ACT, GPA AND SOCIAL INTELLIGENCE
AS RELATED TO EMPATHY FUNCTIONING

DISSERTATION

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To Mom and Dad
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CHAPTER I

Introduction and Purpose of Study

The selection of counselor trainees and other prospective psychological help-givers has been a long-standing problem (Patterson, 1967; Whiteley, Burkhart, Harway-Hermon, and Whiteley, 1975).

While traditional selection procedures have been questioned by many (Truax and Mitchell, 1971; Carkhuff, 1969; Patterson, 1963, 1967; Allen, 1967), there seems to be little agreement on selection criteria to replace traditional indices.

In a nationwide survey of graduate counseling programs' selection procedures, Patterson (1963) reported that admission criteria were primarily intellective in nature: aptitude test scores and previous academic achievement were the primary criteria. In general, research findings (Holland & Richards, 1965; Baird, 1969; Holland & Nichols, 1964; Gough, et al., 1963; Astín, 1962; MacKinnon, 1960) suggest little or no relationship between intellective measures, such as college and graduate school grades, scores on Graduate Record Examinations (GRE), Miller Analogies Test (MAT) and Ohio State Psychological Examinations (OSPE), and level of counseling skills and empathy functioning. (Truax and Mitchell, 1971; Carkhuff, 1969a, 1969b; Patterson, 1967; Anthony, et al., 1974; Allen, 1967; Rank, 1966; Wasson, 1965; Joslin, 1965; Bergin and Solomon, 1968; Bergin and Jasper, 1969). Intellective predictors are of controversial value in selecting effective helpers.
Another selection approach has been to focus on personality as a predictor variable. Using projective tests and inventories, such as the Minnesota Multiphasic Personality Inventory, the California Personality Inventory, and the Edwards Personal Preference Schedule, researchers have attempted to find differences between counselors and the general population, as well as differences between effective and ineffective counselors (Kelly and Fiske, 1951; Holt and Luborski, 1958; Arbuckle, 1956; Johnson, et al., 1967; Moredock and Patterson, 1965; Whitehorn and Betz, 1966; Demos and Zuwaylif, 1966). In his review of studies in the area, Patterson (1967) concluded that the use of personality variables in selection has yielded results tending to be contradictory, ambiguous, statistically significant, though not meaningful, and of little practical use in selection.

According to Patterson (1967), a major difficulty in much of the research on counselor selection has been the lack of relevant, clearly defined, operational criteria for helper effectiveness. In their review of counselor selection literature, Sprinthall, Whiteley and Mosher (1966) concluded that it has been fruitless to examine counselor characteristics in search of selection criteria. They suggested a two-step research approach: first, the identification of counselor behaviors related meaningfully to client outcome, followed by research efforts to discover predictors of those counselor behaviors.

Rogers and his students (Rogers, et al., 1967) have identified essential therapist-offered conditions related to client improvement. Since then, many studies have been reported which verify the relationship between the core conditions of empathy, warmth and genuineness and positive client outcome, using many different client populations and a
variety of outcome measures (Truax and Mitchell, 1971; Truax and Carkhuff, 1967; Carkhuff and Berenson, 1967; Carkhuff, 1969a and 1969b). According to Truax and Mitchell (1971), the core condition most often studied and most often related to client outcome is accurate empathy. Empathy, which involves the accurate understanding of another's internal frame of reference, as well as communication of that understanding, has been postulated as the most important therapist dimension (Rogers, 1975; Egan, 1975a; Carkhuff, 1969a; Raskin, 1974; Fiedler, 1950; Patterson, 1967).

Patterson (1967) suggested that the criterion problem has been for the most part solved. He recommended that empathy and the other core conditions, as operationalized by the Truax and Carkhuff scales, be used as criteria in predictive studies and that instruments logically related to empathy skills should be tested as predictors of outcome in helper training programs.

Following that recommendation, the present investigation has been designed to examine the utility of measures of social intelligence in predicting empathy training outcomes. Social intelligence is defined as "the ability to understand the thoughts, feelings and intentions of other people, as manifested in discernible, expressional cues" (O'Sullivan, Guilford and de Mille, 1965, p. 6). As a theoretical construct, it is distinct from other intellective abilities (Guilford and Hoepfner, 1971) and logically related both to empathy (O'Sullivan and Guilford, 1966) and effective helping skills (Egan, 1975a). Social intelligence has been operationalized in the Six Factor Tests of Social Intelligence (O'Sullivan and Guilford, 1966) and has been shown to be relatively independent of other intellective variables (Osipow and Walsh, 1973; O'Sullivan and
Guilford, 1966). Other research (Osipow and Walsh, 1973; O'Sullivan, 1975) has provided tentative support for the relationship of social intelligence to empathy and helper effectiveness.

Therefore, in order to further understand potential variables in counselor selection, the present study investigates the following questions:

1. Are scores on the Tests of Social Intelligence related to scores on the American College Tests (ACT) and college grade-point averages (GPA) in a sample of undergraduates?

2. Are ACT scores and undergraduate GPA related to the empathy functioning of undergraduate students who complete a helper training program?

3. Are scores on the Tests of Social Intelligence related to the empathy functioning of undergraduate students who complete a helper training program?

4. Are scores on the Tests of Social Intelligence related to the empathy functioning of those who train undergraduate students in helping skills?
CHAPTER II

Review of Literature

In the preceding chapter, the basic issues relevant to the present study were outlined. The purpose of this chapter is to examine in more detail pertinent theoretical and empirical literature related to the concept of empathy, the effects of empathy on counseling process and outcome, empathy as related to measures of intellective aptitude and achievement, the concept of social intelligence, and the relationship between social intelligence and empathy.

The Concept of Empathy

The literature contains a number of definitions of empathy. Rogers (1959) formulated a now classic definition of the term:

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

Definitions by other authors (Dymond, 1949; Barrett-Lennard, 1962; Mayeroff, 1971; Raskin, 1974) focus on empathy as an entry into the phenomenological world of another and an accurate perception of the other's subjective experience, while still retaining a sense of one's
own identity. As such, empathy is an affective and experiential understanding of another person, quite different from traditional diagnostic perceptiveness (Rogers, 1975; Truax and Mitchell, 1971).

The second key notion in these definitions, underscored by Katz (1963) and Truax and Mitchell (1971), is that empathy involves a perceptual balance between identification and objective detachment. Reik (1959) viewed empathy as a four-step process, which begins with identification and ends with detachment. Thus, while empathy may involve some identification and detachment, conceptually it is equivalent to neither.

For authors such as Truax (1961), Carkhuff (1969a), and Egan (1975a), who have worked in empathy training, empathy involves not only an accurate phenomenological understanding, but also an effective communication of that understanding. Truax (1961) used this definition as a basis for operationalizing empathy in the accurate empathy scale: "The sensitivity to moment-to-moment feelings during the therapy session and the verbal facility to communicate this understanding in a language attuned to the client's current feelings," (p. 12).

Carkhuff (1969a) referred to the sensitivity or understanding part of empathy as discrimination. Discrimination is seen as an essential part of empathy; however, it is only through verbal and nonverbal communication of accurate understanding that empathy is inferred in a relationship. Thus, for an empathic exchange to take place, both discrimination and communication are necessary (Carkhuff, 1969a; Egan, 1975a).

Recently (Carkhuff, 1969a; Egan, 1975a), the Truax (1961) definition has been expanded to include the communication of an accurate understanding
of not only a person's feelings, but also his content statements, e.g., situations, experiences, and behaviors. Thus, empathy involves a response to every aspect of another person's communication.

Although most of the emphasis in the literature and in empathy rating scales (Truax, 1961; Carkhuff, 1969a) has been on verbal components of empathic communication, especially the accurate reflection of feelings and content, nonverbal communication is also related to empathy (Ivey, 1971). For example, Haase and Tepper (1972) reported that verbal output, eye contact, trunk lean, and physical distance maintained by the counselor were all related to empathy ratings.

In their scales for operationalizing the empathy dimension and measuring its levels, Truax (1961) and Carkhuff (1969a) viewed the minimally facilitative helper empathy response as one which accurately attends to surface-level feelings and content directly communicated by the helper. At this level, according to Carkhuff (1969a), the helper's response is "inter-changeable" with the helpee's communication. Typically, inter-changeable empathy is used early in the counseling relationship. Later in counseling, higher or "additive" levels of empathy are employed, in which deeper levels of helpee feeling and content, of which the helpee may be only partly aware, are accurately addressed. At this level, according to Egan (1975a), the helper expresses clearly what is heretofore only implied, summarizes core material, identifies themes in helpee communications, and, in general, adds to the helpee's self-understanding.

Truax (1961) and Carkhuff (1969a) viewed additive empathy as a higher level of a unidimensional construct. Egan (1975) viewed differences between interchangeable and additive empathy as primarily qualitative
rather than quantitative. Thus, he posited two separate skills—primary and advanced empathy. Whether empathy is a unidimensional or multi-dimensional construct has yet to be resolved empirically.

Another central question about the construct of empathy involves how empathy originates and develops. Carkhuff (1969a) viewed empathy as a skill and its development as primarily a matter of systematic training. Research has shown that training programs for lay and professional helpers can lead to improvements in empathy functioning (Truax and Carkhuff, 1967; Truax and Mitchell, 1971; Anthony and Wain, 1971; Carkhuff and Griffin, 1971; Truax and Lister, 1971; Carkhuff and Truax, 1965; Anthony, et al., 1974). Moreover, brief training periods of four to six hours have been shown to be effective in improving empathy skills (Kleiner, 1970; Eicke, 1972). Carkhuff (1969a) reported that empathy in the general population averaged between 1.5 to 1.6 on a five-point scale, as compared to 3.0 and above for those who volunteer for and receive systematic human relations training (Carkhuff, 1969a and 1969c).

However, there are suggestions in the literature that empathy development rests on more than focused training. Carkhuff (1969a and 1969c) reported substantial variance from mean levels of communication in the general population and in those who have been systematically trained. This finding suggests individual differences in empathy functioning and empathy trainability. Kagan (1973) and Truax and Mitchell (1971) have suggested the importance of early incidental learning, upon which focused empathy training can build. Unspecified genetic factors in empathy development have been mentioned by Hogan (1975). Egan (1975a) has pointed to social intelligence as an important interlocutive factor in empathy.
development. Truax and Mitchell (1971) have discussed the concept of the inherently helpful person, who, without formal training, performs at relatively high levels of empathy and functions as a natural helper for others. Research (Shapiro and Voog, 1969; Stoffer, 1970) has demonstrated the existence of such people, but sheds little light on the source of their natural helper qualities.

A recent theoretical presentation on empathy has provided a potentially useful way of integrating the Carkhuff (1969a and 1969c) findings on individual differences in empathy trainability with the literature on the inherently helpful person. Haier (1974) hypothesized about two types of empathy: Trait Empathy and State Empathy. The former, a relatively permanent characteristic related to genetic factors, intelligence and early experiences, is conceptually similar to the inherently helpful person and can be measured by instruments such as the Hogan Empathy Scale (Hogan, 1969), which is composed of items related to empathy taken from the California Psychological Inventory and the Minnesota Multiphasic Personality Inventory. State empathy refers to the empathy skills that can be learned in systematic training programs and measured by the Truax Accurate Empathy Scale (Truax and Carkhuff, 1967).

Eicke (1972) found that scores on the Hogan Empathy Scale were related to students' improvement in empathy functioning, as measured by pre- and post-training administrations of the Carkhuff Communication Index (Carkhuff, 1969a). Hogan (1975) reported that his Empathy Scale has routinely achieved .40 correlations with rated empathy. The findings have indicated that Trait Empathy functions as a facilitating agent and predictor of State Empathy.
Thus, it appears that empathy is a trainable skill, that all people are not equally trainable, that heredity and early learning factors probably play predisposing roles in the learning of empathy, and that the nature of these roles is currently unresolved.

In summary, for the purposes of this research, the concept of empathy is defined as the trainable interpersonal skill, in which one person verbally and nonverbally communicates to another an accurate understanding of the other's stated or implied feelings and experiences and does so from the other's point of view.

This definition seems consistent with what Rogers (1975) refers to as his current description of the empathy construct:

The way of being with another which is termed empathic has several facets. It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment to moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever, that he/she is experiencing. It means temporarily living in his/her life, moving about in it delicately without making judgments, sensing meanings of which he/she is scarcely aware, since this would be too threatening. It includes communicating your sensing of his/her world as you look with fresh and unfrightened eyes at elements of which the individual is fearful. It means frequently checking with him/her as to the accuracy of your sensings, and being guided by the responses you receive. You are a confident companion to the person in his/her inner world. By pointing to the possible meanings in the flow of his/her experiencing you help the person to focus on this useful type of referent, to experience the meanings more fully, and to move forward in the experiencing.

To be with another in this way means that for the time being you lay aside the views and values you hold for yourself in order to enter another's world without prejudice. In some sense it means that you lay aside yourself, and this can only be done by a person who is secure enough in himself that he knows he will not get lost in what may turn out to be the strange or bizarre world of the other and can comfortably return to his own world when he wishes.

Perhaps this description makes clear that being empathic is a complex, demanding, strong yet subtle and gentle way of being (p. 4).
Literature which is relevant to the effects of therapist empathy on counseling process and outcome will now be reviewed.

The Effects of Therapist Empathy on Counseling Process and Outcome

Truax (1963) reviewed the writings of counseling theorists and practitioners of different therapeutic orientations—psychoanalytic, client-centered and eclectic—and concluded that accurate empathy on the part of therapists is highly valued in each therapeutic tradition. Raskin (1974) polled 83 practicing therapists representing eight different therapeutic approaches. Of 12 variables considered important in therapy outcome, empathy, as defined for this research, received the highest overall ranking. An earlier study by Fiedler (1950) reported similar results. Thus, therapist empathy has been seen by theorists and practitioners as a main ingredient of positive counseling outcome.

The primary purpose of this section is to review the empirical literature relating empathy to counseling process and outcome. In general, the few process studies have used client self-exploration as the dependent variable. Outcome research, on the other hand, has investigated the relationship of empathy to a variety of outcome measures and has employed different types of professional and nonprofessional therapists with a variety of treatment populations in individual and group therapy.

Process studies. Analogue studies of similar design have related therapist functioning on the core conditions to helpee self-exploration. In these studies, interviews were divided into three segments. During the first and third segments, the counselor was instructed to function at high levels of empathy, warmth, and genuineness; during the middle third,
the level of functioning was lowered. Thus, the effects of empathy and the other core conditions on helpee self-exploration were investigated.

In the first study utilizing this procedure (Truax and Carkhuff, 1965), one counselor conducted hour-long interviews with three hospitalized psychotic women. It was found that the patients' rated level of self-exploration decreased substantially during the middle section of the interview when therapeutic conditions were lowered. The authors tentatively concluded that level of helpee self-exploration was a function of helper levels of the core conditions.

Using the same procedure to manipulate therapeutic conditions, Holder, Carkhuff and Berenson (1967) had one high functioning counselor see three high functioning and three low functioning female students who volunteered to discuss personal problems. As in the Truax and Carkhuff (1965) study, the low functioning "clients" responded with lower levels of self-exploration when the therapists offered lower levels of the core conditions. The clients then raised this level as the therapeutic conditions improved. However, the self-exploration of the high functioning students remained high throughout the interview.

In a similar study Piaget, Berenson and Carkhuff (1967) replicated the Holder, et al. (1967) results with a high functioning counselor and reported two additional findings. First, significantly higher levels of client self-exploration were associated with the high functioning therapist than with the moderately functioning therapist. Second, with the moderate level counselor, both high and low functioning "clients" reduced their levels of self-exploration during the middle third when therapist conditions were lowered.
Through this research some demonstration of the relationship between the level of empathy provided by the counselor and the process variable of client self-exploration has been provided. This finding did not hold true for high functioning therapists with high functioning "clients." In their discussion, Piaget, et al., (1967) have suggested that under these ideal conditions:

The high functioning therapist seemed to impart enough faith and/or trust in the therapeutic encounter and in himself during initial contact and to provide enough motivation toward self-exploration to maintain the relationship in the face of temporary periods of lessened facilitation. (p. 485)

Because of small sample sizes and the analogue nature of these studies, results should be interpreted cautiously pending further replications. Also, it should be noted that the other core conditions were manipulated along with empathy.

One study conducted by Kurtz and Grummon (1972), however, focused solely on empathy and its relationship to therapy process and outcome in actual counseling situations. Interview segments of 31 counselors with 31 clients were rated by judges on counselor empathy (Carkhuff, 1969a) and client self-exploration (Carkhuff and Berenson, 1967). Counselor empathy was significantly related to client self-exploration ($r = .47$). Similar results were reported by Hountras and Anderson (1969) with male and female undergraduate students as the client population.

Thus, the research to date, though not voluminous, had tended to support a relationship between rated empathy and the process variable of client self-exploration.

**Outcome studies.** In an early pioneer study focusing on therapist qualities similar to empathy, Whitehorn and Betz (1954) retrospectively
studied seven psychiatrists who had an improvement rate of 75% with schizophrenia patients. Seven other psychiatrists of similar training, who had established an improvement rate of only 27%, were also studied. The results indicated that more successful therapists attempted to understand their patients in a personal, immediate and idiosyncratic way. The less successful psychiatrists tended to relate to the patient in a more impersonal manner, focusing on psychopathology and a more external kind of understanding.

An early study by Halkides (1958) investigated the effects of empathy, unconditional positive regard, and self-congruence on global ratings of client outcome. The results indicated a relationship between therapist empathy and client improvement.

Rogers and his colleagues conducted a systematic series of investigations over a four-year period. Their examination of individual psychotherapy with 16 hospitalized schizophrenics yielded a number of studies (Rogers, 1962; Truax, 1963; Truax and Carkhuff, 1967; Rogers, Gendlin, Kiesler and Truax, 1967). Several findings resulted. First, patients receiving psychotherapy showed no overall differences from control patients on outcome measures such as the Rorschach, the MMPI, Thematic Apperception Test, the Anxiety Reaction Scales, the Stroop Tests, the F Authorization Scale, the Q Sort, the Wittenborn Psychiatric Rating Scales and length of time in the hospital (Rogers, et al., 1967). Second, patients receiving a high level of accurate empathic understanding from their therapists showed significant and positive personality and behavioral changes on all three Anxiety Reaction Scales of Somatic, General and Interpersonal Anxiety, on the MMPI scales of Depression, Psychopathic
Deviate MF Scale, Schizophrenia, Social Introversion and Sum of Clinical Scales, on three Wechsler Adult Intelligence Scales, and on the Q Sort showing improved self-concept (Rogers, et al., 1967; Truax, 1963). On the Constructive Personality Change Index, composed of selected MMPI items, and on a combined outcome measure, high conditions patients showed significantly greater gains in overall psychological functioning than did low conditions patients (Rogers, et al., 1967; Truax, 1963; Truax and Carkhuff, 1963). A follow-up study (Truax, 1969) indicated that patients receiving high conditions spent more time out of the hospital than either control patients or the low conditions treatment group. Third, patients receiving low levels of empathy exhibited deterioration in personality and behavioral functioning (Rogers, et al., 1967; Truax and Carkhuff, 1967; Truax, 1963).

Empathy has also been related to positive outcome in the treatment of psychoneurotics. In a study of 40 male and female psychoneurotic outpatients, Truax, et al. (1966) reported levels of accurate empathy to be significantly related to overall outcome ratings by patients and therapists. High empathy therapists showed a 90% patient improvement rate, compared to 50% for lower empathy therapists. Truax (1963) reported similar results for 14 university counseling center clients. Kurtz and Grummon (1972) found therapist empathy significantly related to client improvement as measured by the Tennessee Self-Concept Scale, judges' ratings of MMPI profiles, and therapist evaluation. Cartwright, Dymond and Lerner (1963) studied the treatment outcomes achieved with 28 patients
in a client-centered outpatient counseling setting. They found rated empathy related to positive outcome as measured by the Kelly Role Construct Repertory Test.

The association between accurate empathy and outcome in group treatment has been investigated also. Truax, Carkhuff and Kodman (1965) studied 40 hospitalized mental patients, all relatively chronic, who were given group therapy sessions twice weekly over a three-month, time-limited period. Those patients receiving high levels of accurate empathy showed improvement on all subscales of the MMPI equal to, or greater than, that of the patients receiving relatively low levels of empathy. Significant differences were found on the Psychasthenia Scale, the Schizophrenia Scale and the Welsh Anxiety Index. Truax and Wargo (1967a) reported a clear association between the level of empathy offered and the degree and direction of behavioral and personality change occurring in 80 institutionalized juvenile delinquents, who were treated in group therapy.

In a summary of research findings on the therapeutic effectiveness of accurate empathy, Truax and Mitchell (1971) presented in tabular form the results of 14 studies. The studies covered group and individual treatment of 1,099 clients in hospital, outpatient, juvenile delinquent, rehabilitation, high school and elementary school settings and employed a variety of outcome measures. Twenty-four specific outcome measures were significantly related to level of therapist empathy. No specific outcome measures were found to be negatively related to the empathy variable. With overall combined outcome measures there were eleven significantly favorable outcomes, no significantly unfavorable outcomes. Other literature summaries, (Rogers, 1975; Egan, 1975a; Carkhuff, 1969a and
1969b; Patterson, 1967) have pointed to the clear, empirical verification of the relationship between therapist accurate empathy and client outcome.

In addition to professional psychotherapy, empathy functioning has been shown to bear a relationship to the effectiveness of various types of professional and nonprofessional help-givers: hospital attendants and their effectiveness with patients (Carkhuff and Truax, 1965a, 1965b); community helpers of the unemployed (Carkhuff, 1971; Carkhuff and Griffin, 1971); community workers with young people (Carkhuff, 1971); correctional officers and their work with inmates (Carkhuff, et al., 1972); parent effectiveness (Carkhuff and Bierman, 1970); level of teacher effectiveness (Aspy, 1972 and 1969; Aspy and Roebuck, 1972; Berenson, 1971; Mosher and Sprinthall, 1971; Stoffer, 1970); and counselor supervisors' effectiveness (Pierce and Schauble, 1970, 1971).

In summary, empirical evidence has suggested a probable relationship between counselor empathy and the therapeutic process variable of client self-exploration. Evidence for a relationship between empathy and outcome in various helping situations has been compelling. According to Rogers (1975):

Over the years, however, the research evidence keeps piling up, and it points strongly to the conclusion that a high degree of empathy in a relationship is possibly the most potent and certainly one of the most potent factors in bringing about change and learning (p. 3).

Other authors have come to similar conclusions. For Truax and Carkhuff (1967), empathy is the most critical ingredient in the helping relationship. Carkhuff (1969a) has stated: "Empathy is the key ingredient of helping... without an empathic understanding of the helpee's world and his difficulties
as he sees them there is no basis for helping" (p. 173). According to Truax and Mitchell (1971), "Accurate understanding serves as the work of the therapeutic relationship" (p. 319).

The rest of this chapter focuses on the utility of intellective and social intelligence variables as predictors of empathy functioning.

Empathy and Measures of Intellective Aptitude and Achievement

Much research has addressed the general issue of whether or not a relationship exists between performance in academic and nonacademic areas. Results have suggested that such a relationship does not exist (Thorndike and Hagen, 1959; MacKinnon, 1960; Astin, 1962; Gough, Hall and Harris, 1963; Holland and Nichols, 1964).

One line of research in this area, sponsored by the American College Testing (ACT) Program has used ACT scores, high school grade-point averages (GPA) and college GPA as measures of academic performance and has correlated these measures with various indices of nonacademic performance. In an extensive study of 7,262 male and female freshmen at 24 colleges across the country (Holland and Richards, 1965), very low correlations (average $r = .04$) were reported between intellective measures of both ACT scores and high school GPA and the following nonacademic areas: level of extra-curricular achievements in art, music, literature, dramatic arts, leadership and science; developed skills in scientific, technical, governmental, business, clerical, social, educational, artistic, leadership and foreign language areas; originality and interpersonal competency. Baird (1969) essentially replicated these results on a sample of 2,707 male and female students at 27 junior colleges. In the Baird investigation, college GPA along with ACT scales and high school grades, were found
to bear little or no relationship to nonacademic performance. The American College Testing Program (1973) has reported similar results.

Thus, as Holland and Richards (1965) have concluded: "Results strongly suggest that academic and nonacademic accomplishment are relatively independent dimensions of talent," (p. 65). More specifically, ACT scores and high school and college grades have been shown to bear little relationship to functioning in nonacademic arenas, including interpersonal competency.

Intelective Indices and Helper Effectiveness. Other studies have addressed the question of a relationship between intellective indices and global measures of counselor effectiveness. Wasson (1965) studied graduate applicants to a counselor education program and concluded that Miller Analogies Test (MAT) scores, scores on the Ohio State Psychological Examination (OSPE), and scores on the National Defense Education Act (NDEA) Comprehensive Examination in Guidance and Counseling were unrelated to an ability to maintain close, effective counseling relationships. In a study of 50 NDEA counseling and guidance trainees, Rank (1966) found no relationship between students' scores on either the MAT or the NDEA Comprehensive Examination and their rankings by staff on a global dimension of counselor effectiveness. Allen (1967) reported that Graduate Record Examinations (GRE) and MAT scores, college GPA, admissions ratings, and number of psychology courses taken by 26 graduate students in counseling and guidance showed no significant correlations with supervisors' ratings of their counseling effectiveness.

One study, Jansen, Robb and Bonk (1970), found an overall measure of counseling competence to be significantly related to scores on the OSPE,
two Cooperative English Tests and college GPA. However, the outcome measure itself was primarily intellecitive in nature. The criteria for evaluation were: knowledge of counseling theories and techniques, knowledge and ability to use test data, and an unspecified analysis of counseling tapes.

Thus, research evidence fails to support the existence of a relationship between intellecitive indices and pure measures of helper effectiveness.

Intellecitive Indices and Empathy. A pair of well-designed studies, Bergin and Solomon (1968) and Bergin and Jasper (1969), examined the relationship between the tape-rated empathy of advanced doctoral students and students' practicum grades, overall GPA, and Verbal, Quantitative, and Psychology GRE scores. Except for the GRE Psychology score, which correlated negatively (−.18) with empathy in Bergin and Solomon (1968) and showed a significant positive correlation (.33) in Bergin and Jasper (1969), in both studies no relationship was found between the intellecitive measures and empathy. Similar results for GPA, GRE and MAT scores were obtained by Anthony, Gormally and Miller (1974) and Allen (1967). Carkhuff, Piaget and Pierce (1968) reported no differences in empathy functioning for high- and low-GPA college seniors majoring in psychology. In a study of masters-level counseling students, Eicke (1972) found no correlation between improvement in tape-rated empathy and scores on the Concept Mastery Test.

In summary, as Patterson (1967), Carkhuff (1969a) and Rogers (1975) have concluded in their reviews, research has yet to demonstrate that measures of academic aptitude and achievement are related to counselor empathy and effectiveness.
The Concept of Social Intelligence

History. Thorndike (1920) was among the first to propose that social intelligence was a distinct domain of mental abilities. In his scheme, there were three types of intelligence: abstract, mechanical and social. Social intelligence, he defined as "the ability to understand and manage men and women, boys and girls—to act wisely in human relations" (Thorndike, 1920, p. 228). It is important to note that this definition involved both an understanding and an action dimension.

Several concepts related to social intelligence have been reviewed in the literature: perception of persons (Taigiuri, 1969; Bruner and Tagiuri, 1954), the ability to judge people (Taft, 1956), social perception skills (Bronfenbrenner, Harding and Gallwey, 1958), intuition in the judgment of complex interpersonal situations (Westcott, 1968), and interpersonal competence (Foote and Cottrell, 1955; Weinstein, 1969). Unfortunately, early attempts to develop a valid, reliable test of social intelligence and similar concepts (Chapin, 1942; Hunt, 1928; Kerr and Speroff, 1947; Moss, Hunt, O'vewake and Ronning, 1927; Sargent, 1953) have yielded instruments judged to be invalid (Anastasi, 1961; Gough, 1965; Thorndike, 1936; Woodrow, 1939). One of the major criticisms of these efforts has been that what is measured is not distinguishable from verbal intelligence. Cronbach (1960) concluded: "No evidence of validity is yet available which warrants confidence in any present technique for measuring a person's ability to judge others as individuals... After 50 years of intermittent investigations, social intelligence remains undefined and unmeasured" (pp. 319-320).
Recently, however, the case for social intelligence as a separate and measurable construct was re-opened through the work of Guilford and his associates (Guilford, 1959, 1967; O'Sullivan, Guilford and DeMille, 1965; O'Sullivan and Guilford, 1966; Guilford and Hoepfner, 1971). At first, Guilford (1959) included social intelligence in his "structure of the intellect" model on theoretical and logical grounds alone. This theoretical inclusion was later supported by a factor analysis study (O'Sullivan, Guilford and DeMille, 1965). In his review of this recent work in isolating and measuring social intelligence, Cronbach (1970) has suggested: "Guilford may have opened a new chapter in the study of abilities" (p. 345).

Structure of the Intellect Model. Guilford (1967) has taken the view that man is an information processing creature and that man's intelligence involves those abilities related to the processing of information. More specifically, intelligence refers to the abilities of acquiring, storing, retrieving, and using information. In the development of the Structure of the Intellect Model, Guilford (1959) has attempted to continue the work of Thurstone and organize the known, unique, or primary intellectual abilities into a single, comprehensive system.

The model is a three-dimensional classification system. Abilities are classified in three different ways. The first dimension, called "operations," encompasses the five major kinds of intellectual activities involved in the processing of information. Guilford and Hoepfner (1971) have listed and defined the five operations.
Cognition. Immediate discovery, awareness, rediscovery, or recognition of information in its various forms; comprehension or understanding.

Memory. Fixation of newly gained information in storage.

Divergent production. Generation of logical alternatives from given information, where the emphasis is upon variety, quantity, and relevance of output from the same source.

Convergent productions. Generation of logical conclusions from given information, where emphasis is upon achieving unique or conventionally best outcomes.

Evaluation. Comparison of items of information in terms of variables and making judgments concerning criterion satisfaction (correctness, identity, consistency, etc.) (p. 20).

The second way of classification is in terms of the substantive areas of information in which the operations are performed. These are called "contents" and are analogous to Thorndike's (1920) three types of intelligence. Four content areas have been identified and defined by Guilford and Hoepfner (1971):

Figural. Pertaining to information in concrete form, as perceived or as recalled in the form of images.

Symbolic. Pertaining to information in the form of denotive signs having no significance in and of themselves, such as letters, numbers, musical notations, codes and words.

Semantic. Pertaining to information in the form of conceptions or mental constructs to which words are often applied, hence most notable in verbal thinking and verbal communication, but not necessarily dependent upon words.

Behavioral. Pertaining to information, essentially nonfigural and nonverbal, involved in human interactions, where the attitudes, needs, desires, moods, intentions, perceptions, thoughts, etc. of others and of ourselves are involved (pp. 20-21).

Whereas the contents categories classified the substantially different kinds of information, the third category, products, deals with the formal properties of information. According to Guilford (1967) information to be processed can take six different forms, with each form requiring a
different ability. Guilford and Hoepfner (1971) have listed and
defined six products.

Units. Relatively segregated or circumscribed items or "chunks"
of information having "thing" character.

Classes. Conceptions underlying sets of items of information
grouped by virtue of their common properties.

Relations. Connections between items of information based
upon variables or points of contact that apply to them.

Systems. Organized or structural aggregates of items of
information; complexes of interrelated or interacting parts.

Transformations. Changes of various kinds (redefinitions,
shifts, transitions or modifications) in existing information.

Implications. Circumstantial connections between items of
information, as by virtue of contiguity, or any condition
that promotes "belongingness" (p. 21).

Theoretically, according to the model, there are 120 distinct abili-
ties, one for each of the 120 combinations of operations, contents and
products. However, many of the abilities have not been isolated
empirically, nor have tests been derived for each. Guilford and Hoepfner
(1971) have suggested that some abilities habitually operate together.
They are logically, but not factorially, distinct.

Social Intelligence Defined. According to the model, social intelli-
gence involves all 30 abilities in the behavioral content (O'Sullivan,
Guilford and deMille, 1965): the cognition, memory, divergent production,
convergent production and evaluation of behavioral units, classes, rela-
tions, systems, transformations and implications. However, since cognition
was seen as basic to all the other operations, research and test develop-
ment have focused on the six abilities related to the cognition of behavioral
products.
Social intelligence, as operationalized in the O'Sullivan and Guilford Six Factor Tests of Social Intelligence and as used in this study, involves the understanding of behavioral units (e.g., facial and bodily expressions), classes (e.g., groups of expressive stimuli), relations (e.g., the interactions among two or more people), systems (e.g., the temporal sequence in interpersonal events), transformations (e.g., changes that take place in personal and interpersonal situations) and implications (e.g., the predictability of future behavioral events from present events). O'Sullivan, et al., (1965) have summarized these abilities and have defined social intelligence as "the ability to understand the thoughts, feelings, and intentions of other people, as manifested in discernable, expressional cues" (p. 6). Thus, social intelligence as operationalized here means behavioral cognition, the understanding part of Thorndike's (1920) two-dimensional conceptualization of social intelligence.

On an intuitive level, the relationship between social intelligence and at least the understanding part of empathy, seems readily apparent. Guilford (1959) has stated:

The abilities in the area of social intelligence, whatever they prove to be, will possess considerable importance in connection with all those individuals who deal most with other people: teachers, law officials, social workers, therapists, politicians, statesmen, and leaders of other kinds (p. 478).

The final section of this chapter focuses on the literature directly and indirectly pertinent to the relationship between behavioral cognition and empathy.
The Relationship Between Social Intelligence and Empathy

In his review, Shantz (1975) complained about the "insularity" between cognitive research and social behavioral research. He concluded that very little is known about the relationship between social cognitive abilities and empathy. Therefore, much of the evidence for a relationship between social intelligence and empathy is indirect in nature.

Historically, authors have equated the terms social intelligence and empathy. Mead (1934), in describing empathy as the capacity to take another's role and adopt another's perspective considered empathy to be the very essence of social intelligence. Other authors (Dymond, 1950; Kerr and Speroff, 1951; Shanley, Walker and Foley, 1971) have used the concepts interchangeably. Generally, for these authors social intelligence was used in the same way it is used in this research, as behavioral cognition, while empathy referred to what Carkhuff (1969a) has labelled discrimination, the understanding part of empathy.

Since the concept of social Intelligence is so closely related to the Carkhuff (1969a) notion of discrimination, it seems pertinent to investigate the literature on the relationship between discrimination and empathic communication. Carkhuff (1969a) has conceptualized discrimination as the understanding of client feelings, content, areas of functioning and areas of disfunctioning. According to Carkhuff, there can be no empathic communication, no directionality in the helping process without sensitive and accurate discrimination.
In researching the relationship between discrimination and effective communication, Carkhuff operationalized discrimination by means of the Discrimination Index (see Carkhuff, 1969a). In general, research results were mixed. In a cross-sectional study of the effects of graduate study in clinical psychology, Carkhuff, Krotochvil and Friel (1968) found that while discrimination scores tended to improve with level of training, communication index scores dropped. On the other hand, Anthony and Carkhuff (1969) in a longitudinal study of masters level rehabilitation counselor trainees reported similar positive changes in both communication and discrimination. Of the studies using Discrimination Index scores to predict communication outcome following a helper training program, two studies (Carkhuff, Friel and Kratochvil, 1969; Berenson, Carkhuff, Friel and Leitner, 1968) found no significant relationship between initial discrimination level and final communication level. One study, Carkhuff and Bierman (1969) yielded a positive relationship between initial level of discrimination and final level of communication. Reversing the prediction, Cannon and Carkhuff (1969) reported that high level communicators functioned more effectively as discriminators and raters than did low level communicators.

In examining the negative results more closely, Carkhuff (1969a) found that most low level discriminators were also low level communicators and that most high level communicators were high level discriminators. However, many high level discriminators were low level communicators. He concluded:
In summary, while high levels of discrimination are necessary for communication of high levels, high discrimination does not imply high communication... Effective communication, in turn, is made possible only by sensitive and accurate discrimination, a function that is necessary but not sufficient for high level communication (pp. 84-85).

One problem in the Carkhuff research on discrimination is the ambiguous use of the term "discrimination." In theory, it refers to an accurate understanding of the client. As operationalized, however, it has come to mean the ability to select the most facilitative of four responses to a client statement, where a facilitative response is loosely described as a genuine, constructive, accurately empathic, respectful, concrete, confident, spontaneous, intense, open, flexible, caring, active, assertive, appropriately confrontive response.

Other measures of discrimination, operationally close to the original definition of discrimination, have been studied in relationship to effective communication. The Affective Sensitivity Scale (Kagan, Krathwohl, Goldberg, Campbell, Schauble, Greenberg, Danish, Resnikoff, Bowes and Bondy, 1967) uses videotape segments of actual interviews as stimuli for 89 multiple choice items, in which the respondent chooses the statement that best describes the client's feeling. The test measures the ability to perceive and identify affective states in others.

Kagan, et al. (1967) administered the Affective Sensitivity Scale to 30 NDEA Counseling and Guidance trainees at the beginning of their training experience. Scores correlated significantly, .43 and .52, with peer and staff ratings of counselor effectiveness taken at the end of the year's training. In a similar study, Moriarty (1971) found that scores on the Affective Sensitivity Scale, taken by 52 graduate students at the beginning
of a semester's training in counseling, were significantly related to empathy outcome, as measured by ratings of tapes on the Truax Accurate Empathy Scale.

Rank (1966) developed a measure of discrimination similar to the Affective Sensitivity Scale called the Film Test of Counselor Perceptions (FTCP), which assesses the respondent's perceptions of video taped counselor-client interactions. FTCP pre-tests for 30 NDEA Trainees correlated significantly (.41) with staff rankings of trainee counseling competence. Thus, two other measures of discrimination have been used to successfully predict counselor effectiveness and empathy functioning.

A study by Osipow and Walsh (1973) has provided the only empirical support to date for the logically inferred relationship between the social intelligence and discrimination ability. Fifty-five undergraduate students in a counseling psychology course were administered the O'Sullivan and Guilford (1966) Tests of Social Intelligence along with the Carkhuff (1969a) Discrimination Index. Composite social intelligence scores and scores on one subtest, Social Translations, were significantly related to students' abilities to select the most facilitative counselor responses. The Osipow and Walsh (1973) results and conclusion that Tests of Social Intelligence should be related to other types of counselor outcome have provided the most direct impetus to the current investigation.

Social intelligence and empathy have been conceptually and empirically linked to the variable of role-taking, the ability to assume different roles and to see oneself from the perspective of others. Mead (1934) conceptually equated the three constructs. Hogan (1975) reported on
his earlier use of a Q-Sort description of the "ideally empathic person" to operationalize the concept of empathy. The items judged most characteristic of the empathic person were: "is socially perceptive of a wide range of interpersonal cues" and "seems to be aware of the impression he makes on others." The item judged most uncharacteristic was: "does not vary roles: relates to everyone in the same way." In a study of 120 male and female undergraduates, Futterer (1973) found that scores on the Six Factor Tests of Social Intelligence (O'Sullivan and Guilford, 1966) were related to scores on two of Feffer's Role-Taking Tasks, which measure an ability to see something from another's point of view.

Other variables conceptually similar to social intelligence have been empirically related to empathy functioning and counselor effectiveness. Heck and Davis (1973) divided 40 masters-level counseling students into high and low conceptual-level categories according to the scheme of Harvey, Hunt and Schroeder (1961). According to this scheme, low conceptual level persons tend to operate from a concrete cognitive system: they process behavioral and interpersonal information in a unidimensional, unintegrated way. High conceptual level persons tend to construct a highly abstract system that utilizes and combines a number of dimensions in processing personal and interpersonal information. High-level conceptualizers demonstrated significantly higher empathy functioning, as measured by the Accurate Empathy Scale (Truax and Carkhuff, 1967) than did low-level conceptualizers.

In a study of 26 graduate students in counseling and guidance, Allen (1967) reported that students' degree of openness to their own and others' feelings and experiences correlated significantly with supervisors' ratings
of counselor effectiveness. Kleiner (1970) found that empathy outcome in a brief training program for undergraduate students was related to scores on the Rokeach Dogmatism Scale. Kleiner concluded that support was provided for a relationship between empathy trainability and psychological openness.

Moreover, social intelligence seems conceptually related to constructs discussed earlier in this chapter as possible facilitating factors in the learning of empathy: trait empathy and the inherently helpful person. Empirical evidence (Hogan, 1975; Eicke, 1972) has linked trait empathy to rated empathy. Truax and Mitchell (1971) have hypothesized that inherently helpful persons are responsible for much of the spontaneous recovery cited in therapy research (see Eysenck, 1952). In support of this hypothesis, they pointed to research by Shapiro and Voog (1969), which indicated that normal college students' levels of empathy, warmth and genuineness were predictive of their roommates' grade point averages.

In a study relating scores on the Tests of Social Intelligence to ratings of interpersonal functioning, Shipe, Rosser and Sidhu (1973) administered the social intelligence measures to 462 male and female high school students' interpersonal effectiveness from peers, teachers of academic subjects, and shop teachers. Social intelligence was positively and significantly related to academic teacher and peer ratings. No significance was found with the shop teacher ratings.

Direct evidence linking social intelligence to measures of empathy and helper effectiveness is limited. A few unpublished studies have been reported. In their review of the social intelligence literature,
Walker and Foley (1973) referred to a study by Suran (1970) which found a "small, but heuristic, relationship between social intelligence and effective sensitivity group leadership" (p. 855). In a personal communication, O'Sullivan (1975) reported unpublished research indicating a relationship between scores on the Tests of Social Intelligence and both probation officer success and the sensitivity of Navy counselors.

In summary, social intelligence and empathy have been linked in theoretical writings. Empirical evidence has indicated that certain variables conceptually similar to social intelligence are related to measures of empathy and helper effectiveness. Research has also supported the relationship between the Tests of Social Intelligence and constructs conceptually similar to empathy. Other studies have empirically related empathy and social intelligence to the same or similar variables. However, little direct evidence has linked social intelligence with empathy or helper effectiveness.

Egan (1975a) has discussed the relationship between social intelligence and helper effectiveness and concluded:

A good helper is a perceptive helper. He attends carefully to the other person and listens to both his verbal and nonverbal messages. He clarifies these messages through his interaction with the client and acts constructively on the results. He is also in touch with his own thoughts and feelings and how they interact with those of the client. In sum, a good helper is socially intelligent (p. 56).

Therefore, it seems appropriate at this time to test the relationship between social intelligence and empathy functioning.

**Summary of Chapter II**

The purpose of this chapter has been to review the pertinent theoretical and empirical literature and to provide a rationale for the current
investigation.

The literature on counselor selection has outlined the shortcomings of traditional counselor selection processes and has identified the need for research in the area of predicting helper effectiveness. A two-step research approach seems desirable: first, the identification of specific criteria related to helper effectiveness; second, the search for predictors of those criteria.

Empathy was selected as a counselor variable consistently related to counseling outcome and helper effectiveness and was described as a discrimination and communication skill in which not all persons are equally trainable. This variance in trainability has led to a search for predictors of empathy functioning.

Historically linked with empathy in theoretical literature, social intelligence was selected as a potential predictor of empathy functioning. While not directly related to empathy in empirical investigations, social intelligence has been indirectly linked to empathy in a variety of research areas. It was concluded that it is appropriate at this time to attempt to bridge the gap between cognitive and social behavioral research and to investigate the relationship between social intelligence and empathy.

ACT scores were selected as representative of traditional selection criteria. The traditional criteria of GRE and MAT scores have been found unrelated to measures of empathy and helper effectiveness. While generally low correlations between ACT scores and various measures of nonacademic performance have been reported in the literature, little research investigating the relationship between ACT and empathy has been reported.
GPA has been used by selection committees as the traditional measure of academic achievement. It has shown little or no relationship to empathy and helper effectiveness. Its use in this investigation is to replicate earlier results.

Hypotheses

Hypothesis I: Trainee scores on the Tests of Social Intelligence are not related to trainee cumulative GPA or ACT Composite Scores.

Hypothesis II: Trainee scores on the Tests of Social Intelligence are positively related to mean ratings on the Empathic Understanding Scale of trainee written and taped helper responses.

Hypothesis III: Trainee scores on the Tests of Social Intelligence are negatively related to the median peer and trainer rankings on the Helper Awareness Scale.

Hypothesis IV: Trainee scores on the Tests of Social Intelligence are positively related to mean ratings of both peers and trainers on the Helper Awareness Scale.

Hypothesis V: Trainee GPA and ACT Composite Scores are not related to mean ratings on the Empathic Understanding Scale of trainee written and taped helper responses.

Hypothesis VI: Trainee GPA and ACT Composite Scores are not related to median peer and trainer rankings on the Helper Awareness Scale.

Hypothesis VII: Trainee GPA and ACT Composite Scores are not related to mean ratings of both peers and trainers on the Helper Awareness Scale.

Hypothesis VIII: Trainer scores on the Tests of Social Intelligence are positively related to mean ratings of trainers by group members on the Empathic Understanding Scale of the Barrett-Lennard Relationship Inventory.
CHAPTER III

Methodology

The previous chapter reviewed pertinent literature related to the use of social intelligence measures, ACT scores and GPA as predictors of outcome in an empathy training program. The purpose of this chapter is to describe in detail the training program, sample, instruments, procedures and statistical tests and to show how the hypotheses in this study have been tested empirically.

Helper Training Program

At The Ohio State University, the course, Psychology 130, Advising College Students, was designed to teach helping skills to paraprofessionals and students considering entry into paraprofessional helping positions: e.g., dormitory resident advisers and peer counselors in commuter student programs. In the university bulletin, the course description reads: "Selected students will study the dynamics of and have experiences in advising students concerning their scholastic, social and personal development." (The Ohio State University, 1974).

More specifically, the training program was patterned after the skills-based helper training approaches of Carkhuff (1969a) and Egan (1975a). Training was conducted in small groups, each with seven to nine students and two trainers, during two ninety minute training sessions per week for ten weeks. Communications skills related to the exploratory and understanding phases of the helping process were
systematically taught according to a five-dimensional training model, which included cognitive input, modeling, practice, feedback and evaluation. Appendix A, "Helper Effectiveness: A Trainer's Manual," Appendix B, "Handouts to Psychology 130 Students," and a workbook by Egan (1975b) contain the basic training materials used in the course and will be referred to in the overview of the training model which follows.

For each skill, training began with cognitive input, the goals of which revolved around student understanding in three areas: skill definition and description, the context and importance of the skill within the broader helping process, and discrimination between effective and ineffective skill levels. Appendices A and B contain cognitive materials for trainers and handouts for students. Trainers were directed to refer also to Carkhuff (1969a) and Egan (1975a).

Next, taped and live modeling or an occasional structured exercise was used to demonstrate effective and, when appropriate, ineffective behaviors in the skill area. In the Trainer's Manual, Appendix A, the trainers found a series of modeling exercises from which to choose.

Structured practice exercises, both homework and in-class assignments, were provided to help students acquire the behaviors associated with each skill area. Most of the homework assignments were taken from Egan (1975b); the in-class exercises were taken from the Trainer's Manual (Appendix A). Trainers were allowed to select those practice experiences which seemed most appropriate for their particular group.

After practicing, students received feedback from trainers and members according to a feedback checklist devised for each skill
(Appendices A and B). At this point in the process, additional cognitive input, modeling and practice were offered to the student, when appropriate.

The final step in the model was trainer and member evaluation of each student's performance on the skill in question. A nine-point behaviorized scale was used (Appendices A and B). Students whose performance was not up to standard were re-evaluated at two different review sessions. These sessions are described in more detail in Appendix A.

The training proceeded according to a timetable which served as a guideline for the trainers. An introduction week, during which a course overview was provided, groups were formed, and pre-testing was completed, was followed by the twenty sessions of training divided as follows: Pre-training skills of feedback giving and self-exploration, one session; attending behavior, one session; primary empathy, six sessions; concreteness, genuineness, respect and midterm review, one session each; advanced empathy, four sessions; self-disclosure, confrontation, immediacy and final review, one session each. The bulk of the training was devoted to primary and advanced empathy.

Participants

Trainers. The eight trainers were three male and five female second and third year graduate students in counseling psychology and student personnel, recruited by the course supervisor, a professor in the student personnel program. All were in the upper one-third of the population on the O'Sullivan & Guilford Tests of Social Intelligence (O'Sullivan & Guilford, 1965) and had previous experience in
training undergraduates in a small group situation. Trainers received internship, practicum, job, or course credit for their participation in Psychology 130. Procedures for pairing and assigning trainers will be discussed later in the chapter.

Students. Thirty-one students, 15 males and 16 females, completed Psychology 130, a three-credit course, during Spring Quarter, 1975. Except for one first-year graduate student and three seniors, the students were sophomores, juniors and third-quarter freshmen, mostly between the ages of 18 and 23, with little or no previous helper training and experience. About two-thirds of the students were psychology or social science majors. Procedures for assigning students to groups will be discussed later.

Background Questionnaire. Trainers and students were asked to complete questionnaires which provided biographical data regarding age, sex, year in school, college major, and previous training and experience. Trainers filled out the Trainer Questionnaire (Appendix C); students, the Student Questionnaire (Appendix D).

Grade Point Averages

Grade Point Average (GPA), a measure of academic achievement, is the dividend when the total number of credit hours is divided into the quality points received for those hours. For each hour of an "A" grade, four quality points are given; for each hour of "B", three points; "C", two points; "D", one; "F", zero points. In theory, GPA can range from 0.000 to 4.000.

The cumulative point-hour ratio was used in this research. This three-decimal figure accounted for all coursework done by the student
at the university up to, but not including, the quarter during which Psychology 130 was taken.

American College Testing (ACT) Scores

The ACT tests attempt to provide an estimate of academic potential (ACT 1971, 1973). As such they are used nationwide to help predict college achievement, often in conjunction with high school grades.

The ACT battery is based on the rationale that present performance in a given area is the best predictor of future performance. It attempts to provide a sample of tasks which accurately reflect the range of tasks to be performed in the college academic situation (ACT 1973). Each of the four sub-tests samples one of the four major areas of the academic domain: English Usage, Mathematics Usage, Natural Science Reading, and Social Science Reading (ACT, 1973). Within the sub-tests different aspects of academic potential are tapped. Some items require the use of reading skills; some, problem solving skills; and some require previous knowledge in the subject area. Item emphasis is placed on reading and problem solving abilities.

ACT assessment, then, has characteristics commonly associated with aptitude tests, as well as characteristics of achievement tests. The tests measure a capacity for learning, as well as learning previously accomplished, both incidental learning and directed learning. According to the most recent Technical Report (ACT, 1973) this was a deliberate mixture of aptitude and past achievement, reflecting the notion that academic achievement is a function of both.
Raw scores on each of the sub-tests are converted to standard scores, which are reported to students and institutions of higher education. Standard scores range from a low of one on all tests to a high of 33 for English Usage, 36 for Mathematics Usage, 34 for Social Studies Reading, 35 for Natural Sciences Reading, and 35 for the Composite Score, an average of combined standard scores on the four tests.

The Composite Score, used in this research, has been considered a general measure of "developed academic ability" (ACT, 1973). Based on studies showing intercorrelations of .60 to .70 between sub-tests and factor analytic studies indicating that approximately 75% of the variance in the four tests is due to a single factor, ACT Technical Report has concluded: "If a single general measure of academic ability is required for a use, the ACT Composite is an appropriate measure to use" (ACT, 1973, p. 119).

Reliability. ACT Technical Report (1973) presented extensive reliability data on recent forms of ACT tests. Split-half, Kuder-Richardson Formula 20, parallel form test-retest reliability estimates were employed. In general, reliabilities for the individual tests were in the .80's and upper .70's, while composite score reliabilities were in the .90's and high .80's. Sample sizes ranged from 1,000 to 3,000 for each form. Reports by Englehart and Findley in Buros (1965) indicated reliability data similar to those reported by ACT (1973).

Validity. The bulk of validity studies on ACT tests relate ACT scores to criteria such as high school grades, first-year college
grades, and measures of achievement and aptitude. Since ACT tests were designed as predictive instruments, it could be argued that these criterion-related validity studies are evidence for construct validity as well.

In summarizing several research studies, ACT (1973) has reported correlations generally in the upper .30's and lower .40's between ACT tests and high school grades in corresponding courses. Correlations between a particular sub-test and grades in non-corresponding courses were consistently lower. For example, ACT Mathematics Usage scores have been shown to correlate more highly with high school math grades than with English, Social Studies, or Natural Science grades. Sample sizes in these studies totaled over 20,000 men and women.

Englehart in Buros (1965) pointed to differences in norms for high school seniors in general and college-bound seniors as validity evidence. A composite standard score of 20 was placed at the 48th percentile for college-bound seniors and at the 75th percentile for the total senior population. Thus, ACT scores differentiated between college-bound and non-college-bound groups.

ACT scores have shown moderate to high correlation with other academic aptitude measures. Eels (1962) found correlations of .53 and .70 between SAT Verbal scores and ACT scores on English Usage and Social Sciences Reading, respectively. A correlation of .78 was reported for SAT Quantitative and ACT Mathematics Usage scores. ACT (1973) reported similar results in comparing SAT scores and School and College Ability Test scores with ACT results. In the latter report, ACT Composite scores, on the average, correlated .71 and .63 with SAT and SCAT verbal and math scores, respectively.
Numerous studies have examined the relationship between ACT results and first-year college grades (Passons, 1967; Zimmerman & Michael, 1967; Cole, 1969; Munday, 1967; Swanson & Berdie, 1961). In reviewing eleven studies correlating ACT scores and freshmen grades, ACT (1973) reported a range of correlations from .20 to .56. However, eight of the eleven were in the .40's and .50's. Munday (1965) sampled 4,594 students from 21 schools of varying sizes and locations. He found a correlation of .44 between ACT Composite scores and freshmen GPA. Using the four ACT scores and a multiple correlation procedure, Munday (1967) reported a median correlation of .523 with first semester college grades.

The ACT battery, then, appears to be a reliable and valid measure of academic potential. In his review, Tiedeman (1963) concluded that ACT tests have provided a good indication of scholastic aptitude. "The ACT Program provides indices of relevance to the selection of applicants applying for admission to college which equal, and may even slightly excel, the best" (Tiedeman, 1963, p. 819).

Tests of Social Intelligence (TSI)

To measure social intelligence, four of the six O'Sullivan & Guilford (1966) Tests of Social Intelligence were used: Expression Grouping, Missing Cartoons, Social Translations, and Cartoon Predictions. These four were selected because of their high reliabilities and because, when added together to form the Social Cognition Composite (SCC) score, the four tests represent "the best overall composite for the measurement of social-cognition aptitude now available" (O'Sullivan & Guilford, 1966, p. 7). Social cognition aptitude involves the abilities to understand
behavioral units, classes, relations, systems, transformations, and implications, six of the thirty behavioral cognition abilities hypothesized by Guilford (1959). Collectively, these abilities cover the traditional constructs of social sensitivity, person perception, interpersonal awareness, the understanding part of empathy.

**Expression Grouping (EG).** Each item on this test consists of three line drawings showing facial expressions, hand gestures and body postures, all conveying the same psychological state of being or behavioral class. The testee's task is to select one of four drawings which expresses the same behavioral class depicted in the first three drawings. Successful performance requires the abstraction of common attributes from various behavioral expressions. The test measures one of Guilford's six hypothesized abilities, the cognition of behavioral classes.

**Missing Cartoons (MC).** The items on this test consist of a series of four-panel cartoons, with one panel missing in each series. The task is to select one of four panels which best completes the cartoon. Measured are Guilford's hypothesized abilities: the cognition of behavioral systems, the cognition of behavioral units, and the cognition of behavioral implications.

**Social Translations (ST).** The only one of the TSI in which item content is verbal, Social Translations requires the examinee to choose the one of three stated pairs of people between whom a given verbal statement would have a behavioral meaning quite different from the meaning of the same statement spoken between two people described in
the item stem. The test is primarily associated with Guilford's cognition of behavioral transformations factor, with a secondary loading on cognition of behavioral relations.

**Cartoon Predictions (CP).** In this test, the task is to select the one of three cartoon panels which provides the most likely ending to a "Ferd'nand" cartoon story. Cartoon Predictions measures an ability to understand the implications of social events and to predict their outcome, the Guilford factor cognition of behavioral implications.

**Reliability.** Spearman-Brown reliability estimates for each test were derived from intercorrelations of separately timed halves and were reported in the test manual (O'Sullivan & Guilford, 1966). Hoepfner & O'Sullivan (1968) tested 229 high school juniors and obtained Kuder-Richardson reliability estimates. With the Spearman-Brown listed first, followed by the Kuder-Richardson, those estimates were as follows: Expression Grouping, .61 and .62; Missing Cartoons, .82 and .77; Social Translations, .85 and .86; Cartoon Predictions, .68 and .79; Social-cognition Composite, .88 (Spearman-Brown estimate only). Comparable reliability estimates were found for an earlier version of the TSI.

**Construct Validity.** O'Sullivan and Guilford (1966) pointed to the original factor analytic study of the TSI as evidence for construct validity. In general, for the four tests used in the present study, high factor loadings (.50 and above) were found which corresponded to Guilford's hypothesized factors, while loadings of .15 or below were found on the general intellective factor (O'Sullivan, Guilford & DeMille, 1965). Factor loadings are as follows: Expression Grouping, .59,
cognition of behavioral classes; Missing Cartoons, .52, cognition of behavioral systems, with some factor loading on cognition of behavioral units and implications; Social Translations, .51, cognition of behavioral transformations, with a small loading on cognition of behavioral relations; Cartoon Predictions, .55, cognition of behavioral implications.

Recent research, pertinent to the evaluation of social intelligence as a separate construct, has centered around the relationship between social intelligence and I.Q., academic aptitude, and academic achievement. While results are mixed, several studies show small but significant correlations between TSI and the other measures.

O'Sullivan, et al., (1965) and Hoepfner and O'Sullivan (1968) reported correlations in the .30's and .40's between TSI and Henmon-Nelson Tests of Mental Ability for high school students tested. Shanley, Walker and Foley (1971) found similar results using Otis Quick-scoring Mental Ability Tests. Tenopyr (1967) administered Missing Cartoons, School and College Ability Tests (SCAT), verbal and quantitative, and the Mathematics, Reading and Writing Sequential Tests of Educational Progress (STEP) to high school students. Significant correlations (.20's, .30's and some .40's) were reported across the board, which demonstrated some relationship between Missing Cartoons and the SCAT and STEP instruments.

On the other hand, Osipow and Walsh (1973), using a sample of 55 graduate students in counseling psychology, tested for a relationship between TSI and Verbal and Quantitative scores on Graduate Record Examinations and undergraduate GPA. Of the fifteen correlations, only two were
significant, those between GRE Verbal and two TSI measures, Missing Cartoons and the Composite Social-cognition scores. All but one of the other correlations were below .10.

Thus, the question of a relationship between TSI and measures of aptitude and achievement remains unclear. Since, according to McNemar (1962) a Pearson r of .45 accounts for only 20% of the variance in a relationship and since only a small percentage of the correlations reported above exceed .45, the claim for meaningful, if not statistical, independence of TSI and other intellective measures receives some support.

**Criterion-related Validity.** Studies by Futterer (1973) and Osipow and Walsh (1973) related TSI scores to test performance on measures associated with the construct of social intelligence. Futterer (1973) found significant positive correlations between TSI and two of Feffer’s Role-Taking Tasks, which measure an ability to see something from another’s point of view. Osipow and Walsh (1973) results indicated that Social Translations and Social-Cognition Composite scores were related to an ability to identify the most facilitative counselor responses on the Carkhuff Discrimination Index (Carkhuff, 1969a).

Auer (1969) administered TSI to 63 professional advertising communicators and 432 students of advertising communications, people who might be expected to exhibit high social intelligence, according to Auer. For both groups, mean TSI scores were significantly higher than overall mean TSI scores reported by O'Sullivan and Guilford (1966). However, people
sampled in the Auer study were older than the population supplying the TSI norms. According to Shanely, et al. (1971), scores on TSI increased with age.

Other research relates TSI scores to ratings of interpersonal functioning. Shipe, Rosser, and Sidhu (1973) administered three of the TSI to 462 male and female high school students enrolled in non-academic high schools. They also obtained ratings of students' interpersonal effectiveness from peers, teachers of academic subjects, and shop teachers. TSI scores were positively and significantly related to the peer and academic teacher ratings. No significance was found with the shop teacher ratings.

In a study relating TSI scores to ratings of teacher effectiveness, Hatcher (1974) reported no significant relationships. However, the ten teacher rating scales measured factors such as ability to explain lessons and grading fairness, which have little apparent connection to the concept of social intelligence.

Suran (1970) found a small but significant relationship between TSI scores and effective sensitivity group leadership. In a personal communication, O'Sullivan (1975) reported unpublished research indicating a relationship between TSI scores and IBM salesman success, probation officer success, and the sensitivity of Navy counselors.

At this time, the evidence, though not abundant, tends to support the criterion validity of the TSI. In his review of TSI, Jackson (1972) concludes: "It is the most promising set of materials in an area where there is virtually no competition" (p. 371).
Empathic Understanding Scale

As a measure of training outcome, students' taped and written helper responses were rated according to the Carkhuff (1969a) Empathic Understanding in Interpersonal Processes: A Scale for Measurement (Appendix E). The scale, derived from Truax's (Truax and Carkhuff, 1967) Accurate Empathy Scale, is a five-point scale, which provides operational definitions of empathic understanding. The scale views empathy as a single skill and "focuses on the additive, subtractive and interchangeable aspects of communicated empathy" (English and Jelenovsky, 1971, p. 510). The scale has been used by trained raters to assess the level of empathic communication in taped and written counseling excerpts, in real and role-played counseling situations (Carkhuff, 1969a, 1969b).

Scale reliability hinges on the interjudge agreement of the particular raters using the scale. Previous research employing expert raters (Carkhuff, Kratochvil and Friel, 1968) has demonstrated that high reliability, in the upper .90's, can be achieved with the scale.

While scale validity is also largely dependent on the expertise of the raters employing the scale, wide and successful usage of the instrument by a variety of raters and researchers lends credence to the scale's construct validity. In summaries of research making use of the Empathic Understanding Scale (Truax and Mitchell, 1971; Carkhuff, 1969a, 1969b) (Rogers, 1975), empathy, as operationally defined by the scale, has been shown to be related to client self-exploration and process movement, as well as successful outcome, in psychotherapy.
Shapiro (1968) studied the relationship between ratings on the Empathic Understanding Scale by trained raters and evaluations by people untrained in psychology, counseling, or psychotherapy, who were asked to listen to the same therapy samples used by raters and then evaluate the therapist on a seven-point semantic differential of understanding—not understanding. A resultant correlation of .67 lent support to the construct validity of the scale.

Some investigators (Chinsky and Rappaport, 1970; Kiesler, Mathieu, and Klein, 1967) have suggested that the Empathic Understanding Scale may not measure empathy, but some more general quality. These challenges were effectively and sufficiently countered by Truax (1972).

**Empathic Response Inventory (ERI)**

The Empathic Response Inventory (Appendix F), constructed by the experimenter, is similar in concept and format to the Carkhuff Communication Index (Carkhuff, 1969a) in that it consists of helpee stimulus statements for which respondents provide facilitative helper responses. However, the ERI is a briefer instrument with stimuli more appropriate for a college population.

Actors with professional experience were recruited to tape record the stimuli. In responding to the ERI, students are able to listen to the tape and read a transcript of each stimulus statement. This format allows more time for formulation of an accurately empathic response and is presumably less threatening than a recorded interview situation. The written responses to the ERI are then rated according to the Empathic Understanding Scale.
The utility of the instrument rests heavily on the validity and reliability of both the Empathic Understanding Scale and the raters. No other validity or reliability data are available.

**Helper Awareness Scale**

The Helper Awareness Scale (HAS), which can be found in Appendix G, was designed to assess peer-perceived and trainer-perceived trainee empathy. Some authors (Egan, 1975a) have described empathy as two distinct skills, one dealing with an ability to respond to a helpee’s surface-level, directly stated feelings (primary empathy), the other dealing with an ability to accurately perceive and respond to underlying or indirectly stated feelings (advanced empathy). The HAS results in a ranking of group members, from most to least effective, on the skills of primary and advanced empathy. Along with the rankings, numerical ratings on an anchored scale, zero to one hundred, are assigned.

Instrument reliability can be estimated by correlating peer rankings and ratings with trainer rankings and ratings. Correlations between HAS rankings and ratings and the other empathy ratings can be used to shed light on instrument validity.

**Barrett-Lennard Relationship Inventory (BLRI)**

The Cowan (1973) adaptation of the BLRI was used in this research as an outcome measure of group trainer empathy (See Appendix H). Cowan's adaptation involved changing the word "counselor" to "trainer."

As a basis for developing the BLRI, Barrett-Lennard (1962) postulated that five primary variables in therapeutic influence are the client's perceptions of the counselor's behavior along dimensions of: empathy,
congruence, level of regard, unconditionality of regard, and willingness to be known. Current forms of BLRI measure the first four of the five variables.

Empathic understanding as defined by Barrett-Lennard is "an active process of desiring to know the full present and changing awareness of another person, of reaching out to receive his communication and meaning, and of translating his words and signs into experienced meaning that matches at least those aspects of his awareness that are most important to him at the moment. It is an experiencing of the consciousness behind another's outward communication, but with continuous awareness that this consciousness is originating and proceeding in the other." (Barrett-Lennard, 1962, p. 3). This definition of empathy corresponds in essence to the definition provided by Rogers (1975), and is congruent with empathy as defined in this investigation.

**Reliability.** In two studies, using the Spearman-Brown formula, Barrett-Lennard (1962) reported split-half reliability coefficients .86 and .96 for the Empathic Understanding Scale. Test-retest reliability was listed at .89. Hollenbeck (1961) and Berzon (1961) reported similar reliability data for the BLRI.

**Validity.** Barrett-Lennard (1962) used five client-centered counselors to judge the content of BLRI items. Interjudge agreement was near perfect in the task of identifying positive and negative scale items. An item analysis provided further support for content validity (Barrett-Lennard, 1962).
Several reports have related BLRI results to measures of effective interpersonal process and outcome. Therapist empathic understanding, as rated by clients on the ALRI has been related to successful therapy outcome as judged by the counselor (Barrett-Lennard, 1962). Research has demonstrated significant relationships between BLRI scores and both marital adjustment and teacher effectiveness (Thornton, 1960; Emmerling, 1961). Suchman (1966) demonstrated that high BLRI interviewers tended to behave in a more personal and self-disclosing fashion than did low BLRI scorers. Fretz (1965) found BLRI results to be related to effective, non-verbal counselor behavior and with client satisfaction with counseling. He concluded that the BLRI is a valid criterion for measuring relationships in a counseling dyad.

Thus, current evidence, though somewhat limited, points to BLRI reliability and validity.

Procedure

Trainer Assignment. The eight graduate students were selected as trainers by the course supervisor. In order to maximize the training program and to insure equality on the trainer variable, it was decided to match trainer pairs rather than use random assignment. The first consideration was the Social Intelligence of the potential trainers. It was agreed beforehand that any trainer whose composite social intelligence score was below the 65th percentile would be replaced. Also, in view of Carkhuff's (1969a, 1969b) data suggesting that the trainers' empathy is an important variable in training outcome and in view of a hypothesized relationship between social intelligence and
empathy, it was deemed important that the mean composite social intelligence scores of the four pairs be close to equal. A second consideration was that, while the experience levels of the eight trainers were similar, the four slightly more experienced trainers were to be paired with the less experienced. Third, if at all possible, trainer preferences for a partner should be honored. Finally, it seemed that a male-female pair would be ideal.

Fortunately, it was possible to balance social intelligence, level of experience and the other criteria to form three male-female pairs and one female-female pair, with all persons agreeing that they could work productively together. The mean composite social intelligence scores for four pairings were: 87.67, 88.5, 89, 90. Trainer scores ranged from 81 to 96; all exceeded the 65th percentile.

**Trainer Training.** In addition to having some background working in a structured way with small groups, all of the trainers had completed practicum and pre-practicum counselor training in either the education or psychology departments.

Ten days before the beginning of training, the experimenter met with the trainers for a three-hour training session to distribute the Egan books (Egan, 1975a, 1975b), the training manual and student handouts (Appendices A and B), and to discuss the training model and training timetable. On a weekly basis, during the first month of training, experimenter met with the trainers as a group for one to two hours to discuss the program, clarify content and procedures, and resolve administrative and other difficulties. After that, formal meetings were held every other week. Throughout the training, informal phone contact was maintained with trainers on a bi-weekly basis.
Trainers were not informed until their debriefing about the nature of this research or the hypotheses under investigation.

Group Formation. At the start of the quarter, an organizational meeting was held with the students to talk about the course in more detail, to explain the research, and to find a meeting time. During the meeting, the students signed informed consent forms (See Appendix I) to indicate their willingness to release ACT scores and GPA and participate in the research. They also signed up to take the Tests of Social Intelligence.

Since all four sections were meeting at the same time, a non-systematic procedure was used to assign 33 students to groups. The name of each student was placed on an index card. The 33 cards were shuffled and placed face down. Next on each of 32 index cards a number from one to four was placed so that there were eight of each number. These cards were shuffled and placed face down. Then the cards were drawn from each pile to match a student to a group number. To assign the 33rd student to a group, a card was drawn randomly from the pile of number cards. Thus, three groups of eight students and one group of nine were formed. Finally, the four trainer pairs were matched with groups in a similar fashion.

During the quarter, two students dropped the course, leaving a total of 31 students—two groups of seven, one of eight and one of nine.

Gathering of Predictor Data. After the organizational meeting, but before the first class session, students in groups of not more than eight completed the Student Questionnaire (Appendix D) and the Tests of Social Intelligence, administered by the experimenter. Next, with
students' written permission, the experimenter obtained student ACT composite scores and cumulative GPA from the appropriate university agencies. Eight students who had transferred from other institutions had no recorded ACT scores. GPA data was not listed for one student, while from another permission to use the GPA was not granted. Thus, predictor data included 31 sets of 5 social intelligence scores, 29 cumulative GPA's and 23 ACT composite scores.

Administration of Outcome Measures. During the last week of the quarter, students were given the modified version of BLRI (See Appendix H) to be filled out on the trainers as a homework assignment. It was made clear to the students that the confidentiality of their ratings would be maintained in three ways. First, students would not identify themselves on the instrument. Second, on the last day of class the experimenter would collect the completed BLRI forms, so that trainers would have no access to them. Third, although trainers would receive summary reports stating average scores, individual ratings would not be available. Students completed the BLRI's, which were collected on the final day of class by the experimenter.

Only the empathy scale of the BLRI was scored. The scores on the eight trainers in the present study were pooled with the scores on ten trainers in an earlier pilot study for a total of 18 BLRI empathy scores.

On the last day of class, the Helper Awareness Scale (Appendix G) was administered to trainers and members. Participants were asked to scatter themselves in the room so that the scale could be filled out in privacy. Complete confidentiality was assured. No data, not even summary reports, were to be released on this outcome measure. Experimenter collected Helper Awareness Scales along with the BLRI.
During the final class, students also completed the Empathic Response Inventory (Appendix F). Trainers played each taped helpee stimulus statement once and instructed students to write down an empathic response in the space provided. Students were assured again of confidentiality and that results on the inventory would have no bearing on course grade.

Toward the end of the quarter, students signed up to tape a ten minute helper-helpee interchange. As with the Empathic Response Inventory, confidentiality was assured. Friday and Saturday after the last class were set aside for the taping. Sign-up sheets were arranged so that some students from each group would be taping during each time period.

In order to standardize the taping situation as much as possible, as recommended by Carkhuff (1969b), three first-year female graduate students in Counseling Psychology and Student Personnel were trained to perform one client role. Training consisted of one two-hour session during which Guidelines for Client Role (See Appendix J) were distributed, the role was modeled by the experimenter, then rehearsed by the students until each was clear about the role. How to handle various types of helper responses was also discussed.

Upon arrival at the taping site, students were briefed about the procedure to be followed, informed that the situation was that of an initial counselor-client contact, and instructed to respond as empathically as possible. For more details, refer to pretaping instructions, Appendix K.
Psychology 130 students were each assigned a number for the taping to protect their anonymity. The interview began with the confederate client stating, "This is counselor number ___." The client then went on to talk about her "problem." After 10 minutes, experimenter entered the room to turn off the tape recorder and end the interview.

At this point, the Psychology 130 student was invited into the experimenter's office to receive oral and written feedback on scores from the Tests of Social Intelligence. Appendix L shows the Social Intelligence Feedback Form which was provided to students along with their scores. Students were thanked for their participation and encouraged to contact the experimenter should they have further questions.

The ratings of the tapes and of students' written responses on the Empathic Response Inventory were based on the Carkhuff (1969a) scale, Empathic Understanding in Interpersonal Processes: A Scale for Measurement (see Appendix E). The five levels of the scale are numbered from one to five, but .5 increments are normally used to designate responses between levels.

Three advanced graduate students in clinical and counseling psychology, two female and one male, were paid to serve as raters. Initial rater training consisted of eight hours of cognitive input on the empathy scale and practice rating with feedback. The cognitive part involved presentation and discussion of both the Carkhuff empathic understanding scale and a more detailed, expanded version of that scale obtained from trained Carkhuff raters at Colorado State University (see Appendix M). Tapes from a pilot study were used in the practice ratings. Practice continued until the scale and its application were clear to the raters as judged from their own report and the reliability of their ratings.
In their investigation of the accuracy of empathy ratings, Blaas and Heck (1975) found that raters who had prior information about the client were more accurate in their ratings of a counselor's empathy than were uninformed raters. Therefore, in order to maximize their accuracy in the present study, raters were familiarized with the helpee stimulus statements on the Empathic Response Inventory and with the client's role in the taped helper-helpee interaction.

Over a five-day period, raters worked on the written and taped responses in the home of the experimenter. Raters worked independently. In order to reduce rater fatigue, the ratings were accomplished in five, 2 1/2-hour blocks of time.

Carkhuff (1969a, 1969b) recommended ratings of brief, approximately two-minute, interview segments as being a most efficient use of rater time. He pointed to research indicating that segments from two to twelve minutes have been equally effective. The ratings in the present study were based on eight consecutive helper responses taken from the middle and later parts of the interview, generally consuming four to seven minutes of interview time. This procedure was in accordance with Carkhuff's recommendations and was designed to compensate for initial helper nervousness.

Once the ratings were completed, reliability checks were taken. For both written and taped ratings, intercorrelations between raters were assessed by a Pearson Product Moment statistic. A repeated measures analysis of variance was used to investigate magnitudinal differences in ratings. Raters had agreed beforehand to redo their ratings should reliability prove insufficient.
A validity check was also made. Raters were given the first 12 items of the written version of the Carkhuff Discrimination Index (Carkhuff, 1969a) and asked to rate the four responses for each item. Their ratings were compared to the Carkhuff expert ratings by means of Pearson Product Moment correlations and a repeated measures analysis of variance.

Later, reliability and validity data will be presented in the next chapter.

**Trainer Debriefing.** After the completion of Psychology 130, each pair of trainers met with the experimenter for an hour of debriefing. Questioning centered around actual training procedures used, departures, if any, from the model, problems encountered, suggestions for improvement of the training package, student response to the training. Trainer Debriefing Questionnaire, Appendix N, contains a more complete list of debriefing questions.

During this session, trainers were given feedback regarding their scores on the Tests of Social Intelligence and their BLRI average empathy rating. The nature of the present investigation was also discussed.

**Hypotheses and Statistical Tests**

Once the data were collected, it became possible to test the following hypotheses:

**Hypothesis I:** Trainee scores on the Tests of Social Intelligence are not related to trainee cumulative GPA or ACT scores.

**Hypothesis II:** Trainee scores on the Tests of Social Intelligence are positively related to mean ratings on the Empathic Understanding Scale of trainee written and taped helper responses.
Hypothesis III: Trainee scores on the Tests of Social Intelligence are negatively related to the median peer and trainer rankings on the Helper Awareness Scale.

Hypothesis IV: Trainee scores on the Tests of Social Intelligence are positively related to mean ratings of both peers and trainers on the Helper Awareness Scale.

Hypothesis V: Trainee GPA and ACT Composite scores are not related to mean ratings on the Empathic Understanding Scale of trainee written and taped helper responses.

Hypothesis VI: Trainee GPA and ACT Composite scores are not related to median peer and trainer rankings on the Helper Awareness Scale.

Hypothesis VII: Trainee GPA and ACT Composite scores are not related to mean ratings of both peers and trainers on the Helper Awareness Scale.

Hypothesis VIII: Trainee scores on the Tests of Social Intelligence are positively related to mean ratings of trainers by group members on the Empathic Understanding Scale of the Barrett-Lennard Relationship Inventory.

Pearson Product Moment correlations were used to test Hypotheses I, II, IV, V, VII and VIII. The relationships suggested in Hypotheses III and VI were measured by Spearman Rank correlations, calculated separately for each group, thus providing four replications of each hypothesis. In all hypothesis testing, the .05 probability level was considered the criterion for significance. For those hypotheses involving GPA and ACT scores, a two-tailed test of significance was used. Since the hypotheses involving the Tests of Social Intelligence predicted in a given direction, a one-tailed test was employed to determine significance. Critical values for significance were taken from tables in Meredith (1967).
CHAPTER IV

Results

The present investigation tested the following hypotheses:

Hypothesis I: Trainee scores on the Tests of Social Intelligence are not related to trainee cumulative GPA or ACT Composite Scores.

Hypothesis II: Trainee scores on the Tests of Social Intelligence are positively related to mean ratings on the Empathic Understanding Scale of trainee written and taped helper responses.

Hypothesis III: Trainee scores on the Tests of Social Intelligence are negatively related to the median peer and trainer rankings on the Helper Awareness Scale.

Hypothesis IV: Trainee scores on the Tests of Social Intelligence are positively related to mean ratings of both peers and trainers on the Helper Awareness Scale.

Hypothesis V: Trainee GPA and ACT Composite Scores are not related to mean ratings on the Empathic Understanding Scale of trainee written and taped helper responses.

Hypothesis VI: Trainee GPA and ACT Composite Scores are not related to median peer and trainer rankings on the Helper Awareness Scale.

Hypothesis VII: Trainee GPA and ACT Composite Scores are not related to mean ratings of both peers and trainers on the Helper Awareness Scale.

Hypothesis VIII: Trainer Scores on the Tests of Social Intelligence are positively related to mean ratings of trainers by group members on the Empathic Understanding Scale of the Barrett-Lennard Relationship Inventory.

The purpose of this chapter is to present data relevant to sample characteristics, instrument reliability, the results of statistical
hypothesis testing procedures, and incidental results related to empathy.

**Sample Characteristics**

Thirty-one students completed Psychology 130. Four groups were formed, two with seven members, one with eight, and one with nine. Results of the Background Questionnaire indicated a fairly even sex distribution, 15 males and 16 females, with a modal age of 20, a median of 20.88. Eight students were freshmen, ten sophomores, nine juniors, three seniors and one graduate student. Two-thirds of the sample were majors in the social sciences or the helping professions. Except for one student, all were classified as having little or no training or experience in helping.

All 31 students completed the Tests of Social Intelligence. Data on all the outcome measures were also complete. However, GPA data were available for only 29 of the 31 students, while ACT scores were available for only 23 students.

The present study was designed to achieve equivalence of groups through a non-systematic assignment of students to groups. As an additional check on group equivalence, one way analyses of variance were performed to test for group differences on GPA, ACT scores and the five measures of social intelligence. For social intelligence and ACT scores, no differences were found. Group differences were found on GPA, however, \( P = .038 \). Mean GPA scores for groups one through four were 2.687, 3.144, 3.192 and 2.318, respectively. Overall mean GPA was 2.789.
Reliability Data and Hypothesis Testing

Hypothesis I focused on the relationship between social intelligence measures and measures of academic aptitude and achievement. Results of Pearson Product Moment correlations are provided in Table 1. Scores on Expression Grouping were significantly related to student ACT scores, while Missing Cartoons and Social-Cognition composite scores were associated with both GPA and ACT.

Hypotheses II and V deal with the association between the predictor variables and ratings of taped and written helper responses.

To assess rater validity, raters were asked to rate 48 helper responses on the Carkhuff Discrimination Index (Carkhuff, 1969a). Each rater's ratings were compared with experts' ratings by means of a Pearson Product Moment correlation to test the degree of association and a repeated-measures analysis of variance to investigate magnitudinal differences between the expert ratings and the present raters' judgments. Correlations were in the mid .90's: .94365, Experts and Rater A; .96807, Experts and Rater B; .93855, Experts and Rater C. Interrater agreement was also high: .92808, Raters A and B; .92943, Raters A and C; .94769, Raters B and C. Analysis of variance showed no magnitudinal differences: F was less than one.

To specifically assess interrater reliability on taped and written ratings, similar procedures were used. Table 2 shows the results of Pearson Product Moment Correlation. All correlations exceeded the minimally acceptable figure of .65. Repeated-measures analyses of variance resulted in F ratios of 2.77 and 2.639 for taped and written
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<th>ACT n = 23</th>
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* p ≤ .05, two-tailed

** p ≤ .01, two-tailed
TABLE 2

Pearson Product Moment Correlations
Showing Interrater Agreement

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</tr>
</tbody>
</table>
ratings, respectively. As recommended by Kennedy (1975), Geisser-Greenhouse F test was applied (df 1, 60). No magnitudinal differences were indicated.

Overall means for ratings of taped and written helper responses were 2.0503 and 2.5887, respectively, on the five-point Carkhuff empathy scale. Analyses of variance showed group differences on the tape ratings but not on written ratings. Group means on tape rated empathy were 1.926, 1.826, 2.394, 2.017, respectively, for Groups I through IV. By means of Dunn's post hoc procedure (Kennedy, 1975) Group III was found to score significantly higher than the other groups.

Table 3 shows the Pearson Product Moment correlations between predictor variables and the mean rating for taped and written helper responses. In two of ten predictions, the predicted relationship between social intelligence measures and rated empathy was supported. A relationship between ACT scores and empathic verbal helper responses was also indicated. GPA did not correlate with either empathy measure.

Hypothesis III and VI involved rankings by trainers and peers of group member functioning on primary and advanced empathy and were tested for each group separately. Spearman Rank Order correlations between predictors and trainer rankings and between predictors and member rankings can be found in Tables 4 and 5, respectively.

GPA was not related to trainer and peer rankings on primary and advanced empathy for any of the four groups tested. In the trainers' rankings, three of the eight correlations involving ACT scores reached
TABLE 3
Pearson Product Moment Correlations Between Predictor Variables and Rated Helper Responses

<table>
<thead>
<tr>
<th></th>
<th>Taped Responses</th>
<th>Written Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT Scores$^a$</td>
<td>.43405*</td>
<td>.33958</td>
</tr>
<tr>
<td>GPA$^b$</td>
<td>.35693</td>
<td>.25489</td>
</tr>
<tr>
<td>Cartoon Predictions$^c$</td>
<td>.12231</td>
<td>-.03643</td>
</tr>
<tr>
<td>Social Translations$^c$</td>
<td>.18302</td>
<td>-.08588</td>
</tr>
<tr>
<td>Expression Grouping$^c$</td>
<td>.08323</td>
<td>.36711*</td>
</tr>
<tr>
<td>Missing Cartoons$^c$</td>
<td>.37445*</td>
<td>.11903</td>
</tr>
<tr>
<td>Social Cognition Composite$^c$</td>
<td>.27274</td>
<td>.12566</td>
</tr>
</tbody>
</table>

* p $\leq$ .05, two-tailed

$^a$ n = 23
$^b$ n = 29
$^c$ n = 31
TABLE 4
Spearman Rank Order Correlations Between Predictors and Median Trainer Rankings on Primary and Advanced Empathy

<table>
<thead>
<tr>
<th></th>
<th>Group I n = 7</th>
<th>Group II n = 7</th>
<th>Group III n = 8</th>
<th>Group IV n = 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPA</td>
<td>-1.786</td>
<td>-0.1177</td>
<td>-0.4643</td>
<td>-0.2689</td>
</tr>
<tr>
<td></td>
<td>-1.786</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACT</td>
<td>-1.442</td>
<td>-0.9474**</td>
<td>-1.000**</td>
<td>-0.6239</td>
</tr>
<tr>
<td></td>
<td>-2.500</td>
<td>-0.9211**</td>
<td>-0.8000</td>
<td></td>
</tr>
<tr>
<td>CP</td>
<td>-0.5636</td>
<td>-0.3871</td>
<td>0.0450</td>
<td>-0.1737</td>
</tr>
<tr>
<td></td>
<td>-0.6126</td>
<td>-0.2096</td>
<td>-0.4980</td>
<td></td>
</tr>
<tr>
<td>ST</td>
<td>-0.0180</td>
<td>0.1227</td>
<td>-0.2317</td>
<td>-0.1660</td>
</tr>
<tr>
<td></td>
<td>-0.1071</td>
<td>0.1334</td>
<td>-0.2303</td>
<td></td>
</tr>
<tr>
<td>EG</td>
<td>0.0180</td>
<td>0.6545</td>
<td>-0.6854*</td>
<td>-0.1931</td>
</tr>
<tr>
<td></td>
<td>0.2143</td>
<td>0.3762</td>
<td>-0.3560</td>
<td></td>
</tr>
<tr>
<td>MC</td>
<td>-0.1376</td>
<td>-0.5045</td>
<td>-0.5804</td>
<td>-0.4706</td>
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<tr>
<td></td>
<td>-0.4264</td>
<td>-0.2728</td>
<td>-0.5770</td>
<td></td>
</tr>
<tr>
<td>SCC</td>
<td>-0.1560</td>
<td>-0.6667*</td>
<td>-0.6587*</td>
<td>-0.3840</td>
</tr>
<tr>
<td></td>
<td>-0.3455</td>
<td>-0.4364</td>
<td>-0.6429*</td>
<td></td>
</tr>
</tbody>
</table>

* p ≤ .05
** p ≤ .01

a n = 4
b n = 5
c n = 6
d n = 7
TABLE 5
Spearman Rank Order Correlations Between Predictors and Median Peer Rankings on Primary and Advanced Empathy

<table>
<thead>
<tr>
<th></th>
<th>Group I n = 7</th>
<th>Group II n = 7</th>
<th>Group III n = 8</th>
<th>Group IV n = 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPA</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>-.4643</td>
<td>-.0721</td>
<td>-.1449</td>
<td>-.1786</td>
</tr>
<tr>
<td>Advanced</td>
<td></td>
<td></td>
<td>-.2571</td>
<td>-.1429</td>
</tr>
<tr>
<td>ACT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>-.7143*</td>
<td>-.3604</td>
<td>-.7105</td>
<td>-.4000</td>
</tr>
<tr>
<td>Advanced</td>
<td></td>
<td></td>
<td>-.4617</td>
<td>-.4000</td>
</tr>
<tr>
<td>CP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
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<td>-.2200</td>
<td>-.2997</td>
<td>-.1277</td>
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<tr>
<td>Advanced</td>
<td></td>
<td></td>
<td>-.5988</td>
<td>-.0894</td>
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<tr>
<td>ST</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>-.3214</td>
<td>-.2703</td>
<td>-.2549</td>
<td>-.3031</td>
</tr>
<tr>
<td>Advanced</td>
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<td></td>
<td>-.1497</td>
<td>-.1940</td>
</tr>
<tr>
<td>EG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>-.6071</td>
<td>-.1442</td>
<td>.0727</td>
<td>.0859</td>
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<tr>
<td>Advanced</td>
<td></td>
<td></td>
<td>.2162</td>
<td>.0368</td>
</tr>
<tr>
<td>MC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>-.6547</td>
<td>-.1193</td>
<td>-.0901</td>
<td>-.4174</td>
</tr>
<tr>
<td>Advanced</td>
<td></td>
<td></td>
<td>-.1071</td>
<td>-.4174</td>
</tr>
<tr>
<td>SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>-.7092*</td>
<td>-.1560</td>
<td>-.1802</td>
<td>-.3095</td>
</tr>
<tr>
<td>Advanced</td>
<td></td>
<td></td>
<td>-.0357</td>
<td>-.2381</td>
</tr>
</tbody>
</table>

* p < .05

a n = 4
b n = 5
c n = 6
d n = 7
significance. One correlation between peer rankings and ACT scores reached significance.

Predictions involving relationships between social intelligence measures and empathy rankings received limited support when each group was tested individually. Four of the 16 correlations involving the Social Cognition Composite score were significantly related to outcome. Expression Grouping was associated with trainer primary empathy rankings in Group III. Three of the five significant correlations involved Group III trainer rankings.

Hypotheses IV and VII related scores on predictor variables to peer and trainer ratings on the Helper Awareness Scale. As a measure of interjudge agreement, trainer ratings were correlated with peer ratings by means of a Pearson Product Moment statistic. Moderate, but acceptable, correlations of .65 and .66 were reported for primary and advanced empathy, respectively. Groups did not differ on any of the peer or trainer ratings. The results of correlations used to test hypotheses IV and VII are shown in Table 6.

GPA scores were not related to any of the ratings. ACT results were correlated with all four ratings. Support was found for the predicted relationship between social intelligence measures and empathy ratings. Missing Cartoon scores were significantly related to three of the four ratings. Expression Grouping and Social Cognition Composite scores were associated with trainer ratings of primary and advanced empathy.

The final hypothesis, predicting a relationship between trainer social intelligence and ratings by members of trainer empathy on the Barrett-Lennard Relationship Inventory, was supported for one social
### TABLE 6

Pearson Product Moment Correlations Between Predictors and Mean Peer and Trainer Primary and Advanced Empathy Ratings

<table>
<thead>
<tr>
<th></th>
<th>Trainer Ratings</th>
<th>Peer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
<td>Advanced</td>
</tr>
<tr>
<td>GPA n = 29</td>
<td>.19236</td>
<td>.16370</td>
</tr>
<tr>
<td>ACT n = 23</td>
<td>.50133*</td>
<td>.55595**</td>
</tr>
<tr>
<td>CP n = 31</td>
<td>.17763</td>
<td>.28436</td>
</tr>
<tr>
<td>ST n = 31</td>
<td>.10141</td>
<td>.11211</td>
</tr>
<tr>
<td>EG n = 31</td>
<td>.30134*</td>
<td>.34247*</td>
</tr>
<tr>
<td>MC n = 31</td>
<td>.42325**</td>
<td>.44050**</td>
</tr>
<tr>
<td>SCC n = 31</td>
<td>.35410*</td>
<td>.41606**</td>
</tr>
</tbody>
</table>

* p ≤ .05
** p ≤ .01

Note: For GPA and ACT scores, a two-tailed test of significance was used; for the social intelligence measures, the one-tailed test was used.


**TABLE 7**

Pearson Product Moment Correlations Between Trainer Social Intelligence and Rated Empathy

<table>
<thead>
<tr>
<th></th>
<th>BLRI Empathy Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cartoon Predictions</td>
<td>.03373</td>
</tr>
<tr>
<td>Social Translations</td>
<td>-.09020</td>
</tr>
<tr>
<td>Expression Grouping</td>
<td>.40012*</td>
</tr>
<tr>
<td>Missing Cartoons</td>
<td>.33932</td>
</tr>
<tr>
<td>Social Cognition Composite</td>
<td>.35520</td>
</tr>
</tbody>
</table>

* p ≤ .05, one-tailed
intelligence measure, Expression Grouping (see Table 7).

Thus, ACT and three measures of social intelligence, Expression Grouping, Missing Cartoons, and Social Cognition Composite, were related to empathy outcome. In general (see Tables 3 and 6), the ACT scores were more highly correlated with empathy than were the social intelligence measures. Since, from Table 1, it can be seen that the three Tests of Social Intelligence associated with empathy were also highly correlated with ACT scores, it seemed appropriate to investigate whether or not these social intelligence measures added to the prediction value of ACT scores. Step-wise regression analyses (Darlington, 1968) were employed to examine this question.

Tables 8 through 13 provide data from the regression analyses showing the relative contributions of ACT, GPA, Cartoon Predictions, Social Translations, Expression Grouping and Missing Cartoons to the prediction of scores on the following outcome measures which were pooled across groups: judges' ratings of written and verbal empathy, trainer and peer ratings of primary and advanced empathy. In Tables 15 and 16, GPA, ACT, and Social Cognition Composite scores are related to trainer primary and advanced empathy ratings. Because of the high correlations (ranging from .60 to .88) between the Social Cognition Composite and the individual Tests of Social Intelligence, it was decided to treat the composite score separately, rather than duplicate the social intelligence variable in the regression analyses.

For the outcome measures of taped empathy ratings, trainer primary and advanced empathy ratings, and member primary and advanced ratings,
### TABLE 8

Step-wise Regression Analysis Showing the Relative Contributions of ACT, GPA, CP, ST, EG, and MC in Predicting Level of Tape-Rated Empathy

<table>
<thead>
<tr>
<th></th>
<th>Multiple R</th>
<th>R²</th>
<th>Change in R²</th>
<th>Regression Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT*</td>
<td>.43406</td>
<td>.18841</td>
<td>.18841</td>
<td>.03144</td>
</tr>
<tr>
<td>EG</td>
<td>.50256</td>
<td>.25257</td>
<td>.06416</td>
<td>-.06132</td>
</tr>
<tr>
<td>ST</td>
<td>.53515</td>
<td>.28639</td>
<td>.03382</td>
<td>.04821</td>
</tr>
<tr>
<td>CP</td>
<td>.54499</td>
<td>.29702</td>
<td>.01063</td>
<td>-.02436</td>
</tr>
<tr>
<td>MC*</td>
<td>.55893</td>
<td>.31240</td>
<td>.01538</td>
<td>.02233</td>
</tr>
<tr>
<td>Constant</td>
<td></td>
<td></td>
<td></td>
<td>1.80585</td>
</tr>
</tbody>
</table>

Note: GPA accounted for insufficient variance to be included in the calculation.

*In the original hypothesis testing, this variable was significantly related to the outcome measure in question.
### TABLE 9

Step-wise Regression Analysis Showing the Relative Contributions of ACT, GPA, CP, ST, EG, and MC in Predicting Level of Written Empathy

<table>
<thead>
<tr>
<th></th>
<th>Multiple R</th>
<th>R²</th>
<th>Change in R²</th>
<th>Regression Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>EG*</td>
<td>.36711</td>
<td>.13477</td>
<td>.13477</td>
<td>.05103</td>
</tr>
<tr>
<td>ST</td>
<td>41681</td>
<td>.17373</td>
<td>.03896</td>
<td>-.02560</td>
</tr>
<tr>
<td>GPA</td>
<td>.45745</td>
<td>.20926</td>
<td>.03553</td>
<td>.08074</td>
</tr>
<tr>
<td>MC</td>
<td>.49117</td>
<td>.24125</td>
<td>.03199</td>
<td>-.02725</td>
</tr>
<tr>
<td>ACT</td>
<td>.50639</td>
<td>.25643</td>
<td>.01518</td>
<td>.01286</td>
</tr>
<tr>
<td>CP</td>
<td>.50699</td>
<td>.25704</td>
<td>.00061</td>
<td>-.00342</td>
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<tr>
<td>Constant</td>
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<td>2.14701</td>
</tr>
</tbody>
</table>

* In the original hypothesis testing, this variable was significantly related to the outcome measure in question.
TABLE 10

Step-wise Regression Analysis Showing the Relative Contributions of ACT, GPA, CF, ST, EG, and MC in Predicting Trainer Primary Empathy Ratings

<table>
<thead>
<tr>
<th></th>
<th>Multiple R</th>
<th>$R^2$</th>
<th>Change in $R^2$</th>
<th>Regression Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT*</td>
<td>.50133</td>
<td>.25133</td>
<td>.25133</td>
<td>1.54986</td>
</tr>
<tr>
<td>GPA</td>
<td>.54356</td>
<td>.29546</td>
<td>.04413</td>
<td>-6.57605</td>
</tr>
<tr>
<td>EG*</td>
<td>.55076</td>
<td>.30334</td>
<td>.00788</td>
<td>-.80717</td>
</tr>
<tr>
<td>ST</td>
<td>.55758</td>
<td>.31090</td>
<td>.00756</td>
<td>.57055</td>
</tr>
<tr>
<td>MC*</td>
<td>.55815</td>
<td>.31153</td>
<td>.00063</td>
<td>.13481</td>
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<td>Constant</td>
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<td></td>
<td>49.17567</td>
</tr>
</tbody>
</table>

Note: CP accounted for insufficient variance to be included in the calculation.

* In the original hypothesis testing, this variable was significantly related to the outcome measure in question.
TABLE 11
Step-wise Regression Analysis Showing the Relative Contributions of ACT, GPA, CP, ST, EG, and MC in Predicting Trainer Advanced Empathy Ratings

<table>
<thead>
<tr>
<th></th>
<th>Multiple R</th>
<th>$R^2$</th>
<th>Change in $R^2$</th>
<th>Regression Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT*</td>
<td>.55595</td>
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<td>.30908</td>
<td>1.91352</td>
</tr>
<tr>
<td>GPA</td>
<td>.63234</td>
<td>.39986</td>
<td>.09078</td>
<td>-8.88743</td>
</tr>
<tr>
<td>CP</td>
<td>.64590</td>
<td>.41718</td>
<td>.01733</td>
<td>.73439</td>
</tr>
<tr>
<td>EG*</td>
<td>.65901</td>
<td>.43429</td>
<td>.01711</td>
<td>-.83092</td>
</tr>
<tr>
<td>MC*</td>
<td>.66594</td>
<td>.44348</td>
<td>.00919</td>
<td>-.54576</td>
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</table>

* In the original hypothesis testing, this variable was significantly related to the outcome measure in question.
TABLE 12

Step-wise Regression Analysis Showing the Relative Contributions of ACT, GPA, CP, ST, EG, and MC in Predicting Member Primary Empathy Ratings

<table>
<thead>
<tr>
<th></th>
<th>Multiple R</th>
<th>R²</th>
<th>Change in R²</th>
<th>Regression Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT*</td>
<td>.51096</td>
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<td>.26108</td>
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<td>EG</td>
<td>.62784</td>
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<td>.08485</td>
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<td>.43000</td>
<td>.03582</td>
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</tbody>
</table>

* In the original hypothesis testing, this variable was significantly related to the outcome measure in question.
<table>
<thead>
<tr>
<th></th>
<th>Multiple R</th>
<th>( R^2 )</th>
<th>Change in ( R^2 )</th>
<th>Regression Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
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<td>EG</td>
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<td>MC</td>
<td>.65315</td>
<td>.42660</td>
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</tr>
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<td>ST</td>
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</table>

* In the original hypothesis testing, this variable was significantly related to the outcome measure in question.
TABLE 14

Step-wise Regression Analysis Showing the Relative Contributions of ACT, GPA, and SCC in Predicting Trainer Primary Empathy Ratings

<table>
<thead>
<tr>
<th></th>
<th>Multiple R</th>
<th>$R^2$</th>
<th>Change in $R^2$</th>
<th>Regression Coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT*</td>
<td>.50133</td>
<td>.25133</td>
<td>.25133</td>
<td>1.30753</td>
</tr>
<tr>
<td>GPA</td>
<td>.54356</td>
<td>.29546</td>
<td>.04413</td>
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</tr>
<tr>
<td>SCC*</td>
<td>.54434</td>
<td>.29631</td>
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</tbody>
</table>

* In the original hypothesis testing, this variable was significantly related to the outcome measure in question.
**TABLE 15**

Step-wise Regression Analysis Showing the Relative Contributions of ACT, GPA, and SCC Predicting Trainer Advanced Empathy Ratings

<table>
<thead>
<tr>
<th></th>
<th>Multiple R</th>
<th>$R^2$</th>
<th>Change in $R^2$</th>
<th>Regression Coefficient</th>
</tr>
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<td>ACT*</td>
<td>.55595</td>
<td>.30908</td>
<td>.30908</td>
<td>1.35667</td>
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<tr>
<td>GPA</td>
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<td>.39986</td>
<td>.09078</td>
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</tr>
<tr>
<td>SCC*</td>
<td>.63540</td>
<td>.40373</td>
<td>.00388</td>
<td>.10362</td>
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<tr>
<td>Constant</td>
<td></td>
<td></td>
<td></td>
<td>40.67599</td>
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* In the original hypothesis testing, this variable was significantly related to the outcome measure in question.
the ACT variable was selected as the prime predictor of outcome. (see Tables 8, 10, 11, 12, 13, 14 and 15). In each of these analyses, the measures of social intelligence previously associated with outcome produced a change in $R^2$, the amount of outcome variance accounted for, that was less than .02. In several cases, the previously significant social intelligence measures received negative regression coefficients (see Tables 10, 11 and 12).

Further examination of Tables 8 through 15 indicates that when the other predicting variables were used in conjunction with the prime predictors, the percentage of outcome variance accounted for was increased. Increases ranged from 6% (see Table 10) to nearly 20% (see Table 13). GPA consistently received negatively weighted regression coefficients and accounted for up to 9% of outcome variance (see Table 11). Expression Grouping was generally negatively weighted and accounted for up to 8% of the outcome variance (see Table 12). Social Translations, on the average, accounted for between two and three percent of the outcome variance. Social Cognition Composite, Missing Cartoons and Cartoon Predictions were the least effective contributors to the multiple correlations. When all the predictors were used together and appropriately weighted, multiple correlations relating predictors to criteria ranged from .50699 to .67896 (see Tables 8 through 15).

**Incidental Results Pertaining to Empathy**

While not directly related to the hypotheses under investigation, results of correlations among measures of empathy were obtained, which may be pertinent to an understanding of empathy as it is theoretically
<table>
<thead>
<tr>
<th></th>
<th>Taped Empathy</th>
<th>Written Empathy</th>
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</thead>
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<tr>
<td>Trainer Primary Empathy Rating</td>
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<td>.02117</td>
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<tr>
<td>Trainer Advanced Empathy Rating</td>
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<td>.11313</td>
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<tr>
<td>Peer Primary Empathy Rating</td>
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<td>-.10677</td>
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<tr>
<td>Peer Advanced Empathy Rating</td>
<td>.16397</td>
<td>-.04925</td>
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</table>
and operationally defined. As reported earlier, correlations between peer and trainer ratings of empathy were in the mid .60's. Students' taped and written empathy, as rated by judges, correlated at .2677. Table 16 shows how judges' ratings of taped and written empathy were related to peer and trainer empathy ratings. Generally, the figures were low, especially those involving written empathy. Trainer ratings tended to correlate more highly with taped and written empathy than did peer ratings. A final result was that primary and advanced empathy were highly related: .85 in trainer ratings and .81 in peer ratings.

Summary of Results

Results of statistical procedures relevant to sample characteristics, instrument reliability and hypothesis testing were presented in this chapter. Except for GPA, groups were not found to be nonequivalent on any of the predictor variables. Of the outcome variables, group differences were found on one measure: the ratings of taped empathic responses. Acceptable (.65 or better) interjudge agreement was reported on the rating scales used in this research.

Hypothesis testing yielded the following results: three social intelligence measures were related to ACT scores; two were related to GPA. ACT scores and Missing Cartoons correlated with tape-rated empathy responses, while Expression Grouping correlated with written empathy. On within-group primary and advanced empathy rankings, ACT and Social Cognition Composite scores received limited support as predictors of
empathy functioning. On trainer and peer ratings of empathy, ACT scores and Missing Cartoons were consistently correlated with outcome. Expression Grouping and Social Cognition Composite scores were related to trainer ratings of primary and advanced empathy. GPA did not correlate with any measure of empathy. The empathy of trainers was related to their scores on Expression Grouping.

Further analysis, using multiple regression procedures, indicated that the measures of social intelligence related to empathy outcome added less than two percent to the outcome variance accounted for by the ACT composite score. Regression analysis also indicated that, when the other predicting variables were appropriately weighted and used in conjunction with the prime predictors, the percentage of outcome variance accounted for was increased. Multiple correlations relating predictors to criteria ranged from .50699 to .67896.

Incidental results were presented, which showed the correlations among measures of empathy.
CHAPTER V

Discussion

In this chapter, the results of the current investigation are related to each other and to the literature. Discussion focuses on the following relationships: Social intelligence and intellective indices, ACT scores and empathy, GPA and empathy, and social intelligence and empathy. Incidental findings pertinent to empathy are also discussed.

Social Intelligence and Intellective Indices

According to Shanley, Walker and Foley (1971), one major problem with early measures of social intelligence has been that what was measured was not distinguishable from I.Q. and verbal intelligence. Results of research investigating the relationship between the O'Sullivan and Guilford (1966) Tests of Social Intelligence and other intellective indices have been mixed. O'Sullivan, Guilford, and DeMille (1965) reported low correlations between social intelligence and other mental abilities identified by Guilford. Research with high school students (O'Sullivan, et al., 1965; Hoepfner and O'Sullivan, 1968; Shanley, et al., 1971; Tenopyr, 1967) has demonstrated relatively low, but consistently significant, correlations between the Tests of Social Intelligence and measures of I.Q., academic aptitude, and academic
performance. Using a sample of graduate students, Osipow and Walsh (1973) found the social intelligence measures, Missing Cartoons and Social Cognition Composite, to be related to GRE Verbal scores, but reported no relationship between social intelligence and either GRE Quantitative scores or undergraduate GPA. Osipow and Walsh concluded that, for a graduate student sample, the Tests of Social Intelligence generally assessed a domain distinctive from the cognitive one.

In the current investigation of an undergraduate college population, three of the five social intelligence measures correlated highly with the ACT Composite score, and two of those three were significantly related to GPA (see Table 1). Since all of the correlations relating social intelligence to ACT and GPA were positive and five of the ten were both significant and meaningful, according to the McNemar (1962) definition of meaningful requiring that the correlation account for 20 percent of the variance in a relationship, the independence of the Tests of Social Intelligence from measures of academic aptitude and performance is not supported for this sample of undergraduates.

Thus, social intelligence has been related to academic and achievement in high school and undergraduate samples, but was shown to be relatively independent of the cognitive domain in a study of graduate students in a Ph.D. program. An explanation for these results may lie in differences between the populations sampled. In a rigorously screened graduate student population, one might expect
high levels of academic aptitude and achievement with very little variance, in contrast to the more normal distributions which could be expected for high school and undergraduate populations. The lack of correlation between social intelligence and intellective indices for graduate students might be an artifact of a restricted range in academic aptitude and achievement measures. It is also possible that a non-linear relationship exists between social intelligence and intellective functioning. Further research is required to clarify this issue.

**ACT and Empathy**

In the present study, the ACT Composite score was consistently related to measures of empathy. In the step-wise regression analyses, for five of the six outcome measures, ACT was selected as the prime predictor of empathy. In view of past research showing little or no relationship between measures of academic aptitude and either empathy or helper effectiveness and in view of studies showing a lack of relationship between ACT scores and nonacademic functioning, these results, indicating a strong relationship between the ACT Composite score and empathy, are puzzling. There seem to be at least three possible explanations of these data, any or all of which may have been in operation.

First, even though other measures of academic potential (GRE, MAT and OSPE scores) have shown no relationship to empathy, the ACT Composite score, through some unknown idiosyncracy, may be predictive of both empathy and academic performance. This investigator is unaware of any research suggesting that ACT is unrelated to empathy functioning.
Research (ACT, 1973) has demonstrated that ACT scores and GPA are highly correlated. In support of that finding, the present investigation found a correlation of .68 between the two variables. ACT was highly related to both GPA and empathy, but GPA and empathy were unrelated. Thus, the ACT Composite score may be predictive of two relatively independent variables.

A second explanation is that academic potential may be related to the learning of empathy in diverse, undergraduate populations, but not in intellectively homogeneous and high-functioning graduate populations. Two lines of argument support this hypothesis. First, research showing no relationship between measures of academic aptitude and empathy functioning generally used samples of graduate students in the helping professions (Bergin and Solomon, 1968; Bergin and Jasper, 1969; Anthony, et al., 1974, Allen, 1967; Eicke, 1972). Only one study (Carkhuff, Piaget and Pierce, 1968) used undergraduates, a sample of senior psychology majors. Second, there probably is a cognitive component in the learning of empathy. The empathy training model used in this research (see Appendix A) began with cognitive input as the first mode of learning. Natale (1972) found that prior training in critical thinking (how to compare, summarize, criticize, observe, classify, interpret and organize data) resulted in improved empathy trainability. Hogan (1975) posited an intellectual component in empathy functioning. Carkhuff (1969) has suggested that a minimal level of intellective functioning is necessary for learning empathy skills. Perhaps, therefore, a nonlinear relationship exists between academic potential and
empathy, such that the cognitive component assumes more importance in empathy functioning for a heterogeneous undergraduate training population than it does for academically high-functioning and homogeneous graduate students. Further research is needed to clarify this issue.

A third possible explanation is that the cognitive component in empathy functioning could have assumed more importance for this particular training sample. If so, the generalizability of results regarding the relationship between ACT and empathy would be limited. Three observations suggest that the trainees in this sample did not fully integrate empathy skills at a behavioral level and were, therefore, somewhat atypical of empathy-trained populations. First, the mean level of empathy functioning on tape-rated empathy was 2.05 on the five-point Carkhuff (1929a) scale. Carkhuff (1969a) has reported that the general population functions at the 1.5 level of empathy, while systematically trained lay and professional helpers function at the 3.0 level. Thus, the mean of 2.05 is low for a trained group. Secondly, trainee empathy functioning on the written Empathic Response Inventory (Appendix F) averaged somewhat higher, approximately 2.6. When students had time to think and formulate a written response, they functioned more effectively than they did in verbal interactions. This suggests a cognitive understanding but an inability, whether through nervousness or lack of skill, to translate empathic understanding into action. The third fact, a low correlation, .26777, between students' taped and written empathy scores, suggests that students were inconsistent
in their empathy functioning,

Thus, although the ACT variable clearly functioned as the prime predictor of empathy outcome in this study, further research is needed to replicate these findings and to clarify the relationship between ACT scores and empathy.

**GPA and Empathy**

GPA was not correlated to any measure of empathy used in the present study. This finding supports earlier research (Bergin and Solomon, 1968; Bergin and Jasper, 1969; Anthony, et al., 1974; Carkhuff, Piaget, and Pierce, 1968), in which no relationship was found between grades and empathy functioning.

In regression analyses (see Tables 10 through 15), GPA was selected immediately after the ACT variable as a contributor to criterion prediction. Its negative regression coefficients indicate that GPA correlated with the sources of error in the ACT score, those aspects of ACT which prevented ACT from perfectly predicting empathy outcome, more so than it correlated with the part of empathy not predicted by ACT (see Darlington, 1968). Thus, GPA functioned as a suppressor variable correcting for error in the positively weighted ACT score. The size of the negative regression coefficients for GPA and the amount of outcome variance accounted for, four to nine percent, suggests that this correction for a relationship to academic performance was of some import.

**Social Intelligence and Empathy**

A major purpose of this study was to replicate and continue the work of Osipow and Walsh (1973) in relating social intelligence
and empathy through empirical investigation. Osipow and Walsh found Social Translations and Social Cognition Composite scores to be related to an ability to identify the most facilitative counselor response and concluded that the Tests of Social Intelligence showed modest promise for use in counselor selection.

The data on the relationship between social intelligence and empathy functioning, in the present study, are somewhat difficult to interpret. For nine of the eleven measures of trainer and member empathy, simple correlational procedures indicated that at least one, and often more than one, social intelligence variable was related to outcome (see Tables 3, 4, 5, 6 and 7). Expression Grouping, Missing Cartoons and Social Cognition Composite scores were related to the criteria with some consistency. However, the relationship between social intelligence and empathy was complicated by three factors: first, the relationship to outcome was generally lower for social intelligence variables than for ACT. Second, the three social intelligence measures associated with outcome were also highly correlated with ACT. Finally, results of step-wise regression procedures indicated that most of the relationships between empathy and the previously significant social intelligence measures could also be accounted for by the ACT variable. Thus, social intelligence was related to empathy, but its contribution as a predictor of empathy was limited, in this sample, due to correlations with the ACT Composite score.
In view of these results and the Osipow and Walsh (1973) data, it appears that the evidence provides modest support for the relationship of social intelligence to understanding and communication abilities important in counselor functioning. Further research is needed to clarify this relationship.

It seems clear from the literature that social intelligence, as originally defined by Thorndyke (1920), and empathy, as defined by Rogers (1975) and used in this research, are parallel concepts. Both involve an understanding and communication or action phase. At this point, tentative empirical links have been established between empathic understanding and empathic communication and between behavioral cognition, as operationalized by the Tests of Social Intelligence, and both empathic understanding and communication. What is missing seems to be a measure of the action part of social intelligence, a measure of the "ability to act wisely in social situations" (Thorndyke, 1920). Just as Carkhuff (1969a, 1969b) has concluded that empathic understanding is necessary for empathic communication but not sufficient in itself to determine levels of communicated empathy, so other authors (Walker and Foley, 1973; Guilford and Hoepfner, 1971; Hendricks, Guilford and Hoepfner, 1969) have concluded that the understanding part of social intelligence is necessary but not sufficient in accounting for wise social action.

Perhaps, then, the association between the social intelligence variable and empathy functioning would be strengthened, if other measures of social intelligence were used in conjunction with the Tests of
Social Intelligence. Guilford and Hoepfner (1971) have suggested that, while cognition is basic to the other intellective operations, behavioral divergent production abilities, the generation of logical alternatives in the behavioral area, may well be important variables in effective social interaction. Behavioral convergent production, abilities to generate logical conclusions from behavioral information, would seem to offer promise as well. Further research relating these measures, along with the Tests of Social Intelligence, to empathy and helper effectiveness is deemed appropriate.

Incidental Results Pertaining to Empathy

Several measures of empathy showed low correlations with each other. Kurtz and Grummon (1972) found similar low correlations among the measures of empathy in their study. Possible explanations for these results are: first, perhaps more than one empathy skill was being measured. Second, empathy functioning, in general, is inconsistent. Third, since the empathy functioning of the sample in the current investigation was somewhat low, there could be some inconsistency in functioning related to this particular sample. Further research is needed to clarify this issue. Until the question is resolved, caution should be exercised in generalizing from these findings to other measures of empathy.

Egan (1975a) has divided empathy into two distinct skills, primary and advanced. Carkhuff (1969a) has treated primary and advanced empathy as two levels of one basic empathy skill. Findings in this research shed some light on that controversy. As rated by trainers and peers,
primary and advanced empathy correlated .85 in trainer ratings and .81 in peer ratings. Although it may be heuristically beneficial to treat primary and advanced empathy as separate skills, these data suggest little empirical justification for the separation.

**Summary**

The claim for independence of social intelligence and measures of academic aptitude and achievement was not supported by the results of this study. The ACT Composite score was judged to be the prime predictor of empathy. Also related to empathy functioning were three measures of social intelligence: Expression Grouping, Missing Cartoons, and Social Cognition Composite. By means of multiple regression analyses, the social intelligence measures related to outcome were found to add little to the outcome variance accounted for by the ACT score. However, when all the predictor variables were analyzed together and assigned the optimal regression weights, the other predictors were found to add to the prediction value of the ACT variable. GPA, in particular, functioned effectively as a suppressor variable. The findings were discussed as they related to each other and to the literature. Suggestions for future research were made. Incidental findings related to empathy were briefly discussed.
CHAPTER VI

Summary, Limitations, Conclusions and Implications

Summary

The search for selection criteria for counselor trainees and other prospective psychological help-givers has been a long-standing empirical problem. The problem is of two parts: first, the identification of those counselor characteristics related to effective helping; second, the discovery or development of measures predictive of, or at least related to, those target characteristics. Empathy, the ability to communicate an accurate understanding of another's internal frame of reference, has been defined operationally and has demonstrated a clear and consistent relationship to measures of effective counseling process and outcome. The traditional counselor selection indices, measures of academic aptitude and achievement, have consistently failed to correlate with empathy and other criteria of helper effectiveness. Social intelligence, defined as the ability to understand the thoughts, feelings and intentions of other people, is conceptually distinct from other intellective abilities and is logically related to empathy. Empirically, social intelligence as operationalized in the O'Sullivan and Guilford Tests of Social Intelligence, has been shown to be relatively independent of other intellective variables and indirectly related to empathy. Therefore, in order to further understand potential variables in counselor selection, the present study
investigated the following questions:

1. Are scores on the Tests of Social Intelligence related to ACT scores and undergraduate GPA?

2. Are ACT scores and undergraduate GPA related to the empathy functioning of undergraduate students who complete a helper training program?

3. Are scores on the Tests of Social Intelligence related to the empathy functioning of undergraduate students who complete a helper training program?

4. Are scores on the Tests of Social Intelligence related to the empathy functioning of those who train undergraduate students in helping skills?

The sample consisted of 31 students who signed up for a course on helping skills designed by the experimenter. Students were non-systematically assigned to groups. Trainers were matched for social intelligence and experience level, and trainer pairs were randomly assigned to groups. At the beginning of training, predictor data, Tests of Social Intelligence, GPA, and ACT scores, were gathered. After ten weeks of training, which focused primarily on empathy and secondarily on other helping skills, outcome measures of trainer and trainee empathy functioning were taken. Measures included: judges' ratings of students' taped and written empathy responses according to the Carkhuff Empathic Understanding Scale, peer and trainer rankings and ratings of member empathy functioning, and members' ratings of trainer empathy on the Barrett-Lennard Relationship Inventory. Correlational procedures were used to test the relationships among predictors, as well as the relationship between predictors and outcome measures.

Hypothesis testing yielded the following results: three social intelligence measures, Missing Cartoons, Expression Grouping, and Social
Cognition Composite, were related to ACT scores; two, Missing Cartoons and Social Cognition Composite were related to GPA. GPA was not related to any measure of empathy. ACT scores and Missing Cartoons correlated with tape-rated empathy; Expression Grouping correlated with written empathy. On within-group primary and advanced empathy rankings, ACT and Social Cognition Composite scores received limited support as predictors of empathy functioning. On trainer and peer ratings of empathy, ACT and Missing Cartoons scores were consistently correlated with outcome. Expression Grouping and Social Cognition Composite scores were related to trainer ratings of primary and advanced empathy. Finally, the empathy of trainers was related to their scores on Expression Grouping.

Since the three social intelligence measures related to outcome were also highly correlated with ACT scores, multiple regression analyses were employed to determine whether or not the social intelligence measures added to the prediction value of ACT scores. Results of the regression analyses indicated: first, the previously significant social intelligence measures added little to the variance accounted for by ACT scores; second, GPA and the five measures of social intelligence, when properly weighted, did add noticeably to the outcome variance accounted for by the ACT variable; third, GPA generally received a high negative regression weight and was, therefore, seen to function as a suppressor variable correcting for error in ACT prediction.

The findings were discussed as they related to each other and to the literature. Suggestions for future research were made. Incidental
findings were presented and briefly discussed.

Limitations

The present study was limited in several ways.

The first area of limitations has to do with the generalizability of the findings. The current sample consisted of undergraduates, most of whom were attempting to prepare themselves for entry into part-time paraprofessional helping positions. Overall empathy functioning, as seen from ratings of taped and written helper responses, was low for a trained group. Further research with graduate students and with groups functioning at higher levels of empathy is needed before firm conclusions can be drawn.

Second, several measures of empathy showed low correlations with each other. This suggests that the empathy functioning of students in this particular sample was inconsistent, or that empathy functioning in general is inconsistent, or that more than one empathy skill was being measured. Until this question is resolved, caution should be exercised in generalizing from these findings to other measures of empathy.

Finally, since the design of this study was correlational in nature, further research is needed to determine causal relationships among the variables studied.

Conclusions and Implications

Since three of the Tests of Social Intelligence were correlated with measures of academic potential and achievement, the claim for the independence of social intelligence and other intellectual measures is
not supported by the results of this study. Further research is needed to clarify the relationships among these variables. It seems possible that a non-linear relationship may exist.

The ACT Composite score was related to five of the six measures of empathy. ACT was clearly the prime correlate of empathy, as measured in this study. The potential of ACT variables in selecting counselors and other psychological help-givers definitely warrants further investigation.

Three of the five social intelligence measures were related with some consistency to the measures of trainer and trainee empathy. Step-wise regression analyses indicated that the significant social intelligence measures added little to the outcome variance accounted for by the ACT variable. The following conclusions can be drawn: In this sample, social intelligence was related to empathy; the contribution of the social intelligence variable as a predictor of empathy was limited, in this sample, due to high correlations with the ACT variable; further research, relating empathy to the behavioral abilities hypothesized by Guilford, seems appropriate.

For several empathy outcome measures, GPA received a relatively high, negative regression weight, indicating that it functioned as a suppressor variable correcting for error in the prediction value of the ACT variable and accounted for up to 9 percent of the variance in empathy outcome. An implication for counselor selection is that perhaps GPA should be negatively weighted in selection formulae. Further research seems appropriate.
A final conclusion is that, when used together and weighted appropriately, GPA, Tests of Social Intelligence and ACT scores can account for a sizeable percentage (up to 46 percent) of the variance in an empathy outcome measure.

Thus, the present investigation has identified variables of interest to those involved in the selection of psychological helpers. In order to clarify the effects of these variables for undergraduate and other populations, further research is needed.
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APPENDIX A


TRAINING MODEL

I. COGNITIVE INPUT (includes homework)

A. Define and describe the skill to be learned

B. Show its context — where it fits in why it is important

C. Teach the students to discriminate between effective skill levels.

II. MODELING

Demonstrate effective and, when appropriate, ineffective behaviors in the skill area. Discuss.

III. PRACTICE (includes homework)

Allow students to practice the skill through clearly defined activities.

IV. FEEDBACK

Students and trainers give feedback to practicing member according to feedback checklist. Practicing member is encouraged to try again to improve functioning.

V. EVALUATION (to be done as homework)

Students are rated by trainers and members on behavioralized nine-point scale.
TRAINING GOALS

I. UNDERSTANDING

II. DISCRIMINATION

III. EFFECTIVE COMMUNICATION

IV. EVALUATION

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<td>EVALUATION</td>
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COURSE CONTENT OVERVIEW

I. PRE-TRAINING SKILLS (one session)
   a. Getting Acquainted
   b. Effective Feedback
   c. Self-Exploration

II. PRE-HELPING SKILLS (one session)
   a. Physical attending behavior
   b. Psychological attending behavior

III. STAGE I SKILLS (6 sessions)
   a. Primary Empathy
   b. Concreteness
   c. Respect
   d. Genuineness
   e. Putting it all together

IV. STAGE II SKILLS (4 sessions)
   a. Advanced Empathy
   b. Confrontation
c. Self-disclosure

d. Immediacy

e. Putting it all together
INITIAL SESSION: PRE-TRAINING SKILLS:

EFFECTIVE FEEDBACK, GETTING ACQUAINTED, SELF-EXPLORATION

GOALS

1. Student understanding of what effective feedback is and how it relates to the training and helping processes.

2. Student ability to give effective performance and personal feedback.

3. Students getting to know each other.

4. Student understanding of self-exploration and its relevance to the training process.

5. Student ability to self-explore in the group.

I. COG NITIVE INPUT

A. FEEDBACK

1. "Feedback" is a way of helping another person to consider changing his behavior. It is communication to a person (or a group) which gives that person information about how he affects others. As in a guided missile system, feedback helps an individual keep his behavior "on target" and thus better achieve his goals.

Some criteria for useful feedback:

a. It is descriptive rather than evaluative. By describing one's own reaction, it leaves the individual free to use it or not to use it as he sees fit. By avoiding evaluative language, it reduces the need for the individual to respond defensively.

b. It is specific rather than general. To be told that one is "dominating" will probably not be as useful as to be told that "just now when we were deciding the issue you did not listen to what others said and I felt forced to accept your arguments or face attack from you."

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c. It takes into account the needs of both the receiver and giver of feedback. Feedback can be destructive when it serves only our own needs and fails to consider the needs of the person on the receiving end.

d. It is directed toward behavior which the receiver can do something about. Frustration is only increased when a person is reminded of some shortcoming over which he has no control.

e. It is solicited, rather than imposed. Feedback is most useful when the receiver himself has formulated the kind of question which those observing him can answer.

f. It is well-timed. In general, feedback is most useful at the earliest opportunity after the given behavior (depending, of course, on the person's readiness to hear it, support available from others, etc.).

g. It is checked to insure clear communication. One way of doing this is to have the receiver try to rephrase the feedback he has received to see if it corresponds to what the sender has in mind.

h. When feedback is given in a training group, both giver and receiver have opportunity to check with other's in the group the accuracy of the feedback. Is this one man's impression or an impression shared by others?

Feedback, then, is a way of giving help. It is a corrective mechanism for the individual who wants to learn how well his behavior matches his intentions and it is a means for establishing one's identity--for answering Who Am I?

2. TWO TYPES OF FEEDBACK: Personal and Performance

In both types of feedback personal reactions are shared.

a. Personal Feedback: the emphasis is on sharing feelings.

   e.g., "When you did ____, I felt _____."

b. Performance Feedback: here the emphasis is on sharing a perception or a thought about the effectiveness of a behavior.

   e.g., "When you did ____, I thought it was effective."

B. SELF-EXPLORATION

1. DEFINITION: Self-Exploration means to examine and talk about one's feelings, attitudes, motivations, experience, and behavior in a given area, often a problem area.
2. Where it fits into the helping processes.
   a. In the initial stages of the helping process, the helpee’s main job is to self-explore. It is important for the helper to be skilled in self-exploration, so that he can assist the helpee in developing that skill.
   b. Self-exploration is necessary since practically all helpers have personal concerns and issues which hamper their effectiveness and need to be dealt with.
   c. Self-exploration or being open about one's own experience is at the basis of important helper skills, e.g., genuineness and self-disclosure and, to a lesser extent, confrontation and immediacy.
   d. Read Egan workbook, pp. 4-6, for more information.

3. Where self-exploration fits in the training process.

   In this training course you will be functioning both as helper and as helpee in practice sessions. In order for you to be able to function effectively as helpee, you need to be able to self-explore in areas of your own choosing.

II. PRACTICE EXERCISES

A. OBJECTIVE FEEDBACK ON APPEARANCE (10-15 minutes)

   1. Members of the group, including trainers, pair up preferably with someone you don't know. Stay in the room. Designate one partner A and one B.

   2. Trainer models giving 2 or 3 minutes of specific, descriptive non-evaluative feedback about the physical appearance of the partner. E.g., Eyes are bluish-gray. Nose is turned up slightly. Hair is long, about 2 feet in length, Weight is about 135 lbs, etc.

   3. Group as a whole performs exercise, starting with partner A, then switching to partner B after 2 or 3 minutes.

   4. Discuss briefly.

B. INTRODUCE EACH OTHER BY PAIRS (PETER, PAUL)

   1. Stay with present partner (trainers, too).

   2. Partner A spends 5 minutes talking about himself:
Why he wants to be a helper.
What he hopes to gain from the course.
What strengths and weaknesses does he see in himself as
a relating person.
Partner B listens, reflects, clarifies, elicits further
information.

3. Switch roles (5 minutes)

4. Partner B introduces partner A to group.
Partner A remains silent.

5. At the end of his introduction Partner B uses the fol-
lowing format to give to Partner A a piece of construc-
tive positive feedback and a piece of constructive nega-
tive feedback (personal feedback):

"When you did/said ____, I felt happy,
  warm,
  impressed,
  attracted to you, etc."

"When you did/said ____, I felt threatened,
  confused,
  angry,
  puzzled,
  uncomfortable, etc."

6. If the feedback is unclear, B is asked to clarify it.

7. Partner A introduces partner B and gives personal feed-
back as outlined above.

8. Do for each set of partners.

9. Before processing, go around group once more. This
time partner B gives A performance feedback, positive
and negative, about A's introduction of B and/or about
A's feedback of B.

   For example: "In your introduction when you left out my
   strengths as a potential helper, I thought
   that was ineffective."
   or
   "I thought your summary of how my high
   school experiences related to my present
desire to be a helper was concise and
   accurate."

10. A gives performance feedback to B. Go around room.

11. Briefly discuss reactions to the experience.
III. HOMEWORK

A. Read Danish and Hauer, pp. 3-5 and pp. 13-14.

B. Do exercise #1 in Egan Workbook, pp. 4-9.
PRE-HELPING SKILLS

ATTENDING BEHAVIOR

GOALS

1. Student understanding of what effective physical and psychological attending behavior is and how it relates to the helping process.

2. Student ability to discriminate between attending and non-attending behaviors.

3. Student mastery of effective physical and psychological attending skills.

I. COGNITIVE INPUT

A. PHYSICAL ATTENDING – The manner is a message.

1. How the helper physically presents himself to the client communicates.
   a. how he feels toward the client, whether or not he cares.
   b. whether or not he is listening.

2. Important areas of physical attending.
   a. Eye contact – should be maintained
      -Looking at the person says "I'm interested"
      -Staring blankly or looking elsewhere says, "I'm not paying attention"
      -Staring probingly says, "I'm invading you"
      -Looking away often to break eye contact says, "I'm uncomfortable with you"
   b. Extremities – a little movement is the best
      -Figeting says, "I'm impatient" or "I'm uncomfortable"
      -Picking your nose says, "I don't care about your feelings"
      -Playing with things says, "I have better things to do"
      -Nodding head says, "I understand" or "I agree"
c. Posture - should be attentive yet relaxed
   - Facing other person squarely in an open stance
     says, "I'm open to you"
   - Facing away or maintaining a closed stance says,
     "I'm closed to you"
   - Relaxed posture says, "I'm comfortable with you"
   - Leaning slightly forward says, "I'm interested"
   - Slouching says "I can't get up for this discussion"

d. Voice Tone - moderate volume, well modulated.
   - Flat monotone says "I'm not interested"
   - Overinflected tone says, "I want to impress you
     with my interest in you"
   - Too loud says, I want to overwhelm you"
   - Too soft says, "I'm not sure of myself"
   - Moderate volume, well modulated says, "I'm relaxed
     and interested"

e. Facial expressions - can have many meanings.
   Important to be alert vs. bored. Pleasant vs.
   grouchy.

3. Read Egan pp. 61-67; Danish and Hauer, pp. 15-20 for
   further didactic material.

B. PSYCHOLOGICAL ATTENDING

1. DEFINITION: Psychological attending refers to the
   actual internal state of paying attention to another.
   It includes:

   a. watching non-verbal behavior

   b. listening to what is said verbally.

2. Elaboration

   a. listening to the verbal message, the helper can
      learn the content associated with a feeling and
      can often assess the feeling itself.

   b. attending to non-verbal communication can come to
      understand not only the type of feeling expressed
      by the client, but also the intensity or level of
      the feeling.
      e.g., The verbal statement, "I'm angry" can mean
      anything from "I'm a little put off, but secretly
      pleased" to "I'm furious."

   c. It's important to realize that often the verbal and
      non-verbal expressions of feeling are not consistent.

   d. Read Egan, pp. 67-70 for more information.
II. 

**DISCRIMINATION AND MODELING EXERCISES**

A. **LIVE MODELING**

1. Trainers model 3 or 4 1-minute helping segments in a helper-helpee dyad, showing different levels of effectiveness in physical attending behavior. e.g., Ludicrous to OK to good to very good.

2. Members rank segments from most effective to least effective.

B. **VIDEO MODELING**

Same as above, except use video.

III. **PRACTICE AND FEEDBACK**

A. **PHYSICAL ATTENDING BEHAVIOR**

1. Break into two groups, one trainer and 1/2 the members in each group.

2. Assume helper-helpee dyads. Helpee begins to self-explore in an area of his choice, using real - not role played - material. Helper listens, responds and attempts to exhibit effective physical attending behavior (Go for 2-3 minutes).

3. Give feedback to helper (observers and trainer - importance of observers as givers of feedback can't be overstressed.) It may be appropriate to tell the helper to freeze in a particular position to help bring home a specific point. To assist in the feedback process, members and trainers might use checklist on pp. 19-20 of Danish and Hauer.

4. Rotate so that all members have a chance to be helper.

B. **PSYCHOLOGICAL ATTENDING TO NON-VERBAL BEHAVIOR**

1. Stay in 2 groups.

2. Trainer assume role of helpee, one member of group becomes helper. (Note trainer should use real material to model self-exploration.)

3. Helper and observers are instructed to watch Trainer's non-verbal behavior.

4. At the end of 5-minute interchange, ask helper and observers to write down what they observed in trainer's non-verbal behavior. They are to do so in non-evaluative way.
e.g., "Trainer fiddled with hands" not "Trainer appeared nervous"

5. Members share what they have written down with the group.

6. Chances are members will miss many non-verbal cues. If time permits repeat exercise.

C. PSYCHOLOGICAL ATTENDING TO VERBAL BEHAVIOR

1. Stay in small groups.

2. Instruct members to assume effective physical attending postures and to listen carefully to what the trainer is about to say.

3. Trainer makes extended (approximately 60-second) helpee stimulus statement - again using real material.

4. Members are then asked to summarize in their own words what the trainer said.

5. Members share their summaries.

6. Repeat if necessary.

IV. HOMEWORK

A. Hand-out feeling word vocabulary list for members to study.

B. Assign a couple of the primary level empathy homework exercises in Egan workbook, beginning on p. 23.
## FEELING VOCABULARY
### Positive Feelings

<table>
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<th>Intense</th>
<th>Strong</th>
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<th>Mild</th>
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### FEELING VOCABULARY

#### Negative Feelings

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EMPATHY: PRIMARY LEVEL

GOALS

1. Student understanding of what primary level empathy is and how it relates to the helping process.

2. Student ability to discriminate between empathic and non-empathic communication.

3. Student ability to recognize and label helpee feelings and understanding content of helpee communication.

4. Student ability to communicate this understanding of feelings and content at a primary level of empathy.

5. Evaluation of student performance with respect to primary level empathy.

I. COGNITIVE INPUT

A. DEFINE AND DESCRIBE

1. PRIMARY EMPATHY: Helper communicates an accurate understanding of the client's experiences and feelings that are explicitly stated and readily available to the clinic perception.

2. ADVANCED EMPATHY: Helper probes more deeply to communicate an accurate understanding of feelings, experiences and motivations that the client expresses in implicit ways and that are not so readily available to the client's awareness.

3. EMPATHY INVOLVES: An understanding of feelings and content in helpee's statement and a verbal and non-verbal communication of that understanding by reflecting back the CORE of the feeling and/or content of the helpees communication.


B. CONTEXT

1. Empathy is the foundation of helper communication skills--ability to understand what a person is saying.

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2. Effects of Primary Empathy and its relationship to helping process.
   a. Establishment of rapport with helpee—"at last I'm being understood."
   b. Breeds trust and openness.
   c. Encourages client self-exploration, which is a major goal of Stage I.

C. DISCRIMINATION

1. Recognition and Labeling of Feelings.
   a. Feelings differ in two ways.
      - General type of emotion expressed, e.g., happy vs. sad.
      - Intensity of the emotion, e.g., irritated vs. furious.
   b. To be most effective on empathic response needs to be accurate in both respects.
      - Verbal: what person says.
      - Non-verbal: voice tone, facial expression, body movement, posture. NOTE: this is a very important source of data.
      - Read Danish and Hauer, pp. 61-66.

D. DISCRIMINATION EXERCISES IN RECOGNITION AND LABELING OF FEELINGS

1. (Homework) Ways of expressing feelings
   Egan Workbook, Exercise #12, pp. 23-29.

2. (Homework) Expanding Feeling Vocabulary
   Egan Workbook Exercise #13, p. 29-31.

3. (Homework) Feeling Vocabulary
   Study list of positive and negative feelings of various intensities.

4. (Homework) Read Danish and Hauer, pp. 61-66.

5. (Homework) Passive Discrimination of Feelings and Content
   Egan Exercises, #14 and #15, Workbook, pp. 31-38.

6. Feeling Recognition Exercise — using verbal and non-verbal cues. Directions: Take 10-20 feeling words of various types and intensities, put each on a slip of paper and put papers (folded) in a container. 4-part exercise:
a. One group member draws a slip and tries to communicate the feeling using verbal cues only. (Don't use actual word.) Speak in monotone voice, with back to group, no facial expression, no gestures, no postural cues. Other members of group write down the feeling they think is expressed. Group members share the feeling label they wrote down. Option: can spend some time discussing just what cues led to the perception of particular feelings. (Repeat once or twice).

b. Group member draws a slip of paper, turns back on group, and attempts to communicate feeling by reciting ABC's and using only vocal cues (voice tone, tempt, etc.) continue as in No. 1. (Repeat once or twice).

c. Member draws slip and attempts to communicate feeling using gestures, postural cues and facial expressions but not vocal cues whatsoever. Same as above. (Repeat once or twice).

d. Optional. Same as above except use all verbal and non-verbal sources of cues to communicate feeling.

e. Discussion afterwards:
   -Which cues about feelings carry the most weight?
   -When is it easiest to recognize feelings?

7. (Homework) Active Discrimination of Feelings and Content. Egan Workbook Exercises #16 and #17, pp. 38-41.

8. Make up an audio tape with helpee stimulus statements. Play a statement for the group and have members write down the feeling and/or the content expressed. Discuss and give feedback.

9. (Homework) Watch people—teachers, classmates, bartenders, friends, family—listen and watch for verbal and non-verbal indicators of emotion. Write them down, report to group.

10. (Homework) Watch TV without the sound—look for non-verbal cues of emotions. Write down, report to group.

E. MORE DISCRIMINATION

1. The distinction between Primary level Empathy and Advanced Empathy is an important one. See Egan, pp. 76-79. Work more on this when we get to Advanced empathy.
2. Another important distinction is the difference between empathic communication and non-empathic communication.

a. Examples of Non-Empathic Communication
   The 12 Roadblocks to Communication, see Handout)

b. Common mistakes mentioned by Egan (pp. 79-88)
   -Overlooking the feeling
   -inappropriate questions
   -reassuring cliches
   -jumping prematurely to advanced empathy
   -jumping prematurely to action phase
   -Inaccurate reflection
   -missing the point of a feeling on content
   -missing the level of a feeling—either toning down a strong feeling or exaggerating a mild one.
   -feigning understanding
   -parroting
   -using inappropriate language
   -too sophisticated for the person being dealt with
   -too obvious of an attempt to speak someone else's language.
   -longwindedness—talking too much

c. Other important discriminations
   -Timing—letting client ramble vs. jumping in too quickly (Egan, pp. 82-84)
   -Responding to feelings and content. Sometimes it is o.k. to respond to just the feeling or just the content (Egan, p. 87).
   -Questions: When are they appropriate? How to ask them. (Egan, p. 88).

d. Summary of Rules for use of Primary level Empathy.
   Egan, p. 89.

F. DISCRIMINATION EXERCISES: DISCRIMINATING BETWEEN EMPATHIC AND NON-EMPATHIC COMMUNICATION

1. Hand-out 12 Roadblocks to Communication. Assign a Roadblock to each member of the group. A leader or group member gives a helpee stimulus statement. The group member assigned Roadblock #1 responds in an ordering, directing, commanding way. Then a leader or group member responds empathically. Note the difference. Continue around the group until the 12 Roadblocks have been covered. Discuss how roadblocks hamper effective communication.
2. Exercise similar to A above. Instead of using 12 Roadblocks use the Common Mistakes Mentioned by Egan as listed above.

3. a. Using audio or video tape. Leaders engage in helper-helpee dialog. Helper varies level of empathy. Group listens to (or views) tape and notes effectiveness of responses on Carkhuff rating scale (see Evaluation).

   b. Discuss why responses were effective or ineffective.

II. MODELING

A. Video or Audio tape modeling high skill level on empathy dimension. Group views (listens) and discusses.

B. Live modeling of effective counselor behavior on empathy dimension.

C. In deciding to use either live or taped modeling, the following factors should be kept in mind.

1. Its often easier to build in teaching points into a taped model.

2. Mistakes can be corrected with the taped modeling.

3. Live modeling is usually more powerful.

4. Ineffective behaviors in the live modeling situation can be acknowledged and thus add to the learning.

III. PRACTICE

A. PRACTICE PROGRESSION IN EMPATHY COMMUNICATION

1. Practice in communication of empathy should begin in a structured way. At first helper should be confined to "you feel (a feeling word) responses, during 5-minute helper-helpee interchanges. Once that skill is mastered, then proceed to "you feel (one word), because (brief content statement." After that students should be encouraged to respond in a free-response style. However, make sure they continue to reflect feelings when responding. Often, in the free response stage, students tend to leave out the feeling.

It may be appropriate for the leaders to model the primary empathy response skill after the members have had a chance to practice and experience the difficulties involved. This is especially appropriate before getting into the free response style.
B. PRACTICE EXERCISES

1. (Homework) Communicating and understanding of feelings. Egan Workbook Exercises, #18 and #19, pp. 42-47.

2. (Homework) Communicating an understanding of content. Egan Exercises #21 and #22, pp. 47-53.

3. (Homework) Feeling and content structured response style and free style. Egan Exercise 23, pp. 54-56.

4. (Homework) Feeling and content; free style responses to helpee statements in Danish and Hauer, pp. 41-46.

5. Break into two small groups. (Helper, helpee, observers and one trainer in each group.) Have five-minute helper-helpee dialogs (using real group member material, e.g., how I see myself as a helper) during which helper responds "You feel (one word feeling)." Observers make written notes on the feeling word responses and give feedback to the helper at the end of the dialog on the accuracy of his feeling reflections. If helper missed with his reflections, give him a chance to replay the dialog and improve his performance. Rotate so that everyone has a chance to be helper. NOTE: The feedback part of this exercise can drag. Encourage observers to give cheer, honest, brief, feedback. Repeat exercise if people continue to miss the mark.

6. Same as A above except helper responds with "You feel ___ because ___." Again, the observer role of clear, concise feedback providers is very important.

7. Same as above except helper responds in his own style. Observers make sure that feelings get reflected in an accurate way. Interchanges between helper and helpee may be lengthened to 10 minutes.

In facilitating the helper/helpee dyads, the trainer may decide to stop the action in the middle of an interchange to give feedback and suggestions "while they're hot." This will enable a helper to immediately rectify ineffective responses.

8. (Homework) Practice free-style empathy responses with friends and acquaintances. Observe their reaction. Report to group.

IV. FEEDBACK

A. FEEDBACK CHECKLIST FOR EMPATHY

1. Did helper accurately label the type of feeling?
2. Did he accurately reflect the intensity of the feeling? verbally? non-verbally?

3. Did he accurately reflect the core of the content? succinctly?

4. How was the timing of the responses? Was the helpee allowed to ramble?

5. Were the responses to the point, yet flexible enough for the helpee to affirm, deny or shift emphasis.

6. Did the responses encourage the client to further self explore.

7. Were questions used too frequently? Inappropriately?

V. EVALUATION

A. INSTRUCTIONS:

1. Each member will be rated by his peers and by the trainers on the scale that follows.

2. A copy of the scales should be given to members before practicing so that they can refer to it.

3. When the practicing for a particular dimension is over, members and trainers assign a rating (from 1-5, see scale) to each member they have observed. This is to be done as a homework assignment.

4. The rating of 3.0 is considered minimally facilitative.

5. Use these instructions for each of the skills to be covered.

B. EVALUATION SCALE

1. Counselor responses ignore or detract significantly from the feeling and content expressed by the helpee. Helper shows no awareness of helpee feelings.

1.5

2. Counselor communicates some awareness of helpee's feelings and experience. However, counselor responses are usually off target and detract somewhat from what the client is saying.

2.5
3. Counselor communicates an awareness of helpee's expressed feelings and experience. While helper responses are not always accurate, they are close enough so as not to detract noticeably from what helpee is saying.

3.5

4. Counselor consistently communicates an awareness of the helpee's feelings and experience. Helper responses are usually accurate with respect to feelings and content.

4.5

5. Counselor seems to know exactly what the helper is feeling and saying. Helper responses are always accurate and timely.
CONCRETENESS

GOALS

1. Student understanding of what concreteness in communication means and how it relates to the helping process.

2. Student ability to discriminate between concrete and vague communications.

3. Student ability to speak concretely about feelings, experiences and behaviors.

4. Evaluation of student performance on the concreteness dimension.

I. COGNITIVE INPUT

A. DEFINE AND DESCRIBE

1. Concreteness involves being:
   a. Specific vs. general
   b. Clear vs. vague
   c. Personal vs. impersonal
      People just don't understand me vs. Joe and Sally and Pete don't understand me. "You" when mean "I."

2. Concreteness applies to communications about:
   a. Feelings
   b. Experience
   c. Behavior

3. See the Skilled Helper pages 100-106 for examples and further information.

B. CONTEXT - How concreteness fits into helping process and with the other dimensions.

1. Invites client to more specific in his self exploration.

2. Important because vague exploration leads to even more vague understanding, which leads great difficulty in setting specific, effective action plans.

4. Note: Help see vagueness is often a cue to a problem area. 
Concreteness often painful to client - retreats to 
vagueness. Can't get help if he stays there.

5. Concreteness is important in other dimensions. 
   a. Empathy - vagueness detracts from accuracy. 
   b. Confrontation - vagueness takes away potency. 
   c. Immediacy - vagueness takes away potency. 
   d. Genuineness - concreteness adds to credibility.

C. DISCRIMINATION

1. Effective concreteness: 
   Counselor behaviors
   a. Responding with as concrete a reflection of feeling 
      and content as possible, even when client is vague. 
      (Example: Egan, p. 103).
   b. Do not allow the client to ramble about irrelevant 
      and vague material.
   c. Ask the client directly for more specific information 
      to clarify vagueness.
      "-What ..."
      "-How ..."
      "-With what feeling ..."
      -Not "Why ..."
      -Follow up with empathetic reflection.
   d. See Egan, pp. 100-104 for examples.

2. Discrimination Exercises - HOMEWORK
   a. (HOMEWORK) Exercises #8 - #11 in Egan Workbook 
      (pp. 15-22). 
      Discriminating between vague and concrete statements 
      about feelings, experiences and behaviors.

II. MODELING

A. The following can be done live or with video tape.

1. Role Play - vague, rambling client.
   Leader models - concrete responses
   -interruption of rambling
   -asking questions to stimulate concrete 
   responses
   Discuss with group.

2. Real situation - leader models different low and high 
   levels of concreteness, (See evaluation scale).
Have a group rank modeling segments from most effective to least effective.

Discuss.

III. PRACTICE

A. (HOMEWORK)

Workbook pp. 15-22
Exercises #8 - #11

B. Break into two small groups, Helper - helpee dyads (using real material) Helper gets feedback from observers and trainer on concreteness. Use free response style. Look at empathy also.

C. Role play - Helpee plays vague, rambling client.

Helper attempts to be concrete, interrupts rambling, elicits concreteness from helpee.

Get feedback from observers and trainer.

IV. FEEDBACK

A. FEEDBACK CHECKLIST

1. Helper deals with vs. avoids helpee's personally relevant material.

2. Helper - specific vs. vague in labeling feelings.

3. Specific vs. vague in discussing the helpee's experience.

4. Helper is specific vs. vague in discussing the helpee's behavior.

5. Helper allows helpee to ramble.

6. Helper uses the word "you" to mean "I" or talks about people in general vs. the specific person in question.

V. EVALUATION

A. INSTRUCTIONS (Same as with Empathy)

B. EVALUATION SCALE (HOMEWORK)

1. Helper leads or allows all discussion to deal with vague, impersonal generalities, avoids personally relevant specific situations and feelings, or stays at an abstract, intellectual level.
2. Helper leads or allows some discussion of personally relevant material, but mainly stays at a vague, abstract, or intellectualized level.

3. Helper at times encourages discussion of personally relevant material in specific and concrete terms; some areas of concern, however, are not dealt with concretely or developed fully.

4. Helper is usually able to guide the discussion to focus on personally relevant material in a specific and concrete way.

5. The helper is always able to facilitate the direct expression of all personally relevant feelings and experiences (regardless of content) in concrete and specific terms.
RESPECT

GOALS

1. Student understanding of what the communication of respect means and how it relates to the helping process.

2. Student ability to discriminate between effective and ineffective levels of respect during early and later stages of helping.

3. Student ability to communicate respect in helper—helpee interactions.

4. Evaluation of student performance on the respect dimension.

I. COGNITIVE INPUT

A. DEFINITION AND DESCRIPTION

1. **Respect** — a set of counselor behaviors in which the counselor communicates that he values the helpee as a human being, that he sees the helpee's feelings, thoughts and experience as worthy of consideration, and that he believes in the helpee's ability to grow and change in healthy ways. It can be expressed verbally, but more often is communicated nonverbally. It is active — involving the performance of respectful behaviors — and passive — the avoidance of disrespectful behaviors.

2. See Egan, pp. 94–100.

   Carkhuff (Vol. 1) pp. 205–6 for further information.

B. CONTEXT — where it fits in and why it's important

1. Implied in other dimensions

   a. Attending behavior says, "I'm listening," communicates respect.

   b. Empathy says, "What you have to say is important and I want to understand it."

   c. Genuineness and Confrontation say, "I respect your strength and your resources enough to share how I'm feeling with you."

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d. Self Disclosure says, "You're someone I want to share myself with."

2. Importance of respect in helping
   a. Establishes trust level, client feels cared about.
   b. Facilitates client self-exploration, client feels accepted, not judged.
   c. Provides a basis from which client can learn to respect himself.

C. DISCRIMINATION

1. Respect is
   a. caring for client's physical comfort, e.g., taking coat, offering chair, etc.
   b. non-sentimental warmth and caring, not exaggerated.
   c. willingness to invest time and effort in working with client.
   d. regard for client as unique.
   e. regard for client's resources and self determination
   f. assuming client's good will.

<table>
<thead>
<tr>
<th>Respect is</th>
<th>Respect is not</th>
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<tbody>
<tr>
<td>- disregarding client comfort, e.g., not offering common courtesies, having client face bright light, etc.</td>
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<tr>
<td>- coldness, exaggerated warmth, &quot;canned,&quot; phony warmth.</td>
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<tr>
<td>- attitude of &quot;this is just a job&quot; or &quot;I have to be available to client at all times, day or night.&quot;</td>
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<td>- seeing client as problem type rather than a person.</td>
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<tr>
<td>- seeing client as inferior helpless person to be manipulated.</td>
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<td>- communicating suspicions about client's motives.</td>
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2. Respect in early phases of helping vs. later phases.
   a. Early phases

   Counselor suspends critical judgments; attempts to understand helpee from helpee's point of view; frees helpee to self-explore without fear of criticism.

   On the other hand, counselor does not condone or show approval for maladaptive behavior; he merely refrains from showing disapproval.
The only expectation the helper communicates is that the client self-explore (Example: Egan, p. 98).

b. Later phases

Counselor shows respect by being more conditional in his regard. His behavior may sometimes communicate the message: "I respect you enough to know that you can do better." Helper still shows warmth and caring, but is freer to express himself in a more genuine, spontaneous, confrontive way.

3. See evaluation scale for respect for discrimination between high and low skill levels on the respect dimension.

II. DISCRIMINATION EXERCISES AND MODELING

A. (HOMEWORK) Think back upon interpersonal situations in which you felt less important than the other person. What was it about their verbal and non-verbal behavior which contributed to this feeling? e.g., looking at watch. Write a brief outline of the verbal and non-verbal disrespectful behavior.

B. (HOMEWORK) Watch T.V. for 1/2 hour, preferably during afternoon soap opera, with no sound. Watch for non-verbal cues of respect and disrespect. Write them down.

C. (HOMEWORK) Make a list of non-verbal disrespectful behaviors.

D. Trainers or members make video tape illustrating high and low levels of respect. Show to group and discuss verbal and non-verbal respect cues.

E. Live modeling of an interchange, showing high and low levels of respect. Discuss with group.

F. Have members role play 5 levels of respect. See EVALUATION for description of each level.

G. Role Play

   Situation A. Helper shows sentimental or exaggerated warmth.
   Situation B. Helper shows genuine and appropriate warmth.

III. PRACTICE AND FEEDBACK

A. ROLE PLAY

   1. Break into two small groups.
2. Trainer or member role plays a delusional client who thinks he's Napoleon, Joan of Arc, etc.

3. Let members take helper role and attempt to communicate an appropriate level of respect for the initial stages of counseling. (Keep in mind that at a later stage of counseling a respectful response might be "I don't want to hear that crazy talk") 5 minutes.

4. Give feedback and allow "do-overs."

B. HELPER-HELPEE INTERCHANGES USING REAL MATERIAL

1. Break into two small groups, use helper – helpee dyads, five minute interchanges.

2. Observers watch for levels of respect, use feedback checklist.

3. Give feedback, allow do-overs.

C. SAME AS ABOVE EXCEPT, in step two, split observer role. Have some observers watch for respect, others for accurate empathy.

IV. FEEDBACK CHECKLIST

See Checklist on p. 59 of Egan Workbook.

V. EVALUATION (HOMEWORK)

1. Helper does not pay attention to the helpee. Helper communicates a total disregard for the feelings, experiences and potential of the helpee.

1.5

2. In many ways helper communicates disregard for the feelings, experiences and potentials of the helpee, e.g., helper responds passively or mechanically, ignores many of the helpee's feelings.

2.5

3. Through non-verbal attending behavior and attempts to understand helpee, the helper shows concern for the helpee's feelings, experiences and potentials.

3.5

4. Helper communicates a very deep concern for the feelings, experiences and potentials of the helpee, which enables the helpee to feel free to be himself and valued as an individual.
4.5

5. Helper communicates the very deepest respect for the helpee's worth as a person and potentials as a free individual.
GENUINENESS

GOALS

1. Student understanding of what genuineness in communication means and how it relates to the helping process.

2. Student ability to discriminate between high and low level genuineness, between appropriate and inappropriate uses of genuineness.

3. Student ability to communicate genuineness in helper-helpee interactions.

4. Evaluation of student performance on the genuineness dimension.

I. COGNITIVE INPUT

A. DEFINE AND DESCRIBE

1. Genuineness - a set of counselor behaviors (which can be learned) in which counselor communications are expressions of himself-his feelings, his being-rather than attempts to play a role or be someone else. Counselor is real, but in a helpful way.

2. See Egan, pp. 90-94 and Carkhuff (Vol. 1), pp. 208-209 for further information that is descriptive.

B. CONTEXT - where it fits in and why it is important.

1. Important early in helping to establish
   a. Credibility - client believes what counselor says
   b. Trust - client believes counselor is there to help
   c. Rapport - client likes and feels comfortable with counselor

2. Important later in helping to establish
   a. Credible self-disclosures
   b. Potent, believable confrontations
   c. Believable communications of immediacy

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d. Thought-provoking advanced empathy responses

C. DISCRIMINATION

1. Genuineness is
   a. being oneself
   b. telling the truth
   c. matter of factness
   d. spontaneity
   e. non-defensiveness
   f. open
   g. consistency between what one thinks and says, between areas verbal and non-verbal behavior or between what one says to a person and what one says about that person.
   h. self-sharing

   Genuineness is not
   a. role playing
   b. lying, stretching the truth or being rudely blunt.
   c. shiftiness
   d. rehearsed or impulsive communications
   e. defensiveness
   f. closed
   g. inconsistency in those one thinks and says, between areas verbal and non-verbal behavior or between what one says to a person and what one says about that person.
   h. secretive

2. Discrimination between genuineness in the early stages of helping vs. genuineness later in the helping process.
   a. Early in helping - the emphasis is upon not being phony while at the same time not disclosing those feelings which may interrupt the helping process, e.g., the helper may be aware of feelings of anger toward the helpee, he may decide not to share them during the first interview.
   b. Later in helping - the emphasis is on being as real and spontaneous as possible, but still in a helpful way, e.g., "I'm angry because you don't seem to be working very hard in here." NOT, "I think you're a lazy person." (angrily)

3. To discriminate between effective and ineffective levels of genuineness, must look at verbal and non-verbal behavior.

4. Discrimination examples - see Egan, p. 93.

5. See Evaluation Scale for further discrimination guidelines.
II. DISCRIMINATION EXERCISES AND MODELING

A. LIVE MODEL

Trainers or members demonstrate effective and ineffective verbal and non-verbal genuineness behaviors.

DISCUSS - what were the cues for genuineness and lack thereof.

B. TAPE

Make video or audio tape demonstrating effective and ineffective genuineness behaviors.

DISCUSS - as above.

C. ROLE PLAY - 5 levels of genuineness - see Evaluation Scale.

D. HOMEWORK

Observe people and/or watch T.V., and/or think about people you know. Who seems genuine; who, phony? What cues reveal genuineness or lack thereof? Turn in brief written report.

E. HOMEWORK

Have students make up a list of incidents in their recent past in which they avoided being genuine with people and analyze in writing how they covered up for this with their voice, words and body language. Then have them write down how they could have acted in a more genuine way.

III. PRACTICE AND FEEDBACK

A. HELPER-HELPEE DYADS

1. Break into two small groups.

2. Use helper-helpee dyads (real material) five minutes.

3. Have observers watch for level of genuineness using genuineness feedback checklist.

4. Give feedback, allow do-overs.

B. SAME AS ABOVE, EXCEPT - in step 3 split observer role.

Have some observers watch for genuineness, some watch for empathy and concreteness.

C. ROLE PLAY

1. Break into two small groups.
2. Have trainer or member role play angry, accusatory client who thinks he is not being helped.

3. Let members take helper role and attempt non-defensive genuineness (5 minutes).

4. Feedback and do-overs.

D. 1. Ask students to bring to class stimulus statements that are emotionally arousing. (intimidating, insulting, obviously flattering, sexual, etc.).

2. Address statement to member of the class who attempts to respond genuinely.

3. Feedback from observers on genuineness of response.

E. 1. Trainers being in tape with helpee stimulus statement that is confusing and practically inaudible.

2. Ask members to write down a brief response.

3. Discuss - how many members were genuine in communicating a lack of understanding?

IV. FEEDBACK CHECKLIST

See checklist on p. 58 of Egan Workbook.

V. EVALUATION SCALE (HOMEWORK)

1. Helper's verbalizations are clearly unrelated to what he is feeling at the moment, or he seems closed and defensive, or his only genuine responses are negative and appear to have a totally destructive effect on the helpee.

1.5

2. Helper responds according to prescribed role, his verbalizations seem slightly unrelated to his true feelings, or his only genuine responses are negative.

2.5

3. Helper does not seem insincere, but does little to indicate any real genuineness. Shows nothing of himself.

3.5

4. Helper responds in a genuine way with many of his own feelings and does so in a helpful way.
4.5

5. Helper is freely and deeply himself in a non-exploitative way. He is spontaneous in sharing his feelings and is open to the feelings of the client.
PUTTING IT ALL TOGETHER AT STAGE I

GOALS

1. Student understanding of how Stage I skills fit into the helping process.
2. Student ability to identify common mistakes in Stage I.
3. Student ability to communicate using Stage I skills in an integrated natural fashion.
4. Students, weak in a particular area, can improve skill level.
5. Evaluation of Stage I skills.

STAGE I

I. COGNITIVE INPUT

A. REVIEW GOALS OF STAGE I

1. Relationship building, establish trust and credibility build rapport.
2. Counselor power base, counselor becomes an important person able to influence the client in helpful ways.
3. Client Self-Exploration - client explores feelings, motivation, behaviors to pave the way for Stage II, self-understanding.

B. DISCRIMINATION

1. (HOMEWORK) DO Egan Workbook Exercise #27, p. 60-67.
2. (HOMEWORK) Study common mistakes in Stage I (Egan Workbook, p. 60). Add to the list.

II. MODELING

Trainer modeling at this point can be very helpful in showing the student that the Stage I skills can be put together in a natural way and can help the client self explore.

A. LIVE MODEL

Ten minute interchange with one trainer as helper, one trainer as helpee. (Trainer, if you're a bit rusty on
Stage I skills yourself, you may want to rehearse this. Discuss afterwards.

B. VIDEO MODEL

Same as above.

III. PRACTICE AND FEEDBACK

A. BREAK INTO TWO GROUPS

1. Helper-helpee dyads, real material, ten minutes. Encourage members to experiment with putting the Stage I skills together in their own style.

2. Feedback - givers look for common mistakes in Stage I (Egan Workbook, p. 60)

   - each feedback giver concentrates on one of the Stage I skills; empathy, etc.

3. If the interchange is going badly, trainer makes a brief intervention in the midst of the interchange to provide immediate feedback.

4. Allow do-overs—brief ones.

B. SAME AS ABOVE

For those students whose performance on any of the Stage I skills fell below the 3.0 level, use this practice time to re-evaluate their functioning so that they can be rated at 3.0 or better.

IV. FEEDBACK CHECKLIST

See Egan Workbook, p. 60.

V. EVALUATION

1. Use four evaluate scales of Stage I in conjunction with feedback checklist. No formal evaluation necessary here.

2. If time permits - interchanges can be videotaped. Individual appointments can be made with students to view tapes and receive feedback.
ADVANCED EMPATHY

GOALS

1. Student understanding of what advanced empathy is, how it fits into the helping process, and how it differs from primary level empathy.

2. Student ability to discriminate between effective and ineffective levels of advanced empathy.

3. Student ability to communicate effectively with advanced empathy.

4. Evaluation of student functioning with respect to accurate empathy.

I. COGNITIVE INPUT

A. DEFINE AND DESCRIBE:

1. Definition: Communication of an accurate awareness of feelings and meanings that are somehow buried, hidden or beyond the immediate reach of the client.

2. Advance Empathy involves:

   a. Reflecting feelings and content which helpee implies, but does not state directly.

   b. Reflecting helpee's underlying feelings. e.g., underneath a rejected lover's hurt and anger there may be feelings of self-doubt.

   c. Speak clearly and openly about experience the client is confused or guarded about.

   d. Summarizing, putting earlier feeling and content statements into a meaningful whole.

   e. Pointing out patterns or recurring themes in helpee feelings, attitudes, behavior and experience.

   f. Pointing out connections between various parts of the helpee's problem.
g. Pointing out the logical conclusions to what the helpee is saying or doing.

h. Suggest alternate ways for the client to view his experience.

3. See Egan, pp. 134-149 for examples of the above and further description.

B. CONTEXT

1. Advanced Empathy is the key to the understanding phase of helping.

a. Gets more of the client's experience "out on the table." Helps the client take a look at feelings and behaviors that he may be overlooking, only half-realizing, or hesitant to talk about directly.

b. Invites the client to take a deeper look at himself.

c. Helps client see the bigger picture, to put things together to understand themes and patterns. Gives him a more objective point of view.

d. By adding to the client's understanding of his situation, it often helps motivate him to take constructive action.

e. Accurate understanding is essential to knowing when and how to use the other Stage II skills of confrontation, self-disclosure and immediacy.

2. Advanced empathy is based on effective Stage I skills.

a. If a solid, trusting relationship is established in Stage I, the helper's insight will be easier for the helpee to accept.

b. Accurate understanding depends on the information generated through self-exploration in Stage I. An inadequate amount of self-exploration can lead to hasty conclusions and faulty understandings, which can lead to action plans that don't work.

c. Accurate advanced empathy encourages more and deeper self-exploration and often leads to a temporary return to Stage I for more exploration. 
NOTE: The helping process rarely moves through Stages I, II and III without considerable shifting back and forth between stages.
3. Egan, pp. 132-133 gives a beautiful example of how Advanced Empathy fits into the helping process.

C. DISCRIMINATION BETWEEN PRIMARY AND ADVANCED EMPATHY.

<table>
<thead>
<tr>
<th>Primary</th>
<th>Advanced</th>
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<tbody>
<tr>
<td>1. Deals with surface feelings and content areas directly stated by the helpee.</td>
<td>Deals with implied or hidden feelings and content.</td>
</tr>
<tr>
<td>2. Response is interchangeable with what the helpee says and feels. Does not add to or subtract from.</td>
<td>Response adds to what the helpee says and feels.</td>
</tr>
<tr>
<td>3. Helper is responsive. He leaves the helpee more in control of the self-exploration.</td>
<td>Helper takes the initiative. He directs the self-exploration to a particular area.</td>
</tr>
<tr>
<td>4. Helper attempts to respond from the clients point of view.</td>
<td>Helper responds more from his own perspective. He attempts to show an objective point of view.</td>
</tr>
<tr>
<td>5. Helper more often responds to what the client has just said.</td>
<td>Helper often summarizes, refers to past helpee statements of feeling and content.</td>
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NOTE: The distinctions are not always as clear-cut as described above. For example, some summaries are more interchangeable than additive, and thus would be considered primary empathy.

D. DISCRIMINATION EXERCISES

1. Pre-exercise clarification.

   a. Low level empathy responses are called **subtractive** because they detract or take away from what the helpee has expressed. They are inaccurate.

   b. Primary accurate empathy responses are called **interchangeable** because the helper's statement is an accurate reflection of what the helpee has expressed and could be interchanged with it.

   c. Advanced accurate empathy is called **additive** because the helper's response adds to the helpee's self-understanding.
d. NOTE: according to these definitions an attempt at advanced accurate empathy which is off-target would be labeled subtractive, because of its inaccuracy.

2. Exercise

a. Trainers tape a helper-helpee dialog which contains additive (+) subtractive (−) and interchangeable (=) helpee responses.

b. Group members listen to tape and rate each helper response as +, − or =.

c. Do one response at a time and discuss what led to the ratings.

E. ADVANCED EMPATHY: HOW TO DO IT.

There are two parts to the advanced empathy skill: the awareness or understanding of the helpee and the ability to clearly and effectively communicate this understanding in a way that is acceptable to the helpee.

1. Awareness: where does it come from.

a. By paying attention to the helpee (the best source of data)

- helpee's non-verbal behavior may indicate feelings he is not expressing directly. e.g., helpee who clenches fists but is unaware of feeling angry.

- by listening for themes in what the helpee has to say, helper can come to see the bigger picture and the connections between different parts of the problem.

- by listening for what the helpee avoids or skips over briefly, helper can open up new avenues for client self-exploration, areas that the client was either unaware of or hesitant to talk about.

b. Experience with people and knowledge of psychological theory can tell the helper about what kinds of feelings and experiences tend to go together. For example, anger and sadness tend to go together. People who express a lot of anger very often have sad feelings underneath, and vice versa.
CAUTION: Something that is true for many people is not necessarily true for a particular helpee. Don't plunge into additive empathy armed only with psychological theory. Cues from the helpee are the best source of data.

c. The helper's knowledge of his own feelings and experience can be a potential source of awareness about patterns, themes and underlying feelings. For example, the helpee reports that he has just "blown" a midterm. The helper knows that he (the helper) tends to respond angrily in a similar situation. The helper watches for angry cues from the helpee, but does so with the knowledge that the helpee could be responding very differently.

DOUBLE CAUTION: It is easy for the beginning helper to project his own feelings and experience onto the client. It is important to keep an open mind. If the helper decides that something is there before he looks, he will usually "find" it.

2. Communication of advanced empathy requires that the helper squarely face the issues and communicate his insight in a clear, direct, potent way while at the same time being tactful, tentative and cautious.

a. Clear, direct, potent communication—review the concreteness dimension, if necessary.

b. Tentativeness means leaving room for the client to accept or deny the helper's insight. This is especially important for initial advanced empathy responses or in those cases when the helper is somewhat uncertain about the validity of his insight.

c. Tact means to communicate with someone in such a way as to not force a defensive response. Helper can force a defensive response when:

- His communication implies "I know more about it than you do."
- His insight is phrased in such a negatively evaluative way that, to accept the insight, the client feels he must admit he's a crummy person (see guidelines for effective feedback.)

d. Cautiousness refers to the fact that timing is important. Communications which impart a lot of new and discrepant information all at once may be difficult for the client to accept. Prepare the helpee for new insights through the use of successive approximations when possible.
e. Often it's helpful to follow advanced empathy responses with communications of respect and primary level empathy. e.g., some insights are painful; it's important to let the client know that he is respected and his pain is understood.

3. The main way to judge the success of an advanced empathy response is to watch the client's reaction. If the client refuses to accept the insight, the response is generally either inaccurate or ill-timed.

F. AWARENESS EXERCISE

1. (HOMEWORK) Purpose: to stimulate awareness of underlying feelings.
   a. Members pick 3-5 feeling words and follow the format: "When I feel ____, I also feel ______, etc.
   b. Members pick 3-5 feeling words and follow the format: "When I feel ____, underneath I often feel ______.
   c. Members pick 3-5 feeling words and follow the format: "When I feel ____, I often do ____ to hide my feeling from others."

II. MODELING

A. MODELING IS IMPORTANT FOR THIS SKILL. USE VIDEO OR LIVE MODELING

1. Helper-helpee situation (10 to 15 minutes) real material if possible.

2. Some teaching points
   - Responding to underlying feelings
   - Summarizing-helping see big picture
   - Putting different parts of the problem together or different problem areas together
   - Respond clearly and directly but do not overwhelm

3. Discuss afterwards.

   NOTE: Trainers may want to rehearse a bit before live modeling.

III. PRACTICE

1. (HOMEWORK) Egan Workbook, exercise #29, p. 68-75.

2. (HOMEWORK) Egan Workbook, exercise #31, pp. 76-79.
3. Practice at summarization. Break into 2 groups and follow Egan Workbook exercise #30, pp. 76-76. Use 5-8 minute interchanges rather than 10 minute if time is short.

4. a. Break into two groups.

b. Helper-helpee dyads, 5-8 minutes interchanges real material, encourage members to use problem areas they have dealt with before in the group so that helpers can respond with advanced empathy. However, since members know each other fairly well by now, even with new material, there should be some chance for additivity.

c. Helper uses primary level empathy until he feels the time is right (in terms of his own readiness as well as the client's) for an advanced empathy response.

d. Observers and trainer rate each helper response +, -, or =.

e. In giving additional feedback, observers refer to feedback checklist.

f. Rotate giving each person a chance to be helper.

IV. FEEDBACK CHECKLIST

A. ACCURACY OF RESPONSE

1. Was the reflection of implied feelings a hit or miss?

2. Was the summary accurate? Did it include the important points?

3. Did the helper identify themes or make connections between parts of the problem that fit together? Did he overlook important connections, or themes? Did he see connections and themes that weren't there?

B. TIMING

1. Did the helper attempt an advanced empathy response with insufficient data to do so? Did he wait too long to attempt advanced empathy?

2. Was the client ready? Did the helper give too much? Too little?
C. MANNER

1. Did the helper convey enough tentativeness so as not to force a defensive client response?

2. Was he overly tentative, so that he diluted the power of the response?

3. Was the helper clear and concrete in his response?

V. EVALUATION SCALE

1. Helper is generally ineffective in all three checklist areas. His accuracy is way off; his timing, inappropriate; his manner, ineffective; he severely inhibits client self-exploration.

1.5

2. Helper is often effective in one checklist area, but usually ineffective in the other two. For example, his manner may be appropriate but the timing is poor and accuracy is off-target. He slows down client self-exploration in deeper areas.

2.5

3. Helper is generally effective in two of the three checklist areas but sometimes ineffective with the third. For example, the helper's timing and manner are good, but when summarizing he sometimes misses a point. Still his responses often encourage deeper client self-exploration and promotes client self-understanding.

3.5

4. Helper is effective generally in all three checklist areas. He consistently facilitates deeper client self-exploration and self-understanding.

4.5

5. Helper is always effective in all three checklist areas. He maximizes client self-exploration and self-understanding.
CONFRONTATION

GOALS

1. Student understanding of what confrontation is and how it relates to the helping process.

2. Student ability to discriminate between effective and ineffective confrontations.

3. Student ability to confront effectively.

4. Evaluation of student confrontation skills.

I. COGNITIVE INPUT

A. DEFINE AND DESCRIBE

1. Confrontation is a response, based on a deep understanding of the client's feelings, experiences and behavior, that involves some unmasking of distortions in the client's understanding of himself and some (at least implied) challenge to action. As such it is an extension of advanced accurate empathy.

2. Confronting the helpee with his strength. In effect the helper says, "You have potentials, skills and resources that you aren't aware of or that you haven't developed or that you aren't using."

3. Confronting the helpee with discrepancies and self-destructive behaviors:

   a. Discrepancies (see Egan, pp. 159-160)

   b. Distortions (Egan, pp. 160-161)

   c. Games, tricks, and smoke screens (Egan, pp. 161-163)

   d. Evasions (Egan, p. 163)

B. CONTEXT

1. Confrontation is a particular type of advanced empathy. Both are attempts to add to the client's self-understanding. Whereas the advanced empathy response adds something the client wasn't fully aware of, the confrontation response adds something that is discrepant with or contrary to the client's self-understanding.
2. In its truest form, confrontation is a communication of deeper levels of respect. It says, "I know you can do something about that."

3. Why confrontation is important.
   a. Helps the client explore areas of feelings, experiences and behaviors that he has so far been reluctant to explore.
   b. Helps the client understand modes of self-destructive behavior and unused resources.
   c. Helps motivate the client to take action.
   d. Helps him learn how to confront himself.

C. HOW TO CONFRONT EFFECTIVELY

1. Motivation of the confronter is a crucial variable
   a. caring for the client; vs. getting a load off the helper's chest; the "confrontation" comes from irritation or anger and a desire to punish; based on the helper's needs, not on the client's.
      wanting him to explore and understand his behavior and to make that will help him live more effectively.
   b. an attempt by the helper vs. coming from the helper's need to put the client off and create distance. to involve himself more deeply with the client.

2. Confrontation should be proportioned to the level of trust established in the counseling relationship. When the client is more certain of the counselor's caring, confrontation is easier to accept as a genuine attempt to help. The content of the confrontation is also more credible.

3. The counselor should be aware of the client's state of mind before confronting (See Egan, pp. 106-107).

4. The method of successive approximations is important here as in advanced empathy (See Egan, pp. 167-168, for examples).

5. Tentativeness is also important here: (See Egan, pp. 166-167 and advanced empathy presentation).

6. As with any good feedback, confrontations should focus on specific observed statements and behaviors rather than on general character traits. (See guidelines for effective feedback).
7. Confrontations may take the form of:
   a. Summaries in which discrepancies are pointed out.
   b. Pointing out immediate discrepancies - e.g., between verbal and non-verbal behavior.
   c. Questions or statements.

8. Summary: Confrontation is "strong medicine" which must be used carefully. It is potentially dangerous, but also potentially very helpful.

II. MODELING AND DISCRIMINATION

A. TAPE - Trainers make tape with effective and ineffective confrontations. Play tape. Discuss each confrontation response.

B. LIVE MODEL - Role play specific discrepancy situations in helper-helpee dyad, trainer models as helper. e.g., discrepancy between verbal and non-verbal behavior or between two verbal statements, or between a verbal statement and a reported behavior.

   Helper responds in non-accusing way:
   e.g., "On the one hand, I see ______; on the other hand, I see ______; I don't understand."

C. LIVE MODEL
   Trainer A makes extended helpee statement.
   Trainer B summarizes and points out a discrepancy.

III. PRACTICE

A. (HOMWORK) Exercise 33 in Egan Workbook, pp. 84-87.

B. TAPE

1. Trainers make audio tape with extended helpee stimulus statement. Presume good relationship, unless otherwise indicated.

2. Members write down responses. To do so they have to decide:
   a. Whether or not to confront.
   b. If they do confront, what form should the confrontation take.

3. Members share responses and briefly discuss after each stimulus statement.
4. Some teaching points:
   a. Client expressing a lot of disorganization and confusion. (Perhaps primary empathy better than confrontation here)
   b. Client spends whole statement talking about how inconsiderate and crummy boyfriend/girlfriend is ... (Confrontation might focus on the helpee's avoidance of own contributing factors.) May want to pair primary empathy with confrontation, e.g., "I can see you're really pissed off at him/her." I wonder if there are ways you contribute to the deteriorating relationship.
   c. Putting things together, e.g., Client complains about being fat and lonely and that people should accept him/her regardless of looks.
   d. Client distrusting counselor. "Nobody likes me; I don't think you do either, etc." Judgment - should helper respond with primary empathy or confront on how suspicious angry behavior puts people off.
   e. Client distortion. Husband convinced that wife's desire to have a baby is somehow a rejection of him. Confrontation could suggest other ways of viewing the situation.

C. LIVE CONFRONTATIONS

1. Break into two groups.
2. Trainer confronts a member.
   a. about a strength.
   b. about a weakness (something that could be improved).
3. Members confront each other (if time permits have everyone confront everyone in the small group).
4. Discuss and give feedback.

IV. FEEDBACK CHECKLIST

A. ACCURACY of confrontation

1. Was it based on data provided by the client or was it a projection or "wild stab."

B. TIMING

1. Did helper confront when the client was not ready:
a. too soon in the relationship.

b. when the client was confused, disorganized or otherwise ill-prepared to receive a confrontation.

2. Did helper avoid confronting when it would have been helpful.

C. MANNER

1. Tentative and tactful vs. "bull in the china shop."

2. Focus on behavior rather than character traits or values.

3. Specific and clear vs. general and vague.

4. All at once and overwhelming vs. successive approximations.

V. EVALUATION (HOMEWORK)

1. Helper either ignores all discrepancies or comments on them in a totally destructive way.

1.5

2. Helper rarely comments on a discrepancy; when he does it's usually not helpful.

2.5

3. Helper raises questions about some of the helpee's discrepancies and usually does so in a helpful way. Many important discrepancies go unconfonted.

3.5

4. Helper confronts helpee directly and explicitly about many important discrepancies and does so in a helpful way.

4.5

5. Helper seems keenly attuned to helpee discrepancies. Comments on all important ones in a way that greatly facilitates the helping process.
SELF - DISCLOSURE

GOALS

1. Student understanding of what self-disclosure is and how it relates to the helping process.

2. Student ability to discriminate between appropriate and inappropriate uses of self-disclosure.

3. Student ability to self-disclose effectively in helper-helpee interactions.


I. COGNITIVE INPUT

A. DEFINITION: Self-disclosure is the communication skill in which the helper shares his own feelings, experiences and behaviors with the helpee in a way that facilitates the helping process.

B. CONTEXT: Where it fits with the other skills.

1. Empathy. The facilitative use of self-disclosure requires an accurate understanding of the client.

2. Respect. Self-disclosure implies respect for the helpee.

3. Genuineness. Self-disclosure can be an indication of high-level genuineness.

4. Confrontation. Self-disclosure can be a vehicle for mild confrontations. e.g., "In my own life, there have been times when I tried to convince myself I didn't care, when I really did care. I wonder if you're doing some of that now."

5. Immediacy. Responses on this dimension often involve self-disclosure of the helper's feelings about the helpee.

C. BENEFITS OF SELF-DISCLOSURE

1. Appropriate helper self-disclosure can facilitate client self-exploration, essential to the helping process. This is done in two ways:
a. Helper self-disclosures can model self-disclosure for the helpee.

b. Helper self-disclosure can help establish rapport.
   -build trust
   -decrease role distancing
   -increase helper's perceived attractiveness.

2. By sharing insights about his own experience, feelings and behaviors, the helper can facilitate client self-understanding in areas where he is similar to, and different from, the helper.

3. Appropriate helper self-disclosure can motivate a client to take action and can point out potentially effective courses of action.

4. Self-disclosure is a behavior that healthy, trusting people engage in. By self-disclosing, helper models effective functioning as a person.

5. See Egan, pp. 151-152.

D. DANGERS IN SELF-DISCLOSURE

1. In appropriate self-disclosures can add to the burdens of an already over-burdened client. For example, a sudden or premature helper disclosure of his own problems can confuse or frighten a client. "Who's helping whom?"

2. Inappropriate self-disclosure can distract the client from his own self exploration. (See Egan, pp. 153-154, for example).

3. Inappropriate self-disclosures can mislead the client, can cause confusion between his own experience and that of the helper.


E. GUIDELINES FOR EFFECTIVE SELF-DISCLOSURE

1. Self-disclosure is for the client, not for the helper; e.g., self-disclosures designed to elicit amazement or sympathy from the client are inappropriate. The motive is important.

2. Self-disclosures should not take the focus off the client. They should not be overused.

3. Use self-disclosure very sparingly in early counseling sessions. Premature self-disclosure by the helper can scare or overburden the client. e.g., "How can he help me?"
4. Usually, self-disclosures which share feelings are more effective than secret-sharing or relating one's life history.

5. It's often helpful to include an empathic response with a self-disclosure. E.g., "You seem really pissed off. I find that I tend to react with anger in similar situations."

6. The helper should make it clear that his feelings and experiences and those of the helpee are not necessarily the same.

II. MODELING AND DISCRIMINATION EXERCISES

A. LIVE MODELING

1. Hand out feedback checklists.

2. Trainers take helper and helpee roles, model appropriate and inappropriate self-disclosures.

3. Students rate each self-disclosure. (Take notes, if possible).

4. Discuss the self-disclosures. What made some effective and others not?

B. TAPED MODELING - Same as above except use taped helper-helpee interactions.

C. HOMEWORK EXERCISE - Directions to students:

1. Think about self-disclosures from others which have made an impact on you.

2. Ask yourself: How were they impactful? What was helpful? What was not?"

3. Write down and analyze an instance or two of others' self-disclosures.

D. HOMEWORK EXERCISE - Directions to students

1. Imagine a potential self disclosure at each of the following levels.

   a. something you would disclose to anyone.

   b. something you would disclose to a friend.

   c. something you would disclose only to one or two close people.

   d. something you would not disclose to anyone.
2. Imagine yourself in a helping situation in which a trusting relationship has been established.

3. Picture yourself making a level "a" self-disclosure. Pay attention to how that feels.

4. Do the same with levels "b", "c", and "d" disclosures.

5. Write down your reactions. At what level do you see yourself self-disclosing as a helper?

III. PRACTICE AND FEEDBACK

A. HOMEWORK - Egan Workbook, pp. 79-83.


C. IN CLASS - Directions to students.
   1. Break into triads or two small groups. Helper, helpee, observers.
   2. Helpee talks about Discrimination Exercise "D" and his feelings about disclosing at the various levels.
   3. Helper responds empathically and attempts one or two appropriate self-disclosures about his own feelings.
   4. Observers give feedback, according to feedback checklist.

IV. FEEDBACK CHECKLIST

1. Was any attempt at self-disclosure made? The counselor seemed open to disclosing something of himself. Not guarded or secretive.

2. Were the self-disclosures clear, specific and personal vs. impersonal?

3. Timing. Were the self-disclosures made too early or too suddenly so that the client was shocked, overburdened or distracted?

4. Focus. Were the self-disclosures pertinent to the client's own experience so that the focus remained on the helpee and not on the helper.

5. Frequency. Were self-disclosures so frequent as to become distracting or over-burdening for the helpee?

6. Were self-disclosures combined with empathy to keep the focus on the client?
7. Were feelings shared in the self-disclosures?

8. Did the helper allow room for differences between his experience and that of the helpee?

V. EVALUATION SCALE (HOMEWORK)

1. Helper either refuses self-disclosures or self-discloses only out of his own needs in a way that confuses, distracts and overburdens the helpee.

1.5

2. While not refusing to self-reveal, the helper discloses only in response to direct questions, and then in a brief, vague superficial way.

2.5

3. The helper volunteers personal information about himself and his feelings in areas relevant to the client's concerns but often does so in a vague, abstract way.

3.5

4. Helper freely self-discloses in areas pertinent to the client's concerns. The self-disclosures are specific, personal and helpful to the client.

4.5

5. The helper volunteers intimate and detailed information about himself and his feelings in a way shows his uniqueness as a person, yet facilitates client growth and self-understanding.
IMMEDIACY

GOALS

1. Student understanding of immediacy and how it relates to the helping process.

2. Student ability to discriminate between effective and ineffective levels of immediacy.

3. Student ability to discuss the here-and-now of their relationships with each other and to communicate with immediacy in helper-helpee interactions.


I. COGNITIVE INPUT

A. DEFINITION AND DESCRIPTION

1. Definition: immediacy or direct mutual communication is the skill which enables the helper to discuss clearly and openly with the client what is happening in the here-and-now of their interpersonal relationship. As such, it functions as an invitation to the client to process the relationship.

2. Types of immediate communication.

   a. "I" statements. The helper talks about his feelings and experience in the relationship.

   b. "You" statements. The helper comments on what seems to be the helpee's feelings and experience in the relationship.

   c. "We" statements. The helper comments on the helper-helpee interaction in an attempt to shed light on what is going on.

3. Immediacy requires:

   a. Helper awareness of his own feelings and behaviors, the client's behavior and feeling cues, as well as what's happening between himself and the client. The helper asks himself: "What is the helpee communicating to me that he can't say directly."
b. Helper courage and skill to communicate this awareness in a constructive way (See guidelines for effective feedback).


B. CONTEXT

1. Immediacy combines the other dimensions:
   a. Requires effective attending behavior and an accurate, empathic understanding of the helpee.
   b. Depends on the establishment of a genuine, respectful relationship.
   c. Derives much of its potency from concreteness and clarity of the communication.
   d. Involves self-disclosure by the helper, communication of advanced empathy, and often some challenging or confronting of the client.

2. Immediacy plays an important role in the helping process.
   a. During those times when the helping process "bogs down", immediacy provides a way for helper and helpee to work together to resolve the impasse.
   b. Immediacy facilitates client self-understanding especially in areas of interpersonal functioning.
   c. By responding with immediacy, the helper models and provides an opportunity for the client to practice an effective communication skill, which the helpee can use in his relationships with others.

3. Cautions regarding the use of immediacy.
   a. Timing. Sudden or premature uses of immediacy may frighten the client or put him off. As a trusting, helping relationship develops, immediacy becomes more appropriate. Initial immediacy responses should be more tentative. See Egan, pp. 175-176.
   b. Inaccuracy. Since a purpose of immediacy is to facilitate client self-understanding, it is important that the helper own his own feelings and accurately label what he sees in the client. Especially watch out for projections. E.g., the counselor who finds it difficult to accept his feelings of irritation toward a client may attempt immediacy. "You seem angry with me today." - a projection that is probably inaccurate.
c. Overuse. Immediacy responses can be overused. Constant "you-me" talk is a sign of mutual fear, distrust or dependancy and can detract from the goals of client self-understanding and problem solution. See Egan, pp. 180.

C. WHEN TO USE IMMEDIACY "Immediacy is called for when the counselor sees that either he or the client has unverbalized thoughts or feelings about what is taking place in the helping session that are getting in the way." (Egan, p. 178) Some potential areas follow. See Egan, pp. 178-179 for examples.

1. Differences in helper and helpee styles which retard progress.

2. Dependancy or counterdependency.

3. Trust issues between helper and helpee.

4. Frustration or anger in counselor or client.

5. Directionless sessions.

6. Attraction between helper and helpee which may or may not be interfering with the helping process.

II. MODELING AND DISCRIMINATION EXERCISES

A. LIVE MODELING

1. Dealing with immediacy issue in training group.
   a. Hand out feedback checklist to group members.
   b. Trainer picks some one in the group and engages in "you-me" talk—preferably with respect to an issue related to the training group. e.g., "You seem angry when I give you feedback" or "I get frustrated when you joke around."
   c. Group members discuss the effectiveness of the immediacy responses.

2. Role Play
   a. Hand out feedback checklist.
   b. Trainers role play helper-helpee situation in which immediacy response is called for, e.g., a trust issue, anger issue or attraction issue.
   c. Do three times with the same situation. Trainers attempt to do one poor job, one average job (level 3) and one very good job. (See feedback checklist and evaluation scale.)
B. TAPED MODELING AND DISCRIMINATION

1. Role Play. Same as the Role Play exercise under Live Modeling. Tape interaction to build in teaching points.

2. Real material.
   a. Trainers deal with an issue between them, preferably one dealing with their functioning in the group. Record the interaction. (Can be rehearsed or unrehearsed).
   b. Hand out feedback checklist to group members.
   c. Play immediacy tape.
   d. Group discussion of the effectiveness of the immediacy responses.

III. PRACTICE AND FEEDBACK

A. HOMEWORK EXERCISES


   a. One "I" statement; e.g., "I feel anxious around you when ..."
   b. One "You" statement; e.g., "You seem to be keeping me at a distance by ..."
   c. One "We" statement; e.g., "We've been fliriting with each other lately. I'd like to talk more about how we're really feeling.

B. PART HOMEWORK, PART IN-CLASS EXERCISE

1. Egan Workbook: Exercise #36, pp. 91 & 93. Focus on "I" and "We" messages.

2. Abbreviated version of Egan Exercise #36.
   a. Members form two groups, composed of those with whom "you-me" talk is desired; e.g., Members first pair off with one other person; then the pairs get together with one other pair.
   b. Members then do the homework part of Exercise #36, with respect to the members of their small group.
c. At the next session, the small groups do the in-class part of Exercise #36.

d. Members give each other feedback on their communication of immediacy.

3. Egan Exercise #37, pp. 92 & 93. Focus on "you" messages.

C. IN-CLASS EXERCISES


2. Processing current relationships.
   a. Stay in large group.
   b. Each member pairs with one other person and thinks about the following questions: (5 minutes)
      -How do I feel about this person?
      -How does this person feel about me?
      -What do I want from this person?
      -What does this person want from me?
      -How do we relate?
   c. Members of a dyad sit back to back. Person "A" speaks for a timed 3-5 minutes about his answers to the above questions. Person "B" (and the rest of the group) listens. The "B" speaks and "A" listens.
   d. Members of dyad then face each other and attempt to agree on where they are with each other 5-10 minutes.
   e. Other dyads do the same, one at a time.
   f. Discuss as a group.

3. Same as #2, except stay in dyads or small groups.

IV. FEEDBACK CHECKLIST

1. Openness to immediacy. Did the helper ignore opportunities to engage in "you-me" talk when that would have been helpful? Does he seem defensive, closed in relationship to the client?
2. Feeling statements. Does the helper label and express his own feelings?

3. Accuracy. Does he mislabel the feelings and behaviors of the client?

4. Good feedback. Does the helper follow the guidelines for effective feedback? Does he attack or name-call the helpee? Does he provoke defensiveness?

5. Concreteness. Is the helper clear and specific in describing his own feelings, the behavior of the client, and the interaction between them?

6. Timing. Are the immediate responses sudden and premature? Is the helper tentative at first? Is the level of immediacy appropriate to the relationship establishment?

7. Frequency. Is immediacy overused so that it's impact is diluted and the helping process is retarded?

V. EVALUATION SCALE (HOMEWORK)

1. Helper either actively avoids dealing with the client on the here-and-now of their relationship or does so in all ill-timed, attacking or otherwise destructive way.

1.5

2. Helper usually disregards the here-and-now of the helper-helpee relationship. Though not destructive, helper's occasional uses of immediacy do retard the helping process.

2.5

3. Helper is open to immediacy. However, his attempts at immediacy are a bit vague and do not encourage continued exploration of the helper-helpee relationship.

3.5

4. Helper focuses on the here-and-now relationship, but does so in a cautious, tentative manner. His responses are usually accurate and helpful.

4.5

5. Helper focuses on the here-and-now relationship in a clear, direct way. He does not hesitate to make appropriate immediacy responses.
PUTTING IT ALL TOGETHER AT

STAGE II

GOALS

1. Student understanding of how stage II skills fit into the helping process.

2. Student ability to communicate using stages I and II skills in an integrated natural fashion.

3. Student improvement in weak skill areas.

4. Evaluation of helping skills.

I. COGNITIVE INPUT

A. REVIEW OF STAGE II GOALS

1. Relationship building.
   a. deepening of trust and rapport.
   b. increased counselor power base.

2. Client self-understanding
   a. client comes to grips with his deeper feelings.
   b. client sees patterns and discrepancies in his feelings.
   c. client understands his problem and how he is functioning ineffectively.

3. Client motivation to change.

B. NOTE: While the helping process generally moves from self-exploration to self-understanding to action phases, these stages are usually not distinct in actual practice. Helpers generally move back and forth between the stages.

II. MODELING AND DISCRIMINATION EXERCISES. These exercises are designed to give the students a look at extended helper-helpee interactions.

A. LIVE OR TAPED
1. Trainers engage in 15-30 minute helper-helpee interchange. Beforehand students will have reviewed Feedback Guidelines and Evaluation Scales for Stage I and Stage II skills as well as the rating scale in the Egan Workbook, pp. 97-98.

2. Group discussion of effective and ineffective helper behaviors.

B. LIVE

Same as above, except with volunteer client from class. Use real material. No rehearsal.

C. MOVIES

Show one or more of the Rogers, Ellis and Perls therapist series. The Rogers film is especially recommended, since his style is closest to the Psychology 130 model.

D. VIDEO TAPE OR AUDIO TAPE

With proper permissions it may be possible to video tape or audio tape a real counselor-client interview at the Counseling and Consultation Services. This could be negotiated with one of the counselors.

III. PRACTICE AND FEEDBACK EXERCISES

A. HOMEWORK


2. Self-rating on the helping skills. Students rate themselves on Stage I and Stage II skills using the Egan scales, pp. 97-98 of workbook and the Evaluation Scales used in Psychology 130. Students specify skills in which improvement is needed.

3. a. Students pair up.

   b. Tape a 15-30 minute helper-helpee interchange. (Outside of class, using cassettes)

   c. Each tape is given to a third student who will rate the tape on the 8 helping skills and provide a written evaluation (brief) to the helper.

B. IN-CLASS

1. Students do 15-30 minute helper-helpee interchanges. Get Feedback, especially on skill areas where deficiency has been noted. Do re-evaluation for level-3 achievement, if necessary.
2. Tape (Video or Audio) student practice of helper-helpee interchanges. Play tapes and give feedback. (This can be done in small groups or in triads.)

IV. EVALUATION (HOMEWORK)

1. Confederate clients will be recruited to play a rehearsed role — the same role for all.

2. Students will come in to serve as helpers in a 15-minute, taped, helper-helpee interchange.

3. Tapes will be rated by trained raters.

4. Feedback will be provided to the students.
APPENDIX B

Handouts to Psychology 130 Students
PRIMARY EMPATHY

A. DEFINE AND DESCRIBE

1. PRIMARY EMPATHY: Helper communicates an accurate understand-
ing of the client's experiences and feelings that are
explicitly stated and readily available to the client's per-
ception.

2. ADVANCED EMPATHY: Helper probes more deeply to communicate
an accurate understanding of feelings, experiences and moti-
vations that the client expresses in implicit ways and that
are not so readily available to the client's awareness.

3. EMPATHY INVOLVES: An understanding of feelings and content
in helpee's statement and a verbal and non-verbal communication
of that understanding by reflecting back the CORE of the feel-
ing and/or content of the helpee's communication.

4. For further information, read Egan, pp. 76-90 and Carkhuff,

B. CONTEXT

1. Empathy is the foundation of helper communication skills--
ability to understand what a person is saying.

2. Effects of Primary Empathy and its relationship to helping
process.
   a. Establishment of rapport with helpee--"at last I'm being
      understood."
   b. Breeds trust and openness.
   c. Encourages client self-exploration, which is a major goal
      of Stage 1.

C. EMPATHY INVOLVES

1. Recognition and Labeling of Feelings.
   a. Feelings differ in two ways.
      -General type of emotion expressed, e.g., happy vs. sad.
      -Intensity of the emotion, e.g., irritated vs. furious.
b. To be most effective an empathic response needs to be accurate in both respects.

   - Verbal: what person says
   - Non-verbal: voice tone, facial expression, body movement, posture. NOTE: this is a very important source of data.

2. Recognition of content: understanding the meaning of what someone is saying.

3. Communication of that recognition - letting the other person know that you understand what he's feeling and saying by using various types of communication:
   a. Single words: e.g., "You feel angry."
   b. Descriptive phrases: e.g., "You seem down in the dumps."
   c. Experimental statements: e.g., "It's like you're being dumped on."
   d. Behavioral statements: e.g., "That makes you feel like singing and dancing through the streets."
   e. Summaries: e.g., "In different ways you seem to be saying that you're hurt and angered by the treatment you're getting from your friend."

D. DISCRIMINATION

1. The distinction between Primary level Empathy and Advanced Empathy is an important one. See Egan, pp. 76-79.

2. Another important distinction is the difference between empathic communication and non-empathic communication.
   a. Examples of Non-empathic communication. The 12 Roadblocks to communication. See handout.
   b. Common mistakes mentioned by Egan, pp. 79-88.
      - Overlooking the feeling
      - Inappropriate questions
      - Reassuring cliches
      - Jumping prematurely to advanced empathy
      - Jumping prematurely to action phase
      - Inaccurate reflection
      - Missing the point of a feeling
      - Missing the level of a feeling - either toning down a strong feeling or exaggerating a mild one.
-feigning understanding
-parroting
-using inappropriate language
-too sophisticated for the person being dealt with.
-too obvious of an attempt to speak someone else's language
-long-windedness--talking too much

c. Other Important Discriminations

-Timing--letting client ramble vs. jumping in too quickly (Egan, pp. 82-84).
-Responding to feelings and content. Sometimes it is o.k. to respond to just the feeling or just the content (Egan, p. 87).
-Questions: When are they appropriate? How to ask them? (Egan, p. 88).

d. Summary of Rules for use of Primary level Empathy. (Egan, p. 89).

FEEDBACK CHECKLIST: PRIMARY EMPATHY

1. Did helper accurately label the type of feeling?

2. Did he accurately reflect the intensity of the feeling? verbally? non-verbally.

3. Did he accurately reflect the core of the content? succinctly?

4. How was the timing of the responses? Was the helpee allowed to ramble?

5. Were the responses to the point, yet flexible enough for the helpee to affirm, deny or shift emphasis?

6. Did the responses encourage the client to further self explore?

7. Were questions used too frequently? inappropriately?

EVALUATION SCALE: PRIMARY EMPATHY

1. Counselor responses ignore or detract significantly from the feelings and content expressed by the helpee. Helper shows no awareness of helpee feelings.

1.5

2. Counselor communicates some awareness of helpee's feelings and experience. However, counselor responses are usually off target and detract somewhat from what the client is saying.

2.5

3. Counselor communicates an awareness of helpee's expressed feelings and experience. While helper responses are not always accurate, they are close enough so as not to detract noticeably from what helpee is saying.
4. Counselor consistently communicates an awareness of the helpee's feelings and experience. Helper responses are usually accurate with respect to feelings and content.

5. Counselor seems to know exactly what the helper is feeling and saying. Helper responses are always accurate and timely.
CONCRETENESS

A. DEFINE AND DESCRIBE

1. Concreteness involves being:
   a. Specific vs. general
   b. Clear vs. vague
   c. Personal vs. impersonal
      -People just don't understand me vs. Joe and Sally and Pete don't understand me.
      -"You" when mean "I."

2. Concreteness applies to communications about:
   a. Feelings
   b. Experience
   c. Behavior

B. CONTEXT - How concreteness fits into helping process and with the other dimensions.

1. Invites client to be more specific in his self-exploration.

2. Important because vague exploration leads to even more vague understanding, which leads great difficulty in setting specific, effective action plans.

3. Concreteness is important in other dimensions.
   a. Empathy - vagueness detracts from accuracy.
   b. Confrontation - vagueness takes away potency
   c. Immediacy - vagueness takes away immediacy
   d. Genuineness - concreteness adds to credibility

C. DISCRIMINATION

1. Effective concreteness:
Counselor behaviors

a. Responding with as concrete a reflection of feeling and content as possible, even when client is vague. (Example: Egan, p. 103)

b. Do not allow the client to ramble about irrelevant and vague material.

c. Ask the client directly for more specific information to clarify vagueness.

**FEEDBACK CHECKLIST: CONCRETENESS**

1. Helper deals with vs. avoids helpee's personally relevant material.

2. Helper - specific vs. vague in labeling feelings.

3. Specific vs. vague in discussing the helpee's experience.

4. Helper is specific vs. vague in discussing the helpee's behavior.

5. Helper allows helpee to ramble.

6. Helper uses the word "you" to mean "I" or talks about people in general vs. the specific persons in question.

**EVALUATION SCALE: CONCRETENESS**

1. Helper leads or allows all discussion to deal with vague, impersonal generalities, avoids personally relevant specific situations and feelings, or stays at an abstract, intellectual level.

1.5

2. Helper leads or allows some discussion of personally relevant material, but mainly stays at a vague, abstract or intellectualized level.

2.5

3. Helper at times encourages discussion of personally relevant material in specific and concrete terms; some areas of concern, however, are not dealt with concretely or developed fully.

3.5

4. Helper is usually able to guide the discussion to focus on personally relevant material in a specific and concrete way.

4.5

5. The helper is always able to facilitate the direct expression of all personally relevant feelings and experiences (regardless of content) in concrete and specific terms.
RESPECT

A. DEFINITION

1. Respect - a set of counselor behaviors in which the counselor communicates that he values the helpee as a human being, that he sees the helpee's feelings, thoughts, and experience as worthy of consideration, and that he believes in the helpee's ability to grow and change in healthy ways. It can be expressed verbally, but more often is communicated nonverbally. It is active - involving the performance of respectful behaviors - and passive - the avoidance of disrespectful behaviors.

B. CONTEXT - where it fits in and why it's important

1. Implied in other dimensions

   a. Attending behavior says, "I'm listening," communicates respect.

   b. Empathy says, "What you have to say is important and I want to understand it."

   c. Genuineness and Confrontation say, "I respect your strength and your resources enough to share how I'm feeling with you."

   d. Self-disclosure says, "You're someone I want to share myself with."

2. Importance of respect in helping

   a. Establishes trust level, client feels cared about

   b. Facilitates client self-exploration, client feels accepted, not judged.

   c. Provides a basis from which client can learn to respect himself.

C. DISCRIMINATION

1. Respect is

   a. Caring for client's physical comfort, e.g., taking coat, offering chair, etc.

   b. Disregarding client comfort, e.g., not offering common courtesies, having client face bright light, etc.

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c. Willingness to invest time and effort in working with client.  Attitude of "this is just a job" or "I have to be available to client at all times, day or night."

d. Regard for client as unique.  Seeing client as a problem type rather than a person.

e. Regard for client's resources and self determination.  Seeing client as inferior helpless person to be manipulated.

f. Assuming client's good will.  Communicating suspicions about client's motives.

2. Respect in early phases of helping vs. later phases.

a. Early Phases

Counselor suspends critical judgments; attempts to understand helpee from helpee's point of view; frees helpee to self-explore without fear of criticism. On the other hand, counselor does not condone or show approval for maladaptive behavior; he merely refrains from showing disapproval.

The only expectation the helper communicates is that the client self-explore (Example: Egan, p. 98).

b. Later Phases

Counselor shows respect by being more conditional in his regard. His behavior may sometimes communicate the message: "I respect you enough to know that you can do better." Helper still shows warmth and caring, but is freer to express himself in a more genuine, spontaneous, confrontive way.

3. See evaluation scale for respect for discrimination between high and low skill levels on the respect dimension.

**FEEDBACK CHECKLIST: RESPECT**
(from Egan, G, Exercises in Helping Skills)

1. Does the helper (communicator) seem to be "for" the other in a nonsentimental, caring way?

2. Is the helper obviously working at communicating with the other?

3. Is the helper dealing with the other as a unique individual and not just as a "case?"

4. Does the helper avoid being judgmental?
5. Does the helper use accurate empathy frequently and effectively?

6. Does the helper communicate understanding of whatever resources the other reveals and not just understanding of his problems?

7. Is the helper appropriately warm? Does he avoid--equally--coldness, the intimate type of warmth that characterizes friendship, and the "canned" warmth of the counselor role?

8. Does the helper attend effectively?

9. Does the helper avoid statements or behaviors that might indicate a desire to exploit the other?

10. Does the helper find ways of reinforcing the other for what he does well (such as engage in painful self-exploration)?

**EVALUATION SCALE: RESPECT**

1. Helper does not pay attention to the helpee. Helper communicates a total disregard for the feelings, experiences and potential of the helpee.

1.5

2. In many ways helper communicates disregard for the feelings, experiences and potentials of the helpee, e.g., helper responds passively or mechanically, ignores many of the helpee's feelings.

2.5

3. Through non-verbal attending behavior and attempts to understand the helpee, the helper shows concern for the helpee's feelings, experiences and potentials.

3.5

4. Helper communicates a very deep concern for the feelings, experiences and potentials of the helpee, which enables the helpee to feel free to be himself and valued as an individual.

4.5

5. Helper communicates the very deepest respect for the helpee's worth as a person and potentials as a free individual.
GENUINENESS

A. DEFINE

1. Genuineness - a set of counselor behaviors (which can be learned) in which counselor communications are expressions of himself—his feelings, his being—rather than attempts to play a role or be someone else. Counselor is real, but in a helpful way.

B. CONTEXT - where it fits in and why it is important.

1. Important early in helping to establish:
   a. Credibility - client believes what counselor says.
   b. Trust - client believes counselor is there to help.
   c. Rapport - client likes and feels comfortable with counselor.

2. Important later in helping to establish:
   b. Potent, believable confrontations.
   c. Believable communications of immediacy.
   d. Thought-provoking advanced empathy responses.

C. DISCRIMINATION

1. Genuineness is

   a. being oneself
   b. telling the truth
   c. matter of factness
   d. spontaneity
   e. non-defensiveness
   f. open

   Genuineness is not

   role playing
   lying, stretching the truth or being rudely blunt
   shiftiness
   rehearsed or impulsive communications
   defensiveness
   closed
g. consistency between what one thinks and says between verbal and non-verbal behavior or between what one says to a person and what one says about that person

h. self-sharing secretive

2. Discrimination between genuineness in the early stages of helping vs. genuineness later in the helping process.

   a. Early in helping: the emphasis is upon not being phony while at the same time not disclosing those feelings which may interrupt the helping process; e.g., the helper may be aware of feelings of anger toward the helpee, but may decide not to share them during the first interview.

   b. Later in helping: The emphasis is on being as real and spontaneous as possible, but still in a helpful way; e.g., "I'm angry because you don't seem to be working very hard in here." NOT "I think you're a lazy person." (angrily)

FEEDBACK CHECKLIST: GENUINENESS
(from Egan, G., Exercises in Helping Skills)

1. Is the helper (communicator) his natural self? Does he avoid projecting a stylized role of "counselor" that is overtly and overly "professional?" Does he avoid using professional jargon ("counselorese")?

2. Is the helper spontaneous (and yet tactful), or is there something rigid and planned about his behavior? Does he move easily with the client?

3. Does the helper avoid defensiveness, even when the client questions, challenges or attacks him?

4. Does the helper express what he thinks and feels, with proper timing and without disturbing or distracting the client, but without putting a number of "filters" between himself and the client?

5. Is the helper open? Does he project a willingness to share himself (even though actual self-disclosure on his part might not yet be called for)?

EVALUATION SCALE: GENUINENESS

1. Helper's verbalizations are clearly unrelated to what he is feeling at the moment, or he seems closed and defensive or his only genuine responses are negative and appear to have a totally destructive effect on the helpee.
2. Helper responds according to prescribed role; his verbalizations seem slightly unrelated to his true feelings, or his only genuine responses are negative.

3. Helper does not seem insincere, but does little to indicate any real genuineness. Shows nothing of himself.

4. Helper responds in a genuine way with many of his own feelings and does so in a helpful way.

5. Helper is freely and deeply himself in a non-exploitative way. He is spontaneous in sharing his feelings and is open to the feelings of the client.
ADVANCED EMPATHY

A. DEFINE AND DESCRIBE

1. Definition: Communication of an accurate awareness of feelings and meanings that are somehow buried, hidden, or beyond the immediate reach of the client.

2. Advanced Empathy involves:
   a. Reflecting feelings and content which helpee implies but does not state directly.
   b. Reflecting helpee's underlying feelings; e.g., underneath a rejected lover's hurt and anger there may be feelings of self-doubt.
   c. Clear and open talk on matters about which the client is confused or guarded.
   d. Summarizing, putting earlier feeling and content statements into a meaningful whole.
   e. Pointing out patterns or recurring themes in helpee feelings, attitudes, behavior and experience.
   f. Pointing out connections between various parts of the helpee's problem.
   g. Pointing out the logical conclusions to what the helpee is saying or doing.
   h. Suggest alternate ways for the client to view his/her experience.

B. CONTEXT

1. Advanced empathy is the key to the understanding phase of helping.
   a. Gets more of the client's experience "out on the table." Helps the client take a look at feelings and behaviors that he/she may be overlooking, only half realizing, or hesitant to talk about directly.
b. Invites the client to take a deeper look at himself/herself.

c. Helps client see the bigger picture, to put things together, to understand themes and patterns. Gives him/her a more objective point of view.

d. By adding to the client's understanding of his/her situation, it often helps motivate him/her to take constructive action.

e. Accurate understanding is essential to knowing when and how to use the other Stage II skills of confrontation, self-disclosure and immediacy.

2. Advanced empathy is based on effective Stage I skills.

a. If a solid, trusting relationship is established in Stage I, the helper's insight will be easier for the helpee to accept.

b. Accurate understanding depends on the information generated through self-exploration in Stage I. An inadequate amount of self-exploration can lead to hasty conclusions and faulty understandings, which can lead to action plans that don't work.

c. Accurate advanced empathy encourages more and deeper self-exploration and often leads to a temporary return Stage I for more exploration. NOTE: The helping process rarely moves through Stages I, II and III without considerable shifting back and forth between stages.

C. DISCRIMINATION BETWEEN PRIMARY AND ADVANCED EMPATHY

1. **Primary**

   1. Deals with surface feelings and content areas directly stated by the helpee.

   2. Response is interchangeable with what the helpee says and feels. Does not add to or subtract from.

   3. Helper is responsive. He/she leaves the helpee more in control of the self-exploration.

   4. Helper attempts to respond from the client's point of view solely.

<table>
<thead>
<tr>
<th>Primary</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deals with surface feelings and content areas directly stated by the helpee.</td>
<td>Deals with implied or hidden feelings and content.</td>
</tr>
<tr>
<td>Response is interchangeable with what the helpee says and feels. Does not add to or subtract from.</td>
<td>Response adds to what the helpee says and feels.</td>
</tr>
<tr>
<td>Helper is responsive. He/she leaves the helpee more in control of the self-exploration.</td>
<td>Helper takes the initiative. He/she directs the self-exploration to a particular area.</td>
</tr>
<tr>
<td>Helper attempts to respond from the client's point of view solely.</td>
<td>Helper responds more from his/her own perspective. He/she attempts to show an objective point of view.</td>
</tr>
</tbody>
</table>
5. Helper more often responds to what the client has just said. Helper often summarizes, refers to past helpee statements of feeling and content.

NOTE: The distinctions are not always as clear-cut as described above. For example, some summaries are more interchangeable than additive and thus would be considered primary empathy.

D. DISCRIMINATION

1. Clarification

   a. Low level empathy responses are called subtractive because they detract or take away from what the helpee has expressed. They are inaccurate.

   b. Primary accurate empathy responses are called interchangeable because the helper's statement is an accurate reflection of what the helpee has expressed and could be interchanged with it.

   c. Advanced accurate empathy is called additive because the helper's response adds to the helpee's self-understanding.

   d. NOTE: According to these definitions an attempt at advanced accurate empathy which is off-target would be labeled subtractive, because of its inaccuracy.

E. ADVANCED EMPATHY: HOW TO DO IT.

There are two parts to the advanced empathy skill: the awareness or understanding of the helpee and the ability to clearly and effectively communicate this understanding in a way that is acceptable to the helpee.

1. Awareness: where does it come from.

   a. By paying attention to the helpee (the best source of data)

      - Helpee's non-verbal behavior may indicate feelings he/she is not expressing directly; e.g., helpee who clenches fists but is unaware of feeling angry.

      - By listening for themes in what the helpee has to say, helper can come to see the bigger picture and the connections between different parts of the problem.

      - By listening for what the helpee avoids or skips over briefly, helper can open up new avenues for client self-exploration—areas that the client was either unaware of or hesitant to talk about.
b. Experience with people and knowledge of psychological
theory can tell the helper about what kinds of feelings
and experiences tend to go together. For example, anger
and sadness tend to go together. People who express a lot
of anger very often have sad feelings underneath, and vice
versa.

CAUTION: Something that is true for many people is not
necessarily true for a particular helpee. Don't plunge into
additive empathy armed only with psychological theory. Cues
from the helpee are the best source of data.

c. The helper's knowledge of his own feelings and experience
can be a potential source of awareness about patterns,
themes and underlying feelings. For example, the helpee
reports that he has just "blown" a midterm. The helper
knows that he (the helper) tends to respond angrily in
similar situations. The helper watches for angry cues from
the helpee, but does so with the knowledge that the helpee
could be responding very differently.

DOUBLE CAUTION: It is easy for the beginning helper to pro-
ject his own feelings and experience onto the client. It
is important to keep an open mind. If the helper decides
that something is there before he looks, he will usually
"find" it.

2. Communication of advanced empathy requires that the helper
squarely face the issues and communicate his insight in a clear,
direct, potent way while at the same time being tactful, tenta-
tive and cautious.

a. Clear, direct, potent communication—review the concreteness
dimension, if necessary.

b. Tentativeness means leaving room for the client to accept or
deny the helper's insight. This is especially important
for initial advanced empathy responses or in those cases
when the helper is somewhat uncertain about the validity
of his insight.

c. Tact means to communicate with someone in such a way as to
not force a defensive response. Helper can force a defen-
sive response when:

- His communication implies "I know more about it than you do."

- His insight is phrased in such a negatively evaluative way
  that, to accept the insight, the client feels he must admit
  he's a crummy person. (See guidelines for effective feed-
  back.)
d. Cautiousness refers to the fact that timing is important. Communications which impart a lot of new and discrepant information all at once may be difficult for the client to accept. Prepare the helpee for new insights through the use of successive approximations when possible.

e. Often it's helpful to follow advanced empathy responses with communications of respect and primary level empathy; e.g., some insights are painful; it's important to let the client know that he is respected and his pain is understood.

3. The many ways to judge the success of an advanced empathy response is to watch the client's reaction. If the client refuses to accept the insight, the response is generally either inaccurate or ill-timed.

**FEEDBACK CHECKLIST: ADVANCED EMPATHY**

**A. ACCURACY OF RESPONSE**

1. Was the reflection of implied feelings a hit or a miss?

2. Was the summary accurate? Did it include the important points?

3. Did the helper identify themes or make connections between parts of the problem that fit together? Did he overlook important connections, or themes? Did he see connections and themes that weren't there?

**B. TIMING**

1. Did helper attempt an advanced empathy response with insufficient data to do so? Did he wait too long to attempt advanced empathy?

2. Was the client ready? Did the helper give too much? too little?

**C. MANNER**

1. Did the helper convey enough tentativeness so as not to force a defensive client response?

2. Was he overly tentative, so that he diluted the power of the response?

3. Was the helper clear and concrete in his response?

**EVALUATION SCALE: ADVANCED EMPATHY**

1. Helper is generally ineffective in all three checklist areas. His accuracy is way off; his timing inappropriate; his manner ineffective. He severely inhibits client self-exploration.
2. Helper is often effective in one checklist area, but usually ineffective in the other two. For example, his manner may be appropriate but the timing is poor and accuracy is off-target. He slows down client self-exploration in deeper areas.

3. Helper is generally effective in two of the three checklist areas but sometimes ineffective with the third. For example, the helper's timing and manner are good, but when summarizing he sometimes misses a point. Still his responses often encourage deeper client self-exploration and promotes client self-understanding.

4. Helper is generally effective in all three checklist areas. He consistently facilitates deeper client self-exploration and self-understanding.

5. Helper is always effective in all three checklist areas. He maximizes client self-exploration and self-understanding.
CONFRONTATION

A. DEFINE AND DESCRIBE

1. Confrontation is a response, based on a deep understanding of the client's feelings, experiences and behavior, that involves some unmasking of distortions in the client's understanding of himself and some (at least implied) challenge to action. As such it is an extension of advanced accurate empathy.

2. Confronting the helpee with his strength. In effect the helper says, "You have potentials, skills and resources that you aren't aware of or that you haven't developed or that you aren't using."

3. Confronting the helpee with discrepancies and self-destructive behaviors:
   a. Discrepancies (see Egan, pp. 159-160)
   b. Distortions (Egan, pp. 160-161)
   c. Games, tricks, and smoke screens (Egan, pp. 161-163)
   d. Evasions (Egan, p. 163)

B. CONTEXT

1. Confrontation is a particular type of advanced empathy. Both are attempts to add to the client's self-understanding. Whereas the advanced empathy response adds something the client wasn't fully aware of, the confrontation response adds something that is discrepant with or contrary to the client's self-understanding.

2. In its truest form, confrontation is a communication of deeper levels of respect. It says, "I know you can do something about that."

3. Why confrontation is important
   a. Help the client explore areas of feelings, experiences and behaviors that he has so far been reluctant to explore.
   b. Help the client understand modes of self-destructive behavior and unused resources.
c. Help motivate the client to take action.
d. Help him learn how to confront himself.

C. HOW TO CONFRONT EFFECTIVELY

1. Motivation of the confronter is a crucial variable.

   a. Caring for the client; wanting him to explore and understand his behavior and to share insights that will help him live more effectively.

   b. An attempt by the helper to involve himself more deeply with the client vs. Coming from the helper's need to put the client off and create a distance.

   vs. Getting a load off the helper's chest; the "confrontation" comes from irritation or anger and a desire to punish; based on the helper's needs, not on the client's.

2. Confrontation should be proportioned to the level of trust established in the counseling relationship. When the client is more certain of the counselor's caring, confrontation is easier to accept as a genuine attempt to help. The content of the confrontation is also more credible.

3. The counselor should be aware of the client's state of mind before confronting. (see Egan, pp. 106-107).

4. The method of successive approximations is important here as in advanced empathy. (see Egan, pp. 167-168, for examples).

5. Tentativeness is also important here. (see Egan, pp. 166-167 and advanced empathy presentation).

6. As with any good feedback, confrontations should focus on specific observed statements and behaviors rather than on general character traits. (see guidelines for effective feedback).

7. Confrontations may take the form of:

   a. Summaries in which discrepancies are pointed out.

   b. Pointing out immediate discrepancies, e.g., between verbal and non-verbal behavior.

   c. Questions or statements.

8. Summary: Confrontation is "strong medicine" which must be used carefully. It is potentially dangerous, but also potentially very helpful.
FEEDBACK CHECKLIST: CONFRONTATION

A. ACCURACY OF CONFRONTATION

1. Was it based on data provided by the client or was it a projection or "wild stab?"

B. TIMING

1. Did helper confront when the client was not ready:
   a. Too soon in the relationship
   b. When the client was confused, disorganized, or otherwise ill-prepared to receive a confrontation?

2. Did helper avoid confronting when it would have been helpful?

C. MANNER

1. Tentative and tactful vs. "bull in the china shop."
2. Focus on behavior rather than character traits or values.
3. Specific and clear vs. general and vague.
4. All at once and overwhelming vs. successive approximations.

EVALUATION SCALE: CONFRONTATION

1. Helper either ignores all discrepancies or comments on them in a totally destructive way.

   1.5

2. Helper rarely comments on a discrepancy; when he does it's usually not helpful.

   2.5

3. Helper raises questions about some of the helpee's discrepancies and usually does so in a helpful way. Many important discrepancies go unfronted.

   3.5

4. Helper confronts helpee directly and explicitly about many important discrepancies and does so in a helpful way.

   4.5

5. Helper seems keenly attuned to helpee discrepancies. Comments on all important ones in a way that greatly facilitates the helping process.
SELF-DISCLOSURE

I. WHAT IS SELF-DISCLOSURE

A. DEFINITION: Self-disclosure is the communication skill in which the helper shares his/her own feelings, experiences and behaviors with the helpee in a way that facilitates the helping process.

B. CONTEXT: Where it fits with the other skills.

1. Empathy: The facilitative use of self-disclosure requires an accurate understanding of the client.

2. Respect: Self-disclosure implies respect for the helpee.

3. Genuineness: Self-disclosure can be an indication of high-level genuineness.

4. Confrontation: Self-disclosure can be a vehicle for mild confrontations, e.g., "In my own life, there have been times when I really did care. I wonder if you're doing some of that now."

5. Immediacy. Responses on this dimension of ten involve self-disclosure of the helper's feelings about the helpee.

C. BENEFITS OF SELF-DISCLOSURE

1. Appropriate helper self-disclosure can facilitate client self-exploration, essential to the helping process. This is done in two ways:

   a. Helper self-disclosures can model self-disclosure for the helpee.

   b. Helper self-disclosure can help establish rapport.

      -Build trust
      -Decrease role distancing
      -Increase helper's perceived attractiveness.

2. By sharing insights about his/her own experience, feelings and behaviors, the helper can facilitate client self-understanding in areas where he/she is similar to, and different from, the helper.
3. Appropriate helper self-disclosure can motivate a client to take action and can point out potentially effective courses of action.

4. Self-disclosure is a behavior that healthy, trusting people engage in. By self-disclosing, helper models effective functioning as a person.

D. DANGERS IN SELF-DISCLOSURE

1. Inappropriate self-disclosures can add to the burdens of an already over-burdened client. For example, a sudden or premature helper disclosure of his/her own problems can confuse or frighten a client. "Who's helping whom?"

2. Inappropriate self-disclosure can distract the client from his/her own self exploration.

3. Inappropriate self-disclosures can mislead the client, can cause confusion between his/her own experience and that of the helper.

E. GUIDELINES FOR EFFECTIVE SELF-DISCLOSURE

1. Self-disclosure is for the client, not for the helper; e.g., self-disclosures designed to elicit amazement or sympathy from the client are inappropriate. The motive is important.

2. Self-disclosures should not take the focus off the client. They should not be overused.

3. Use self-disclosure very sparingly in early counseling sessions. Premature self-disclosure by the helper can scare or overburden the client, e.g., "How can he/she help me?"

4. Usually, self-disclosures which share feelings are more effective than secret-sharing or relating one's life history.

5. It's often helpful to include an empathic response with a self-disclosure, e.g., "You seem really pissed off. I find that I tend to react with anger in similar situations."

6. The helper should make it clear that his/her feelings and experiences and those of the helpee are not necessarily the same.

FEEDBACK CHECKLIST: SELF-DISCLOSURE

1. Was any attempt at self-disclosure made? The counselor seemed open to disclosing something of himself. Not guarded or secretive.
2. Were the self-disclosures clear, specific and personal vs. impersonal?

3. Timing. Were the self-disclosures made too early or too suddenly so that the client was shocked, overburdened or distracted?

4. Focus. Were the self-disclosures pertinent to the client's own experience so that the focus remained on the helpee and not on the helper.

5. Frequency. Were self-disclosures so frequent as to become distracting or overburdening for the helpee?

6. Were self-disclosures combined with empathy to keep the focus on the client?

7. Were feelings shared in the self-disclosures?

8. Did the helper allow room for differences between his experience and that of the helpee?

**EVALUATION SCALE: SELF-DISCLOSURE**

1. Helper either refuses self-disclosures or self-discloses only out of his own needs in a way that confuses, distracts and overburdens the helpee.

1.5

2. While not refusing to self-disclose, the helper discloses, only in response to direct questions, and then in a brief, vague, superficial way.

2.5

3. The helper volunteers personal information about himself and his feelings in areas relevant to the client's concerns but often does so in a vague, abstract way.

3.5

4. Helper freely self-discloses in areas pertinent to the client's concerns. The self-disclosures are specific, personal and helpful to the client.

4.5

5. The helper volunteers intimate and detailed information about himself and his feelings in a way which shows his uniqueness as a person, yet facilitates client growth and self-understanding.
IMMEDIACY

A. DEFINITION AND DESCRIPTION

1. Definition: Immediacy or direct mutual communication is the skill which enables the helper to discuss clearly and openly with the client what is happening in the here-and-now of their interpersonal relationship. As such, it functions as an invitation to the client to process the relationship.

2. Types of immediate communication.
   a. "I" statements. The helper talks about his feelings and experience in the relationship.
   b. "You" statements. The helper comments on what seems to be the helpee's feelings and experience in the relationship.
   c. "We" statements. The helper comments on the helper-helpee interaction in an attempt to shed light on what is going on.

3. Immediacy requires:
   a. Helper awareness of his own feelings and behaviors, the client's behavior and feeling cues, as well as what's happening between himself and the client. The helper asks himself: "What is the helpee communicating to me that he can't say directly."
   b. Helper courage and skill to communicate this awareness in a constructive way. (See guidelines for effective feedback.)


B. CONTEXT

1. Immediacy combines the other dimensions:
   a. Requires effective attending behavior and an accurate, empathic understanding of the helpee.
   b. Depends on the establishment of a genuine, respectful relationship.
   c. Derives much of its potency from concreteness and clarity of the communication.
d. Involves self-disclosure by the helper, communication of advanced empathy, and often some challenging or confronting of the client.

2. **Immediacy plays an important role in the helping process.**

   a. During those times when the helping process "bogs down," immediacy provides a way for the helper and helpee to work together to resolve the impasse.

   b. **Immediacy facilitates client self-understanding, especially in areas of interpersonal functioning.**

   c. By responding with immediacy, the helper models and provides an opportunity for the client to practice an effective communication skill, which the helpee can use in his relationship with others.

3. **Cautions regarding the use of immediacy.**

   a. **Timing.** Sudden or premature uses of immediacy may frighten the client or put him off. As a trusting, helping relationship develops, immediacy becomes more appropriate. Initial immediacy responses should be more tentative. See Egan, pp. 175-176.

   b. **Inaccuracy.** Since a purpose of immediacy is to facilitate client self-understanding, it is important that the helper own his own feelings and accurately label what he sees in the client. Especially watch out for projections; e.g., the counselor who finds it difficult to accept his feelings of irritation toward a client may attempt immediacy. "You seem angry with me today."-a projection that is probably inaccurate.

   c. **Overuse.** Immediacy responses can be overused. Constant "you-me" talk is a sign of mutual fear, distrust or dependency and can detract from the goals of client self-understanding and problem solution. See Egan, p. 180.

C. **WHEN TO USE IMMEDIACY.** "Immediacy is called for when the counselor sees that either he or the client has unverbalized thoughts or feelings about what is taking place in the helping session that are getting in the way." (Egan, p. 178) Some potential areas follow. See Egan, pp. 178-179 for examples.

1. Differences in helper and helpee styles which retard progress.

2. Trust issues.

3. Dependency or counterdependency.

4. Frustration or anger in counselor or client.
5. Directionless sessions.

6. Attraction.

FEEDBACK CHECKLIST: IMMEDIACY

1. Openness to immediacy. Did the helper ignore opportunities to engage in "you-me" talk when that would have been helpful? Does he seem defensive, closed in relationship to the client?

2. Feelings statements. Does the helper label and express his own feelings?

3. Accuracy. Does he mislabel the feelings and behaviors of the client?

4. Good feedback. Does the helper follow the guidelines for effective feedback? Does he attack or name-call the helpee? Does he provoke defensiveness?

5. Concreteness. Is the helper clear and specific in describing his own feelings, the behavior of the client, and the interaction between them?

6. Timing. Are the immediate responses sudden and premature? Is the helper tentative at first? Is the level of immediacy appropriate to the relationship established?

7. Frequency. Is immediacy overused so that its impact is diluted and the helping process is retarded?

EVALUATION SCALE: IMMEDIACY

1. Helper either actively avoids dealing with the client on the here-and-now of their relationship or does so in an ill-timed, attacking or otherwise destructive way.

1.5

2. Helper usually disregards the here-and-now of the helper-helpee relationship. Though not destructive, the helper's occasional uses of immediacy do retard the helping process.

2.5

3. Helper is open to immediacy. However, his attempts at immediacy are a bit vague and do not encourage continued exploration of the helper-helpee relationship.

3.5
4. Helper focuses on the here-and-now relationship, but does so in a cautious, tentative manner. His responses are usually accurate and helpful.

4.5

5. Helper focuses on the here-and-now relationship in a clear, direct way. He does not hesitate to make appropriate immediacy responses.
APPENDIX C

Trainer Questionnaire

Please take a minute to provide information about yourself in the following areas.

Name ____________________
Age ______
Sex (Circle One) M F
Major Subject ____________________

Previous helper experience (Briefly describe and give dates)

Previous experience as trainer (Briefly describe and give dates)

I want feedback on my social intelligence scores. Yes___ No ___
APPENDIX D

Student Questionnaire

Please take a minute to provide information about yourself in the following areas:

Name______________________________

Age_____

Sex (Circle One)  M  F


Major subject__________________________

Previous helper training (Briefly describe and give dates)

Previous helper experience (Briefly describe and give dates)

I want feedback on my social intelligence test scores (Check One)

Yes_____

No_____

Address:

Phone:
APPENDIX E

Empathic Understanding in Interpersonal Processes:
A Scale for Measurement

(from Carkhuff, 1969 b, pp. 315-317)

Level 1

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

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

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

Level 2

While the first person responds to the expressed feelings of the
second person(s), he does so in such a way that he subtracts notice-
able 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 communica-
tions drain off a level of the affect and distort the
level of meaning. The first person may communicate his own
ideas of what may be going on, but these are not congruent
with the expressions of the second person.

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

Level 3

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

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

In summary, the first person is responding so as to neither subtract from nor to 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.

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

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

Level 5

The first person's responses add significantly to the feeling and meaning of the expressions of the second person(s) in such a way as to (1) accurately express feelings levels below what the person himself was able to express or (2) in the event of 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 a full awareness of who the other person is and a comprehensive and accurate empathic understanding of his deepest feelings.
APPENDIX F

Empathic Response Inventory

The following helpee stimulus statements will be played on a tape recorder. After listening carefully to each statement, which will be played only once, please write down a brief, empathic helper response.

"I tell you I hate my father. I hate him! I hate him! I hate him! And there's no reason for it. He is a minister, a good and righteous man. He has never laid a hand on me, but I have this terrific feeling against him. And it makes me feel so terrible because there's no reason for it. It's a sin to hate your father, especially if you don't have any reason for it. I--it bothers me."

"But can't you tell me what to do? Can't you make a few suggestions? I'm willing to do anything, but I--I just don't know which way to turn. I'll work hard to help myself--if you'll just tell me whether you think it will help me or not. And whether you think I can get over this personality problem. If you'll just tell me what to do, I'll--I'll be so grateful to you."

"I feel so good. I just don't know what to do. I went out with this guy that I've had my eye on since high school. It was so neat! He acts absolutely in love with me. He didn't say anything about calling again, but I'm sure he will."
"I have a problem. It's about this guy. You see, I'm gay and I'm having a love quarrel. John, that's the name of my lover, is more straight than gay. He has recently met this woman who is more exciting than me—so he says anyway. If he continues seeing this woman, it will only mean heartbreak for me. I've never thought about suicide before now, but every day just brings more and more confusion. People say I'm strange, and maybe everybody would be just as happy if I just happened to disappear."

"What kind of goddamn school do you have here? Christ, the place is crawling with hippies and faggots and dopers! Don't you have any normal people? What the hell kind of place is this, anyway? And I expect a decent answer!"

"I'm afraid to be alone. I really am. I'm afraid I'll kill myself and I don't want to, but I get so depressed. I get caught in a terrific clutch of fear. It's unreal, but it's there. And I get so worked up I could scream. I want to get outside and I'm afraid to go out in case I run in front of a car—and I'm afraid to stay in. I'm afraid of myself. I'm afraid to go to the doctor and get an examination. I'm afraid he'll tell me it's cancer. My mother had it. My grandmother, my aunt. I've lived with it all my life, and it's hell. And when this first came up—See, I break out in a sweat just talking about it. Is there any help?"
APPENDIX G

Helper Awareness Scale

I am (check one) Group Member _____
Trainer _____

Please take a few minutes to think carefully about the members of your group and rank them according to their functioning along the dimensions of primary level and advanced empathy. Do not include yourself or the trainers in this ranking. While some group members may appear to be equally skilled in a particular area, please use your best judgment to rank one above the other so that no two members receive the same ranking. These results will remain confidential.

Ranking (from most effective to least effective)

1. _______________________( )
2. _______________________( )
3. _______________________( )
4. _______________________( )
5. _______________________( )
6. _______________________( )
7. _______________________( )
8. _______________________( )
9. _______________________( )

A. Primary Level Empathy:
Helper communicates an accurate awareness of the feelings and experiences expressed explicitly or directly by the helpee.

1. _______________________( )

B. Advanced Empathy:
Helper communicates an accurate awareness of

1. _______________________( )

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feelings and experiences  6._______________(  )
expressed implicitly or  7._______________(  )
indirectly by the helpee.  8._______________(  )
9._______________(  )

Please look again at your rankings on the two empathy dimensions. In the parentheses provided, assign a number from 0 - 100 to each person on a scale where:

Regarding the dimension in question:

0 = the worst helper I have ever known at this level of training;
50 = a helper of average skill for this level of training;
100 = the best helper I have ever known at this level of training.

This will allow you to show relative differences among group members. In a given ranking, do not assign the same number to two different members.
APPENDIX H

Relationship Inventory

Name of Trainer A: ____________________________
Name of Trainer B: ____________________________

Below are listed a variety of ways that one person may feel or behave in relation to others. Please consider each statement carefully with reference to the trainer's present relationship with the members of his group.

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, for Trainer A and for Trainer B. Please mark every statement. Write in -3, +2, +1, or -1, -2, -3 to stand for the following answers:

+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.
1. The trainer respects the members as persons.

2. The trainer wants to understand how the members see things.

3. The interest the trainer feels in the members depends on the things they say or do.

4. The trainer feels at ease with the members.

5. The trainer really likes the members.

6. The trainer understands the members words but does not know how the members actually feel.

7. Whether the members are feeling pleased or unhappy with themselves does not change the way the trainer feels about them.

8. The trainer is inclined to put on a role front with the members.

9. The trainer feels impatient with the members.

10. The trainer nearly always knows exactly what the members mean.

11. Depending on the members actions, the trainer has a better opinion of the members sometimes than he does at other times.

12. The trainer feels that he is a real and genuine person with the members.

13. The trainer appreciates the members as persons.

14. The trainer looks at what the members do from the trainer's own point of view.
<table>
<thead>
<tr>
<th>Trainer A</th>
<th>Trainer B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15. The way the trainer feels about the members doesn't depend on the members' feelings toward him.</td>
</tr>
<tr>
<td></td>
<td>16. It bothers the trainer when the members try to ask or talk about certain things.</td>
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<tr>
<td></td>
<td>17. The trainer feels indifferent toward the members.</td>
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<tr>
<td></td>
<td>18. The trainer usually senses or realizes how the members are feeling.</td>
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<tr>
<td></td>
<td>19. The trainer would like the members to be particular kinds of persons.</td>
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<tr>
<td></td>
<td>20. When the trainer speaks to the members he nearly always can say freely just what he is thinking or feeling at that moment.</td>
</tr>
<tr>
<td></td>
<td>21. The trainer finds the members rather dull and uninteresting.</td>
</tr>
<tr>
<td></td>
<td>22. What the members say or do sometimes arouses feelings in the trainer that prevent him from understanding the members.</td>
</tr>
<tr>
<td></td>
<td>23. Whether the members criticize or show appreciation of the trainer does not (or would not) change the trainer's feeling toward the members.</td>
</tr>
<tr>
<td></td>
<td>24. The trainer would really prefer the members to think that he likes or understands them even when he doesn't.</td>
</tr>
<tr>
<td></td>
<td>25. The trainer cares for the members.</td>
</tr>
<tr>
<td></td>
<td>26. Sometimes the trainer thinks that the members feel a certain way, because that's the way he feels himself.</td>
</tr>
<tr>
<td></td>
<td>27. The trainer likes the members in some ways, while there are other things about them he does not like.</td>
</tr>
<tr>
<td></td>
<td>28. The trainer doesn't feel that he has been ignoring or putting off anything that is important for the group.</td>
</tr>
<tr>
<td></td>
<td>29. The trainer feels disapproval of some of the members.</td>
</tr>
<tr>
<td>Trainer A</td>
<td>Trainer B</td>
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<tr>
<td>-----------</td>
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</tr>
<tr>
<td>30. The trainer can tell what the members mean, even when they have difficulty in saying it.</td>
<td></td>
</tr>
<tr>
<td>31. The trainer's feeling toward the members stays about the same; he is not in sympathy with the members at one time and out of patience with them at another.</td>
<td></td>
</tr>
<tr>
<td>32. Sometimes the trainer is not at all comfortable with the members, but they do on, outwardly ignoring it.</td>
<td></td>
</tr>
<tr>
<td>33. The trainer puts up with the members.</td>
<td></td>
</tr>
<tr>
<td>34. The trainer usually understands the whole of what the members mean.</td>
<td></td>
</tr>
<tr>
<td>35. If the members are angry or upset with the trainer, he gets upset too.</td>
<td></td>
</tr>
<tr>
<td>36. The trainer is able to be sincere and straightforward in whatever he expresses to the members.</td>
<td></td>
</tr>
<tr>
<td>37. The trainer feels friendly and warm toward the members.</td>
<td></td>
</tr>
<tr>
<td>38. The trainer ignores some of the members' feelings.</td>
<td></td>
</tr>
<tr>
<td>39. The trainer's liking or disliking of the members is not altered by anything that the members say about themselves.</td>
<td></td>
</tr>
<tr>
<td>40. At times the trainer just doesn't know, or doesn't realize until later, what his feelings are about the members.</td>
<td></td>
</tr>
<tr>
<td>41. The trainer values his relationship with the group members.</td>
<td></td>
</tr>
<tr>
<td>42. The trainer appreciates just how the members' experiences feel to them.</td>
<td></td>
</tr>
<tr>
<td>43. The trainer feels quite pleased with the members sometimes, and then the members disappoint him at other times.</td>
<td></td>
</tr>
<tr>
<td>44. The trainer feels comfortable to express whatever is in his mind with the members, including any feelings about himself or about the members.</td>
<td></td>
</tr>
<tr>
<td>Trainer A</td>
<td>Trainer B</td>
</tr>
<tr>
<td>-----------</td>
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</tr>
<tr>
<td>45.</td>
<td>The trainer doesn't like some of the members as persons.</td>
</tr>
<tr>
<td>46.</td>
<td>At times the trainer thinks that the members feel strongly about something and then it turns out that they don't.</td>
</tr>
<tr>
<td>47.</td>
<td>Whether the members are in good spirits or bothered and upset does not cause the trainer to feel any more or less appreciation of them.</td>
</tr>
<tr>
<td>48.</td>
<td>The trainer can be quite openly himself in the group.</td>
</tr>
<tr>
<td>49.</td>
<td>Somehow some members irritate the trainer.</td>
</tr>
<tr>
<td>50.</td>
<td>Sometimes the trainer doesn't realize how touchy or sensitive the members are about some of the things they discuss.</td>
</tr>
<tr>
<td>51.</td>
<td>Whether the members were expressing &quot;good&quot; thoughts and feelings, or &quot;bad&quot; ones, did not affect the way the trainer felt toward the members.</td>
</tr>
<tr>
<td>52.</td>
<td>There are times when the trainer's outward responses to the members were quite different from the way he felt underneath.</td>
</tr>
<tr>
<td>53.</td>
<td>At times the trainer felt contempt for some members.</td>
</tr>
<tr>
<td>54.</td>
<td>The trainer understands the members.</td>
</tr>
<tr>
<td>55.</td>
<td>Sometimes the members seem to the trainer more worthwhile persons than they do at other times.</td>
</tr>
<tr>
<td>56.</td>
<td>The trainer doesn't sense any feelings in relation to the members that are hard for him to face and admit to himself.</td>
</tr>
<tr>
<td>57.</td>
<td>The trainer is truly interested in the members.</td>
</tr>
<tr>
<td>58.</td>
<td>The trainer often responded to the members rather automatically, without taking in what the members were experiencing.</td>
</tr>
<tr>
<td>59.</td>
<td>The trainer doesn't think that anything the members say or do alters the way he feels toward the members.</td>
</tr>
</tbody>
</table>
60. What the trainer says to the members often would give a wrong impression of his full thought or feeling at the time.

61. The trainer feels a deep affection for the members.

62. When the members are hurt or upset the trainer can recognize just how they feel.

63. What other people think and feel about the members helps to make the trainer feel as he does toward the members.

64. The trainer feels there are things the members don't talk about that are causing difficulty in the group.
APPENDIX I

To Psych. 130 students,

I'd like to enlist your help in some research I'm doing for a doctoral degree in Counseling Psychology. We have developed a new training format for Psych. 130 and feel a need to evaluate it. In addition, I am attempting to examine the effectiveness of current procedures used to select helpers and trainers of helpers. I need your help to accomplish both of these goals.

More specifically, I'm requesting four things, none of which will require any time commitment from you, outside of class time.

First, during the first class session, I will be asking you to fill out some social intelligence inventories. These are short, multiple choice tests which involve facial expressions, verbal expressions and cartoons. The results of these tests will remain confidential and will in no way affect your grade in the course. At the end of the quarter, I'll be available to give you feedback on your results, if you'd like.

Second, I'd like your permission to look up your ACT scores and Grade Point Average. This research places no focus on individual scores, but I do need to look at your results as a group. No one but me will have access to these scores.

Third, at the end of the quarter I will ask you to complete a brief form rating your trainers and fellow group members. This will be done anonymously.

Finally, as part of the course, at the end of the quarter you will be tape recorded functioning as a helper in role-play situation. I would like your permission to allow trained raters, who will not know your identity, to rate these tapes. Again, I am interested in group results. These ratings will not affect anyone's grade.

I appreciate your help. If you are willing to participate in this research, please indicate that by signing the agreement below:

I agree to release my ACT scores and current GPA and to participate in the research described above. I do so with the understanding that the data I provide will be treated confidentially and will have no bearing on my grade in the Psych. 130 course. I also understand that feedback on my social intelligence scores will be made available to
me, if I so desire.

(Signed) _________________________

Thanks.

Jim Bryer
APPENDIX J

Client Role and Instructions for Confederate Clients

A. ROLE

Client is an undergraduate freshman female, whose difficulty centers around an inability to assert herself with an inconsiderate roommate. There are three distinct levels of feeling present which can be expressed as the interview goes along.

1. Surface level feelings: Confusion and depression about her living situation: Subdued affect.

   e.g., "I don't understand why people here are so hard to get along with."

   "My roommate isn't considerate like the people in my hometown are."

   "I don't know what to do."

2. Intermediate feelings: If her surface level feelings are responded to, client continues to self-explore and begins to express feelings of frustration and anger toward the inconsiderate roommate.

   e.g., "I have no privacy--she has her boyfriend over at all hours."

   "She plays her stereo so loud I can't think, much less study."

   "Damn her, she borrows my clothes without asking and returns them dirty."

3. Underlying feelings: If her anger is accepted and responded to, client gradually begins to express her scared feelings and her doubts about herself.

   e.g., "I don't know if I can handle city people."

   "I don't know if I can make it at this university."

   "What is it about me that makes some people walk all over me."
B. INSTRUCTIONS FOR CONFEDERATE CLIENTS

1. Once you and the counselor are situated and the tape is in operation, say "This is counselor #______," and fill in the appropriate code number.

2. Pause. Then begin with your opening statement in a subdued tone. Make sure you speak clearly and audibly.

3. Shift from one layer of feeling to the next gradually. For example, during the transition from depressed to angry feelings, express some mild irritation or frustration - perhaps letting the feelings show non-verbally at first.

4. In general, wait until an understanding of your surface feelings has been communicated by the counseling or before moving on to a deeper level of feeling. On the other hand, don't let the interview totally "bog down." If, after five or six minutes of repeating yourself, you get no response to one level of feeling, move on to the next level.

5. If the counselor attempts a reflection of feeling, let him know whether or not he's accurate, e.g., "Yes, I am confused," or "Right now I'm not feeling sad, I'm more frustrated."

6. When time is up there will be a knock at the door. At that point, stop the tape recorder and send the counselor to Room 334.
APPENDIX K

Instructions to Counselors for Role Play

I want you to pretend that this is your first interview with the client, a female freshman. Your client will begin the interview by saying, "This is counselor Number ____," and filling in your code number. She will then pause and begin talking about her problem. What you are to do is to respond to her in an empathic way.

After ten minutes there will be a knock at the door and you will be asked to go to Room 334 for debriefing. Any questions?
APPENDIX L

Social Intelligence Feedback Form

The O'Sullivan-Guilford Tests of Social Intelligence results in five scores: four of the individual tests (Expression Grouping, Missing Cartoons, Social Translations and Cartoon Predictions) and one Composite Score. This feedback form is meant to be a brief explanation of what those scores mean. The tests are not infallible and should be viewed as one source of information to draw on to assess one's ability to understand what is happening in social situations. Also, it is important to keep in mind that social intelligence is only one factor in interpersonal effectiveness. Behavior skills which make use of awareness are equally important.

Expression Grouping. The items on this test consist of three drawings showing facial expressions, hand gestures and body postures, each conveying an emotion or state of being. Your task was to select one of four drawings which expressed the state of mind depicted in the first three drawings. The test measures an ability to identify the main feeling or state of mind expressed in a variety of behaviors and expressions. As such, it is one measure of sensitivity to what is happening with others. Scores in the 23 - 26 range indicate the upper one-third of the population*; 16 - 22, the middle third; 6 - 15, the lower third.

Missing Cartoons. The items on this test consist of a series of four-panel cartoons, with one panel missing. Your task was to select a panel which best completed the cartoon or made the most sense. The test measures two abilities: the ability to correctly interpret individual expressions and the ability to understand the implications of a sequence of expressions and behaviors. Thus, the test measures an awareness of social systems. Scores in the 23 - 28 range indicate the upper one-third of the population*; 14 - 22, the middle third; 5 - 14, the lower third.

Social Translations. Each item on this test consists of a phrase said in four different dyads. Your task was to select the one dyad for whom the statement would have a meaning quite different from the meaning in the other dyads. The test measures an ability to understand,

*Norms were derived from a population of high school students of superior intelligence. College student norms are not available at the present time.
discriminate, and correctly interpret what is happening in an interpersonal situation. Scores in the 19 – 22 range indicate the upper one-third of the population*; 10 – 18, the middle third, 1 – 9, the lower third.

**Cartoon Predictions.** In this test your task was to select the one of three cartoon panels which provided the most likely ending to a cartoon story. The test measures an ability to understand the implications of social events and to predict their one word. Scores in the 23 – 27 range indicate the upper one-third of the population*; 18 – 22, the middle third; 10 – 17, the lower third.

**Composite Score.** When added together, the four test scores represent an overall measure of social intelligence, which includes the notions of interpersonal awareness, social sensitivity, and the discrimination part of the empathy ability. Scores in the 88 – 96 range indicate the upper one-third of the population*; 57 – 87, the middle one third; 37 – 56, the lower one-third.
APPENDIX M

Guidelines for Rating on the Empathy Scale

The following are suggested guidelines for rating helper responses on the empathy dimension. They are meant to be used in complementary fashion along with Carkhuff's Scale I: Empathic Understanding in Interpersonal Processes (Carkhuff 1969, Vol. II, pp. 315-7).

Level I. In general, Level I responses demonstrate no awareness of what the helpee is feeling. A Level I response can be classified as 1.0 or 1.5.

1.0 a. Helper does not acknowledge, even indirectly, the experience of the helpee.
   
   - a totally irrelevant statement or question;
   
   - a gross distortion of either content or affect
   
   - response suggests that the helper was not listening.

b. Helper completely discounts the helpee's experience.
   
   - dismissal of problem
   
   - criticism of helpee
   
   - judgmental response

1.5 a. Helper demonstrates that he is at least hearing the conversation.
   
   - through a statement or question, helper acknowledges the content of the helpee's statement, but makes no direct or indirect acknowledgment of feelings.

   - helper acknowledges content, then philosophizes, gives advice, interprets, or asks a question.
Level II  Level II responses attempt to acknowledge the surface feelings of the helpee but do so inaccurately or in such a way as to subtract noticeable affect from the helpee's communication. A Level II response can be classified as 2.0 or 2.5.

2.0  a. Helper inaccurately reflects the feelings of the helpee.
   - misses noticeably with respect to the type of feelings
   - misses significantly with respect to the intensity of the helpee's feelings.

   b. Helper accurately reflects the helpee's underlying feelings but does so in a sudden or premature way which prevents the client from accepting it.

2.5  a. Helper reflects the essence of the affect being conveyed by the helpee, but it is delivered in a vague, general and hard to follow manner.

   b. Helper reflects the essence of the helpee's affect, but misses slightly with respect to intensity, e.g., Client is furious. Helper says, "You seem angry."

   c. Helper reflects the surface feelings of the helpee, but the content doesn't seem to match or follow.

Level III  At Level III the response is interchangeable, an accurate reflection of the surface feelings of the helpee. Level III responses can be classified as 3.0 or 3.5.

3.0  a. Helper accurately reflects the surface feelings of the client.

   b. Helper accurately reflects the surface feelings and content.

3.5  a. Helper responds with a concise, accurate, powerful interchangeable response, which helps the client see his surface feelings in a more impactful way.

   b. Helper accurately reflects the helpee's surface feelings and accurately reflects implied content areas, thus encouraging new content areas for exploration.

Level IV  Level IV responses respond accurately and approximately deeper, implied feelings in a way that leads the helpee to a new understanding of his experience. Level IV responses can be classified as 4.0 or 4.5.
4.0  a. Helper responds accurately to helpee's deeper, implied feelings, and does so in such a way that the helpee can accept and make use of the new understanding; e.g., a soft confrontation.

b. Helper responds to patterns in helpee's feelings to promote deeper understanding.

4.5  a. Same as a 4.0 response with the additional reflection of additive (either implied or thematic) content.

b. A concise, powerful, 4.0 response—usually with verifying content; e.g., a hard confrontation.

**Level V** Level V responses are rare. Here the helper responds accurately and appropriately to the deepest feelings of the client. Helper seems completely in tune with the totality of the client's being.
APPENDIX N

Trainer Debriefing

Post-training trainer debriefing focused on the following questions.

A. GENERAL QUESTIONS

1. What departures did you make from the manual with respect to mode of training, training sequence, amount of time spent on various skills, skills covered?

2. How much training time was devoted to Primary Empathy?

3. How much training time was devoted to Advanced Empathy?

4. Were you able to complete the training program? If not, how far did you get?

B. QUESTIONS ON TRAINING PROCEDURE

1. How did you handle cognitive input?

   Lecture?
   Class discussion?
   Student presentations?
   Reading assignment?
   Did you use the handouts?

2. How did you handle the modelling?

   Live modelling?
   Taped modelling?
   Positive modelling of effective behaviors?
   Negative modelling of ineffective behaviors?
   Use students as models?

3. How did you handle practice and feedback?

   Large group?
   Two smaller groups?
   Dyads on Triads?
   Use of exercises in the manual?
   Use of feedback checklists?
   Percentage of training time spent in practice and feedback?
   Real material or role play used in practice?
4. How did you handle the evaluation part? Use of evaluation scales?
5. Did you assign homework? How often?

C. PROCESS QUESTIONS

1. How would you describe group cohesion?
   Trust?
   Cooperation?
   How did these develop during beginning, middle, and end of training?

2. Attendance?
   How many people missed?
   How often?

3. Class preparation by trainers?
   Hours per week?
   Individual or joint preparation?

4. How did you feel about working together?
   Friction?