ANXIETY ABOUT THE ACT OF COMMUNICATING
AND PERCEIVED EMPATHY

DISSERTATION

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DEDICATION

This research effort is dedicated to my parents,
Dr. and Mrs. I. Benjamin Pierce, whose love, understanding
and personal sacrifice are my richest endowment.

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CHAPTER I

INTRODUCTION

Empathy or the empathic process is considered an important factor in the psychotherapeutic situation. Relatively more emphasis has been placed on the empathic process in the so-called relationship therapies as opposed to the so-called insight therapies. Katz (1963) states that "in the relationship therapies the therapist participates more actively. He is concerned with personal as well as transference relationships. Empathy is not only a means of cognition but a therapeutic force in itself. Thus the empathic engagement with the client or patient plays a large role in effecting a cure or behavior change. The therapist shares with the client some of his own personal responses and feelings. The therapist and the patient have an emotional interchange. The patient is made to feel accepted and that the therapist is deeply involved with him in his experiences. Growth takes place as a result of this interpersonal involvement and sharing."

Empathy and Psychotherapy Research

Research in the area of the psychotherapeutic process has also emphasized the importance of empathy as an influential variable. Strupp (1963) indicates that his studies show that therapists who

feel more warmly toward their patients communicate more empathy toward them in their therapy interaction. Furthermore, these therapists have more favorable diagnostic and prognostic expectations for their patients.

R.D. Cartwright and Lerner (1963) present results indicating that empathy is an important variable in improvement during psychotherapy. The authors demonstrated that improvement during therapy was a function of the therapist's empathy for the patient, and the patient's own pre-therapy need to change.

Rogers, Gendlin, Truax, and associates have conducted an extensive research program on psychotherapy with schizophrenics. Truax (1963) reporting some preliminary data indicates that results show that schizophrenics treated by therapists judged low in accurate empathy and genuineness showed deterioration or a loss of psychological functioning. This finding has also been replicated with less severely disturbed outpatients (Truax, et.al., 1966).

Matarazzo (1965) in reviewing the literature and research on the psychotherapeutic process comments that the research of Whitehorn and Betz, and Betz that studied personality characteristics of successful therapists indicates that the more "empathic" resident physician has his greatest success with the more difficult patient. He also indicates that the results reported by Betz, those reported by

Rogers, Gendlin, Truax and associates, those reported by Cartwright and Lerner, and results reported by Strupp all seem to be re-emphasizing the therapist's personality as a crucial variable in psychotherapy outcome.

The studies reported above indicate that empathy is regarded as a personality trait of a therapist, and that empathy appears to be an important influential factor in the psychotherapeutic process.

However, the other significant party involved, the client or the patient has not entirely been forgotten in the study of empathy. Matarazzo (1965), in his review, reports studies of patient perceptions of therapy done by Fiefel and Ells, and Kamin and Caughlan show congruent findings. Therapists who are human and natural were rated the best therapists and obtained the best outcome ratings from their patients. He further suggests, that this finding appears consistent with the findings reported by Truax for the Roger's group.

Again, in looking at the patient or interviewee as the dependent variable, Matarazzo and associates have demonstrated with several studies that the rate and duration of interviewee speech and silence is directly influenced by rate and duration of interviewer speech and silence. It is postulated that due to the interviewer's ability to influence interviewee speech patterns, that any greater activity by the interviewer is interpreted by the interviewee as indicating that the inter-

viewer is more interested in, or more empathic toward the interviewee, or that he otherwise values the interviewee more (Matarazzo, 1965).

Research on the Nature of Empathy

Empathy has been described and defined in many ways: as-if behavior, sympathetic understanding, trial identification, co-experiencing, etc. Studies have been conducted to investigate one's ability to be empathic. Dymond (1950) concluded from the findings of a study that the "faculty" of empathy (i.e., the ability to transpose oneself into the thinking, feeling and acting of another) does seem to assure more effective communication and understanding. The combined result of the measures used, together with each subject's own self-analysis, gave the following picture: High empathizers are outgoing, optimistic, warm, emotional people with strong interest in others. Low Empathizers are rather rigid introverted people subject to outbursts of uncontrolled emotionality. They are unable to deal with concrete material and interpersonal relations successfully.

Berlew (1961) studied interpersonal sensitivity and motive strength. Interpersonal sensitivity implies empathy, understanding, ability to judge others, sensitivity to other people. The data supported the hypothesis that moderately motivated judges would make more accurate judgements of others than either high or low motivated judges.

Halpern (1955) conducted a study to explore the relationship between similarity and empathy and also the relationship between a person's self-satisfaction or self-dissatisfaction in a given personality area and his ability to predict accurately in that area. The data reflect a clear positive relationship between an individual's similarity to an acquaintance and his ability to make accurate predictions about him. Furthermore, predictive accuracy is greater when the individuals involved resemble each other in the specific areas of prediction than when they differ. The subjects predicted with significantly greater accuracy on items where they had indicated self-satisfaction rather than dissatisfaction. One possible rationale given for this finding is that in areas where the person is discontent about his own behavior, disorganizing anxiety may be aroused and distortive defenses may be mobilized. Both of these factors may function to cause aberrations in accurate interpersonal preception.

The aforementioned studies were conducted to investigate the nature of empathy. Important here is the basic assumption that empathy, as in the psychotherapy research, is a personality trait that is differentially manifested by people.

Issues Regarding the Study of Empathy

There have been some issues raised in regard to the methods and implications of studies done on empathy. Fao (1958) states that most studies of empathy have been concerned with the guessee

or the guesser. For some investigators empathy is a personality trait of the guesser that is possessed in different degrees by different subjects. Tests of empathy and other personality traits stem from this conception. Fao suggests that accuracy of perception of somebody else may depend not only on the guesser or the guessee but also on the actor. If the actor behaves in an unambiguous manner or in an ambiguous manner it may prove easy or more difficult to guess the perception that someone else has of this behavior. Fao argues that the data are in disagreement with theories that empathy depends on the personality of the guesser or on the personality of the guessee. Data suggest that when people behave in a transparent manner it is easier to guess the perception of this behavior; that is, empathy is related to transparency of behavior. Therefore, the type of behavior is a variable that should not be disregarded in the study of empathy.

The argument of behavioral transparency suggests not only a method of study, but also what to study. If one's perception of another's behavior is an important variable in the study of empathy then variables that influence one's perception become important just as the type of behavior becomes important.

Bucheimer (1963) maintains a position very similar to that of Fao. In reviewing the development of ideas about empathy, he concludes that up to the present time the typical operational definition of empathy was the prediction of another person's response on some kind of personality test or on some scale or

inventory. This type of procedure specifies the operations involved, but it does not sufficiently differentiate empathy from other processes - diagnosis for example. It thus becomes crucial that researchers go beyond the preliminary concepts of empathy that exists so far: role-taking and interpersonal predictions. He goes on to say that if empathy is related to the capacity of the counselor to share the same perceptual field of the counselee, and to communicate these perceptions to the counselee, the nature of the sharing as well as the communication needs to be studied and specified.

In regard to Fao's and Bucheimer's position, this writer agrees that an adequate operational definition of empathy is not yet available. In this regard, it also seems reasonable to focus on variables that may influence client or patient perceptions of therapist behavior.

Carl R. Rogers (1957) in emphasizing "empathic understanding" as one of the necessary and sufficient conditions for therapy, further stated that the client perceives, to a minimal degree, the empathy and acceptance which the therapist experiences for him. The therapist's words and behavior are perceived by the client as meaning that to some degree the therapist accepts and understands him. Thus, the importance of empathy here does not depend exclusively on the "empathy ability" of the therapist, but also on the perception of empathy by the client which indicates that he is being understood.

Van Kaam (1959) did a phenomenal analysis of the experience of "really feeling understood." Nine constituents were identified as being together necessary and sufficient for the experience of "really feeling understood." The synthetic description of the experience containing the nine constituents is:

The experience of "really feeling understood" is a perceptual emotional Gestalt: A subject perceiving that a person co-experiences what things mean to the subject and accepts him, feels initially relief from experiential loneliness, and gradually, safe experiential communion with that person and with that which he perceives this person to represent.

What appears to be an important factor in Van Kaam's description is what happens initially, before the more gradual occurring feeling of "safe experiential communion"... that is, "a feeling of relief from experiential loneliness." This relief may be a result of reduction of anxiety or tension that one may initially have in a situation. Then an increase or decrease in initial anxiety may be a variable that influences one's perception that he is really being understood by another.

A passage from Whitaker and Malone's (1953) book, The Roots of Psychotherapy, suggests that a shift in the level of anxiety is an important variable. The writers say in discussing deeper level of communication:

In this sense communication on an affective, usually non-verbal level almost always follows anxiety in one or both participants. The actual communication represents an interpersonal

resolution of shared anxiety..... The experience of communicating itself is free of anxiety and accompanied by more gratifying affective feeling tones. There comes a sudden increase in anxiety when patient and therapist fail to communicate. Whenever their interpersonal organization of affect has broken down.

It has been indicated that it appears reasonable to focus on the perceptions of an individual in regard to the study of empathy. Furthermore, it has been suggested that anxiety in some way may be an integral part of the "empathic process."

Statement of Problem

In a previous study concerning perceived empathy (Pierce, 1965), it was suggested that empathy should be looked at as a process, a part of the total interaction between two people, and not as part of a person, that is, a trait or personality variable. Likewise, focus should be placed on the variables that are functioning in the interaction situation, the situational variables. Maintaining that empathy is a process, then something occurs before and something happens afterwards to define the process. Hence, it is necessary to define, explain, and understand the relationship between the antecedent conditions and the present or following conditions, for this relationship comes closest to explaining the process.

With this approach as a guide, the Pierce (1965) study was concerned with the question: Does anxiety associated with communicating to another person influence one's perception of the other's empathic understanding of him? More specifically, does anxiety

associated with communicating as influenced by either the appropriate or inappropriate timing of interviewer responses affect the interviewee's perception of how empathic he experiences the interviewer to be?

The basic hypothesis tested was - if one has anxiety about the act of communicating to another person and this anxiety is reduced, then the other person will be perceived as more empathic than if the anxiety had not been reduced (Pierce, 1965). The results demonstrated that Ss in the appropriate interview condition perceived the E as more empathic than Ss in the inappropriate interview condition. No shifts in anxiety level were demonstrated between conditions; however, there was an inverse correlation between perceived empathy scores and post-interview anxiety scores in both the inappropriate and appropriate interview conditions. Content and vocal quality of E responses were controlled for (Pierce, 1965;1967). The inverse relationship indicated that the higher the anxiety, the lower the perceived empathy as measured by the instruments used.

Discussing the results of this study, suggestions for future research were made (Pierce, 1965). A systematic replication with a change in experimental design was suggested. Instead of employing a treatment by levels design, a subject by treatments design is indicated. An analysis of anxiety scores between conditions for each subject in a repeated measures design is a more appropriate method to test the claim that anxiety-reduction leads to an increased perception of empathy; and the difference in perceived empathy scores

between interview conditions can be re-checked.

Perceived empathy, as used in the present study, refers to the subject's perception of the degree to which he feels the interviewer understood and appreciated the meaning, feelings, and experiences that he attempted to communicate in the interview situation.

Perceived empathy is measured by a modification of the client-form of the Barrett-Lennard Relationship Inventory (1959), the Emp. (Pierce, 1965).

Anxiety, as used in the present study, refers to a feeling of apprehension, tension, doubt, or lack of confidence concerning the act of communicating to another.

Anxiety is measured by an anxiety questionnaire, the A.Q. (Pierce, 1965). The A.Q. is a combination and modification of items chosen from the Test Anxiety Scale (Sarason, I., 1962), and the Test Anxiety Questionnaire (Mandler and Sarason, S.B., 1952); (Sarason, S.B., Mandler, and Craighill, 1952); (Sarason, S.B. and Mandler, 1952).

Due to results obtained in the original study (Pierce, 1965), the appropriate interview condition is called the empathic interview condition; and the inappropriate interview condition is called the non-empathic interview condition.

The interview conditions are based on a standard interview procedure technique investigated by Matarazzo, Saslow, Matarazzo, and Phillips (Matarazzo, 1962). The empathic interview condition consists of a free-interview where the interviewer never permits five seconds of silence to elapse without making a non-directive comment nor does the interviewer interrupt the interviewee while he is speaking.

The non-empathic interview condition consists of three periods. There is a free-interview period, an interruption period, and a silence period, in that order.

All interviews are further standardized by the use of 14 non-directive type statements by the interviewer (Pierce, 1965). Hence, the main feature of the interview situation is the manipulation of the appropriateness of timing of interviewer responses. (See Procedure pg. 18&19). The primary purpose of this experimental manipulation is to create a stress or anxiety inducing situation in the non-empathic interview and a non-stress or anxiety reducing situation in the empathic interview.

The experimental design includes four treatment condition groups:

- I. Non-Empathic Interview; Empathic Interview.
- II. Empathic Interview; Non-Empathic Interview.
- III. Non-Empathic Interview; Non-Empathic Interview.
- IV. Empathic Interview; Empathic Interview.

Hypotheses

In order to investigate a relationship between anxiety associated with the act of communicating and perceived empathy, a basic hypothesis and several specific hypotheses were formulated. They are as follows:

Basic hypothesis - If one has anxiety about the act of communicating to another person and this anxiety is reduced, then the other person will be perceived as more empathic than if the anxiety had not been reduced.

Specific hypotheses:

- (1) People in an Empathic Interview condition should perceive the interviewer (E) as more empathic than people in a Non-Empathic Interview condition. Therefore:
 - (a) I. should perceive the E as more empathic than II.
 - (b) IV. should perceive E as more empathic than III.
- (2) People in an Empathic Interview condition should show less anxiety than when in a Non-Empathic Interview condition. Therefore:
 - (a) I. should show decrements in anxiety between interview conditions.
 - (b) II. should show increments in anxiety between interview condition.
 - (c) III. and IV. should show decrements in anxiety between interview conditions.
 - (d) III. should show greater anxiety than IV.

Duration of interviewee silence during the silent period of the Non-Empathic condition was measured, and it was hypothesized:

- (3) Duration of interviewee silence during the silent period of the Non-Empathic Interview should have an inverse correlation with perceived empathy.
- (4) Duration of interviewee silence during the silent period of the Non-Empathic Interview should have a positive correlation with anxiety level.

CHAPTER II

METHODOLOGY

Subjects

The subjects were sixty male college students. They were obtained from an introductory undergraduate psychology course at Ohio State University.

Measures

To measure perceived empathy the client-form of the Barrett-Lennard Relationship Inventory empathic understanding scale was modified and used. Barrett-Lennard (1959) developed an inventory for measuring therapeutic dimensions of an interpersonal relationship. The internal consistency of the empathic understanding scale was measured by the split-half method, using halves judged on a theoretical basis to be approximately equivalent. The adjusted split-half reliability (Spearman-Brown formula) of the scale for an N of 42 was .83 (Barrett-Lennard, 1959).

The perceived empathy scale (Emp) consisted of 16 items taken from the empathy scale of the Barrett-Lennard Relationship Inventory. The verbs of the items were changed to past tense so that the items would be consistent to a single interview rather than a series (see Appendix I). The scale consisted of eight positive empathy items and eight negative empathy items.

Examples:

Emp. positive - He understood completely
what I said to him.

Emp. negative - He understood my words but did
not know how I felt.

In order to judge the internal consistency of the Emp., a split-half reliability measure was obtained (Pearson r with Spearman-Brown correction). The reliability coefficient was .74 for $N = 30$.

The items of the Emp. could be answered by three levels of "yes" and three levels of "no" answers (+++, ++, +: ---, --, -). Three pluses indicates a very strong "yes" and three minuses indicates a very strong "no" to the item. The items were scored on a seven point scale. For a positive item, three pluses equaled seven and three minuses equaled one (+++ = 7, ++ = 6, + = 5, 0 or no score = 4, - = 3, -- = 2, --- = 1). For negative items the scoring was reversed. Thus, a score of seven for an item reflected a perception of the interviewer as very empathic, and a score of one reflected a perception of the interviewer as very unempathic. Therefore, the higher the total score the more empathic the interviewer was perceived as and vice-versa.

In order to obtain a measure of anxiety, sixteen items were selected from the Test Anxiety Questionnaire (Sarason, S. B. et. al., 1952) and the Test Anxiety Scale (Sarason, I., 1962). The items were placed in questionnaire form as in the Test Anxiety

Questionnaire. The items were modified to refer to an interview situation rather than to a testing situation.

Sarason's attempt to establish validity of the Anxiety Questionnaire by rating overt manifestations of anxiety in comparison to questionnaire ratings showed a point correlation (ϕ) of .59 (Mandler and Sarason, S.B., 1952).

In order to obtain a validity measure on the modified scale, three advanced graduate students in clinical psychology independently judged ten interviews for how anxious the Ss sounded. Judges ratings compared to anxiety questionnaire (A.Q.) ratings showed a point correlation (ϕ) of .60.

An internal consistency measure was obtained on the A.Q. The split-half reliability coefficient was .89 for $N = 30$ (Pearson r with Spearman-Brown correction).

The purpose of the A.Q. was to obtain a measure of anxiety before the interview conditions and a measure of anxiety after the interview conditions. Hence, three administrations of the A.Q. were given, A.Q. I, A.Q. II, and A.Q. III.

The items in A.Q. I were presented in the present tense and the items in A.Q. II and III were in the past tense referring to the interview. Except for tense changes the items in the three A.Q.'s were identical (see Appendixes II and III). The order of the items in all A.Q.'s were randomized.

The A.Q. was answered by placing a mark on a line or scale at the ends of which appeared statements of opposing feelings or attitudes. Statements to the left of the line reflected little or no anxiety and the statements to the right of the line reflected a great deal of anxiety. Therefore, the scale was directional, i.e., it reflected increasing anxiety from left to right. The A.Q. was scored on the basis of a seven point scale. The line was seven inches long. The strength of a feeling or attitude of an item was determined by placing a seven inch rule along the line and observing at what inch along the rule it fell. Thus a score of one fell within the first inch and reflected low anxiety. Therefore, the higher the total score, the more anxiety and vice-versa.

Examples:

A.Q. I - I feel tense.

A.Q. II and III - In this interview I found
myself tense.

In order to obtain a measure of the duration of interviewee silence during the silent period of the non-empathic interview an Esterline Angus Ink-type Event Recorder was used. An electrovoice microphone and a ten watt amplifier were connected to the recorder. Speaking deactivated the machine pen, silence activated the machine pen and a record of silence was charted. Thus, silence duration could be read directly from the graph.

Procedure:

1. The subjects were randomly assigned to the four treatment conditions (15 Ss per condition). Each condition had two interview treatments of either Empathic or Non-Empathic depending on the respective treatment group, I, II, III, or IV.

I. Non-Empathic; Empathic.

II. Empathic; Non-Empathic.

III. Non-Empathic; Non-Empathic.

IV. Empathic; Empathic.

Interview:

2. In both interview conditions, the interviewer was allowed to say only the fourteen non-directive type statements. The statements were attempted to be said in a warm, accepting and understanding manner, and were selected to fit the context of the interview. In order to check for constancy of the interviewer vocal tone, all interviews were tape recorded so that a random selection of interviewer statements could be submitted to judges at the termination of the study. The interviewer statements were as follows:

1. Um-Hum
2. (Reflect last statement) summary of what was said in exact or few different words.
3. You feel that (Last statement said).
4. I don't quite understand, tell me more about that.
5. How does this make you feel about yourself?

6. Tell me more about yourself.
7. Can you tell me a little more about that?
8. Yes, I can understand that.
9. That must be a rough sort of feeling.
10. I agree, it must be difficult.
11. These are (this is a) good or bad point(s) as you see them?
12. Yes, that seems to make sense.
13. I think I'm beginning to understand.
14. I might feel that way too.

The interviewer carried a stopwatch and a Manila folder in which was a sheet with the instructions, which were read, and the statements. The folder was held in such a way that the subject could only see the back of it.

Empathic Interview - In this condition, the free interview, the interviewer attempted to respond appropriately to the subject with a statement. The interviewer did not interrupt the interviewee while he was speaking, nor did he allow more than five seconds of silence to elapse. The empathic interview lasted for 15 minutes.

Non-Empathic Interview - This condition was divided into three periods:

1st period: This period was free interview just as the empathic condition. It lasted for two minutes.

2nd period: This was the interruption period. Here the interviewer interrupted the subject's speaking approximately every five seconds with a statement. This period lasted for five minutes.

3rd period: This was the silent period. Here the interviewer was not allowed to respond to the subject for a fixed period of twelve seconds after the last utterance the subject emitted, i.e. after twelve seconds of silence, the interviewer then said a statement. The silence period lasted for at least five minutes. If a criterion of three periods of twelve seconds of silence was reached within five minutes the interview was terminated. If not, then the interview continued for three more minutes. If three periods of twelve seconds of silence was obtained after the first five minutes, the interview terminated at that point. However, if at the end of eight minutes the three period criterion had not been reached, the interview terminated. Thus the silence period lasted a minimum of five minutes to a maximum of eight minutes.

The Non-Empathic interview lasted a minimum of twelve minutes to a maximum of fifteen minutes.

Step A. The subjects were escorted into the interview room by the interviewer and the door was shut. The interviewer then said: "you see the tape recorder." "All of the interviews will be taped. A random selection will be made after the study, so I do not know which ones will be selected. However, after the tapes are listened to, at the completion of the study, they will all be erased. The watch I have is so I can exactly time the interview. OK?"

(The interviewer then read the instructions).

Step B. Instructions (Pierce, 1965): "I want to find out how college students think and feel about themselves. I would like to know what you think you are like as a person. I believe the best way to accomplish this is simply to ask you to talk about and describe yourself.

In this interview your instructions are to describe yourself and to express what you think about yourself, and how you feel about yourself. Since the time for the interview will be limited, I will give you a few minutes to organize your thoughts so you can present them to me better."

Step C. The subject was asked to fill out A.Q.I while being left alone in the room for three minutes.

Step D. The interviewer returned, turned on the tape recorder and began interview condition number one, Empathic or Non-Empathic, depending on treatment group.

Step E. At the completion of the first interview condition the Interviewer said: "OK. Now will you fill out this scale for me and then we will continue." The interviewer left the room while the subject completed A.Q. II.

Step F. The interviewer returned and said, "I'll re-read the instructions just to remind you and then you can just continue." "In this interview your instructions are to describe yourself and to express what you think about yourself, and how you feel about yourself." "OK, you can continue on."

Interview condition number two depending on treatment group was initiated.

Step G. At the completion of the second interview condition, the interviewer said: "OK, will you fill out these two scales in the order that they are here." The subject filled out A.Q. III. and Emp., the order of presentation of the scales was counterbalanced.

The interviewer left the room while the subject completed the scales.

3. Post-Interview Questions: In order to obtain additional information about the effects of the experimental treatments and how the subjects felt, three questions were asked and the answers written verbatim. The questions were:

1. What do you think the purpose of this study is?
2. Did you notice any change in my behavior during the interviews?
3. If you felt uneasy or tense at all, when did you feel it most? (Which interview?)

4. De-Briefing: After the post-interview questions, the study was explained to each subject. Any questions the subjects had were answered. They were then asked not to mention what went on in the study. The subjects were thanked and then released.

Summary of Procedure

1. The tape recorder and stop watch explained.
2. The instructions were read.
3. The subject was given A.Q. I to complete and was left alone for three minutes.
4. First interview condition.
5. A.Q. II was administered.
6. Instructions re-read.
7. Second interview condition.
8. A.Q. III and Emp. administered (counterbalanced).
9. Post-Interview Questions were asked.
10. The subjects were de-briefed, thanked, and released.

CHAPTER III

RESULTS

Judgement of Interviewer Statements

The primary manipulation in the interview conditions was the appropriateness of timing of the interviewer statements. In order not to confound timing and affective tone, it was necessary that the manner in which the interviewer said the statements was consistent in both the Empathic and Non-Empathic interview conditions. Thus, the interviewer attempted to say the statements in the same way, in a warm and accepting manner, to control for vocal cues. In order to check this, all interviews were tape recorded. At the termination of the study interviews were randomly selected and from these interviews sixty interviewer statements were randomly selected. Thirty statements came from the Empathic condition and thirty statements came from the Non-Empathic condition. Three advanced graduate students in clinical psychology acted as judges. The judges were informed that half the statements came from the Empathic condition and that the other half came from the Non-Empathic condition. The judges were instructed to rate each statement as having been said either in the Empathic or Non-Empathic condition. A two out of three judges consensus for each of the sixty statements was tabulated.

A χ^2 test for independence was done on the consensus of judges ratings for correctness and incorrectness. (see Table 1).

TABLE 1
JUDGE'S RATINGS OF INTERVIEWER COMMENTS

	INTERVIEW CONDITION	
	EMPATHIC	NON-EMPATHIC
	EMPATHIC	NON-EMPATHIC
RATINGS	20	21
	NON-EMPATHIC	9

The resulting χ^2 value ($\chi^2 = .077$, $df = 1$) was not significant. Hence, there was no indication that the judges ratings were dependent on the interview conditions, Empathic and Non-Empathic. Further inspection of Table 1 shows that judges tended to rate statements as Empathic more often than Non-Empathic, at a rate approximately two to one. It is concluded that the manner in which the interviewer said the statements was not significantly different for the two interview conditions. On the whole, the statements were apparently said in a warm, accepting manner.

Analysis of Emp. and A.Q. Scores

In order to confirm or disconfirm the basic hypothesis that if one has anxiety about the act of communicating to another

person and this anxiety is reduced, then the other person will be perceived as more empathic than if the anxiety had not been reduced, the specific hypothesis were tested.

To test specific hypothesis (1), that people in an Empathic interview condition should perceive the interviewer (E) as more empathic than people in a Non-Empathic interview condition, sub-hypotheses (1a) and (1b) were tested. (1a) I. (Non-Empathic; Empathic) should perceive the E as more empathic than II. (Empathic; Non-Empathic). (1b) IV. (Empathic; Empathic) should perceive E as more empathic than III. (Non-Empathic; Non-Empathic).

At t-test was done on the Emp. scores for each group according to hypotheses 1a and b. Table 2 presents the mean and standard deviation for Emp. scores for the interview conditions. The t-values are also presented.

TABLE 2
MEAN AND STANDARD DEVIATION FOR EMP. SCORES

(N = 60; Each Group = 15)		
Interview Condition	M	SD
I. Non-Empathic - Empathic	87.00	12.75
II. Empathic - Non-Empathic	76.66	12.81
III. Non-Empathic - Non-Empathic	76.73	10.29
IV. Empathic - Empathic	84.53	11.17
t test (two tailed)		
I. & II.	t = 3.01, df = 28	p < .05
III. & IV.	t = 1.99, df = 28	p < .05

The t-value ($t = 3.01$) between interview conditions I. and II. (1a) was significant at the .05 level, and the t-value ($t = 1.99$) between interview conditions III. and IV. (1b) was significant at the .05 level. Therefore, specific hypothesis 1, that people in an Empathic interview condition should perceive the E as more empathic than people in a Non-Empathic interview condition, was supported.

In order to test specific hypothesis (2), sub-hypotheses 2 a, b, c, d were tested. The sub-hypotheses are:

(2a) I. should show decrements in anxiety between interview conditions.

(2b) II. should show increments in anxiety between interview conditions.

(2c) III. and IV. should show decrements in anxiety between interview conditions.

(This hypothesis is considered as a control and takes into consideration the effect of a time factor in III. and IV.)

(2d) III. should show greater anxiety than IV.

An analysis of variance, two factors with repeated measures on one factor, was done on the A.Q. scores. The F-value ($F = 8.49$) between A.Q. scores was significant at the .01 level; and the F-value ($F = 3.53$) for the interaction of interview condition and A.Q. scores was significant at the .05 level. (See Table 3).

TABLE 3

ANALYSIS OF VARIANCE OF A.Q. SCORES (I, II, III.)

Source of Variation	df	Mean Square	F
<u>Between Subjects</u>	59		
Between Interview Conditions	3	813.13	1.60
Subjects within Interview Conditions	56	509.59	
<u>Within Subjects</u>	120		
Between A.Q.	2	592.62	8.49**
<u>Interaction: Interview Condition X A.Q.</u>	6	246.70	3.53*
A.Q. X Subjects within Interview Conditions	112	69.31	

* $p < .05$ ** $p < .01$

In order to discern in which interview conditions the A.Q. scores were significantly different, simple main effects tests were conducted on the A.Q. scores for each interview condition, I, II, III and IV. The results show that F-values for differences between A.Q. scores in groups I. ($F = 7.57$) and IV. ($F = 10.32$) were significant at the .01 level. (See Table 4).

TABLE 4
SIMPLE MAIN EFFECTS ON A.Q. SCORES

Source of Variation	df	Mean Square	F
I. <u>Non-Empathic - Empathic</u>	2	528.43	7.57*
II. <u>Empathic - Non-Empathic</u>	2	1.62	.023
III. <u>Non-Empathic - Non-Empathic</u>	2	32.40	1.13
IV. <u>Empathic - Empathic</u>	2	720.27	10.32*
A.Q. X Subjects within Interview Conditions	112	69.31	

* $p < .01$

In groups II. and III. the results indicate that there was no significant difference in A.Q. scores between interview conditions.

Table 5 presents the mean for A.Q. scores I, II, and III for each interview condition.

TABLE 5
MEAN FOR A.Q. SCORES

Interview Condition	Mean		
	A.Q. I.	A.Q. II.	A.Q. III.
I. <u>Non-Empathic - Empathic</u>	46.26	47.40	36.60
II. <u>Empathic - Non-Empathic</u>	46.66	46.73	46.13
III. <u>Non-Empathic - Non-Empathic</u>	50.66	54.26	49.86
IV. <u>Empathic - Empathic</u>	49.86	39.33	36.80

There was a significant difference in A.Q. scores in interview conditions I. and IV. In order to discern which A.Q. scores were different and in what direction a Newman Keuls test for the difference between all possible pairs of means was done on interview conditions I. and IV. The significance level for difference was .05.

For interview condition I. A.Q. III. was significantly lower than A.Q. II. and A.Q. I. This finding indicates that anxiety reduced between the Non-Empathic and Empathic interview conditions; that is, anxiety reduced from the end of the Non-Empathic condition to the end of the Empathic condition or during the Empathic interview there was a reduction in anxiety. Anxiety level did not change significantly during the Non-Empathic condition. (See Table 6).

TABLE 6

NEWMAN KEULS FOR NON-EMPATHIC - EMPATHIC
INTERVIEW CONDITION (I.)

Ordered Means:	A.Q. III.	A.Q. I.	A.Q. II.
	36.60	46.26	47.40
$S_B = \frac{MS \text{ A.Q. X S within Interview Conditions}}{np}$	r =	2	3
q .95 (r, 112)		> 2.83	> 3.40
$S_B . q .95 (r, 112)$		> 6.11	> 7.34
	A.Q. III.	A.Q. I.	A.Q. II.
A.Q. III.		9.66	10.80
A.Q. I.			--
p < .05			

For interview condition IV., A.Q. II. and A.Q. III. were significantly lower than A.Q. I, but A.Q. II. and III. were not significantly different from each other. This finding indicates that anxiety was reduced during the first Empathic interview condition and did not change significantly during the second Empathic condition. (See Table 7).

TABLE 7

NEWMAN KEULS FOR EMPATHIC - EMPATHIC
INTERVIEW CONDITION (IV.)

Ordered Means:	A.Q. III.	A.Q. II.	A.Q. I.
	36.80	39.33	49.86
$S_B = \frac{MS \text{ A.Q. } \times S \text{ within Interview Conditions}}{np}$		$r = 2$	3
$q .95 (r, 112)$		> 2.33	> 3.40
$S_B . q .95 (r, 112)$		> 6.11	> 7.34
	A.Q. III.	A.Q. II.	A.Q. I.
A.Q. III.		--	13.06
A.Q. I.	--		10.53

$p < .05$

In order to test sub-hypothesis (2d), a t-test was done on the mean scores for A.Q. III. between interview conditions III. and IV. The t-value was significant ($t = 2.21$, $df = 28$)

at the .05 level for a two tailed test. This finding indicates that anxiety was significantly less in IV. than in III. and thus supports sub-hypothesis (2d). The mean and variance for A.Q. III. for interview conditions III. and IV. are presented in Table 8.

TABLE 8

MEAN AND VARIANCE FOR A.Q. III.
(NON-EMPATHIC - NON-EMPATHIC : EMPATHIC - EMPATHIC) (N = 15)

Interview Condition	M	s ²
III. Non-Empathic - Non-Empathic	49.86	387.98
IV. Empathic - Empathic	36.80	141.23

The results indicate, then, that in interview condition I. there was a significant decrease in anxiety between conditions. In interview conditions II. and III. there was no significant change in anxiety in either direction. In interview condition IV. there was a significant decrease in anxiety during the first interview condition and this reduction was not changed in either direction during the second interview condition. Anxiety was significantly less at the end of interview condition IV. than at the end of interview condition III.

The significant reductions in anxiety were associated with the Empathic conditions while no significant change was associated with the Non-Empathic conditions. Thus, specific hypothesis 2

was supported, that is, less anxiety is shown by people in the Empathic condition than when in the Non-Empathic condition.

In regard to the experimental manipulation of the appropriateness of timing of interviewer statements, the data do not indicate that inappropriate timing, as defined in this study, influences anxiety. The Non-Empathic condition, then, did not significantly increase or decrease anxiety. The appropriate timing of interviewer statements as defined by this study may or may not function to decrease anxiety. Thus, the Empathic condition did not increase anxiety but might or might not have functioned to decrease anxiety.

The rationale for this conclusion is based on inspection of the A.Q. scores for the Empathic conditions of groups II. and IV. Especially, in interview condition II., inspection of A.Q. scores I. and II. (See Tables 4 and 5), show that there was no significant change in anxiety. Also, in interview condition IV. there was no significant change in A.Q. scores II. and III. The A.Q. scores associated with the remaining Empathic interview conditions show a significant decrease in anxiety. (See Tables 4, 5, 6 and 7).

Therefore, though decreases in anxiety were demonstrated it cannot be said that these shifts in anxiety are attributed to a manipulation of the appropriateness of timing of interviewer statements, but that appropriate timing may or may not function to decrease anxiety.

Likewise, the data indicate that it is a reduction in anxiety that is related to a change in perceived empathy, rather than the appropriateness of timing of interviewer statements. In the interview conditions (I. and IV.) where there was a significant reduction in anxiety the Emp. scores were significantly greater than in the interview conditions (II., and III.), where there was no significant changes in anxiety. (See Table 2).

Since specific hypotheses 1 and 2 were supported, this evidence in turn gives confirmation to the basic hypothesis. To further check the relationship between anxiety and perceived empathy, a Pearson product moment correlation was done on A.Q. III. scores and Emp. scores for the sixty Ss. The r between these two variables was $-.33$, and the F -value of this r was significant at the $.05$ level (See Table 9). This finding indicates the higher the A.Q. score the lower the Emp. score. Though the amount of variance accounted for by the r is not great, an inverse relationship between anxiety and perceived empathy is suggested by the basic hypothesis.

The A.Q. III. scores and Emp. scores were correlated separately for Empathic interview conditions (I. and IV.), and for Non-Empathic interview conditions (II. and III.) The r for the Empathic condition was $-.39$ and was significant at the $.05$ level. The r for the Non-Empathic condition was also inverse, but was not significant, $r = -.14$. (See Table 9).

TABLE 9
TABLE OF r

Variables	N	r	F
Emp. and A.Q. III.	60	-.33	p < .05
Emp. and A.Q. III. (I. Non-Empathic - Empathic) (IV. Empathic - Empathic)	30	-.39	p < .05
Emp. and A.Q. III. (II. Empathic - Non-Empathic) (III. Non-Empathic - Non Empathic)	30	-.14	NS
A.Q. and Silence for (Non-Empathic - Interview Condition)	46	+ .27	p < .05
Emp. and Silence (II. Empathic - Non-Empathic) (III. Non-Empathic - Non-Empathic)	24	-.20	NS

Relationship of Duration of
Silence and Anxiety Scores

Duration of interviewee silence during the silent period of the Non-Empathic interview condition was measured. Since in pilot work Ss reported that they felt most anxious during the silent period, it was considered that the manner in which a subject handled the silence would influence how much anxiety he felt and reported on the A.Q. Thus, if one talked through most of the silent period he would experience less silence and, likewise, should experience less anxiety. Therefore, it was hypothesized that duration of interviewee silence during the silent

period of the Non-Empathic interview should have a positive correlation with anxiety (hyp. 4), and an inverse correlation with perceived empathy (hyp. 3).

All the interviews were taped, however, it was found after the completion of the study, when the silence measure was being recorded, that several interviews had either not recorded by the machine or were not audible due to machine static that interfered. However, all audible recordings were measured in regard to the hypotheses, and a percentage of time in silence was obtained from the event recorder.

Duration of interview silence and A.Q. scores for the Non-Empathic interview were positively related, $r = +.27$. The F-value for $r = +.27$, $N = 46$ was significant at the .05 level. Thus hypothesis 4 was supported.

Duration of interview silence and A.Q. scores for the Non-Empathic condition where the Non-Empathic condition was the second interview condition were correlated. The r for these two variables was inverse, however, it was not significant, $r = -.20$, $N = 24$. (See Table 9). Therefore, hypothesis 3 was not supported.

The finding of a positive relationship between interviewee silence and anxiety indicates that the more silence experienced by Ss the more anxiety they reported on the A.Q. Thus, how a person handled or defended or adjusted himself in regard to anxiety accounts, in part, for A.Q. scores within the Non-Empathic interview condition.

CHAPTER IV

DISCUSSION

The results indicate that people in an Empathic interview condition perceive the interviewer as more empathic than people in a Non-Empathic interview condition. The same results were obtained in a previous study using the same conditions (Pierce, 1967). Also, the results of this study demonstrated an inverse relationship between anxiety and perceived empathy, that is, the higher the anxiety, the lower the perceived empathy. This finding was also reported by Pierce (1967). Thus, Pierce's results have been replicated.

The results of the present study further indicate that people in an Empathic interview show less anxiety than when in a Non-Empathic interview. Thus, shifts in anxiety level were demonstrated, i.e., anxiety reduction.

The total results of this study provide evidence to confirm the basic hypothesis - if one has anxiety about the act of communicating to another person and this anxiety is reduced, then the other person will be perceived as more empathic than if the anxiety had not been reduced. A functional relationship between anxiety associated with the act of communicating and perceived empathy has been demonstrated.

With regard to the shifts in anxiety, the data indicate that the experimental manipulation of the appropriateness of timing of interviewer statements might or might not have been responsible for the anxiety reduction. Therefore, it is indicated that the reduction in anxiety rather than the timing of interviewer statements is the variable that is functionally related to perceived empathy. Hence, when a reduction in anxiety occurred, higher perceived empathy scores occurred. This does conclude that the appropriateness of timing of statements is not involved in the empathic process. Pierce (1965) (1967), concluded that data suggested that timing of statements was a variable. The results presented here do not confirm this and, hence it remains an empirical question yet to be adequately replicated. However, the importance of this matter is in regard to an experimental manipulation for anxiety rather than as a variable related to perceived empathy as is stated above.

A functional relationship between anxiety associated with the act of communicating and perceived empathy has been demonstrated. This relationship then is suggested to be an integral part of the empathic process. It is suggested that a person should feel that his communication is effective and is being understood. This seems necessary for providing an atmosphere for better communication.

In a therapy situation the "burden of communication" is on the patient, that is, it is the patient who must tell, explain, or convey to the therapist what his situation is, what his feelings are, in short, what his problem is like for him. If the patient can experience less anxiety in regard to how he is telling or relating his experience or his act of communicating, he may be able to clarify his feelings more and be relatively more at ease to express more. Hence, the patients verbal and non-verbal behavior should be more clear, more understandable, or more transparent as Fao (1959) suggests. (See Introduction). This would enable the therapist to more easily "tap" into what is going on for the patient. It may be more easy, then, for the therapist to express or convey to the patient that his experiences and feelings are adequately conveyed and adequately understood.

This idea is certainly not new or revolutionary. One of the first concepts taught to students in regard to either a testing or therapy situation is to "establish rapport with the patient." The patient should feel at ease or less anxious. Thus, establishing good rapport has long been an important situational variable in dealing with patients. However, the research on empathy has not dealt with this type of concept directly. One reason for this may be due to the view that empathy is a personality variable and hence, personality variables have been dealt with exclusively, rather than

situational variables. However, if the empathic process is viewed as part of the total interaction between two people and not as a personality trait of one, then variables functioning within the interaction situation, the situational variables then become important in the study of empathy.

This point of view on the empathic process is presented as an alternative to empathy as a personality trait. Being an alternative it should be able to, in part, account for or reasonably explain data obtained in previous studies on empathy. To be more specific, where the variables of anxiety and empathy are referred to the functional relationship demonstrated by this study should reasonably and logically be able to explain or shed light on these variables.

Bergin and Solomon (1963) conducted a study on personality and performance correlates of empathic understanding in psychotherapy. One of their hypotheses was that scores on the clinical scales of the Minnesota Multiphasic Personality Inventory (MMPI) would correlate negatively with empathy as measured during the psychotherapy process. The D and Pt scales were assumed to be of particular relevance as indicators of subjective discomfort. The measures were obtained on the therapists, and a measure of empathy was obtained from the Truax Accurate Empathy scale. Therapist were rated on empathy by independent observers. The results of the study indicated that the measures of subjective discomfort and independent ratings of empathy were significantly

negatively correlated. The authors state, "the most significant present illustration is the negative relationship between measures of subjective discomfort and empathic understanding,..... it appears that the internally experienced disturbance is associated with empathy scores."

The findings of this study and the results presented here support the notion of an inverse relationship between anxiety and empathy. Important here is the difference in focus of the studies, Bergin and Solomon concentrated on the therapist as the dependent variable where as this study focused on the other party involved in the therapy situation as the dependent variable. Yet, quite similar results were obtained between the indicated measures. The studies are not assumed to be functionally equivalent since the measures were obtained from different scales and in a different manner. The important generalizable factor is the empirically demonstrated inverse relationship.

Truax and Carkhuff (1965) report results of a study concerned with the experimental manipulation of therapeutic conditions. Three patients and three therapists were used. The measures were obtained during an hour interview, each patient with a therapist. The therapist presented himself as trying to offer as much help as possible in the time he had with the patient. The hour was divided into three segments of twenty minutes. The first and third segment the therapist attempted to offer high conditions of accurate empathy, unconditional

positive regard and self-congruence; the second segment the therapist attempted to offer lowered conditions of these variables. Independent raters rated the therapist on these variables and the patient on the depth of intrapersonal exploration, as the dependent variable. The results indicated that there was a difference in patient depth of intrapersonal exploration as a consequence of lowered conditions of empathy and unconditional positive regard. In general, the authors say, the findings are clearly suggestive of a causal relationship between the level of some therapist-offered conditions and some of the patient's therapy behavior. They go on to say, "there was no evidence from the patient's reactions during the middle portion or second segment of the interview to suggest that they ever discerned any quality of upset in the therapist or were even consciously aware of any change in the levels of conditions.

"The only possible reaction to the lowered conditions might be found in some of the patient's self references during the experimental period. For example, one patient said, 'I guess I don't make much sense.' Such a statement might tend to reflect the therapist's lowered level of accurate empathy."

From the point of view and the results of the present study, an alternative explanation appears reasonable. The statement of the patient, "I guess I don't make much sense," suggests that during this time the patient's anxiety about his act of communicating increased. If so, then the patient's

perception of how empathic the therapist was, decreased in comparison to the other two segments of the interview and likewise his tendency to deeply explore himself and to convey this exploration decreased. More significant is the suggestion that the manipulation in the Truax and Carkhuff study was not a manipulation of a personality variable, but rather a manipulation of situational variables, variables in the interaction between patient and therapist. Thus, the results were a function of situational variables operating in the interaction situation more so than personality variables. Hence, the empathic interchange between the patient and therapist both as offered and perceived, was a function of the manipulation of situational variables.

Truax, et.al., (1966) report results of a study that indicates that the therapeutic condition of accurate empathy is primarily a function of the therapist. That is, it is under the control of the therapist. The Truax and Carkhuff study certainly demonstrates this finding also. If accurate empathy is under therapist control, then how the therapist behaves to control it is important. Likewise, the patient's perception of therapist behavior in the therapy interaction is important, i.e., perceived empathy, whether the therapist's empathy is accurate or not. For example, if an independent rater judges a therapist to be high in accurate empathy, but the patient's anxiety about his act of communicating is not reduced, then the therapist will not be perceived as so empathic than if the patient's

anxiety had been reduced. Such that, the independent rating of the therapist's "empathic ability" is not as meaningful as the patient's perception of the therapist which in turn influences the interaction in the therapy between the two. Thus, what is being emphasized is that it is the interaction between the patient and therapist and the variables involved that provide the more meaningful and operational definition of the empathic process, rather than the therapist's personality.

The presentation of the above mentioned studies is not meant to be derogatory criticism. They have been presented to give some indication of the value of an alternative point of view and approach that hopefully will be meaningful and far reaching enough to provide more clear and functional information about the empathic process.

The present study demonstrated a relationship, but did not go far in specifying the behaviors involved to bring about this relationship. It is suggested, however, that the data provided by this research effort can lead in the direction of specifying the behaviors involved. It would be meaningful in future research to begin to specify the behaviors that lead to a reduction in anxiety associated with the act of communicating. The illumination of these behaviors should provide information concerning perceived empathy and the initiation of the empathic process as a whole.

It is further suggested that the relationship demonstrated in this study should be found to hold "where the action really is," in authentic therapy sessions.

The most important implication for further research is that the empathic process be studied as an integral part of the interaction between people and that attempts be made to isolate, define, and manipulate situational variables, such as therapist behavior, that influences the interaction and hence the empathic process.

Since empathy is considered necessary and therapeutically beneficial by some and considered at least important and useful by others, then it is necessary to be able to define the empathic process more clearly. It is important to understand how it functions; it is important to know how to use it. With integration of this understanding and knowledge, the importance of empathy or the empathic process can be removed from the realm of speculation and be given a more definite place. It appears to this author that empathy is something that is "hoped for" in a therapy situation, but it would be a much better state of affairs to be able to initiate and bring about the empathic process. It is felt that in order to do this, the process must be understood functionally, and in order to have this understanding we must be able to define the operations involved; this, in turn, will provide a better tool in dealing with people.

APPENDIX I

EMP. SCALE

Please consider each statement carefully.

Mark each statement in the left margin according to how strongly you feel that it is true, or not true, about this interview. Please mark every one. Write in plus (+) or minus (-) marks to stand for the following answers:

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

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

++ Yes, I feel it is true.

-- No, I feel it is not true.

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

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

- _____ 1. He tried to understand exactly how I saw things.
- _____ 2. He understood my words but did not know how I felt.
- _____ 3. He was interested in knowing how things seem to me.
- _____ 4. He nearly always knew exactly what I meant.
- _____ 5. ~~At times he thought that I feel more strongly or more concerned about something than I actually do.~~
- _____ 6. Sometimes he thought that I felt a certain way, because that's the way he felt.
- _____ 7. He understood me.
- _____ 8. His feelings about things I said kept him from really understanding me.
- _____ 9. He ignored some of my feelings.
- _____ 10. He appreciated how my experiences felt to me.
- _____ 11. He did not realize how strong some of my feelings about things are.
- _____ 12. He responded to me mechanically.
- _____ 13. He looked at the things I talked about from his own point of view.
- _____ 14. He generally saw how I was feeling.
- _____ 15. He understood completely what I said to him.
- _____ 16. Even when I couldn't say quite what I meant, he still understood me.

APPENDIX II

A.Q. I

8. I feel depressed.

Do not feel depressed	Midpoint	Feel very depressed
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9. I am perspiring.

Not perspiring at all	Midpoint	Perspiring a great deal
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10. I am tense.

Not tense at all	Midpoint	Very tense
------------------	----------	------------

11. I am worrying.

Not worrying at all	Midpoint	Worrying a great deal
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12. I am thinking about not expressing myself adequately.

Not thinking about it at all	Midpoint	Thinking about it a great deal
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13. I am freezing up.

Not freezing up at all	Midpoint	Freezing up a great deal
------------------------	----------	--------------------------

14. I feel relaxed.

Feel very relaxed	Midpoint	Feel very unrelaxed
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15. I am thinking of things unrelated to the actual topic.

Not thinking of unrelated things at all	Midpoint	Thinking of unrelated things a great deal
---	----------	---

16. I feel panicky.

Not feel panicky at all	Midpoint	Feel very panicky
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APPENDIX III

A.Q. II and III

Instructions: For each question there is a line or scale on the ends of which are statements of opposing feelings or attitudes. In the middle of the line you will find the word "Midpoint" which is intended to reflect a feeling or attitude which is in-between the statements of opposing feelings described. You are required to put a mark (X) on that point on the line which you think best indicates the strength of your feelings or attitude about the particular question. The midpoint is only for your guidance. Do not hesitate to put a mark on any point on the line as that mark reflects THE STRENGTH OF YOUR FEELING OR ATTITUDE.

1. In this interview, my emotional feelings interfered with my communication.

Did not interfere at all	Midpoint	Interfered a great deal
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2. In this interview, I found myself thinking of things unrelated to the actual topic.

Did not think of unrelated things at all	Midpoint	Thought of unrelated things a great deal
---	----------	---

3. In this interview, I began to feel panicky.

Did not feel panicky at all	Midpoint	Felt very panicky
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4. In this interview, I froze up.

Did not freeze up at all	Midpoint	Froze up a great deal
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5. In this interview, I found myself tense.

Was not tense at all	Midpoint	Was very tense
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6. In this interview, I worried.

Did not worry at all	Midpoint	Worried a great deal
-------------------------	----------	-------------------------

7. In this interview I feel I could have expressed myself better than I actually did express myself.

Could not have expressed myself better	Midpoint	Could have expressed myself better
---	----------	---------------------------------------

8. I find myself thinking of how much better other people express themselves than I do.

Do not think it at all	Midpoint	Think it a great deal
---------------------------	----------	--------------------------

9. In this interview, I experienced accelerated heartbeat.

Heartbeat did not accelerate at all	Midpoint	Heartbeat accelerated noticeably
--	----------	-------------------------------------

10. In this interview, I got so nervous that I forgot facts I really wanted to communicate.

Did not get so nervous that I forgot	Midpoint	Got so nervous that I forgot
---	----------	---------------------------------

11. In this interview, I found myself thinking about not expressing myself adequately.

Did not think about it at all	Midpoint	Thought about it a great deal
----------------------------------	----------	----------------------------------

12. In this interview, I had an uneasy feeling.

Did not feel uneasy at all	Midpoint	Felt very uneasy
-------------------------------	----------	------------------

13. In this interview, I got depressed.

Did not get depressed at all	Midpoint	Got very depressed
---------------------------------	----------	-----------------------

14. In this interview, I perspired.

Did not perspire at all	Midpoint	Perspired a great deal
----------------------------	----------	---------------------------

15. In this interview, I felt relaxed.

Felt very relaxed	Midpoint	Felt very unrelaxed
----------------------	----------	------------------------

16. I feel confident that I really expressed myself.

Feel very confident	Midpoint	Do not feel con- fident at all
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