided thereby.

In sum, though only a small number of studies allow causal interpretation, evidence of sensitivity training efficacy in enhancing empathy competence in counseling or psychotherapy is inclined toward the affirmative. Studies showed increases in both Expressed empathy (AE rated) and in Received empathy (Barrett-Lennard RI client-rated). Maintenance of impact over time, durability of empathy gains across client characteristics, applicability across student characteristics remains to be examined. Evidence exists on both sides of the question of effects generalization to actual counseling situations. The formidable task of determining the essential characteristics of sensitivity training and its correct implementation would be required for more adequate results evaluation.

Meditation.

In a non-equivalent control group design, Lesh (1970) had volunteer counseling graduate students receive daily Zen meditation training. The experimental group alone showed significant increase in affective sensitivity, though methodological features (especially control groups markedly different in educational experience and motivation) limit

causal conclusiveness. The relationship of affective sensitivity to counseling outcome has not been established, but such sensitivity seems to be related to Barrett-Lennard's Empathic Resonance phase of the empathy process.

Leung (1973) tested for the effects of Zen meditative deep breathing and external concentration exercises on predictive empathy. Predicting from videotaped client self-presentations, experimental subjects at posttest were significantly more accurate about most areas of client self-concept than were controls. A relationship of predictive empathy to counseling outcome has not been found, and is of questionable relevance to helper training in empathy. With both this and the above study, alternate explanatory constructs such as relaxation may be posited.

Personal therapy.

Peebles (1980), in a passive observational study, found a significant correlation between personal therapy hours and empathy as rated in subject-selected interview tapes with actual clients. Causal inferences cannot be made as third factors may be postulated as causally related to both attendance at therapy and demonstration of empathy.

The remedial role for personal therapy of counseling and psychotherapy students has been outlined by Blatt (1963), and Rabkin (1976) regarded one's own therapy as helping to guard against "the danger of arrogance (which)

lies in uncritically trusting our own intuition" (p. 255). Despite the appeal of and breadth of support for these positions, the efficacy of personal therapy in these regards has not been demonstrated experimentally.

Group experience.

Described in Elizur and Rosenheim (1982), psychiatric clerkship groups were randomly assigned to settings with or without a 12 hour, 6 week group experience focusing on interactions within the group and emotional responses to patients.

At posttest, students with the group experience rated themselves significantly higher than did students without it, in "emotional empathy tendency". These ratings correlated significantly with peer ratings of empathy. Given lack of control over important non-experimental variables, the experience at best can only be suggested as responsible for effects. Self and peer ratings limit confidence in the accuracy of findings and are of questionable relevance to empathy competence in counseling.

Within this group of educational or therapeutic experiences, experimental design limitations leave the question of empathy enhancement efficacy unanswered for personal therapy and the group experience described. While the meditation studies showed increases in predictive empathy and affective sensitivity, these are without established relationships to empathy as utilized in

counseling.

Systematic Skill Training Programs

The 1960's saw the development of two influential systematic training models. The first was introduced by Carkhuff, Truax and Douds (1964), the second, called Microcounseling, by Ivey, Normington, Miller, Morrill and Haase (1968). These models generated considerable research and reaction.

Systematic training model.

Truax, Carkhuff and Douds (1964) characterized their model as integrating didactic and experiential training. The experiential component was delivered through the trainer's facilitative functioning in both individual and group "therapy", the focus of these being the personal experience of trainees in their attempts to help. The didactic component was comprised of specific training in offering empathy, warmth and genuineness through graded didactic experiences, ranging through (a) descriptions, examples and response rating, to (b) response formulation to taped expressions, (c) role-play (taped and rated), (d) single therapeutic interviews with a wide range of clients, and finally, (e) full-fledged psychotherapy (taped and rated). In the studies of Systematic training efficacy cited below, the last two strategies were not included in training packages tested.

In Truax and Carkhuff (1967), training in empathy

competence is biphasal: discrimination (i.e. correct identification) of empathy levels, and communication at facilitative levels. Carkhuff (1966) made explicit the modeling function of trainers. He asserted that though trainer and trainee levels of functioning and type of training interacted to produce training effects, trainer functioning was "the single most critical aspect of effective training" (Carkhuff, 1969a, p.240). Extensive practice enabled durability of competence over time (Carkhuff, 1969a).

Evaluation of this model is limited by the variation of training content across studies, their extensive use of counseling analogues for testing effects, unresolved questions about scale limitations and inadequacy in cuing of control subjects to desirable test behaviour. Even within these limitations, the counselor training literature provides only suggestive evidence for Systematic training efficacy. The following studies (except for Selfridge et al., 1975) had the Expressed empathy phase of empathic communication as their dependent variable.

Studies of one-group pretest-posttest or posttest only design include Bierman, Carkhuff and Santilli (1972), Carkhuff and Griffin (1970, 1971), Carkhuff and Truax (1965) and Truax and Lister (1971). Though they all showed significant increases in Expressed empathy with training, they lacked necessary compensatory features in their

research designs. Since history or statistical regression validity threats cannot be ruled out, reasonable causal inferences cannot be drawn from them as to Systematic training's effectiveness.

Suggestive evidence of efficacy in increasing communicated empathy is available, based on the following studies employing nonequivalent control group design. They share a methodological deficit in that experimental subjects would be expected to be aware of desirable test behaviour whereas controls would not, given only general test instructions to be "helpful". Superior scores for experimental groups may be plausibly construed as due not to training but rather to being adequately cued, a challenge to construct validity of the putative cause of empathy effects.

Martin and Carkhuff (1968) found graduate counseling students receiving 45 hours of training to have gained significantly in empathy, as rated by judges, "standard" clients and subjects themselves. Since controls were not counseling students, selection or selection-history factors may have influenced results. Mitchell, Rubin, Bozarth and Wynick (1971) provided only 6 hours of training and found subsequently that experimental subjects were significantly greater in empathy than controls in role-played interviews. Gormally, Hill, Gulanick and McGovern (1975) found significant gains in written empathy among subjects receiving 40 hours of training. Study strengths included

well matched control subjects and measurement of "client" character presentation consistency. An unfortunate and unexplained limitation was posttesting six months after pretest, which makes problematic any separation of training from experience effects. In empathy as rated during interviews, Fischer (1975) found students having been trained for 44 hours to be significantly greater than controls. Selection or selection-history factors might pose validity threats since each group was composed of a different student class, the variables leading to their participation in that class unknown.

In an experimental study, Kratochvil (1969) assigned psychiatric unit staff to receive either 18 hours of training or none. The experimental group was significantly higher in rated empathy ("standard" client interviews) at posttest. Limited information precludes assessment of rating process or test instruction adequacy. An experimental study contrasting the effects of Systematic and Microcounseling training was conducted by Toukemanian and Rennie (1975). After 24 sessions training groups were greater in empathy than non-equivalent control groups, the Microcounseling mean significantly greater than that of the Systematic group. Limitations included that the control subjects were not well matched and that cuing to desirable test behaviour was not equivalent.

Components of the program for which suggestive evidence

of contribution to effects is available include: rating scales use and quasi-group therapy (Berenson, Carkhuff and Myrus, 1966) and both the "didactic" (readings on and discussions of empathy and scales) and "experiential" (scale use, modeling, role-play with feedback) elements of the program (Bath, 1976). In the first of these studies, while "standard" client, self and significant other ratings showed significant empathy gains, tape ratings did not. In the second study, limited information precludes evaluation of subject assignment, rating procedure and test instructions. The Pierce, Carkhuff and Berenson (1967) investigation of trainer level of facilitative functioning suggested students of a higher functioning trainer became more empathic. However, the low functioning trainer's group experienced considerable attrition, and since the trainers likely varied on more than their facilitative levels, it is not possible to ascribe training effects unambiguously to this factor. Attempts to modify Systematic training revealed that desensitization to intimacy behaviours contributed to effectiveness (Fry, 1973) but that brief video-modeling did not (Dalton and Sundblad, 1976). The addition of sensitivity training increased client-rated facilitative interpersonal atmosphere which included empathy (Selfridge, Weitz, Abramowitz, Calabria, Abramowitz and Steger, 1975).

Systematic training: Summary conclusions.

Several conclusions may be drawn concerning the

efficacy of the Systematic program in training for empathy competence in counseling and psychotherapy. However, certain provisos pertain. First, what is called Systematic training is what was identified by its authors as following the model of Truax and/or Carkhuff, but a consistent content cannot be assumed. Second, adequacy of dependent variable measurement was determined within the bounds of the common method: the rating of empathic communication using the Carkhuff EU or Truax AE scales. Third, in all studies, except Selfridge et al (1975), from which at least qualified causal inferences could be made, the dependent variable was measured in a counseling analogue. Fourth, equivalent cuing of experimental and control subjects to desirable test behaviour cannot be assumed. With these in mind, the following conclusions appear justified:

1. There is suggestive evidence for the efficacy of Systematic training in increasing empathy competence, primarily in Expressed empathy. However,

2. transfer of training effects to actual counseling has not been demonstrated and

3. only limited evidence is available for maintenance of training effects, this being for six months and of written empathic communication.

4. Relative to alternate training programs, a single study suggests Systematic training may be less effective than Microcounseling.

Certainly, criticism that Carkhuff and associates have been overgenerous in drawing conclusions from limited data (Gazda, 1972) seems to have foundation.

5. Concerning effective components: (a) The combination of rating scale use and "quasi-group therapy" appears to lead to greater client perceived empathy, (b) The effect of trainer facilitative functioning level remains unknown, (c) Conceptual exposure and/or the combination of scale use, modeling and role-play practice may be effective in increasing empathic communication.

6. The addition of Sensitivity to Systematic training may enhance facilitative interpersonal atmosphere of which empathy is an element, as perceived by actual clients. Desensitization to behaviours connoting therapeutic intimacy increased empathy in a counseling analogue.

7. Concerning the effects of trainee characteristics: a) Didactic strategies may be more effective for trainees low on pretest empathy, than for others (Bath, 1976), b) Systematic training is suggested to be effective with a wide range of trainee types: from graduate students in helping professions (Fischer, 1975; Gormally, Hill, Gulanick and McGovern, 1975; Martin and Carkhuff, 1968a), to paraprofessionals (Kratochvil, 1969) and lay helpers (Mitchell, Rubin, Bozarth and Wynick, 1971).

Unanswered questions remain. First, among the various programs of Systematic training, what characterizes the most

effective, and perhaps further, for whom? Second, to what extent are training effects generalized to counselor behaviour in actual counseling situations, maintained over time, and durable across client characteristics?

Microcounseling.

This method was described by Ivey, Normington, Miller, Morrill and Haase (1968) as a prepracticum counselor training program, which was "a scaled down sample of counseling" (p.2) allowing practice without endangering real clients. The model breaks counseling down into component skills which are then taught singly. Ivey (1971) emphasized the importance of trainer relationship skill and modeling to the effectiveness of this method.

Ivey (1971) outlined "essential propositions" underlying Microcounseling as: 1. It is possible by focusing on one skill at a time to reduce counseling complexity, 2. Opportunities for self-observation allow for feedback useful in subsequent counseling, 3. Learning occurs through observation of video models, 4. The method is not bound to theoretical or practical interview frameworks, 5. Though practice interviews involve role-play or simulation, they nonetheless are real (p.8).

Complementary rather than alternate to other training, Microcounseling was to "bridge the gap between classroom learning and initial applied experience" (Moreland, 1971, p.33). As to method effectiveness across students, Ivey

(1971) asserts that individual students, being unique, will find different components of the method to be effective to different extents. Maintenance of training effects is believed related to adequacy of initial skill learning plus opportunities for subsequent practice.

As initially described, the hour long training sequence consisted of (a) 5 minute videotaped diagnostic interview with a volunteer "client", with instructions to "get to know" this person; (b) trainee reading of skill description, (c) video models and discussion with a trainer of effective and "less effective" skill, (d) trainee and trainer review of the trainee's initial interview and the skill procedure, and (f) 5 minute reinterview of the same client.

Ivey (1971) has suggested that Microcounseling skills may operationalize counselor facilitative functioning as described by Carkhuff. Among microcounseling skills consistent with the definition of empathy as expressing understanding of another's experience from that person's perspective, skills of the minimally facilitative level are paraphrase and summarization, while feeling reflection is a skill of additive levels.

Evaluation of this model is limited by the fact that studies did not employ a standard training program, and used very brief (typically 5 minute) counseling analogues for testing effects. Also, some used the Ivey et al.(1968) scales (or adaptations thereof) for reflecting and

summarizing feeling, which have received little evaluation. As with Systematic training studies, control and experimental subject cuing to desirable test behaviour was often not equivalent. Finally, the skills taught are only some of those required for empathic communication. The following studies have as their dependent variable the Expressed empathy phase of empathic communication. This was assessed either by independent ratings of response quality or frequency counts of empathy-related microskills.

A number of non-experimental studies of Microcounseling effectiveness (Gill, Berger and Cogan, 1983; Haase and DiMattia, 1970; Haase, DiMattia and Guttman, 1972; Ivey et al., 1968) are available, but without compensatory design features and with the other study problems noted, do not allow firm causal conclusions.

Ivey et al.(1968) reported two studies in which reflection and summarization of feeling skills respectively were taught. Ratings on their study scale showed significant trials effects. Given brevity of training (2 hours), maturation and history are unlikely competing explanations for training effects, but a statistical regression effect remains cogent, in the absence of multiple pretests. Furthermore, a spurious gain may have resulted from trainees being unaware at pretest (the "diagnostic" interview) of desirable test behaviour.

This latter problem applies also to the study by Haase

and DiMattia (1970). Using their own adapted scales, they found a significant pre- to post-training increase in feeling reflection, with a 12 hour training program. At a one year follow-up on these subjects, Haase, DiMattia and Guttman (1972) found that feeling reflection had reverted to pretraining levels. This suggests that merely knowing what is desirable test behaviour may not be a major factor in being able to deliver these skills, and supports the contention that training had an effect. A questionable feature given potential for expectation biases, was the use of the same raters for both studies.

Gill, Berger and Cogan (1983) utilized a simple interrupted time-series design. Paraphrase and feeling reflection were compared to a pre-established standard for appropriate skill mix in the first 5 minutes of a counseling session. Pretest scores were significantly different from one another, this unstable baseline leaving differences with posttest score (one significant, one not) uninterpretable as concerns training efficacy.

Support for Microcounseling efficacy comes from the Guttman and Haase (1972) experimental study. They found significant feeling reflection and summarization effects in brief rated (study scales adapted from Ivey et al., 1968) interviews conducted by trained subjects. This was sustained for 10 - 14 days, as measured during actual counseling. Unfortunately, whether experimental and control

subjects were cued equivalently to desirable test behaviour is unclear. Also, Moreland, Ivey and Philips (1973) found significant feeling reflection, though not paraphrase effects (in terms of response frequencies), in their experimental study. In this study cuing was equivalent for both subject groups.

Measuring empathy quality (adapted EU scale), Toukemanian and Rennie (1975), in their experimental design study, found Microcounseling training to have enabled trainees to be more empathically skillful than did Systematic training. In Evans, Uhlemann and Hearn (1978), Microcounseling and sensitivity training were contrasted. Entire training groups were randomly assigned to 20 hour weekend training conditions or none. At post-testing, the Microcounseling group was rated (EU) significantly higher on empathy than the others. Since no pretest data or other information is presented to judge initial group equivalence, it cannot be judged if selection factors might have influenced outcome. Also, it is unclear whether sensitivity and control subjects were aware of desirable test behaviour.

Studies evaluating the contribution made by program components of videomodeling and video playback (Frankel, 1971) and supervision (Authier and Gustafson, 1975), found no significant effects on Expressed empathy-related skill frequencies. The former study used very brief training (12 minutes of modeling, and feedback) which might account for

the lack of results. The latter study's results may have been due to inadequate training time and evident lack of subject motivation. The small number of subjects per group (6) also limited statistical power to detect differences.

Two experimental studies have tested modifications to standard Microcounseling. Thompson and Blocher (1979) investigated the effects of including supervisor/trainee co-counseling in the Microcounseling model. At post-testing both training groups showed significantly greater feeling reflection skill than control, but no difference between them. Uhlemann, Hearn and Evans (1980) investigated the effects of replacing the didactic modeling phase of standard Microcounseling with programmed learning. Results indicated both Microcounseling and programmed learning modification groups had significantly greater mean empathy ratings (EU) than controls on role-played interviews. Only the standard Microcounseling group had a greater mean than control on a pseudocall and exceeded the minimally facilitative level on the role-play interview. Equivalence of cuing to desirable test behaviour across subject groups cannot be judged on the information provided.

Microcounseling: Summary conclusions.

In drawing conclusions as to Microcounseling efficacy in enhancing empathy competence in counseling and psychotherapy training, certain provisos are in order. First, treatments labelled Microcounseling vary around basic

characteristics. Second, any inherent limitations of Carkhuff EU and Ivey et al. rating scale use are not considered. Third, of all studies providing at least suggestive evidence, only Guttman and Haase (1972) measured competence in an actual counseling context. With these in mind, these conclusions appear justified:

1. On balance, evidence supports the efficacy of Microcounseling training in increasing the frequency of reflection and summarization of feeling, these skills being related to Expressed empathy competence. Limited evidence exists for paraphrase being not so increased.

2. Suggestive evidence exists for efficacy of Microcounseling training in increasing empathy competence as measured along Carkhuff's EU scale.

3. Limited (to one study: Guttman and Haase, 1972) and suggestive evidence exists that Microcounseling trained reflection and summarization of feeling may be maintained up to two weeks.

4. Evidence for transfer of increased feeling reflection and summarization to actual counseling comes from a single study (Guttman and Haase, 1972) suggestive of Microcounseling as the causal agent.

5. Microcounseling has shown effectiveness with lay helpers (Evans, Uhlemann and Hearn, 1978) and graduate students (Guttman and Haase, 1972; Moreland, Ivey and Philips, 1973; Toukemanian and Rennie, 1975).

6. Relative to alternate training programs: Microcounseling may enable demonstration of greater empathy competence than Systematic training.

7. Relative to modifications to Microcounseling: neither limited co-counseling nor use of programmed learning material enhances training effects over those of standard Microcounseling.

Largely unresolved are questions as to maintenance of training effects over time and their generalization to actual counseling. Durability across client characteristics has not been addressed. Though Ivey stated that different aspects of Microcounseling will be effective for different students, no data is available as to optimal technique and student characteristic matches. Neither is there any as to generally effective components of the package or to guidelines for optimal training duration and instructional group size, given trainee characteristics and skill complexity. Microcounseling's contribution as a component of an overall counseling or psychotherapy training program is similarly unresearched.

Unique programs - descriptive articles.

The enhancing of empathic observation as part of psychiatric diagnosis was the objective of training outlined in a descriptive study by Schlessinger, Muslin and Baittle (1968). Psychiatric residents viewed and discussed model diagnostic interviews and their own. To facilitate the

development of empathy, spontaneous subjective responding was encouraged initially, attenuating intellectualization, premature diagnostic closure and conforming perceptual distortions. Muslin and Schlessinger (1971) elaborated the next focus, the differentiation of genuinely empathic responses to patients from ideosyncratic and defensive ones.

Lamenting the dearth of systematic psychotherapy training for psychiatrists, Lewis (1984) provided a description of his four focus seminars which extend for nine to ten months at two hours per week. His training objectives include a) empathic and affective sensitivity, b) intellectual and "detached" skills (i.e. diagnostic conceptualization), c) recognition of the structure of ongoing interpersonal transaction, and d) awareness of the psychotherapist's inner experience during therapy. His teaching exercises include "collaborative exploration" (as contrasted with directive medical inquiry), identification of affect in taped patient communication, the interviewing of patients behind a one-way mirror, and "forced fantasy" in which students share fantasies aroused by slide images. Burke and Tansey (1985) focused on the issue of disruptions in the empathic process when "projective identification" is present. This form of identification is defined as when a client attempts to elicit in the therapist thoughts or feelings resembling his/her own. They regard an understanding of the empathic process and its possible

disruptions as a valuable empathy training focus. At different stages of the empathic process different challenges are presented to the therapist to become and remain empathic. They divide the empathy process into two phases of 1. Reception, and 2. Internal Processing. At different sub-phases challenges include such things as establishing a mental set, feeling interactional pressure, working with internal schemas of patient and therapist interaction, considering how and when to communicate empathic understanding to the patient.

Unique programs - non-experimental design studies.

Various elements of Systematic training have proved attractive to counselor educators for use in their own program designs (eg. Egan, 1975). Bartnick and O'Brien (1980), Conklin, Altman and Boak (1976), Dustin (1973), Harris (1973), Payne and Woudenberg (1978) and Wells (1975) employed one-group pretest-posttest designs to test efficacy, but without compensatory design features required to make their results causally interpretable. Notable special training features included exercises to enhance sensitivity to minority group concerns and counselors' own prejudices (Harris, 1973), self-management training (Payne and Woudenberg, 1978) and affective awareness and communication (Bartnick and O'Brien, 1980).

In an ex post facto design, Walker and Latham (1977) found significantly greater Expressed empathy in counseling

students who had taken a group course including 9 hours of Systematic training, than those who had not. The plausibility of selection factors as alternative causal explanations leaves the results causally uninterpretable.

Adapting the Conjugal Relationship Enhancement program (Guerney, 1977), Avery (1978) provided 20 hours of training in self-disclosure, listening and group facilitation to residence hall counselors. A wait-list control group equivalent on pretest and mean age was employed. Expressed empathy rated on Carkhuff's EU scale was the dependent variable. The experimental group scored significantly higher at posttest and showed a non-significant decline at 6 month follow-up. Non-equivalence between control and experimental subjects of awareness of desirable test behaviour allows only that program efficacy is suggested.

A non-experimental study by Gantt, Billingsley and Giordano (1980) provided suggestive evidence that a 10 week interviewing course increased discrimination of empathic responses by students in a paraprofessional helper training program. Though the authors asserted their "adapted institutional cycle" design controlled against internal validity threats, student groups contrasted at any one time were at different stages of program education and thus could not be said to have experienced the same "history".

Frauenfelder and Frauenfelder (1984) reported on a four hour empathy training program for student hotline

volunteers. Though they found a significant increase in "supportive, reflective" responding among experimental subjects (Hotline volunteers), the control subjects (general psychology students) were seen to increase significantly on "understanding" responses (on the Human Empathy Listening Test: Gray, Nida and Coonfield, 1976). No changes were found on the Hogan (1969) trait empathy measure. Hotline volunteers were significantly superior to the general psychology students at both pre- and post-testing in "understanding", "interest" (H.E.L.T.) and trait empathy (Hogan). In addition to its mixed results, the major methodological inadequacy of this study- the markedly non-equivalent control group- allows no clear conclusions to be drawn from study results.

Senior citizens in a home for the aged were subjects for the France and Gallagher (1984) peer counselor training study. Six subjects received a 20 week program of 1 1/2 hours per week, followed by a 10 week practicum (undescribed). Training was in four phases covering communication skills; developmental crises; ethics, confidentiality and referrals; practicum. Written responses and taped interviews were rated (no rater reliabilities reported) using the Carkhuff EU scale and the Hill (1978) response category system. Unspecified statistical tests showed significant gain in empathy (score derivations unexplained). With inadequate methodological specifications

and a non-experimental design lacking compensatory features, conclusions as to training effects of their program can be considered tentative at best.

Unique programs - experimental design studies.

Boyd's (1973) study tested "counseling-like response set": a predominance of affective, understanding, specific and exploratory qualities. Guidance students received brief training plus either supervision or a practice interview and "learning integration" periods. Though significant gains from training were shown, the conclusion of model efficacy is qualified due to insufficient study description.

In another experimental study, Brockhaus, Marshall and Dustin (1973) provided psychiatric aides with a 24 hour training program of discussion, role-play and training tapes. The experimental group showed significantly greater Expressed empathy (EU) than the controls. The post-training level was maintained at a 6 week follow-up. Since it is not clear whether control subjects were aware of desirable test behaviour, evidence for program efficacy is only suggestive.

Two training experiments involving psychiatric hospital personnel were undertaken by Goldstein and Goedhart (1973). Their 10 hour program of lecture/discussion, modeling, role-play and social reinforcement used Carkhuff's EU scale in teaching and testing. In the second experiment, in vivo observation and individual feedback/modeling/reinforcement were added to the basic program. Given no information as to

equivalence of subject awareness of desirable test behaviour, the conclusion that the program was effective in increasing (Expressed) empathy and maintaining it at one month is tentative.

In a study with volunteer lay helpers, Crabb, Moracco and Bender (1983) tested the effects of two programs, each based on either Systematic or Microcounseling approaches and including personality and Biblical theory. Subgroups in all conditions also received programmed instruction. Though all groups receiving training of some sort showed significantly greater posttest Expressed empathy (EU rated) than the no treatment control, differential subject cuing to desirable test behaviour allows only qualified conclusion as to training efficacy.

Lomis and Baker (1985) employed as subjects sixteen forensic psychiatric patients who were peer counselors in their hospital. The experimental group received 7 1/2 hours (over one day) of microtraining packages in open invitation to talk and reflection of feeling (Ivey and Authier, 1978), plus training in "considering another's position". The control group viewed counseling tapes of different theoretical orientations and discussed these. The experimental group was significantly greater on Carkhuff's (1969c) Communication Index, a written response to written "client" statements measure. No differences were found on the Hogan(1969) trait empathy scale. Frequency of feeling

reflection was significantly greater for the experimental group on a structured audiotest, but not in a live interview. The Cognitive Correlate of Empathy Index, developed for this study, assessed "disposition to automatically put themselves in the position of others" (p.86). No differences were found on this measure. This otherwise careful study did not, from information provided, make control subjects aware of desirable test behaviour. Therefore, it is very possible that subjects experienced different demand characteristics of the testing situation based on treatment group membership. For this reason results can be interpreted only tentatively as supportive of this program's training effects.

A one-day "listening skills" workshop was provided to correctional personnel in a study by Groeneveld and Gerrard (1985). While the experimental group was trained "to identify and communicate empathy" (p.99; no program description provided), the control group received a workshop on grievance procedures. Testing was by evaluation of written responses to videotaped scenes. Experimental subjects were found to use feeling and content reflection significantly more than did control subjects. From pre- to post-training dominant response categories changed for the experimental group only, from "telling" responses to reflection responses. Unfortunately, control subjects were not cued equivalently to experimental subjects with respect

to desirable test behaviour. Therefore a plausible explanation for results remains that behaviour differences reflected not differences in ability, but differences in awareness of desirable test behaviour.

Unique programs: Summary conclusions.

In sum, the seven experimental studies reviewed immediately above, with Avery's (1978) non-equivalent control group study, provide at least suggestive evidence for training efficacy of their particular unique programs in increasing empathy competence, specifically in Expressed empathy. Their results were shown only for written empathy or empathy otherwise demonstrated in counseling analogues. Training effects transfer to actual counseling was not demonstrated in any. Effects maintenance at one month (Goldstein and Goedhart, 1973) and six months (Avery, 1978) were found. This was not assessed in the remaining studies. A major limitation in these studies was again the differential awareness between control and experimental subjects of desirable test behaviour. A number of programs and activities within programs have been described but not tested for efficacy in enhancing empathy competence.

Individual Techniques

Instructions.

As reviewed below, under Modeling, Uhlemann, Lea and Stone (1976) and Stone and Vance (1976) found instructions helpful in increasing rated Expressed empathy communication

among subjects with no prior experience as counselors. The first of these two studies specifically addressed subjects low in initial communicated empathy. Perry (1975), however, found no instructions effects with his experienced subjects.

In an experimental study, Saltmarsh (1973) found graduate counseling students receiving four hours of programmed instruction on affect identification and its communication, scored significantly higher in these than controls. These effects are related to both Empathic Resonance and Expressed empathy phases of the empathy process.

Hodge, Payne and Wheeler (1978) found programmed instruction was superior to no treatment, though less effective than individual supervision, in increasing rated empathy communication (Expressed phase). Also, Uhlemann, Hearn and Evans (1980) showed a programmed instruction modification to Microcounseling to be superior to a no treatment control but not to standard Microcounseling.

Kimberlin and Friesen (1977) investigated experimentally whether students different in conceptual level (concrete to abstract continuum) might be more successfully trained by a program high in structure (programmed instruction) or low (discussion, role-play). Expressed empathy was rated on the Carkhuff EU scale. No significant training-conceptual level interaction was found, though training overall was effective where non-ambivalent

expressions were concerned. High conceptual level students were significantly more empathic than low.

Shaffer and Hummel (1979) tested for the effects of 30 minutes of programmed instruction through an empathy algorithm. This algorithm contained decision rules for when to use interchangeable or additive level empathic responses. Interacting with a computer program, experimental students came significantly closer to uncovering a "hidden" problem than did control students. In another experimental design study, Shaffer and Hasegawa (1984) did further testing of the empathy algorithm. The nine step program was given to students in an introductory counseling class and explained for 30 minutes. Testing for this study was by the evaluation of Expressed empathy in videotaped role-plays with an actor/client. The actor/client was taught to respond by moving closer to disclosure of an underlying problem as students responded with appropriate empathy levels. The experimental group expressed significantly more empathy (EU scale) after training, though not more frequent additive responses, than the control group. Somewhat equivalent awareness of desirable test behaviour between experimental and control subjects could be expected since all subjects had just received six hours (out of ten) of class instruction in client-centred therapy.

In the Crabb, Moracco and Bender (1983) experiment, half the subjects (volunteer lay helpers) in each of

Microcounseling-, Systematic-based and no training control also received three hour taped programmed instruction. Subgroups receiving the programmed instruction scored higher than subgroups which did not.

In sum, evidence exists for the efficacy of instructions in increasing empathy competence, primarily in Expressed empathy (in one study also Empathic Resonation). This was found among neophyte trainees, but not among experienced helpers. Instructions are suggested to be helpful to students initially low in interpersonal skill. Programmed instruction has been shown to be effective in increasing affect identification (perhaps an aspect of Barrett-Lennard's Empathic Resonation). In terms of empathy communication, it both increases empathy expression and enhances efficacy of other training when used as an adjunct. While superior to no training, it is inferior to individual supervision. It is not especially beneficial to students at low conceptual levels, and may have greater impact on performance when tasks are highly structured rather than when they are ambiguous, as in actual counseling. Generalization of training effects to empathy competence in actual counseling has not been demonstrated. Written empathy communication effects have been maintained for one month (Crabb, Moracco and Bender, 1983).

Interpersonal Process Recall (IPR).

A specific supervisory technique utilizing video

replay, IPR was developed by Kagan et al. (1967) to facilitate counseling review and enable more accurate understanding of client verbal and non-verbal communication.

In Kingdon's (1975) study, inexperienced Masters level counseling students conducted counseling analogue interviews and were supervised by either IPR or a "traditional" approach. No difference between groups was found in posttest Expressed empathy (EU) in interviews with volunteer clients. Given insufficient information and the marked variation in counseling and supervision time between conditions, the evidence is best considered inconclusive as concerns IPR efficacy.

In a non-equivalent control group design, Bradley (1974) tested a modified IPR, in which client recall was stimulated by supervisor interview, while trainee recall involved playback, as usual. No mutual recall sessions were employed. Though no significant training effects (client-rated Received empathy) were found, small group sizes and the possibility of dissimilar extra-study experiences limit confidence in this finding.

Role-play practice.

Schwebel (1953) regarded "counselor-client" role-play among counseling students as providing valuable experience of the client's perspective, as well as heightening sensitivity to their impact on client feelings. Finney (1968) had students act as one another's therapists,

focusing on actual personal concerns.

Balinsky and Dispenzieri (1961) investigated the relative effects on feeling reflection use (related to Expressed empathy), of incremental course combinations culminating in the addition of a 16 hour role-play experience in interview skill practice.

Though significantly greater use was found in the group having completed the entire course sequence, it cannot be attributed to the role-play experience as was suggested. Groups were not equivalent in training time, training other than the role-play, and other selection-related factors.

The question of differential effects when either one's own or role-played problems are used in empathy practice was studied by Wells (1976). Randomly assigned social work students completed 12 hours of Systematic training using either format. Though both groups increased in empathy pre- to posttesting, no between group differences were found. As this was based on an inadequate sample of only four written responses to client expressions, and limited power to detect differences accrued due to small group size (5), no valid inferences can be drawn.

In sum, no sound evidence for or against the effectiveness of role-play in increasing empathy is available.

Client reinforcement.

Dustin (1971) investigated the effects of actor-client

reinforcement of helper understanding statements during interviews. Frequency of understanding statements increased from 11% of total counselor responses, during pretest with an untrained "client", to 40% during the last acquisition interview. However, since the one-group pretest-posttest design had no compensatory features to rule out statistical regression or internal validity threats, no causal inferences can be made.

Biofeedback.

Edwin and Growick (1982) randomly assigned members of matched pairs of novice counseling students to control or GSR-mediated feedback about client affective arousal. Of affective, understanding, specificity and exploratory qualities of responses, only on the affect dimension was a significantly greater gain score found, for the experimental group. No between-group difference in affect identification was found. These findings appear to concern the Empathic Resonance phase of the empathy process.

Desensitization.

As reported above, Fry (1973) found desensitization to intimacy-related nonverbal behaviour among counselors to significantly increase empathic communication (as Expressed). Generalization of effects from an artificial measurement context to actual counseling was not evaluated, however.

Modeling and Feedback in Empathy Training

Supervision Studies

Didactic versus experiential styles.

Those advocating an experiential form of supervision in which the supervisor-student relationship parallels a counseling relationship (eg. Arbuckle, 1963; Ekstein and Wallerstein, 1958; Rogers, 1957) believe counselors-in-training need to explore themselves as helpers in interaction with clients, in order to develop empathy competence. They therefore require a personal awareness and growth facilitating supervisory relationship. On the other hand it is advocated that supervision is properly didactic, concerns counseling principles and techniques, and focuses on the client (eg. Krasner, 1962; Matarazzo, Weins and Saslow, 1966). Truax, Carkhuff and Douds (1964) and Ivey (1971) advocate a combination of didactic and experiential styles.

Supervision analogue studies: Experimental design.

The following studies share a common design feature in their use of a supervision analogue. Conclusions are limited by analogue dissimilarity from actual supervision or counseling. Characteristic of all are brief "supervision" sessions of 15 or 20 minutes, especially questionable in representing experiential supervision. "Counseling" is, at worst, responding to taped client statements or, at best, to role-played clients in 10 or 15 minute sessions. Second,

analogue inadequacy is often compounded by the use of students as supervisors, raising issues of competent delivery and/or subject receptiveness. Third, there is no assessment of training effects transfer to actual counseling contexts.

Payne and Gralinski (1968) contrasted the effects of single sessions of "counseling" (i.e. experiential), "techniques", or no supervision. Techniques supervision included evaluative feedback on performance, techniques discussion and modeling, in the context of a positive supervisory relationship. All subjects received a prior orientation on empathy. Supervisors were clinical or counseling graduate students; subjects were undergraduates.

In rated verbal responses to taped client statements, techniques and control group posttest means were greater than that of the counseling group. A rating scale employed was largely undescribed.

In addition to questionable analogue validity and the use of the unresearched scale, nothing is known of supervisor competence in delivering treatments. Though supervisor empathy levels were provided, they were derived from self and peer report of extra-study behaviour. The finding that supervisor empathy level did not correlate with subject improvement is therefore also of questionable meaning. The performance of the control group suggested to the authors that the 30 minute orientation was effective in

increasing empathic behaviour and may have been all the new learning subjects could accommodate.

Payne, Winter and Bell (1972), extending this research, contrasted techniques, counseling, placebo, and no supervision. Presupervision audio modeling versus none was a second dimension. Placebo was characterized by a warm, interested supervisor who discussed client dynamics only. Most supervisors were students, subjects again were undergraduates.

Rating of responses to taped client statements occurred after (a) a videotaped orientation descriptive of empathy and, for all but one placebo and control group, examples of empathic responses; (b) experimental and placebo group supervision, and (c) a second supervision session. The same scale as noted immediately above was used.

Analyses revealed significant increases across tests for technique and control plus video modeling groups, only. Supervisor effects were not assessed. Results were held to support the superiority of technique over counseling styles, but since improvement due to techniques style was not greater than that of control plus modeling, even its utility is questionable.

In Payne, Weiss and Kapp (1972), half the subjects heard audiotape definitions and modeling of empathy, after which all received two sessions of either didactic or experiential supervision or none. Didactic supervision

included evaluative feedback and modeling. Empathy in response to taped client statements was rated (EU scale) and at posttest, didactic supervision group means were significantly greater than experiential, the modeling-didactic supervision mean significantly greater than the no modeling-didactic supervision. Modeling and didactic supervision appear additive and about equal in effects.

In Birk (1972), doctoral students in counseling supervised master's level subjects in an alternating sequence of three role-played interviews and two supervision sessions (or no supervision for controls). The didactic mode utilized supervisor feedback, modeling, praise and suggestions. Supervision was monitored for adequate implementation. Segments of interviews 1 and 3 were rated (EU scale). The procedure was well controlled, but inter-rater reliability was low at .65 on the first interview. The didactic group posttest mean was significantly larger than that of experiential or control.

Limitations beyond analogue use include that it appears control and perhaps experiential subjects may not have been as aware as didactic subjects, if at all, of desirable test behaviour. Perhaps cuing was the effective variable, rather than didactic supervision. Second, while student-supervisors may have delivered an adequate version of the supervision conditions, a question remains as to

supervisee responsiveness to supervisors who were essentially their peers. This might even have varied by condition.

In Goldfarb's (1978) well controlled investigation, inexperienced counseling students, stratified by sex, were randomly assigned to supervision which was experiential, didactic (feedback, praise, modeling), a combination of experiential and didactic, a "casual conversation" (low didactic, low experiential), or no supervision. In a sequence alternating three role-played interviews and two supervision sessions, graduate students trained to deliver treatments consistently, and functioning at 4.0 (EU), were supervisors. Trained actress-clients, counterbalanced across trials, used Barrett-Lennard's RI to measure Received Empathy.

At posttest, didactic and combined didactic-experiential means were significantly greater than low didactic-low experiential and no supervision, with the experiential mean falling between. General test instructions were not adequate cues to desirable test behaviour among control and low didactic-low experiential subjects. This may even apply to experiential subjects, since it is not stated whether they were explicitly told their supervisors were modeling in supervision what they were to do during tests.

Passive-observational studies.

While Karr and Geist (1977) found an experiential approach to be significantly related to higher levels of student empathy, their design does not rule out a selection threat to internal validity, a causal relationship thus not inferrable.

Conclusions.

All studies reviewed from which causal inferences might be made conclude that didactic supervision, including modeling and feedback, is superior to experiential supervision in increasing subject Expressed empathy. The meaning of this is considerably obscured in the Payne and Gralinski (1968) and Payne, Winter and Bell (1972) studies, since didactic subjects were in turn not more empathic than no-supervision control subjects. Though the Goldfarb (1978) study assessed Received empathy, it (along with Birk, 1972) had significant construct validity problems in that cuing to desirable test behaviour is a plausible alternative explanation for treatment results. Only Payne, Weiss and Kapp (1972) and Ronnestad (1977, below) avoid these deficits.

A challenge to the validity of counseling analogue representations of experiential supervision has not been reasonably met, however. Furthermore, regardless of what it is that didactic supervision is superior to, didactic supervision as tested has not been shown to have an effect

outside a counseling analogue context.

Supervisor characteristics.

Passive-observational studies addressing effects of supervisor characteristics on student empathy have shown that a student group with supervisors highly facilitative in their counseling, both improved significantly and showed significantly greater empathy than a group with low functioning supervisors (Pierce and Schauble, 1970). On the other hand, no significant correlation was found between either supervisor empathy during supervision or student perceptions of supervisor empathy, with student empathy shown in therapy (Karr and Geist, 1977). Demos and Zuwaylif (1962) found students of self-identified client-centred supervisors made greater gains in giving understanding responses than those of eclectic or directive supervisors.

Inferring causation from these findings cannot be justified, however, since influential variables other than supervisor facilitation level or orientation were not controlled for, and selection poses a significant threat to internal validity.

Modeling and other factors.

Miller (1969) randomly assigned inexperienced counselors, by sex, to one brief session of (a) experimental treatment of positive reinforcement and modeling, based on their responses to taped client statements; (b) placebo control of practice on the client statements alone, or (c)

no treatment. In a 20 minute interview with a role-played client, the experimental group made significantly more understanding responses than the others.

In a supervision analogue study, Ronnestad (1977) alternated three role-play interviews and two supervision sessions using inexperienced counseling students as subjects. Subjects were stratified by sex and supervisor, then randomly assigned to modeling, feedback (scale ratings of responses) or experiential supervision.

Rated responses (EU scale) to videotaped client statements at posttest showed only modeling and feedback group means significantly higher than control. Modeling was significantly greater than feedback, and feedback higher than experiential. The minimally facilitative level (3.0) was not reached. Males received higher scores under feedback than females, and females scored higher under modeling than under feedback.

Since in neither study were control or experiential subjects apparently cued to desirable test behaviour, treatment effects could be ascribed to the adequate cuing of experimental subjects. Thus, brief supervision utilizing modeling and positive reinforcement, or modeling or feedback separately, is only suggested to increase Expressed empathy in inexperienced students. There is no evidence that such training effects transfer from the counseling analogue to actual counseling.

Supervision study conclusions.

1. Evidence on the whole supports the efficacy of an instructional supervision style, usually including modeling and evaluative feedback, in enabling basic response acquisition among inexperienced students. The dependent variable focus of studies has been almost exclusively Expressed empathy (the exception being Goldfarb, 1978, which assessed Received empathy). Transfer of training effects from counseling analogues to actual counseling has not been demonstrated.

In terms of the components and characteristics of this supervision: a) there is suggestive evidence that modeling and supervisor reinforcement, modeling or feedback alone, are effective, and b) limited evidence indicates modeling is superior to feedback.

2. Experimental studies have not yet adequately represented experiential supervision and, as a consequence, conclusions as to superiority between didactic or experiential styles cannot be drawn.

3. Adequate evidence concerning the effect of supervisor facilitative functioning on student empathy is not available.

4. The possibility of differential effectiveness of methods across student characteristics is raised, where feedback may be more effective with males than females, modeling more effective than feedback with females.

5. No information is available to judge maintenance over time, of the effects of didactic or experiential forms of supervision.

What of the role and style of supervision subsequent to basic skill orientation? Truax, Carkhuff and Douds (1964) suggested that supervisor facilitative conditions would become more centrally important. Altucher (1967) suggests two sources of counselor learning difficulty: lack of experience and knowledge, and counselor patterns of behaviour which block understanding and skill.

Perhaps instructional forms of supervision are appropriate to redress knowledge deficits characteristic of the initial training stage, while experiential forms may allow the working through of specific limiting counselor patterns obvious later. Blatt (1963) states that, given empathy's close relation to projection, a major supervision function is to enable counselors to discern better when their responses in therapy are related to the client's material, when to their own, and to work through distortions and interferences limiting competence.

Modeling and Other Technique Combinations

A major limitation in all studies following is their measurement of empathy in, at worst, written responses to written client statements, or at best, brief interviews with role-played clients, with no evaluation of effects transfer to actual counseling.

A second is that control subjects are usually unaware of desirable test behaviour. Rather than training, differential awareness of what is being tested for becomes a plausible alternative explanation of experimental effects.

Modeling alone.

As reviewed above:

Payne, Weiss and Kapp (1972) found modeling plus didactic supervision to be superior to didactic supervision alone in increasing empathic communication. Payne, Winter and Bell (1972) found that audiomodeling increased empathy when preceding didactic or no supervision, but not experiential supervision. The Ronnestad (1977) study suggested brief modeling to be more effective than no training, and showed it superior to feedback of equivalent duration.

Sklare and Cunningham (1983) tested the hypothesis that viewing a video of one's counseling performance, edited to include only that portion which was effective, would be more effective in increasing empathy than viewing an expert model or unedited self-model videotape. All subjects (undergraduates and graduates in a counseling course) received 7 1/2 hours of training in making reflection responses and were then randomly assigned to the three modeling conditions for a further 20 - 30 minutes. At posttesting and follow-up no differences among training groups was found (written response to video stimuli, EU

scale rated). The authors noted however, that students varied depending on graduate or undergraduate status, in that undergraduates showed changes consistent with the hypothesis while graduate students improved regardless of modeling condition. They suggested that self-as-model (edited) may indeed have superior effect, but only for younger, less experienced students beginning their training at lower empathy levels.

Modeling and instructions.

In an experimental posttest-only study, Perkins and Atkinson (1973) contrasted the effects on feeling reflection and summarization, of no-treatment control or lecture plus one of discussion, modeling or role-playing. Resident hall assistants were subjects. Methodological deficits including testing only volunteers from treatment groups and inadequate cuing of control subjects to desirable test behaviour, leaves results uninterpretable, however.

Perry (1975) assigned ministers randomly to one of six possible combinations of instructions or no instructions; high, low or no empathic modeling. All training was delivered by audiotape. Tape pauses allowed subjects to write responses, initially without having heard the model (baseline).

Final written response ratings (EU) showed the high empathy model group means to be significantly greater than those of low empathy or no model, with no instructions

effects shown. Performance in counseling analogues revealed no significant between group differences. Subjects in low or no empathy model plus no instructions were apparently not cued to desirable test behaviour. In all, this study provides suggestive evidence for the efficacy of a modeling effect on written empathy communication and for non-generalization of effects to empathy in a live interview.

The effects of instructions and modeling on trainees low in facilitative skill were tested by Uhlemann, Lea and Stone (1976) in an analogue study with undergraduates. Students with the lowest EU scores on Carkhuff's (1969) written empathic Communication Index were randomly assigned by sex to instruction, modeling, modeling and instruction, instruction and modeling, or no treatment control. Instructions concerning feeling reflection were included in a 9 minute videotape, and modeling provided in an 11 minute one. Control subjects were adequately cued to desirable test behaviour.

In a counseling analogue posttest of feeling reflection frequency, instructions and instructions plus modeling treatments showed significant effects relative to control. Instructions plus modeling was superior to modeling alone. Significant effects on empathy (EU) were found for both combined treatments over control, though a minimally facilitative level was not reached. Modeling alone appeared

to have no effect. Since combined conditions were about twice as long as single conditions, the possibility exists that their superiority was due merely to a greater amount of training, regardless of its nature.

Modeling and positive reinforcement.

From the Miller (1969) study comes suggestive evidence for supervisor modeling and positive reinforcement efficacy in increasing understanding responses.

Modeling, instructions and practice.

Dalton, Sundblad and Hylbert (1973) examined the effects on rehabilitation students' empathy communication, of 60 minute combined instruction plus modeling (by tape) plus covert practice (during tape pauses). Randomly assigned subjects received the experimental training, a control treatment of readings on empathy communication, or no treatment.

At posttest and one month follow-up the experimental training was shown to have had a significant effect on written empathy (EU) relative to both controls, though not reaching the minimally facilitative level. A decline in scores at follow-up was not significant. Insufficient information as to rating procedure and subject test cuing precludes their evaluation. Thus efficacy of this training is only suggested.

Modeling, instructions, practice with feedback.

Stone and Vance (1976), preparing college

undergraduates for a helping role, randomly assigned them to 12 minute videotaped instructions, modeling or practice (with feedback), all combinations of two techniques, all three, or no training. Practice involved responding aloud after taped expressions. This was followed immediately by ratings of adequacy/inadequacy.

Written empathy communication (EU) was found to have increased significantly over time with training only, a greater change for instruction than non-instruction groups. Relative effects of separate training conditions were not assessed. Brief counseling analogue performance at 2 week follow-up indicated a significant modeling effect and the superiority of combinations over single methods. Combinations were not assessed for efficacy relative to one another. Combinations effectiveness may be attributable to increased training time and differences relative to control may be spurious given the likelihood that these subjects were unaware of desirable test behaviour. The authors posit instruction superiority over modeling where task structure is great, the obverse when more ambiguous, as in actual interpersonal interaction.

Modeling: Summary conclusions.

Considering studies reviewed under both Supervision Studies and Modeling, these conclusions are drawn:

1. Modeling, as implemented, alone or in combination with positive reinforcement, instructions, or instructions

and practice is only suggested by the evidence to be effective in increasing levels of empathy competence. The focus of these studies was on Expressed empathy exclusively.

2. Modeling may be more effective than instructions when empathy is to be demonstrated in an ambiguous task situation, as in actual interpersonal interaction.

3. Skill transfer to actual counseling has not been demonstrated.

4. Differential effects across student characteristics are suggested where inexperienced subjects initially low in facilitative functioning appeared to benefit from extended training, perhaps emphasizing instructions and modeling over modeling alone. Self-as-model (edited to include only effective responses) may be more effective for this group than expert model or unedited self-as-model.

Subjects for which modeling or modeling combinations were suggested to be effective were predominantly inexperienced students in lay, paraprofessional and professional programs, and to a limited extent, lay helpers and experienced counselors. External validity is therefore somewhat limited.

5. Only one study provided evidence of effects retention, that being of written empathy communication at one month.

All the studies reviewed provided only brief modeling experiences to trainees, and over short training periods.

The limited effects may certainly derive from these factors.

Feedback and Other Technique Combinations

Feedback alone.

In an experimental counselor training analogue, Reddy (1969a) assessed the relative effectiveness of immediate or delayed evaluative feedback. Feedback was given to undergraduates who responded during pauses in psychotherapy films. The immediate feedback group posttest mean was significantly greater than those of delayed or no-feedback control groups (adapted Truax, 1967, Accurate Empathy scale).

Reddy (1969b), further analyzing this data, found that though both feedback groups increased in use of affect words and reflecting responses, the immediate feedback group was seen to respond more completely and with higher quality empathy. Interviews revealed a discouragement factor among controls which constitutes an internal validity threat.

Feedback and instructions.

In Carlson (1974) counseling practicum students were randomly assigned to receive immediate verbal reinforcement, random immediate feedback and instructions, no treatment or equipment-only control treatment. Feedback or instructions were delivered during eight actual counseling interviews through a radio receiver. Verbal reinforcement was "Excellent Response" spoken after an improved response, whereas feedback was other evaluative comments.

At posttest, counseling sessions were rated (modified EU; procedure inadequately described). The feedback and instruction group mean was significantly greater than that of the verbal reinforcement group, which was in turn greater than equipment-only control. All were greater than no-treatment control. It is not clear whether control subjects were aware of desirable test behaviour. At the least, the superiority of immediate feedback and instruction over immediate verbal reinforcement in increasing empathy competence in counseling is shown. The effectiveness of verbal reinforcement relative to control is suggested.

In Ronnestad (1977), reviewed above, feedback was suggested to be more effective than either experiential supervision or no supervision, but shown to be less effective than modeling.

Feedback: Summary conclusions.

Empathic communication, Expressed empathy phase, is suggested to be increased among inexperienced trainees by immediate evaluative feedback, as tested in counseling analogues. Expressed empathy in actual counseling by students with some prior training experience is shown to be enhanced with immediate feedback accompanied by instructions.

Empathy Training/Student Characteristic Interaction

From a pragmatic concern with what might enhance or obstruct training effectiveness, as well as from the

perspective of "self as instrument" in counseling and psychotherapy (Combs and Soper, 1963), arises the issue of the impact of student personal characteristics on both being and learning to be empathic.

Some training studies report that despite common training, significant differences in empathy occur. These are apparently related to such student characteristics as their sex (Abramowitz, Abramowitz and Weitz, 1976), cognitive level (Goldberg, 1974; Lutwak and Hennessy, 1982), "therapeutic talent" (Kramer, Rappaport, and Seidman, 1979), age and "trait" empathy (Steibe, Boulet and Lee, 1979). Dispenzieri and Balinsky (1963) found, contrary to their prediction, that training did not have less impact on students high on authoritarianism and manifest anxiety. These studies have not systematically varied characteristics or controlled for other potentially influential covariates, however.

A number of characteristics have been posited as requisite to empathy competence, including a capacity for "adaptive regression" (Bachrach, 1968), adequate cortical development (Clark, 1980), the ability to oscillate between subjective and objective modes (Greenson, 1960), and an innate "empathy quotient" (Walstedt, 1968). Rogers (1975) suggested one must be secure enough to enter another's experience, interpersonally competent and free from personality disturbance.

Similarly, personal limitations, inhibitory of empathy, have been identified as including anxiety (Millikan and Kirchner, 1971), a tendency to absoluteness and overgeneralization (Brown and Smith, 1984), over- or under-identification due to own needs, conflicts or problems (Buchheimer, 1963), distortions in subjective reactions (Blatt, 1963), and even the use of treatment models or ideologies to resist empathic engagement (Guthiel, 1977; Rabkin, 1976).

The training question becomes then, whether, to what extent and how students' personal characteristics may be influenced or accommodated, to the end that their empathy competence be developed. Responses have been to screen from training those deficient (eg. Carkhuff and Griffin, 1970), to institute remedial interventions, to seek optimal matches of training techniques and student characteristics, and to incorporate into training an ameliorative focus relative to desirable student qualities.

Remedial interventions in the form of "removing blocks to empathy" are preferred over training, by Hackney (1978, p.38). Specific remedial interventions recommended have included personal therapy (Blatt, 1963) and qualified supervision (Altucher, 1967; Guthiel, 1977). Their efficacy in this respect, however, remains undemonstrated. Training in facilitative conditions, itself, has been reported to increase self-actualization (Fischer and Knapp, 1977) and

induce constructive personality change (Martin and Carkhuff, 1968), though its remedial utility, expressly regarding persons with deficits in such, is also unevaluated.

Very limited data is available concerning likely technique-student characteristic matches. Hackney (1978) suggested that to begin with, trainers should identify whether student deficits are in empathic sensitivity or empathy communication, though he offers no recommendations as to training methods. From studies reviewed above comes some information as to differential effects of given training strategies. Ronnestad (1977) found feedback more effective with his male students, modeling with his female ones. Didactic elements of Systematic training were found more effective for students initially low in empathy (Bath, 1976). Sklare and Cunningham (1983) found inexperienced students initially low in empathy to improve in empathy communication more if they used edited self-as-model videotapes than if they viewed unedited tapes or an expert model. This variation did not hold for more experienced and empathic students.

Two studies set out specifically to test differential training effectiveness. Evidence was suggestive that instructions plus modeling, or increased training time, were especially beneficial to students initially low on empathy (Uhlemann, Lea and Stone, 1976). On the other hand, Kimberlin and Friesen (1977) did not find programmed

learning to offset differences related to cognitive level and they suggested trying critical thinking training.

A focus on student personal qualities is not necessitated by deficits alone. The acknowledgement that for skill to endure, it must be integrated with the values, beliefs, attitudes and even lifestyle of the student is urged by Mahon and Altmann (1977), Truax (1970) and Carkuff and Berenson (1967). Indeed, this was the rationale behind the "quasi-group therapy" component of Systematic training.

It is this recognition of the significance of the personality of the helper which leads Peebles (1980) to reaffirm the role of personal therapy as an element of therapist training. Schlessinger, Muslin and Baittle (1968) and Walstedt (1968) similarly regarded a group experience for the exploration of personal reactions to patients as valuable in empathy competence development. The strategies embodying this ameliorative perspective remain, however, untested.

Durability of Empathy Competence Across Client

Characteristics

Alexik and Carkhuff (1967); Carkhuff and Alexik (1967) and Friel, Kratochvil and Carkhuff (1968) systematically varied client depth of self-exploration and found only those counselors functioning at high levels of facilitative conditions were able to deliver them consistently in the face of client change. Low level helpers may determine the

level at which they offer facilitative conditions only until a helpee crisis occurs, from which point client variables are prepotent. Carkhuff (1968a) contended that at such times helpers must be able to trust and rely on their own experience, rather than on mere technique. No program of counselor training appears yet to have been demonstrated to provide skill durability given client change (Meen, 1984).

The durability of empathy competence across clients of different characteristics is also a concern. Blatt (1963) stated that "accuracy and accessibility of empathy declines the more dissimilar the clinician is from his patient" (p.153). Lechnyr (1975) urged a wide range of student work with different clients and problems be evaluated for training purposes. Writers have focused on specific client populations and have recommended a variety of methods for enhancing counselor empathy toward these populations.

McConnell (1976) recommended that counselor education include specific training in sex counseling to overcome the inability to respond with even a minimum of empathy, which he had observed among counselors. Katrin (1976), in a subjective report, described increased empathy with women's concerns as male and female students' consciousness was raised through a course in counseling women. Kurkjian and Banks (1978) discussed how increased empathy for Black clients may result from reading literature which captures aspects of Black experience. They suggest that "the use of

imagination to enter a literary experience can result in cognitive and affective understanding; if a literary experience reflects a life experience, it is possible to gain empathic understanding of a life experience through literature" (p.636). Miller (1983), in discussing how helpers can develop empathy for American Viet Nam veterans, endorses the effectiveness of reading literature which captures their experiences. He goes further to say that certain propositions must be understood by counselors before they can comprehend "a nearly incomprehensible situation" (p.150). These include such realities as the youthfulness and immaturity of soldiers, the effects of ineffective and psychologically damaging military training, the suppression of intense feelings of guilt, rage, grief and doubt. A third issue for Miller is that for counselors to be empathic, they must have examined and challenged their prejudices with respect to this client group, and must become emotionally connected with veterans as war survivors.

In training graduate counseling students to work with disabled clients, Strohmer, Biggs, Haase and Purcell (1983) were concerned with the relationship among counselor cognitive complexity, anxiety and client disability. Using a median split into high and low conditions of counselor characteristics, they found a significant cognitive complexity effect on empathy, and an interaction effect of all three independent variables. Testing was by evaluation

of tape recorded responses to videovignettes (four disabled clients, four not) on the Carkhuff EU scale. Further analysis showed a curvilinear effect of arousal (anxiety plus client disability) for students of high cognitive complexity (lower empathy at minimum and maximum arousal, higher empathy at moderate arousal). Students low in cognitive complexity were more empathic at minimum arousal, declining linearly through moderate and maximum arousal. The authors suggest an appropriate empathy training strategy would be, therefore, to both reduce counselor anxiety, perhaps through repeated exposure to disabled clients, and to increase cognitive complexity through exposure to a variety of disabled clients and the "social and psychological complexity of the world of the disabled" (p.139).

Pinderhughes (1984) described an experiential group designed to enable clinicians to become more empathic with those who were culturally different from them. She contended that the cultural identity of both the client and the clinician are relevant to their therapeutic collaboration. In the experiential group, members identified their feelings, ideas, experiences concerning their ethnic background and values, and those of others. The group similarly examined race, colour and class dimensions. Finally, members considered these features from the perspective of their relationship to power. The

enhanced awareness derived from this group experience was held to allow clinicians to control their stereotyping, bias and use of power. The enhanced ability to perceive others accurately was accompanied by "true tolerance for difference and a real ability to empathize" (p.12).

Once again, no research data supports the various training efforts here suggested as effective in developing empathy competence. It should also be noted that counselor empathic competence among these articles has been related less to empathy communication skill and more to the earlier stages of the empathy cycle, in Barrett-Lennard's schema for example, to Empathic Set and Empathic Resonation.

Training for Empathy Competence: Conclusions

Within the limitations of common empathy measurement, the literature on training for empathy competence in counseling and psychotherapy allows these conclusions (Meen, 1984):

1. Considerable evidence exists, though much only suggestive, that empathy competence can be enhanced through training. This is primarily related to Expressed empathy as rated by independent judges. Only rarely have Empathic Resonation or Received empathy been the dependent variables in counselor training studies.

The major reasons for qualifying conclusions as suggestive include variously that information was inadequate for evaluation of important aspects of study implementation,

that inadequate cuing of control subjects to desirable test behaviour constituted a threat to construct validity of the putative causes of empathy effects, and that studies employing non-equivalent control group designs suffered from various internal validity threats.

2. Evidence for maintenance of training effects over time is sparse. Written empathy communication was shown to be maintained for up to six months in a study of Systematic training, up to one month in modeling, programmed instruction, and in two unique program studies. In two other unique program studies, effects shown in counseling analogues persisted for six weeks and six months respectively. In one Microcounseling study, effects in actual counseling behaviour were maintained for two weeks.

Maintenance deficits have been posited as due to absence of supervisor reinforcement (Haase, DiMattia and Guttman, 1972), to inhibitory institutional habits (Ivey, 1972), and to the absence of meaningful, relevant changes in student perception (Mahon and Altmann, 1977).

3. Among studies for which at least suggestive causal conclusions could be made, evidence for transfer of training effects to actual counseling behaviour is extremely limited. Single studies reveal such, for each of Microcounseling, feedback plus instruction, and verbal reinforcement. Effects of Sensitivity training were found not to transfer in one study, but to transfer in another where it was

adjunctive to Systematic training.

4. Of studies for which evidence of efficacy is at least suggestive, in about 2/3 training is directed to inexperienced students, the remainder, in declining proportion, to paraprofessional or lay counselors, graduate students with limited practicum experience, and experienced professional helpers. Thus, the external validity of empathy training studies to date is limited largely to beginning level trainees and helpers.

5. Though student personal qualities are widely believed relevant factors in training effectiveness, ameliorative or remedial interventions purporting to address these remain largely untested. Only minimal information as to optimal technique-student characteristic matches is available, that being: (a) students low on empathy benefited from instructions and modeling (or increased training time), (b) videotaped self-as-model edited to include only effective responses may be more effective than expert or unedited self-models for inexperienced students of lower initial empathy, but not for more experienced and empathic students, and (c) programmed learning did not compensate for lower empathy among those at a concrete cognitive level.

6. No evidence for efficacy of attempts to train for empathy durability across client characteristics appears available. Authors addressing this issue focus their suggestions on those early stages of the empathy cycle,

outlined by Barrett-Lennard as Empathic Set and Empathic Resonation.

Method

The method outlined in this section was designed to test the study hypotheses as noted in the Introduction. To reiterate, the hypotheses were:

I. Experimental subjects, trained by modeling and corrective feedback in-process of dyadic practice, will demonstrate greater Expressed empathy than contrast control subjects, trained by modeling and corrective feedback extra-process of dyadic practice, during a counseling analogue, as measured on the Carkhuff (1969c) Empathic Understanding in Interpersonal Processes scale.

II. Experimental subjects will demonstrate greater Expressed empathy than contrast control subjects, during a counseling analogue, as measured by frequency of paraphrase and reflection use.

III. Role-played clients will judge Received empathy, as measured on the Barrett-Lennard Relationship Inventory (1964 revision) Empathy subscale, to be greater from experimental subjects than from contrast control subjects, during a counseling analogue.

Subjects

Subjects for this study were 32 volunteers for a gay peer counselor training program, limited specifically to empathic communication training. These volunteers responded to appeals made by the experimenter at meetings of gay social service and religious organizations: Gay Fathers,

Dignity, Council on Homosexuality and Religion, Project Lambda, Gays for Equality. Subjects were sought from among people interested in peer counseling since it was believed they would be more committed to follow through with the training and would more readily comply with training requirements. Furthermore, conclusions drawn from study results are expected to have greater applicability to the training of helpers in general because this subject group was employed. (Subject advertisement, Appendix E.)

During an interview, initial volunteers were told that participants would be randomly assigned to one of two training approaches, each described equally positively. Furthermore, common features of the training methods were described: practice in dyads; pre-, post- and follow-up testing through interviews with coached clients; videotaping of testing interviews; required participation in all four training sessions and on all three testing occasions. Volunteers were also told that once follow-up testing was concluded, they could elect to undergo the training program to which they were not originally assigned. Neither initial nor final subjects were told the study's hypotheses. This procedure was designed to minimize the possibility of hypothesis-guessing, compensatory rivalry, or resentful demoralization among control subjects, and to maximize cooperation with treatments. They were assured that their participation in the study would be kept confidential, that

all material concerning them would be coded and unidentifiable to anyone but the experimenter. All volunteers agreed to these conditions.

All subjects were self-identified gay: 6 women, 26 men. Age range was 19-60, mean 34.063 (s.d.9.738). (Experimental mean 34.562, s.d.7.5; control mean 33.563, s.d.12.236) In education %15.625 (n=5) had completed high school only, %31.250 (n=10) had completed partial post-secondary education, %3.125 (n=1) had completed a community college diploma, %25 (n=8) had an undergraduate degree and %25 (n=8) had a graduate degree. The subject group was characteristically, then, mature and well-educated. Though no subjects had been trained as professional counselors, seven had completed a course or seminar dealing with some aspect of counseling (pastoral, peer, or crisis line). Of these seven, four were experimental subjects, three were control subjects. (Education by group, Appendix F).

Using the Index of Industries and Occupations from the U.S. Dept. of Commerce (1982), the occupational characteristics of the subjects were as follows: Management and Professional Specialty Occupations, %50 (n=16); Technical, Sales and Administrative Support Occupations, %6.25 (n=2); Service Occupations, %21.875 (n=7). Seven subjects (%21.875) were students at the Universities of Manitoba or Winnipeg. (Occupation by group, Appendix F).

The subjects' experience with counseling was assessed

in two ways: first, their experience as a client; second, the extent to which any form of counseling might be an aspect of their occupational function or volunteer involvement. Twenty-three (%71.875) had at some time in their lives consulted a counselor about personal concerns. Of these 13 were experimental subjects, 10 were control subjects. Though no one functioned full-time as a counselor, seven (%21.875) were involved with some form of counseling occasionally in their occupation, or as a volunteer. Of these four were experimental subjects, three controls. In sum, a large proportion of subjects had experience as a client, a small proportion as providing some form of non-professional counseling occasionally. In all, experimental and control groups were fairly well balanced in terms of their experience in counseling, though the experimental group had slightly more.

Finally, there were no dropouts from the study.

Design of the Study

This study employed an experimental design characterized by the random assignment of subjects to experimental and control groups, and pre-, post- and follow-up measurements of the dependent variable. Assignment to groups was stratified by sex, in order to balance between control and experimental conditions any possible sex-related differences in empathy and its communication. (This possibility is discussed by

Abramowitz, Abramowitz and Weitz, 1976 and Hoffman, 1977.) The control group treatment was designed to highlight the differences between it and the experimental treatment: the in-process delivery of modeling and corrective feedback. This is described fully, below.

Pretesting allowed for assessment of initial group equivalence, analysis of attrition, and reduction of error variance through the use of pretest scores as covariates in an analysis of covariance. Gormally and Hill (1974) urged measurement at follow-up to assess effects maintenance, and suggest one to two month intervals from posttesting. Therefore, a follow-up at one month was undertaken.

The variables of interest in this study, and their operational definitions are as follows:

Independent Variables

The independent variable was training characterized by modeling and corrective feedback. This is delivered in-process of dyadic practice in the experimental condition, but delivered extra-process of dyadic practice in the control condition. The term 'in-process' is meant to indicate when training interventions were interjected into practice interaction and related to specific aspects of the interaction just occurring. 'Extra-process' indicates when training interventions followed or preceded completed periods of practice interaction and were therefore of a summary nature.

Modeling is defined as the presentation of a modeled stimulus intended to influence performance of an imitated response, where the modeled stimulus indicates the characteristics of the imitated response to be performed (Sundel and Sundel, 1982, p.127).

Corrective feedback is defined as "direct information from an outside source about the effects and/or results of one's behavior" (Wolman, 1973, p. 143), with instructions for modification of that behaviour toward a standard.

Dependent Variables

The dependent variable is communicated empathy, defined as "communicated understanding of the other person's intended message" (Martin, 1983, p.3), including both its expressed (by helper) and perceived (by client) dimensions (Expressed and Received Empathy: Barrett-Lennard, 1981). Expressed empathy is operationally defined in two ways: first, as a judge-assigned score based on the Carkhuff (1969c) Empathic Understanding in Interpersonal Processes (EU) scale, second, as a tabulation of frequency of paraphrase and reflection skill use. Both of these measures were made on subject responses during in vivo interviews with a coached client. Paraphrase is defined as "restating the (client's) basic message in similar...words" (Brammer, 1973, p.84). Reflection is defined as "expressing in fresh words the essential feelings...experience...or content" implied by the client (Brammer, 1973, pp. 90-93).

Perceived empathy was operationally defined by a score derived from the Empathy subscale of the Barrett-Lennard Relationship Inventory (RI), form OS (1964 revision), completed by the role-played clients after the in vivo interviews. These measures were used to meet the challenge of Lambert, DeJulio and Stein (1978), consistent with Gormally and Hill (1975), that research in this area measure the therapy process from various points of view.

Measures of the Dependent Variables

Instruments

The choice of the Carkhuff EU and Barrett-Lennard RI instruments was based on four considerations. First, as reported above, of all recently employed instruments, these two have the greatest intercorrelation. Second, also as reported above, only these instruments have been found to correlate significantly and positively with successful therapeutic outcome. Third, these instruments are the most widely employed in the research literature. This facilitates integration of the study's findings with those of other studies, and makes easier the interpretation of its results. Fourth, consistent with what has been recommended for this type of research, the use of these instruments enables assessment of two basic aspects of empathy communication (i.e. counselor expressed and client received).

Carkhuff's (1969c) Empathic Understanding in Interpersonal Processes scale (EU).

The most commonly employed approach to measuring communicated empathy is the rating by judges of taped counselor-client interaction, along the Empathic Understanding in Interpersonal Processes (EU) scale (Carkhuff, 1969c). This scale is included in appendix C.

A truncation of Truax's (1967) nine point Accurate Empathy (AE) scale, the Empathic Understanding scale consists of five points, representing five levels of empathic communication. Level 1 helper responses either do not attend to or detract significantly from helpee expressions. While Level 2 responses do address helpee expressed feelings they noticeably subtract affect and distort meaning. At Level 3, termed minimally facilitative, helper responses are interchangeable with helpee expressions of affect and meaning. Level 4 responses express meaning and feelings a level deeper than the helpee was able to express. At Level 5, helper responses "accurately express feelings levels below what the person himself was able to express...(the helper) fully with him in his deepest moments."

The usual rating procedure is to select audio- or videotaped interview segments and to rate each counselor response, then to derive a mean for the segment. Lambert et al. (1978) concluded that both segment number and location

are influential since therapist performance does appear to vary within and between sessions. Also, they suggested that there may be "critical moments" (Gurman, 1973) when empathic responses are more impactful and therefore important to measure. Gurman (1973) urged repeated and random segment selection, within interviews to provide a reliable measure of single session performance, and over several sessions where a measure of an ongoing therapeutic process is desired. Written responses have also been rated, but though Greenberg (1968) found adequate correlations with interview behaviour (limited to highly functioning therapists), Butler and Hansen (1973) and Gormally, Hill, Gulanick and McGovern (1975) found nonsignificant correlations. As a result of these various findings, this study employed ratings of extended periods of actual "counselor-client" interaction.

Concurrent and predictive (of outcome) validities of the Carkhuff EU scale are addressed above in the review of the research literature. Hefele and Hurst (1972) asserted that the scale's predictive and construct validities had been fairly well established and that content validity was very good, since scale points reflected their theoretical base well.

However, criticisms of the scale have been expressed. Elliot, Filopovich, Harrigan, Gaynor, Reimschuessel and Zapadka (1982) and Gormally and Hill (1974) cite the lack of operational specificity of scale points. Some question

scale unidimensionality, asserting a common factor underlies ratings of empathy, warmth and genuineness (Lambert et al. 1978; Matarazzo, 1978), or at least that it is impossible in practice to separate the dimensions (Resnikoff, 1972). However, a critical distinction should be made between scale and rater adequacy. In fact, the scales do not measure, but rather are response coding systems used by raters who are the measurement "instruments". To use the language of Aftanas (1983), rater veridicality (i.e. "accuracy ... as an indicator of the magnitude of an instance of the defined property" p.18) must be considered of particular importance to empathy measurement along this scale. Evidence exists that raters have not been veridical. Elliot et al. (1982) concluded that empathy may be composed of such processes as counselor verbal activity, noninterruption, voice quality and facial expressions, since these correlated with empathy ratings. However, these factors may be more appropriately considered among those which bear upon measurement by unveridical raters. Shapiro (1968) did, in fact, find raters using such data to provide their measurement. Thus they may have in error rated "sounding and looking empathic" (Caracena and Vicory, 1969), rather than communication of accurate empathic understanding. Rather than necessitating the conclusion that the scale itself is inadequate, much of these findings are persuasive, instead, of the adequate training of raters to maximize their veridicality in

applying the scale.

Inter-rater reliability in excess of .80 is common (eg. Carkhuff, Kratochvil and Friel, 1968; Crabb, Moracco and Bender, 1983; Fischer, 1975, Fry, 1973; Uhlemann, Hearn and Evans, 1980), with intra-rater reliability often higher, in excess of .90 (eg. Carkhuff, Kratochvil and Friel, 1968; Kratochvil, 1969). The lack of a standard battery of empathic responses to stimulus expressions, employable as a criterion for training and veridicality assessment, means that while adequate within-study consistency in rating may be shown, it cannot be assumed to represent consistent accuracy. By extension, it is not assured that results from different studies are comparable (Avery and Danish, 1976).

Despite the limitations and criticisms of this scale it remains the most widely used instrument in the empathy training literature. Furthermore, as reported above, it is the scale most highly correlated with the Barrett-Lennard Relationship Inventory, and it is correlated positively with therapeutic outcome. The matter of rater veridicality was addressed in this study through what is believed to have been adequate rater training.

Barrett-Lennard (1962; revised 1964) Relationship Inventory (RI).

Comprised of four, 16-item counterbalanced subscales, this inventory includes an empathic understanding subscale. It consists of positive and negative statements such as "He

tries to see things through my eyes.", "His response to me is usually so fixed and automatic that I don't really get through to him." The client may respond along a continuum of three degrees of agreement or disagreement (Barrett-Lennard's Received Empathy). The inventory is typically introduced at the end of counseling sessions.

The predictive (of outcome) and concurrent validities of the RI are addressed above. Split-half reliability coefficients based on client ratings on the four scales are reported by Barrett-Lennard (1962) to range from .82 to .93. Abramowitz and Jackson (1974) report an alpha reliability estimate of .92 for total relationship and at least .75 for all subscales in their revision.

The Barrett-Lennard RI, as discussed above in the review of the research literature, has shown the highest correlation with the Carkhuff empathic understanding scale among empathy measurement instruments. More consistently than any empathy measurement instrument it is shown to correlate positively with therapeutic outcome. Used in conjunction with the Carkhuff EU scale it allows for two major aspects of empathy communication to be measured: expressed (EU) and received (RI). This scale is provided in appendix D.

Training of Raters

Judges.

Three judges were employed in the study, whose function

was to rate subject responses to coached client statements along the EU scale. One was a graduate student in clinical psychology, one a school counselor with a completed master's degree in counseling psychology, and one both a nurse and pastor with an undergraduate degree and pastoral training. The graduate student and school counselor had received general training in psychotherapy and specific training in empathic responding. The nurse/pastor had completed an intensive training course in empathic responding led by the experimenter. The school counselor and nurse/pastor were experienced in counseling through their employment, and the graduate student had completed general counseling practica and volunteer work.

The judges were trained by the experimenter in the use of the EU scale through instruction and practice. Criterion responses were created by an expert judge (the experimenter's primary research supervisor) and were used in training. Initial training took approximately 6 hours and consisted of reading material concerning the EU scale, viewing videotapes pre-rated by the expert judge and doing trial rating runs. This procedure is consistent with recommendations by Kent and Foster (1977), and ensured that judges initially assigned response ratings within an acceptable range of similarity to those of an experienced judge. As judges completed ratings during the assessment phases of the study, the experimenter monitored their work

and provided retraining when any drift from veridical rating was detected. Judges were told their ratings would be monitored, as recommended by Kent and Foster (1977), to encourage consistent care in remaining veridical. The expert judge examined the re-training criterion ratings developed by the experimenter and concluded that they displayed no bias with respect to trainer or treatment group membership of subjects.

Coached clients.

The Barrett-Lennard inventory empathy subscale was reviewed with the coached clients to ensure item comprehensibility and common understanding of language. They completed four practice runs prior to subject testing, with these practice runs being debriefed with them by the experimenter. Prior to each testing occasion the instructions were again reviewed with the coached clients to maximize consistency and accuracy of the inventory's use.

Treatment Implementation

Trainers

Two trainers were used, both with graduate training in counseling and psychotherapy and specific training in the use of empathy based models. One was the experimenter. In response to criticisms (eg. Avery and Danish, 1976; Carkhuff, 1966) of other studies, in which trainer level of functioning was not specified, the expert judge rated taped samples of modeling provided to subjects of both conditions

by both trainers. Trainers modelled empathy at just above level 3 (EU) and 3.5. One trainer was female, one male.

Training Procedures

To each of the trainers were randomly assigned half the subjects in each treatment, in order to avoid a trainer confound of treatment effects. Trainers were not blind to hypotheses, given their familiarity with empathy training. To guard against imbalances in such factors as trainer enthusiasm or commitment, which could influence subject learning, trainers were urged to monitor their behaviour and maintain equivalent delivery in these respects. The expert judge assessed the levels of empathy modelled by each trainer in control and experimental conditions, and found them to be consistent across conditions. Furthermore, a trainer main effect across treatments and trainer by treatment interaction were assessed statistically, as described below.

All subjects were paired by schedule compatibility within treatment groups and received all training in these dyads. This was meant to facilitate effective practice. Training was delivered in one two-hour session per week for four weeks, for a total of eight hours. This was regarded as sufficient to induce identifiable initial levels of skill, given the intensity of training entailed. Training was conducted in either of two private training rooms, the only special equipment being a video playback unit in each.

In both treatments the following conditions held: (a) subjects evenly divided practice in assuming helper and helpee roles, and alternated each half hour; (b) over the two hour sessions each subject practiced for 40 minutes, (c) subjects were allowed to use their own problems or role-play, (d) subjects received a brief written explanation of empathy, based on Martin (1983) and descriptions of paraphrase and reflection skills, derived from Brammer (1973). The written material was meant to provide an advanced organizer for subsequent feedback and a guide to initial responding. The common elements listed above were planned to standardize aspects of treatments, allowing for comparisons of effects due to the specific strategy of interest, and to minimize random error.

In the control treatment, the modeling and corrective feedback were delivered extra-process of subject practice. The trainer provided five minutes of corrective feedback to subjects at the end of 20 minutes of practice. Videotaped modeling of empathic communication by the trainer was delivered for five minutes subsequent to the corrective feedback.

In the experimental treatment, the modeling and corrective feedback were in-process of subject practice. At various times during practice when the subject made inadequate responses, the trainer interjected in vivo modeling of superior responses, using whichever subject was

acting as client at the time, and using the same problem context. Modeling was delivered for a total of five minutes during each 1/2 hour of practice. Similarly, at various times when needed, the trainer interjected corrective feedback for subjects, again in the total amount of five minutes during each 1/2 hour of practice.

Measurement Procedure

Dependent variable measurement was by evaluation of subject communicated (expressed and received) empathy during videotaped half hour interviews with coached clients. Measurement was conducted by both independent judges and the coached clients themselves. There were three measurement occasions scheduled: the weekend immediately before training began, the weekend immediately after training was completed, and the weekend one month (four weeks) after the post-training assessment weekend. Because of scheduling conflicts, some subjects were tested up to three days after the specified weekends.

Coached Clients

Three professionally trained actors were used to portray defined client characters. A major reason for the use of actors was the ethical concern raised by the use of actual clients with personal problems, given the limited training and non-professional subjects. A realistic client character was made available by actors which illustrated a problem consistent with gay peer counseling function. The

realism of client characters was attested to by eight judges who viewed the characters interacting with counselors. The judges were four instructors and four graduate students in the University of Manitoba's clinical psychology program. They responded to the statement: "This enactment represents a realistic client portrayal." along a scale of strongly disagree, disagree, somewhat disagree, somewhat agree, agree, and strongly agree. All judges rated all actors as portraying a realistic character at least somewhat. Concerning two of the actors, seven judges (87.5%) agreed or strongly agreed with the statement about realism, whereas concerning the third actor, all judges agreed or strongly agreed that a realistic portrayal was given.

Whitely and Jakubowski (1969) offer guidelines for the use of coached clients which provide for enhanced consistency of character presentation across measurement occasions and subjects. Fifteen specific client statements were given the actors which they inserted over the 30 minute interview. The use of professionally trained actors and the freedom of response beyond the 15 pre-set statements was to enable client realism and responsiveness. The actors were trained through practice with various volunteer helpers, in order to give them experience in maintaining their character across different situations. This procedure was described by Kelz (1966) and recommended by Whitely and Jakubowski (1969). A further procedure was the videotaping of each

actor's end-of-training characterization and its subsequent regular viewing, to facilitate performance consistency.

Videotaping allowed the assessment of consistency of client role presentation by the actors. A random sample of ten taped interviews were reviewed for each actor. Actor 1 used all fifteen scripted statements in %90 of the sample, fourteen in %10. Actor 2 used all fifteen scripted statements in %80 of the sample, fourteen in %10 and twelve in %10. Actor 3 dropped one of the scripted statements completely, and of the remaining fourteen used all in %10 of the sample, thirteen in %40, twelve in %30 and eleven in %20. As can be seen, two of the actors were very consistent in presenting the scripted portions of their characters, while one was somewhat less so. The random assignment of subjects to actors and the counterbalancing of actor to subject assignment across testing occasions is expected to have dispersed any effects of variable consistency evenly over treatment and trainer groups.

Characters portrayed were those of young men wanting to "come out" (i.e. acknowledge and/or affirm their homosexuality to themselves or others), since this is one of the most frequent problems presented to peer counselors at Gays for Equality (Winnipeg) and the Gay Alliance Toward Equality (Edmonton). To provide for an additional degree of standardization only male actors and characters were used. An additional advantage to this is that a more typical gay

peer counseling experience was offered to subjects, as male clients predominate in the agencies noted above.

The fifteen scripted statements used by actors were grouped into five for each of three foci: parents, peers, self-concept/esteem. Each statement contained a new but related element such that all levels of empathic responding could be utilized. The actors were free, within the character, to make comments beyond these statements in response to subject interventions. Actors assumed responsibility for focus change.

The coached clients were trained to provide confirmation/disconfirmation and exploration/nonexploration responses appropriately to subject attempts at empathic communication. This was held to provide a more adequate simulation of an interview with a cooperative client.

Subjects were randomly assigned to clients, with the counterbalancing of the three client characters over the three testings. This would disperse any client effect across testing occasions, subjects and treatments, relegating it to overall error. Actors were blind to subject group membership and naive as to goals and structure of the study, beyond the fact of the three testing occasions.

Interviews

Preparatory to the interview on all occasions, subjects for both treatment conditions were given the same written

instructions for the interview, description of empathy and description with two examples of paraphrase and reflection skills. This ensured that subjects of both treatment conditions were equivalently cued as to desirable test behaviour, and that subjects were so cued on all of pre-, post- and follow-up testing occasions. (See Appendices A, B.)

The interview was a half hour from the end of test instructions. This duration was held to allow sufficient data for rating purposes, representing subject capacity in sustained interaction, and enabling judges to follow the developing meaning of communication over time. Videotape playback for judges allowed for assessment of non-verbal elements of client communication. Thus, more data were available to judges with which to make their evaluations. The lack of adequate access by judges to the meaning context of client communication, characteristic of many studies, has been strongly criticized by Jacobs and Williams (1983).

In order to reduce subject anxiety, (a) taping equipment was kept unobtrusive by placing it behind a one-way mirror; (b) instructions were given to subjects in the interview room, and in a relaxed, encouraging manner; (c) the coached clients were introduced as someone role-playing a client, and remained in the room during the instructions; (d) the client initiated discussion of his problem, without requiring subject prompting. These procedures were intended to allow for a degree of

habituation to the testing situation, such that anxiety would not unduly interfere with performance. Since procedures were the same for subjects of both conditions, no differential effects of their unease would be expected.

Rating Procedures

Interviews were coded for source and randomly assigned to judges who were blind to subject group membership (trainer or treatment) and occasion of testing (pre-, post- or follow-up). Judges rated subject expressed empathy (EU scale) during the 15 minute period of interaction beginning after the initial 10 minutes of the interview had elapsed. This allowed for greater subject habituation to the testing situation and accommodated any variation which occurred in interview lengths (25 to 30 minute range). Judges rated each subject response, from which rated responses a mean score for each interview was calculated. To facilitate their work, the segment to be rated from each interview was partially transcribed. Judges received transcriptions of the beginning four to ten words of "helper" and "client" statements, sufficient to identify the statement clearly.

An overlapping alternating procedure for rating each taped interview was used (Westwood, 1972), such that two of three raters independently assigned scores. These were then averaged, allowing for greater accuracy in estimating subject expressed empathy. This procedure of scoring allowed also the calculation of inter-judge reliability on

the actual data, as urged by Taplin and Reid (1973). Based on 20 randomly selected pairs of ratings for Raters 1 and 2, 1 and 3, and on the 19 pairs of ratings shared by Raters 2 and 3, the inter-rater reliability coefficients (Ebel, 1951) were: .86, .92, .90 respectively. Judges re-rated randomly selected interviews (10 for raters 1 and 2; 9 for rater 3) after all first ratings had been completed. Intra-rater reliability coefficients (Ebel, 1951) were: .79 (rater 1); .96 (rater 2); .94 (rater 3). These ratings are within the range typical for empathy training studies employing the Carkhuff EU scale with independent judges.

To tabulate the frequency of paraphrase and reflection responses, the Carkhuff EU ratings were further utilized. A paraphrase was counted for every EU level 3 response identified, and a reflection for every EU level 4 or 5 response. These ratings are consistent with the definitions of paraphrase and reflection as given above and to the subjects. This allowed a dimension of expressed empathy, in addition to overall empathy level, to be assessed: the frequency of interchangeable and additive empathic responses by subjects. Based on the pairs of ratings noted just above, inter-rater reliability coefficients were: .88 (raters 1 and 2); .88 (raters 1 and 3); .86 (raters 2 and 3). Intra-rater coefficients were: .81 (rater 1); .87 (rater 2); .84 (rater 3).

Coached clients completed the relationship inventory

subscale immediately after each subject left the interview room, consistent with normal use of the Barrett-Lennard instrument. Coached clients were blind to trainer or treatment group membership. Although clients were aware of the order of interviews, they were naive as to study goals.

Statistical Analysis

To assess treatment effects, analyses of covariance with one covariate and two factors were employed for all measures. The covariate was the pretest score, the two factors were Treatment and Trainer, with two levels of each. To assess maintenance of treatment effects, repeated measures analyses of variance were used, the repeated measures being post-training scores and follow-up scores on all three measures.

As Cook and Campbell (1979) suggest, the covariate adjustment serves to increase precision in estimating treatment effects by removing from post-training variance that portion predictable from pre-training scores. The error term is thereby reduced. Kirk (1968) outlines the assumptions necessary for the use of analysis of covariance as (a) independence of errors, satisfied if subject assignment and variables associated with the experiment's procedures are randomized; (b) normality of error distribution, (c) homogeneity of variance, (d) homogeneity of population within-group regression coefficients, (e) normal distribution of deviations from regression, with

mean=0 and variance= σ^2 . Significance tests in ANCOVA are held to be robust where normality and residual variance homogeneity assumptions are violated (Kirk, p.469). Assumptions of homogeneity of variance and within-group regression coefficients were tested and found to be warranted. Therefore, use of analyses of covariance in this study is justified.

Kirk (1968) regards covariance adjustment as appropriate when these conditions are met: (a) there are held to be one or more sources of variation extraneous and irrelevant to experimental objectives, (b) the control of these sources experimentally is not possible or feasible, (c) a measure of this may be obtained which does not include effects attributable to treatment. The latter is satisfied if the covariate is measured before treatment presentation (pp. 457-458). Because this study met these conditions, the use of analyses of covariance in this study was further seen to be appropriate.

As suggested by Cook and Campbell (1979), F test power was calculated. The procedure developed by Tang (1938) and described by Kirk (1968) was used.

Results

In the results section below will be found first the testing of assumptions for analysis of covariance, the major statistical analysis applied. Following this, each hypothesis is restated with results of statistical analyses relevant to each. A summary conclusion as to the findings ends this section. Statistical analyses were conducted using SPSSX programs of multivariate analysis of variance and covariance (SPSS Inc., 1986). An alpha level of .05 is applied throughout.

Testing of Assumptions

According to Kirk (1968) significance tests in analyses of covariance are robust as concerns assumptions that the distributions of error and deviations from regression are normal. Therefore, these were not tested. The assumption of independence of errors is satisfied given the random assignment of subjects to treatment and trainer groups, and to coached clients and independent judges. There remain two assumptions, those of homogeneity of variance and of within-group regression coefficients. Wildt and Ahtola (1978) state that most researchers regard the analysis of covariance model as robust to violations of the homogeneity of variance assumption. Since it is easily obtainable through SPSSX it is reported below, as are the results of testing for the homogeneity of within-group regression coefficients.

Homogeneity of variance was tested using both the Bartlett-Box F and Cochran's C tests. This assumption was not rejected at any of pre-, post- or follow-up levels for scores on all measures. Concerning the Barrett-Lennard RI, for pre-, post-, follow-up scores, the Bartlett-Box F value had probabilities of .893, .811 and .799 respectively, while the Cochran C had probabilities of 1.000 for all. Similarly, with respect to the Carkhuff EU scores the Bartlett-Box F values had probabilities of .531, .813, .550, while the Cochran C probabilities were .719, .563, .356. On frequency of paraphrase and reflection use, the probabilities of the Bartlett-Box F values were .917, .226, .125, while Cochran C value probabilities were 1.000 for all occasions.

The homogeneity of within-group regression coefficients assumption was examined by testing the factor by covariate interaction term at post-training for the three sets of scores. With the Barrett-Lennard scores this assumption was not rejected, the treatment by covariate interaction having a probability of .591 and the trainer by covariate interaction having a probability of .270. Similarly, with the Carkhuff EU scores the assumption was not rejected, given a treatment by covariate interaction probability of .739 and a trainer by covariate interaction probability of .686. Likewise, the assumption of homogeneity of within-group regression coefficients was not rejected where

frequency of paraphrase and reflection was considered, given that the treatment by covariate interaction had a probability of .485 and the trainer by covariate interaction a probability of .464.

As recommended by Wildt and Ahtola (1978), scattergrams were prepared for each group, to assess linearity between the covariate and the dependent variable. Visual inspection of these revealed no obvious departures from linearity. In sum, the assumptions necessary for analyses of covariance are satisfied.

Analyses of variance were conducted on pre-training scores to ascertain if random assignment of subjects to treatment and trainer groups had resulted in these groups being similar on the three empathy measures. Results are displayed in Tables 1, 2 and 3 for each empathy measure.

See Appendix H, Table 22 for pretraining means and standard deviations for all measures.

TABLE 1

Results of Analysis of Variance: Pre-training Carkhuff EU
Scores

Source	DF	Mean Square	F	Significance of F
Treatment	1	.089	.693	.706
Trainer	1	.001	.012	.412
Treatment X Trainer Interaction	1	.332	2.594	.118
Error	28	.128		

TABLE 2

Results of Analysis of Variance: Pre-training Paraphrase,
Reflection Frequency

Source	DF	Mean Square	F	Significance of F
Treatment	1	1.125	.117	.735
Trainer	1	.781	.081	.778
Treatment X Trainer Interaction	1	9.031	.938	.341
Error	28	9.627		

TABLE 3
Results of Analysis of Variance: Pre-training
Barrett-Lennard RI Scores

Source	DF	Mean Square	F	Significance of F
Treatment	1	63.281	.218	.644
Trainer	1	5.281	.018	.894
Treatment X Trainer Interaction	1	16.531	.057	.813
Error	28	290.558		

The analyses of variance at pre-training confirm that neither training nor treatment groups differed significantly on empathy measures prior to the commencement of the treatments.

Hypothesis I

It was hypothesized that the experimental group, trained by modeling and corrective feedback in-process of dyadic practice, would demonstrate greater expressed empathy by scoring higher on the Carkhuff EU scale, than would the contrast control group trained by modeling and corrective feedback extra-process of dyadic practice. Means and standard deviations of post-training scores are shown in

Table 4, with the results of an analysis of covariance on these scores shown in Table 5. The observed means in Table 4 are also shown as adjusted for the concomitant variable, the pretest scores, the regression coefficient value being .4904. As concerns treatment effects the power of the F test in this analysis was between .98 and .99 ($\phi = 3.035$).

TABLE 4

Means and Standard Deviations of Post-training Carkhuff EU Scores

Group	Observed Mean	Adjusted Mean	S.D.
Experimental			
Trainer 1	2.639	2.612	.347
Trainer 2	2.776	2.855	.294
Control			
Trainer 1	2.310	2.331	.267
Trainer 2	2.255	2.182	.444

TABLE 5

Results of Analysis of Covariance: Post-training Carkhuff EU Scores

Source	DF	Mean Square	F	Significance of F
Treatment	1	1.774	19.431	.000
Trainer	1	.018	.198	.660
Treatment X Trainer Interaction	1	.282	3.091	.090
Regression	1	.861	9.435	.005
Error	27	.091		

These results show a greater post-training mean for the experimental treatment group, regardless of which trainer was involved, than for the contrast control group. From the analysis of covariance results, it can be seen that the contribution of pre-test performance to post-training scores was significant, supporting the appropriateness of this type of analysis. Also shown is that the only other significant effect is that of treatment. Therefore, hypothesis 1 is supported.

Hypothesis II

This hypothesis predicted that the group receiving the

experimental treatment would demonstrate greater expressed empathy in terms of frequency of paraphrase and reflection use, than would the group receiving the contrast control treatment. Means and standard deviations of post-training frequencies are shown below in Table 6, while Table 7 provides the analysis of covariance results. Means adjusted for the concomitant variable (pretest scores) shown in Table 6, were derived given a regression coefficient value of .9056. The power of the F test in this analysis, as concerns treatment effects, was approximately .99 ($\phi = 3.160$).

TABLE 6

Means and Standard Deviations of Post-training Paraphrase,
Reflection Frequency

Group	Observed Mean	Adjusted Mean	S.D.
Experimental			
Trainer 1	16.813	16.360	7.955
Trainer 2	19.938	20.730	7.836
Control			
Trainer 1	10.000	10.170	3.991
Trainer 2	8.375	7.866	4.897

TABLE 7

Results of Analysis of Covariance: Post-training Paraphrase,
Reflection Frequency

Source	DF	Mean Square	F	Significance of F
Treatment	1	723.109	20.972	.000
Trainer	1	8.512	.247	.623
Treatment X Trainer Interaction	1	86.209	2.500	.125
Regression	1	221.088	6.412	.017
Error	27	34.481		

As Table 6 shows, experimental subjects as a group used more paraphrase and reflection after their training than the group of contrast controls after theirs, regardless of trainer. Considering Table 7, the use of an analysis of covariance is shown again to be justified by the significant contribution to variance at post-training. Of the main or interaction effects, only that of treatment is significant, supporting hypothesis 2.

Hypothesis III

The third hypothesis of this study was that coached clients would judge received empathy to be greater from

subjects trained by the experimental treatment than from subjects trained by the contrast control treatment. At post-training, group scores on the Barrett-Lennard RI were as displayed in Table 8. The adjusted means reflect adjustment for the concomitant variable. The value of the regression coefficient was .2633. An analysis of covariance performed on post-training scores produced the results summarized in Table 9. The F test was without power given that the error mean square was larger than the mean square for treatments.

TABLE 8
Means and Standard Deviations of Post-training
Barrett-Lennard RI Scores

Group	Observed Mean	Adjusted Mean	S.D.
Experimental			
Trainer 1	27.375	26.993	11.388
Trainer 2	29.500	29.212	9.681
Control			
Trainer 1	25.750	26.416	8.276
Trainer 2	23.000	23.074	11.662

TABLE 9
Results of Analysis of Covariance: Post-training
Barrett-Lennard RI Scores

Source	DF	Mean Square	F	Significance of F
Treatment	1	87.607	.973	.333
Trainer	1	2.215	.025	.877
Treatment X Trainer Interaction	1	63.308	.703	.409
Regression	1	563.894	6.262	.019
Error	27	90.055		

Table 8 indicates that experimental groups were rated higher than control groups by the coached clients, therefore in the direction of the hypothesis. However, the analysis of covariance results from Table 9 show that treatment effect was not significant, as in fact no main or interaction effect was. The contribution of the pre-test scores to post-training score variance was the only significant one. The third hypothesis, therefore, is not supported.

Effects MaintenanceCarkhuff EU measures.

A comparison of post-training and follow-up EU scores is provided in Table 10, and the results of a repeated measures analysis of variance are reported in Table 11.

TABLE 10

Comparison of Post-training and Follow-up Means: Carkhuff EU Scores

Group	Post-training (S.D) Mean	Follow-up (S.D.) Mean
Experimental		
Trainer 1	2.639 (.347)	2.440 (.349)
Trainer 2	2.776 (.294)	2.703 (.258)
Groups together	2.708 (.318)	2.572 (.326)
Control		
Trainer 1	2.310 (.267)	2.257 (.477)
Trainer 2	2.255 (.444)	2.046 (.276)
Groups together	2.283 (.355)	2.152 (.392)

TABLE 11
Results of Repeated Measures Analysis of Variance:
Post-training and Follow-up Carkhuff EU Scores

Source	DF	Mean Square	F	Significance of F
Testing	1	.286	3.431	.075
Treatment X Testing	1	.0001	.001	.972
Trainer X Testing	1	.001	.011	.918
Treatment X Trainer X Testing	1	.079	.945	.339
Error	28	.083		

As can be seen, scores declined for all treatment and trainer groups. The repeated measures analysis of variance revealed a non-significant testing effect, indicating the maintenance of effects in general. The lack of a significant treatment by testing interaction effect suggests furthermore that neither training group declined significantly more nor less than the other.

Paraphrase and reflection frequency.

Table 12 shows the group means of paraphrase and reflection frequency at post-training and follow-up occasions. To examine posttest to follow-up change a

repeated measures analysis of variance was conducted, the results of which are shown in Table 13.

TABLE 12

Comparison of Post-training and Follow-up Means: Paraphrase, Reflection Frequency

Group	Post-training (S.D.) Mean		Follow-up (S.D.) Mean	
Experimental				
Trainer 1	16.813	(7.955)	11.813	(4.765)
Trainer 2	19.938	(7.835)	15.000	(5.036)
Groups together	18.376	(7.796)	13.407	(5.014)
Control				
Trainer 1	10.000	(3.991)	10.688	(8.713)
Trainer 2	8.375	(4.897)	6.000	(3.655)
Groups together	9.188	(4.396)	8.344	(6.894)

TABLE 13

Results of Repeated Measures Analysis of Variance:
Post-training and Follow-up Paraphrase, Reflection Frequency

Source	DF	Mean Square	F	Significance of F
Testing	1	135.141	4.725	.038
Treatment X Testing	1	68.063	2.380	.134
Trainer X Testing	1	9.000	.315	.579
Treatment X Trainer X Testing	1	9.766	.341	.564
Error	28	28.599		

As indicated in Table 12, both experimental group means and one control group mean declined post-training to follow-up. The remaining control group mean (Trainer 1) increased fractionally. The repeated measures analysis of variance results indicate the decline overall from post-training to follow-up to be significant. The absence of a significant treatment by testing interaction effect suggests no significant differences in degree of decline between the treatment groups across testing occasions. In sum, treatment gains in frequency of paraphrase and reflection use were not maintained one month after

training's end, for either training group.

Barrett-Lennard RI measures.

R.I. scores at post-training and follow-up are compared in Table 14, with results of the repeated measures analysis of variance summarized in Table 15.

TABLE 14

Comparison of Post-training and Follow-up Means:
Barrett-Lennard R.I.

Group	Post-training (S.D.) Mean		Follow-up (S.D.) Mean	
Experimental				
Trainer 1	27.375	(11.388)	30.750	(15.031)
Trainer 2	29.500	(9.681)	33.375	(16.886)
Groups together	28.438	(10.269)	32.063	(15.503)
Control				
Trainer 1	25.750	(8.276)	17.875	(21.047)
Trainer 2	23.000	(11.662)	20.000	(20.619)
Groups together	24.375	(9.872)	18.938	(20.158)

TABLE 15

Results of Repeated Measures Analysis of Variance:
Post-training and Follow-up Barrett-Lennard R.I.

Source	DF	Mean Square	F	Significance of F
Testing	1	13.141	.085	.773
Treatment X Testing	1	328.516	2.128	.156
Trainer X Testing	1	28.891	.187	.669
Treatment X Trainer X Testing	1	19.141	.124	.727
Error	28	154.350		

In comparing post-training with follow-up RI means, as Table 14 shows, both control groups declined while both experimental groups increased over time. The repeated measures analysis of variance results do not, however, show this treatment by testing interaction to be significant. The large standard deviations within treatment groups, especially at follow-up, are implicated by their effect of creating a large (within-group) error term. The lack of significance of testing effects indicates that overall the levels of performance on R.I. found at post-training were consistent with scores one month later. This cannot be

considered a comment on treatment effects maintenance since there were no significant treatment effects found at post-training, however.

Summary

The results displayed and described above support the hypotheses that Expressed empathy, as measured on the Carkhuff EU scale and as indicated by frequency of paraphrase and reflection use, is significantly greater for those who received the experimental training than for those who received the contrast control training. Received empathy was not found to be greater for subjects receiving experimental training over those receiving the control training. With respect to the maintenance of training effects, at one month the Carkhuff EU levels were seen to have been maintained, but not the frequency of paraphrase and reflection use.

Discussion

Discussion of Results of Hypothesis Testing

The first two hypotheses of this study were upheld by its results. Where Expressed empathy was concerned, modeling and corrective feedback in-process of dyadic practice was in fact a superior training method to that in which modeling and corrective feedback were delivered extra-process of dyadic practice. However, where Received empathy was concerned, while both groups increased from before to after training, neither was found to be significantly superior to the other. Stability of performance level from post-training to follow-up was shown on the Received empathy measure and the Carkhuff EU measure of Expressed empathy. In the former case stability cannot be considered effects maintenance since no treatment effects were shown in contrasting the experimental and contrast control treatments, and the study did not have a no-treatment control condition available for further comparisons.

A difference in empathy effects between those of the Expressed and the Received phases was unexpected. One line of explanation would be to contrast technical competence with a competence integrated into the communication and interactional style of the helper. Certainly, the evidence supports the idea that as judged by raters trained to identify and quantify empathic responses, the experimental

subjects were more technically competent than were the contrast control subjects. However, in the context of an ongoing, interactive interpersonal exchange it is conceivable that this technical competence was not as impactful. It may have had the quality of stiltedness which comes from not having integrated a new skill into one's personal style of communicating and interacting. Empathic responses may have been awkwardly or self-consciously delivered. In any case, the coached client may have not experienced the empathy to the degree it was felt or expressed by the helper. While subjects from both groups would certainly have been expected to be equally stilted, self-conscious or awkward in their performance, it is possible that the superior technical competence of the experimental group simply could not be discriminated above this common denominator by the coached clients. If this were the case, it might be expected that with time and intervening skill integration the empathy of the group with superior technical competence would become more noticeable to the coached clients as being greater than that of the control subjects. In fact, over the successive testing occasions the correlations between the Barrett-Lennard Received empathy scores and the Expressed empathy scores increased, as shown below in Tables 16 - 18, pp. 153, 154. This indicates a growing similarity between the experience of independent judges and of the actor/clients, from their

different perspectives, of subject empathy. Furthermore, the follow-up Barrett-Lennard RI scores showed an increase in Received empathy over that at post-training for the experimental group alone, while the control group score had declined. Interestingly, at follow-up the between-groups treatment effect had a significance level of .066.

This raises the consideration that the methods as implemented ought to have included greater training or practice time, better enabling integrated skillfulness and thereby perhaps minimizing the effect of awkwardness or self-consciousness of delivery on the coached clients' experience of subject empathy. Of course the possibility also exists that it is not the amount of training but the in-process delivery of modeling and corrective feedback itself which is simply not a powerful enough or appropriate method to increase empathic communication as received by clients. Similarly, it is possible that the experimental treatment was inadequately implemented. However, given the other study results, these would again suggest, problematically, some intervening factor with differential effects such that a method which does increase Expressed empathy would not have a similar effect on Received empathy.

Also implicated in the disparate findings might be differences in the veridicality of raters. A problem for some studies using judgments along the Carkhuff EU scale has been that consideration of subject characteristics other

than their communicated empathic understanding have entered into judges' criteria. In this study training of judges and the limiting of extraneous data about subject behaviour (judges could not see subject smiling or head-nodding, for example) is believed to have enhanced the veridicality of raters. However, though the coached clients were instructed to consider only what they experienced as communication of empathic understanding, accompanying subject characteristics could not be kept from their attention. Thus, they would have seen smiling, head-nodding, facial expressions and the like, and were more likely therefore to have included these extraneous factors in giving their judgements. In essence, the coached clients had a much more complete experience of subjects as people. In this study, where only communicated empathic understanding among the myriad of personal and interpersonal relating characteristics was the object, this more complete experience of subjects was a liability. The lack of treatment effects in the Barrett-Lennard RI scores in contrast to those of the Carkhuff EU and the skill frequencies may reflect that coached clients as raters were less veridical than the independent judges. The increase in communicated empathy may not have been well discriminated against a background of personal characteristics not the subject of this study and perhaps fairly stable over time.

With respect to effects maintenance, the only unexpected result was the greater decline in frequency of

paraphrase and reflection use than in Carkhuff EU scores, the other Expressed empathy measure. A possible explanation for this is that frequent responding by those learning helping skills is resisted because the behaviour is interpreted as "interrupting" and is therefore seen as socially inappropriate. With an extended period (the month between post-training and follow-up assessments) during which they were not encouraged to interject nor reinforced when they did, they may have resumed some of their previous reticence to contravene social norms about interpersonal conversation.

Theoretical Implications of Results

To address how the findings of this study relate to the theoretical positions and principles from which it has been derived, the Carkhuff and Ivey models as well as the modeling and feedback literature concerning empathy training are considered here.

Prominent among strategies studied have been the systematic training programs like those of Carkhuff and Ivey, within which modeling, feedback and practice figure as key elements. To Carkhuff, though type of training as well as trainer and trainee levels of facilitative functioning interacted to produce training effects, modeling was highlighted in that the trainer's level was "the single most critical aspect of effective training" (Carkhuff, 1969a, p.240). More specifically, Carkhuff concluded from his

experience with Systematic training that:

In general, the results of all programs may be summarized as follows: those trainees whose trainers were functioning (1) above minimally facilitative levels (level 3) and (2) approximately one level or more above the trainees demonstrated the most positive changes (Carkhuff, 1969c, p. 155).

The results of this study are consistent with this general finding. In fact, both experimental and control groups received modeling of empathy at an average level of at least 3.0. Furthermore, this level was in excess of one above the subject pre-training levels (Table 20, Appendix G: experimental group mean, 1.517; control group mean, 1.622). Both groups increased their mean EU levels, to 2.708 (experimental) and 2.283 (control), by post-training. As the literature review above indicates, Carkhuff's contentions about the role of trainer empathy level have not received definitive research support. However, subsequent research on modeling has at least confirmed that modeling is a potent empathy training method, along with instructions, feedback and practice. This study has sought to evaluate more specific features in the delivery of a combination of these effective single methods. At least where Expressed empathy is concerned modeling in combination with corrective feedback is shown to have superior effect if delivered in-process of practice, thereby allowing greater immediacy and target specificity of training interventions.

Carkhuff and Banks (1970) provide a conceptualization

of the underlying principle of dyadic practice with corrective feedback as "role-playing involving successive reinforcement experiences in communication, developed in such a manner as to shape the most effective level of empathy" (p. 413). Clearly, then, a training method facilitating this shaping process should provide greater training effects. The delivery of modeling and corrective feedback in-process of practice may be seen to maximize this process of successive approximation toward greater empathy levels in that it provides greater immediacy of intervention and allows the intervention to be directed very specifically at current subject behaviour. It directs subject attention to concrete and particular aspects of their responses in terms of adequacy or inadequacy, indicates to what extent and in what way(s) responses are so judged. This orients subjects more effectively to the characteristics of their behaviour and allows trainers to provide instructions for response improvement or models of improved responding which more directly and clearly address subject response inadequacies.

Ivey's microcounseling method depends heavily on modeling and corrective feedback, these being delivered after brief periods of dyadic practice. This model differs markedly from Carkhuff's in its focus on single microskills, which Ivey (1971) suggested operationalize counselor facilitative functioning. This study employed microskill

descriptions of paraphrase and reflection as operational definitions of empathy. Modeling and feedback were given relative to these, though not singly and therefore not strictly in the fashion of Ivey's training model. Ivey (1971, p. 8) outlined "essential propositions" underlying Microcounseling. These will be discussed separately with reference to aspects of this study.

1. It is possible by focusing on one skill at a time to reduce counseling complexity. While the study here reported sheds no particular light on the correctness of this contention, of the many skills or several facilitative conditions of counseling, the study was careful to delimit the training focus to empathy alone and its operational definitions of paraphrase and reflection. That the otherwise largely untrained subjects in both treatment conditions were more expressively empathic post-training may in part be due to this reduced complexity feature.

2. Opportunities for self-observation allow for feedback useful in subsequent counseling. As reported above in the literature review, study of this aspect of Microcounseling (elaborated considerably in Interpersonal Process Recall: Kagan et al., 1967), has not shown it a significant contributor to empathy training effectiveness (Frankel, 1971). The study under discussion here did not employ this feature. However, in that corrective feedback and modeling delivered in-process of practice required much

brief periods of recollection for subjects, it may perhaps recommend methods in which the behaviour addressed by the trainer is fresher in the minds of subjects, as would be expected through the self-observation feature of Microcounseling.

3. Learning occurs through observation of video models. One of the major features of the extra-process (control) condition in this study was the use of videomodeling. While the study does not permit conclusions as to videomodeling effectiveness, nor for a specific contrast of video versus in-vivo modeling effects, expressed empathy is shown to be superior when live modeling in-process of practice and combined with corrective feedback also delivered in-process, are the training methods.

4. The method is not bound to theoretical or practical interview frameworks. This may suggest both a strength and weakness of microskill training. The microskill method of Ivey and as implemented in this study are acknowledged to have fairly specific and limited effects which by themselves do not include skill integration into an interview framework. Competence in counseling or psychotherapy would require further training for this requisite goal of skill integration into coherent and purposive activity. It is at this integrative training stage where microskill training may no longer have a useful role.

5. Though practice interviews involve role-play or

simulation, they nonetheless are real. Features of the conduct of training in this study were intended to enhance the sense of reality subjects experienced during practice interaction. The procedure in this study was to invite subjects to use their own or role-played personal issues for practice purposes. It was our experience that subjects more often used their personal issues, thereby providing a real (as opposed to simulated) client experience to those in helper roles. When subjects elected to role-play they were given roles with which they could relate personally, and were seen indeed to elaborate these roles with personal material. Once again what was offered was a realistic if not real client experience. Subjects often verbalized the view that using real issues enabled them to stay focused and access deeper levels of felt meaning as their helpers intervened. Many also commented that the exchanges between themselves and their practice partners were personally impactful, and that meaningful friendships were developed. Thus there is much anecdotal evidence that interaction during practice, even where clients were role-played, was experienced by subjects as realistic. It would be expected, then, that this realistic practice interaction would increase the likelihood that changes in empathic behaviour would generalize to situations of actual counseling.

Ivey contended that maintenance of training effects was related to adequacy of initial skill learning plus

opportunities for subsequent practice. Similarly, Carkhuff (1969c) held that extensive practice enabled durability of competence over time. As discussed above, the limited effects maintenance found in this study lends support to this practice principle. Practice during training was limited, as were opportunities for informal practice subsequent to training, since subjects for the most part had neither jobs nor volunteer positions of which empathic communication was a significant aspect.

Studies examining feedback as an empathy enhancing strategy have indicated it to increase empathic communication in both counseling analogues and actual counseling situations. Furthermore, immediate evaluative feedback has been shown superior to delayed (Reddy, 1969a). Immediate feedback when combined with instructions for response improvements was found to be more effective than positive feedback alone (Carlson, 1974). From these studies a principle concerning effective feedback is suggested: that the qualities of immediacy and target specificity in training intervention is important to effectiveness in changing empathic behaviour. That the experimental approach tested in this study should be more effective is consistent with this principle.

Modeling has been more extensively examined for its empathy enhancing capacity, though evidence remains only suggestive given study limitations. The theoretical basis

for modeling effectiveness is provided by social learning theorists, including Bandura and Walters (1963) who concluded that imitation facilitates the acquisition of new behaviour. Furthermore, they observed that through role-play subjects receive reinforcement in their capacities both as models to one another, and as observers and imitators. In the study at hand both training groups received modeling of empathy responses, models displaying empathy at an average level exceeding the 3.0 Carkhuff EU minimally facilitative level. The experimental subjects received modeling specifically tied to the communication of the client at that particular time. Thus also, their imitation of adequate responses had the qualities of greater temporal contiguity and content (meaning) specificity with respect to the eliciting communication of the client. This may be seen as maximizing both the information gained about the effectiveness of their response and the reinforcement experienced (by indications from client or trainer) when a response is of good quality. In turn, acquisition of new behaviour is facilitated, and perhaps facilitated more so than when this imitation is of a more general model, one tied less closely in time and less specifically in meaning to client communications.

Both training groups may be expected to have benefited from the opportunity in role-play to have been reinforced both as models to one another and as observers and

imitators. Again, a superiority may be suggested for the experimental training in that modeling and corrective feedback delivered in-process of practice allow for closer imitation of modeled behaviour and in turn a better model by subjects for one another's imitation.

Practical Implications of Results

While the Carkhuff Systematic and Ivey Microcounseling training programs have been supported by at least suggestive evidence of efficacy, the contribution of their components, including modeling and feedback, has received only limited research attention. One value of this study has been to further indicate the efficacy of the particular components modeling and feedback as delivered in a specific format: in-process of dyadic practice.

Where individual methods of empathy training are concerned, indications exist for the efficacy of modeling alone (eg. Ronnestad, 1977), or in combinations with positive reinforcement (Miller, 1969), instructions (Uhlemann, Lea and Stone, 1976) or instructions and practice (Dalton, Sundblad and Hylbert, 1973). Similarly, feedback, especially if immediate (Reddy, 1969a) and accompanied by instructions for response improvement (Carlson, 1974) has shown empathy enhancing effects. Assessment of the potentially potent combination of modeling and corrective feedback (i.e. feedback plus instructions) has not been reported in the counselor training literature. This study

has helped to identify the relative efficacy of a particular format in which this combination may be provided, that of delivery in-process of dyadic practice.

The only experimental study employing an in-process approach to training delivery of either modeling or feedback was that of Carlson (1974). In his study, feedback and instructions were given during actual counseling sessions, through a radio receiver. The study reported here employed training with the trainer present, interventions in-process of practice, and including in-process modeling as an aspect of the experimental condition. This may be a more workable in-process training approach given that it does not entail the complication of electronic devices and allows for periods of modeling by the trainer to be interspersed over the session. The reduction in intrusion, experienced by the client at least, may recommend the use of a radio transmitter however.

Though in-process delivery of modeling and corrective feedback appears effective in increasing Expressed empathy, a question remains as to whether the benefits of the approach are limited to neophyte helpers-in-training, as the subjects in this study were. As the literature review showed, it is such people who predominate in empathy training studies generally. The practical implication of this is that training strategies, to be maximally effective, should likely be selected according to the training stage of

the students. What works for whom, in this respect, remains largely unaddressed in the research literature to date. It seems possible that at the earliest stage of training where gross observations and feedback still contain significant information for response improvement, extra-process summary feedback and modeling may be effective. Indeed some support for this comes from the fact that the control group in this study did show increased mean empathy on all measures from pre- to post-training. As students approximate more closely what are good quality responses, they would require that finer distinctions be made through training interventions. At this stage in-process feedback and modeling would be expected to be more effective. Perhaps the superior Expressed empathy of the experimental group is explained by this. Students advanced in their training may require yet other training strategies in order to continue improving their performance. Perhaps here is where emphasis is required on other factors discussed in the literature: personal blocks to empathy (eg. Hackney, 1978), durability of empathy across client characteristics (eg. Alexik and Carkhuff, 1967), subtle interactional processes which impact upon empathy (eg. Burke and Tansey, 1985). Training strategies recommended to address such issues, but largely untested, have included personal therapy (eg. Blatt, 1963), supervision (eg. Altucher, 1967), exposure to unfamiliar characteristics of clients and their lives (eg. Kurkjian and

Banks, 1978). Thus, unless subsequent research should show otherwise, the conclusions of the study here reported are properly seen as limited in applicability to beginning level helpers-in-training. Furthermore, this study does not speak to the educational concern with integrating individual counseling skills and competencies into effective counseling practice.

Finally, a practical consideration relevant here is that in-process modeling and corrective feedback is more demanding of trainers than is extra-process delivery of the same strategies. Trainers intervening in-process have not the same lag time to collect their thoughts and plan how to communicate feedback or how to model best. They are obliged to be actively aware from moment to moment of the counselor-client interaction and must be ready quickly to interject an effective model response or statement of corrective feedback. Therefore, trainer capacity for effectively empathic, highly interactive and immediate involvement may be a constraint on the use of this training model.

Implications for Empathy Training Research

Certain features of the design of this study were selected expressly in response to inadequacies identified frequently in empathy training studies to date (as discussed in the review of the literature, above). In addition to an experimental design and the equivalent cuing of control and

experimental subjects to desirable test behaviour, these features included the measurement of training effects in terms of both Expressed and Received empathy, the use of professional actors as clients for testing and the assessment of effects maintenance over time.

Multiple Empathy Measures

The employment of measures both of Expressed and Received aspects of communicated empathy allow for differentiation of training strategy effects in this respect. As Kurz and Grummon (1972) and Lambert, DeJulio and Stein (1978) found, training effects may differ according to their source of measurement. In fact, in this study such a difference occurred, with the experimental training shown to produce significantly greater empathy than the contrast control training in Expressed empathy but not Received empathy, as measured. A value in using multiple measures is that it allows for more specificity in describing training effects and perhaps militates against overgeneralizations about those effects. In the study at hand for example, one is justified to conclude that the experimental training was superior in increasing subject empathy, but only in the expressed aspect of its communication. The two measures of Expressed empathy employed in this study enable even finer distinctions in training effects.

Furthermore, the use of multiple measures has some

heuristic value in encouraging exploration of possible factors to account for any discrepancy in effects across measures. In discussing the results of this study, a factor posited to explain the discrepancy found between Expressed and Received empathy effects is a limitation in the integration of newly acquired skill into the helpers' interpersonal behaviour repertoire. The use of multiple measures may serve also to encourage further consideration of the merits and limitations of measures. In this study the matter of rater veridicality in using the Barrett-Lennard RI is suggested as possibly implicated in results discrepancies across measures. Lastly, the use of multiple empathy measures allows for assessment of intercorrelations among them, potentially contributing to the conceptual debate about empathy. Based on his cyclical model of empathy, Barrett-Lennard (1981) suggested that only modest correlations would exist among measures of different phases of the empathy process. The correlations among the measures used in this study are presented in Tables 16 through 19, by testing occasion and in total. A one-tailed significance level is also reported.

TABLE 16

Pearson Correlation Coefficients: Pre-training Scores on All Empathy Measures.

	Barrett-Lennard RI	Carkhuff EU	Frequency of Paraphrase, Reflection
Barrett-Lennard RI	1.000	.1275 (p=.243)	.1088 (p=.277)
Carkhuff EU		1.000	.6871 (p=.000)
Frequency of Paraphrase, Reflection			1.000

TABLE 17

Pearson Correlation Coefficients: Post-training Scores on All Empathy Measures.

	Barrett-Lennard RI	Carkhuff EU	Frequency of Paraphrase, Reflection
Barrett-Lennard RI	1.000	.1831 (p=.158)	.1339 (p=.233)
Carkhuff EU		1.000	.6730 (p=.000)
Frequency of Paraphrase, Reflection			1.000

TABLE 18

Pearson Correlation Coefficients: Follow-up Scores on All
Empathy Measures.

	Barrett-Lennard RI	Carkhuff EU	Frequency of Paraphrase, Reflection
Barrett-Lennard RI	1.000	.5272 (p=.001)	.4669 (p=.004)
Carkhuff EU		1.000	.8376 (p=.000)
Frequency of Paraphrase, Reflection			1.000

TABLE 19

Pearson Correlation Coefficients: All Scores on All Empathy
Measures.

	Barrett-Lennard RI	Carkhuff EU	Frequency of Paraphrase, Reflection
Barrett-Lennard RI	1.000	.3991 (p=.000)	.3581 (p=.000)
Carkhuff EU		1.000	.8272 (p=.000)
Frequency of Paraphrase, Reflection			1.000

As can be seen from these tables, scores on the two Expressed empathy measures are highly correlated with one another, as would be expected. The correlations of scores on the Received empathy measure with those on the Expressed empathy measures are notably lower, though the progression across testing occasions is toward higher correlation. The correlations of the Barrett-Lennard RI scores with the Carkhuff EU scores and frequency of paraphrase and reflection are significant at follow-up. Considering all scores across testing occasions, the correlation between scores of the two Expressed empathy measures are once again high and significantly so. Overall the correlation between scores on the Received empathy measure and those on the two Expressed empathy measures are more modest, but still significant. These findings are consistent with the prediction of Barrett-Lennard (1981) that correlation between measures of different phases of the empathy process may not necessarily be high.

Coached Client Use in Testing

The use of coached clients in testing for training effects resulted from obvious ethical and practical constraints against the use of actual clients, given the very introductory level of training and the subject group of untrained lay helpers. As noted in the literature review, the most common measurement approach is to rate written

responses to written "client" stimulus statements. The generalizability of conclusions derived from written response measurement to behaviour in counseling is problematic. Other studies have attempted to improve measurement of effects by employing students as clients, with instructions such as to "talk about a personal concern", or by training student confederates to deliver characters. In an attempt to enhance measurement adequacy even further, a choice was made in this study to employ professionally trained actors. It was expected that such actors would present a character more realistically than other trained confederates might. Also, while student volunteers might talk realistically about a personal concern, with actors the depth or seriousness of problems presented can be manipulated in order that sustained empathic interaction by a counselor is merited.

Unless a large pool of problem-givers is available to allow random assignment anew on all testing occasions, the matter of consistency of character presentation is of concern. This is the issue that prompted Whitely and Jakubowski (1969) to offer their guidelines for coached client preparation. This consistency is more likely where clients are being portrayed by professionally trained actors, who are better able to maintain a character across subjects and testing occasions. That a high degree of consistency can be achieved is attested to by assessments

reported above concerning the actors employed in this study. Yet realism and consistency in client presentation are to an extent incompatible in the context of a "client-counselor" interaction. What is needed is a reasonable consistency of character with flexibility in responding to counselor interventions. With their training in improvisation the actors were equipped to establish and maintain a character while generating unscripted dialogue consistent with the character. Thus, too they were able to embed the scripted statements among the unscripted ones which they generated in response to student helping interventions.

In the end, of course, the measurement situation remained a counseling analogue only. Some subjects reported their sense of the character presentations as being unrealistic to varying degrees. However, other subjects clearly forgot that the clients were really actors and continued to interact with them as though they were their characters after the testing interaction ended. Some reported seeing the actors in public and thinking of them in terms of their characters. Two limitations of the actors' presentations (or perhaps simply the use of actors) became apparent. One was that when an accurate and additive empathic response was made by a subject, which would normally elicit communication of a deeper level of client feeling or meaning, the actors were not always able to generate one. Related to this, actors were taught to change

foci in order to embed the scripted statements in the testing time allotted. Thus, on some occasions a particular focus would be developing to greater depth, but the actor would be obliged to move on to the next focus. Thus, important sources of feedback about the adequacy of their intervention (i.e. greater depth or elaboration in client communication) were limited for subjects. Shaffer and Hasegawa (1984) may provide a possible resolution to this problem in their scripting of disclosure sequences leading eventually (if the counselor is appropriately empathic) to the disclosure of an underlying problem.

Follow-up Testing

Thus far effects maintenance has received very limited attention among published modeling and feedback studies concerning empathy training. In fact, only one study, Dalton, Sundblad and Hylbert (1973) assessed this, and found written response empathy to have been maintained at one month. The one month follow-up evaluation included in this study provided a useful extension of information about effects maintenance. It allowed distinctions to be made between the two indicators of Expressed empathy, with the Carkhuff EU scores showing less deterioration than paraphrase/reflection frequencies. Also, it highlights the need for training strategies aimed at sustaining training program gains. The increase in Barrett-Lennard RI scores for the experimental group at follow-up contributed to the

hypothesis that a level of skill integration might be required before coached client raters could discern differences in subject behaviour between treatment groups. Thus a useful question about the possibility of lag time in the effects of training is raised.

Suggestions for Further Research

Differential effects between Expressed and Received empathy were thought perhaps to be due to insufficient practice for adequate integration of new skill into existing behaviour repertoires. With a view to improving internal validity, the amount of practice time could be increased in further research. This would test the posited practice-integration explanation of the discrepant results. Another internal validity improvement could accrue from better training of coached clients in the use of the Barrett-Lennard RI, specifically alerting them to the veridicality concerns outlined above.

As with the majority of empathy training studies published in the research literature, this study has employed beginning-level trainees as subjects. There is therefore limited external validity to the findings of the study. Further research might address this limitation by employing the strategy of modeling and corrective feedback in-process of dyadic practice with helpers-in-training at more advanced training levels. This would serve to delineate more clearly for which student groups the strategy

is effective and to what extent. Having employed a counseling analogue for testing purposes, the study provides no information as to the transfer of training effects to actual counseling. Further study might add assessment of behaviour in actual counseling, both to indicate the effects in this context of the experimental treatment of interest in this study, and to indicate to what extent behaviour in counseling analogues with trained actor-clients predicts behaviour in actual counseling.

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Appendices

Appendix A

Peer Counselling Skill: PARAPHRASING

(skill description from Meen, 1982, Peer Counselling Training Program, developed from Brammer, 1973.)

To understand a helpee's concern well and to assist the helpee to understand his concern even better, means that the peer counsellor must try to see the helpee's problem situation as though looking through his eyes and standing in his shoes. Paraphrasing is an important skill you'll learn to help you accomplish this.

Paraphrasing, very simply, is restating in your own words what you have just heard the helpee say. There are two essentials for a good paraphrase:

1. that you are ACCURATE (which means that what you say in your paraphrase has the same meaning as what the helpee has just said).

2. that you use FRESH WORDS (which means you don't just parrot back the helpee's words exactly).

Here are a couple of good examples of paraphrasing:

1. Helpee: I don't know, it seems no matter what way I turn there's no way out of this mess.

Helper: You just can't see any solutions.

2. Helpee: I'm really pissed off with John for telling me to look for a new place by next week. It's not enough time!

Helper: You're angry he gave you such impossibly short notice to move!

These are good paraphrases because they capture the basic message of the helpee accurately, and they use completely fresh words.

Why use paraphrase?

FIRST, it gives you a chance to see if you're understanding correctly what the helpee is saying. After you've paraphrased, watch for some sign that your paraphrase was accurate: statements from the helpee like "Yeah, that's right.", "Exactly", or nodding "Yes". If you're not sure, you can ask something like "Am I reading you right?" or "Am I on the right track, here?".

SECOND, it lets the helpee know you are concerned enough for him to try hard to understand what it's like for him to be in his particular problem situation. Hopefully, he'll feel valued and respected by this.

THIRD, it lets the helpee know you really do understand what it's like for him to be in his problem situation. Feeling understood can be a powerful, positive experience.

FOURTH, paraphrasing, when it's accurate, encourages the helpee to continue, to talk and explore the concern more.

Appendix B

Peer Counselling Skill: Reflecting (from Meen, 1982, developed from Brammer, 1973.)

It's in reflecting that your empathy with the helpee shows itself most strongly. At the point when you are connecting more deeply with how the helpee thinks and feels, you will be able to put into words what she is only able to imply about her experience. At this point you are working together at the very edge of her awareness - where feelings and thoughts are just below the surface, incomplete, unclear. Essentially, you are reading between the lines of what she is able to say, and capturing the thoughts and feelings she isn't aware enough of to put into words.

To reflect, you must be listening carefully to what she's saying, attending to how she's saying it, and combining all this with any non-verbal clues you're picking up. You are reflecting back to the helpee her total experience at that moment, as you are experiencing it.

Done incorrectly, this can be just wild guessing or interpreting. What makes it reflecting is that what you are saying is really what the helpee thinks and feels - it is totally from her perspective. Some professional psychotherapists talk about using a "third ear" to hear beyond the helpee's words and into what she is thinking or feeling more deeply, but is unable to put into words.

Reflecting can be of thoughts or feelings or, better

yet, both. Here are some examples:

1. Helpee: (speaking slowly, quietly) "I just can't get it clear, but I feel like I'm standing at the station and the train has left with everyone I know on it." (her eyes fill with tears).

Helper: "It's like you've been abandoned and you're so alone, so deeply sad."

2. Helpee: (glancing quickly around the room) "I find it so hard to believe - people can just march right into your life and destroy it." (face is pale and tense).

Helper: "It sounds like you're feeling violated, and frightened that there seems to be no safe place for you."

These are fairly dramatic reflections, but notice that they go beyond the helpee's words alone to capture thoughts and feelings that she is actually experiencing. The helper's reflections above may look like guesses, but remember they come from a deep empathy (s)he feels and has developed with this particular helpee. And so too with you- you must have developed that empathic connection with the helpee before you will be able to reflect her implied or only partly expressed experience accurately.

One last note about reflecting- since you are trying to read between the lines and you could easily read incorrectly, be tentative when you reflect. Use words like "I get the impression that you..." or "It seems what you're saying is that..." or "It's as though you feel...". Then

get confirmation from the helpee- does she accept your reflection as true for her? If not, go back some and try to get reconnected with her reality.

Appendix C

Carkhuff (1969c) Empathic Understanding in Interpersonal Processes: A Scale for Measurement

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 communicated himself.

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

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

Level 2

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

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

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

Level 3

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

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

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

Level 4

The responses of the first person add noticeably to the expressions of the second person(s) in such a way as to

express feelings of a level deeper than the second person was able to express himself.

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

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

Level 5

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

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

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

Appendix D

Barrett-Lennard Relationship Inventory, Empathy Subscale,
Form OS-M-64

Items:

2. He wants to understand how I see things.
6. He may understand my words but he does not see the way I feel.
10. He nearly always knows exactly what I mean.
14. He looks at what I do from his own point of view.
18. He usually senses or realises what I am feeling.
22. His own attitudes toward some of the things I do or say prevent him from understanding me.
26. Sometimes he thinks that I feel a certain way, because that's the way he feels.
30. He realizes what I mean even when I have difficulty in saying it.
34. He usually understands the whole of what I mean.
38. He just takes no notice of some things that I think or feel.
42. He appreciates exactly how the things I experience feel to me.
46. At times he thinks that I feel a lot more strongly about a particular thing than I really do.
50. He does not realise how sensitive I am about some of the things we discuss.
54. He understands me.

58. His response to me is usually so fixed and automatic that I don't really get through to him.

62. When I am hurt or upset he can recognise my feelings exactly, without becoming upset himself.

Rating scale:

+3: Yes, I strongly feel that it is true.

+2: Yes, I feel it is true.

+1: Yes, I feel that it is probably true, or more true than untrue.

-1: No, I feel that it is probably untrue, or more untrue than true.

-2: No, I feel it is not true.

-3: No, I strongly feel that it is not true.

Appendix E

Advertisement for Subjects

Subjects for Peer Counseling Study Needed

About ten years ago, I began training peer counselors for Edmonton's Gay Alliance Toward Equality (GATE). GATE peer counselors offered face-to-face and telephone information, support and assistance to gay and non-gay people wanting to understand themselves better and make changes in their lives. Since coming to Winnipeg, I have offered the training course twice. Participants have included Lambda, G.F.E., Gay Fathers, Gay A.A., C.H.R., Families of Gays members, as well as interested others.

At this point I would like to study how effective a couple of different training methods are. This is research I'll use to meet requirements for my current university program (Clinical Psychology, U. of M.). I'd like to focus on one area of helping skill: empathy. Here's where I hope you'll come in.

To study these training methods, I would like 32 people to take part in eight hours of training. This would be done in four sessions of two hours each. You would complete one session each week, with a practice partner. Times for the sessions will be worked out with participants, but can be

during day, evening or weekend - whatever is convenient for you. The study will be done over the four weeks from February XX to March XX.

The only other requirement is that you be available for 3/4 hour skill assessment before training, after, and at follow-up in April. Training plus assessment would add to just over 10 hours.

I hope you will give considerable thought to taking part in this study. It may result in better gay peer counselor training, and better peer counseling. It will also expose you to some very useful personal communication skills. Of course your participation is completely confidential. If you're interested or want more information, please call me at or Thanks.

Don Meen

Appendix F

TABLE 20
Subject Education by Treatment Group

Education	Experimental	Control
High School	3 (18.75%)	2 (12.50%)
Partial Post-Secondary	3 (18.75%)	7 (43.75%)
Community College	0	1 (6.25%)
Undergraduate Degree	6 (37.50%)	2 (12.50%)
Graduate Degree	4 (25.00%)	4 (25.00%)
Total	16 (100.00%)	16 (100.00%)

TABLE 21
Subject Occupation by Treatment Group

Occupation	Experimental	Control
Managerial and Professional Specialty	9 (56.25%)	7 (43.75%)
Technical, Sales and Administrative Support	2 (12.50%)	0
Service	3 (18.75%)	4 (25.00%)
Student	2 (12.50%)	5 (31.25%)
Total	16 (100.00%)	16 (100.00%)

Client Scripts

"Vern"

Male, 21, from small Manitoba town, here for university, lives alone. No sexual experience, many friends from church related organizations.

Underlying themes: self-loathing, guilt due to religious proscriptions, striving to assert self more independently.

Predominant emotion: guilt, anger, confusion.

SELF area:

1. I ... uh ... well ... I don't know if I should be here really. Maybe its not something a person should even talk about ... (imply: apprehension, shame).

2. I guess I've had these feelings for so long - and I've really tried to push them away. But they don't stay away. (imply: helplessness, desperation).

3. Well, I just don't think it's OK to be ... you know .. . gay. Especially me! (imply: anger, self-reproach).

4. I just don't know what to do - I mean, it's wrong. How could I possibly do anything ... with a ... guy? Actually do something? (imply: confusion, guilt).

5. I know some people say it's OK, but I just can't see it. Isn't it ... you know ...unnatural? (imply: mixture of hope, doubt, irritation).

PEER area:

1. Most of my friends are in the Intervarsity Christian Fellowship at the U. of W. - there's no way they'd accept me

they'd be hounding me to change. (imply: apprehension, alienation, irritation).

2. I wonder how close I am to people, anyway. After all, I've been keeping a fairly big, important secret from some of them for a long time. (imply: sadness, loneliness, regret).

3. This girl in my Bible study group got quite keen on us going out - you know, being boyfriend, girlfriend. I panicked. I didn't know what to do - so I invented a girlfriend back home. Crummy to lie like that. (imply: self reproach).

4. I deliberately decided to live by myself this year. I found the pressure last year was too much - I just don't want to hear about everybody's love life. (imply: left out, irritation).

5. I've been thinking - if I could find anyone else gay who has my religious beliefs. I'm just not willing to throw them all out the window. (imply: mixture of hope and doubt, conviction).

FAMILY area:

1. My parents would be very brave about it if I told them. "There, there dear, we'll find you a good psychiatrist." (imply: irritation, offended).

2. They only read anti-gay stuff - I've seen it. How are they ever going to come around? I mean, what do I do? Just tell them to go to hell? (imply: confusion, apprehension).

3. I think my older sister would accept me. We've had a good relationship and I've sort of hinted to her over the years. (imply: hopefulness).

4. I guess I am concerned about my parents' image in our small town. If it ever got back, they would be humiliated. (imply: concern).

5. My deepest hope is that they would all accept that I can't change. They've just got to give me room to live my own life. (imply: conviction, hint of anger).

"Brian"

Male, 23, from Winnipeg's north-end, lives with older parents, works as bookkeeper at large firm. Has few friends but a couple of brief sexual experiences only.

Underlying themes: lack of self-confidence, esteem; "Can I make it through life as a gay person?"; "Will anyone love me?"

Predominant emotion: insecurity, desperation, loneliness.

SELF area:

1. Well, I'm really not sure where to start - I think I accept that I'm gay - but I'm having a hard time figuring out how to live that way. (imply: tentative, confused, in doubt).

2. One of the things that bothers me most is that I don't know if I'm interesting or attractive enough. What if no one wants me? (imply: embarrassed, lonely, inadequate).

3. I don't know if I should admit it, but I have had a couple of sexual experiences with guys. Neither one of them called me after - It makes you wonder if you did some thing wrong. (imply: sad, hurt, hint of anger).

4. Sometimes I think I'm too old, already. I sort of wish I'd started sooner - maybe I'd be further along by now. (imply: regretful, despondent).

5. I don't even want to think about spending the rest of my life alone - but maybe that's what's in store for me. I'm sure not having any luck so far. (imply: desperate, hopeless, lonely).

PEER area:

1. I wish I had some close friends, even. Just a few people who I could really talk to. You know, that would be more important to me than having someone for sex. (imply: longing for closeness, pleasure in the imagining of it).

2. But I guess my dream is to have a lover - a life partner - someone to always be close to, to grow with. (imply: longing, tinge of hopefulness).

3. I really don't feel like I fit in the gay world. I've tried going to the clubs a few times, but I just don't feel at home there. All those people! I don't know how to relate to them. (imply: overwhelmed, alienated).

4. We don't have much to do with one another at work. I wonder sometimes if the others think I'm gay and don't want anything to do with me. (imply: isolated, sad, suspicious).

5. A couple of times women at the office have sort of gotten friendly - I think they may have been interested. I just froze - I mean, I couldn't tell them, so what could I do? (imply: mixture of pleasure, anxiety).

FAMILY area:

1. I'm still living at home - both my parents are in their 60's and I don't think they'd understand. (imply: sad, isolated).

2. My mom is especially old-fashioned. I'm sure she'd throw me out if she found out. (imply: sad, afraid).

3. I can't say I've been close to my parents for awhile now. They expected me to get married right after high school and have kids like my brother, but I let them down. (imply: regretful, guilty).

4. It gets so frustrating. Sometimes I say to myself, "You can't keep living your life for others - get out there and be who you are!" But somehow I can't bring myself to do it. (imply: mixture of hope and enthusiasm, frustration and helplessness).

5. Let my brothers give them grandchildren! I've got contributions to make - but that's not one of them. Boy, I sound strong, eh? I wonder if I could pull it off. (imply: sense of power, enthusiasm, lingering doubt).

"Andrew"

Male, 18, last year high school, living at home. Younger brother and older sister. Upper middle-class suburban

lifestyle. Athlete, popular.

Underlying themes: Deep confusion over self-identity, dependency on how other people and situations define him.

Predominant affect: confusion, depression, great anxiety.

SELF area:

1. Well, I have to level with you. I never thought I'd be talking to anyone else about this. I mean, me of all people. (imply: baffled, anxious).

2. I've started having these feelings, you know? - for the guys. What is the matter with me?! (imply: surprise, disgust, self-reproach).

3. I've always seen myself as a man, you know - no ear rings, limp wrist, streaks in the hair. Nothing like that. (imply: angry, distressed).

4. I don't know where these feelings are coming from. I mean, I've been seeing girls for at least five years and I've had sex lots of times. But now ... it's as if there's somebody else living inside of me. (imply: helpless, scared).

5. Who am I anyway? I thought I knew ... but now? (imply: confused, desperate, scared).

PEER area:

1. What are the guys going to say? I mean they'd probably think I've been eyeing them all of this time. They're really going to be pissed off. (imply: apprehensive).

2. I mean, the captain of the volleyball team is a fag. It just doesn't fit, does it? (imply: confused, apprehensive).

3. Are there people out there like me? Will I be able to make friends? (imply: doubtful, worried).

4. There is no way I'm going to change just to fit in. I would rather just stay the way I am and fake it if that was the case! (imply: angry, determined).

5. I can't talk to my girlfriend about it. She likes to see me as "Joe Macho" - I can't lose her! (imply: sad, scared).

FAMILY area:

1. My Dad would have a fit if he ever found out about something like this. He likes to see me play the part of the "real man", you know. (imply: worried, ashamed).

2. My parents have never let me decide for myself what I want - even the important stuff. I wonder what they would do with something like this. (imply: resentment, hint of revenge).

3. It would be hard for them to face their friends - I mean, this sort of thing does not happen in our neighborhood. It would really stir things up. (imply: concern, but hint of mischevious excitement).

4. In the end, they may come through though. They've never really let me down. I'd like to think they would realize how tough this has been for me. (imply: caring hope).

5. I don't think I could tell my brother and sister about it. I don't think they would understand and I don't want them to feel bad about it. (imply: concern, hesitation).

Appendix H

TABLE 22

Means and Standard Deviations of Pre-training Scores
All Empathy Measures

Group	Barrett-Lennard RI	Carkhuff EU	Frequency of Paraphrase, Reflection
Experimental			
Trainer 1	18.625 (15.193)	1.625 (.334)	3.250 (3.536)
Trainer 2	18.000 (16.536)	1.408 (.271)	1.875 (2.683)
Control			
Trainer 1	14.375 (20.361)	1.527 (.325)	2.563 (3.110)
Trainer 2	16.625 (15.602)	1.717 (.470)	3.313 (3.023)