

THE EFFECTS OF VARIATIONS IN CLIENT TOPIC AREA,  
AFFECTIVE PRESENTATION, AND SEX ON COUNSELOR  
TRAINEE DEMONSTRATION OF ACCURATE EMPATHY

By

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To my wife, Doreen, and my parents, Arnold and Sarah Cawley

It makes all the difference  
whether one sees darkness through  
the light or brightness through  
the shadows.

David Lindsay

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Abstract of Dissertation Presented to the Graduate Council  
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By

Roger Conant Cawley

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The purpose of this investigation was to study the effects of variations in client topic area, affective presentation, and sex on counselor trainee demonstration of accurate empathy.

Research related to the area of this study indicates that high levels of client hostility directed at the therapist were associated with low levels of therapist verbal behavior (Gamsky and Farwell, 1966).

The major aspects of the present study were as follows:

1. Topic area was varied on the basis of a nonthreatening topic (Academic Information Seeking) and a threatening topic (Intent of Suicide).

2. Affective presentation was varied on the basis of nonthreatening affect (as defined by a panel of three therapists) and threatening affect (as defined by the same panel).

3. Sex was varied through presentations by two male role playing drama students and two female role playing drama students.

There were eight (8) client presentations. That is, of the four role playing drama students, one male (Client 1) and one female (Client 2) roleplayed clients who presented a nonthreatening topic in a nonthreatening manner. A second set of male (Client 3) and female (Client 4) presented a nonthreatening topic in a threatening manner. Clients 1 and 2 also presented a threatening topic in a nonthreatening manner. Clients 3 and 4 also presented a threatening topic in a threatening manner.

The sample in this study consisted of forty-two full time students from the Rehabilitation Counseling Department. These students, or counselor trainees, represent the total number of students who have completed at least one practicum in the department.

Each counselor trainee was placed in a counseling situation with one of the role playing drama students. The drama student then presented the trainee with a problem that, as previously mentioned, varied by the degree of threat or nonthreat that was contained within topic area and affective presentation.

The data in this study was collected in the following sequence:

1. After the live interaction between the counselor trainees and the drama students was completed, videotapes of the sessions were sent to three previously selected therapists. The therapists rated the drama students' presentations for authenticity.

2. Audiotapes of the interaction between the counselor trainees and the drama students were given to raters who had been trained on the Truax Accurate Empathy Scale to establish pre-experimental reliability. These trained raters scored the audiotapes for their level of accurate empathy.

The results of the authenticity ratings found the drama students to all be presenting their roles properly.

The results of the interaction between the counselor trainees and the role playing drama students follow:

Using a 2 x 2 x 2 factorial analysis of variance and the .05 level of significance, the researcher found no significant effect on counselor trainee demonstration of accurate empathy due to variations in affective presentation, sex, or combinations of topic area, affective presentation, and sex.

There were, however, significant differences due to topic area. Specifically, the threatening topic "Intent of Suicide" elicited a higher level of counselor trainee accurate empathy than the nonthreatening topic.

The implications of these results were discussed in Chapter V. Limitations of the study were stated, and directions for further research were indicated.

CHAPTER I  
INTRODUCTION

Within the counseling field there have been innumerable studies which have attempted to explore the counselor-client relationship. Additionally, there have been a great number of studies which have researched the impact that the client and the counselor have on each other in the therapy setting. It is this area of counselor-client impact that the present study addresses, specifically researching the effect that the client may have on the counselor.

It is important to note that early studies had a marked emphasis on the effect that the counselor has on the client. Although Leary (1957) emphasized the reciprocal influences that occur in dyadic relations, and Harry Stack Sullivan's (1953) interpersonal theory of psychiatry clearly advocates the viewpoint of psychotherapy as a manifestation of an interpersonal relationship, the immunity of the counselor largely persisted into the early 1960s.

However, through the work of a number of researchers, it gradually became accepted that clients do, in fact, affect counselors. For example, in a study which analyzed the effects of the patient and the therapist on each other's behavior in the therapy setting, Van der Veen (1965) studied three patients, each of whom was seen by the same

five therapists twice. The therapist variables he rated were congruence and accurate empathy; these were found to result from the interactions of patients and therapists. The patient variables rated were problem expression and levels of experiencing. These were also found to be a function of the patient-therapist interaction. Accordingly, Van der Veen concluded that both the therapists and patients significantly influenced each other's therapeutic behavior.

Also, in an interaction study which researched the effect of patient-therapist similarity on therapy outcome, Carson and Heine (1962) matched their patient-therapist dyads on the basis of MMPI scores, and found a curvilinear relationship between MMPI score similarity and success in therapy. That is, patients whose profiles were moderately similar to their therapists were judged most improved, (in this study the criterion of success was a composite of outcome ratings made by the supervising psychiatrist, the rater's own judgment of outcome, occupational adjustment, and adequacy of interpersonal relations and symptomatic status). The authors reasoned that if similarity is too great, the therapist loses his objectivity, and when there is a great dissimilarity, the therapist is unable to empathize or understand the patient's problem. The results of this study have been supported by Holt and Luborsky (1952) and Lichtenstein (1966).

Bandura (1956), in an early study on client-therapist interaction, found that therapeutic competence is inversely related to therapist anxiety. When the patient expressed hostile tendencies that were threatening to the therapist, the anxieties elicited often motivated the therapist to avoid the anxiety producing interaction.

Furthermore, in another study which focused specifically on the effects of the client on the counselor (Russell and Snyder, 1963), actors role-played a hostile and friendly client, and interacted with twenty counselors of varying levels of clinical experience. The dependent variable was counselor anxiety. The results indicated that hostile client behavior led to significantly greater anxiety than did friendly client behavior, for both experienced and inexperienced counselors.

In another study of counselor behavior as a function of client stimulus input, Heller, Myers, and Kline (1963) hypothesized that interviewers presented with client friendliness would respond with likeable, agreeable behavior, and client dependence would evoke interviewer activity and an increased sense of responsibility within the counseling relationship. To control client input, four actors were trained as clients and were presented in counterbalanced order to thirty-four therapist trainees for one half hour interviews. On the basis of observer ratings, all hypotheses, with the exception of interviewer anxiety, were confirmed.

Later, Houts et al. (1969) stated:

Our behavior ratings, in common with Moos and Clemes (1967), indicate that therapists are more influenced by patients than patients are by therapists. This is indicated by the strong patient main effects on ratings of both patient and therapist behaviors. (p. 40)

#### Rationale for the Study

From the aforementioned research, it can be seen that a number of studies have focused on the effects that different types of clients have on the therapists' behaviors and attitudes. These studies have pointed out that clients do have an impact on their counselors. Specifically, such studies as Bandura (1956), Russell and Snyder (1963), and Heller, Myers, and Kline (1963), emphasize that the client can cause the counselor to become anxious, and/or exhibit avoidance behavior.

At this point, it is most important to note that Rogers (1957) stated that there were three components which he felt were most important to successful and facilitative therapy. These were the therapist's ability to communicate empathic understanding and unconditional positive regard for the client to the client, and also his or her ability to be a congruent and genuine person in the relationship.

In a study related to the conditions necessary for optimal performance, Yerkes and Dodson (1908) in Egan (1970), researched the curvilinear relationship between anxiety and successful performance. These researchers state that the level of anxiety which stimulates the most effective performance lies in a moderate range. That is, the anxiety

level must be neither too high nor too low, if effective performance is to be maintained. Studies by Matarazzo, Ulett, and Saslow (1955), and later Stennett (1957), have supported this proposition.

This curvilinear relationship is pertinent to the present study, because of the issue as to whether certain topic areas, and/or affective presentations may cause the counselor a high amount of anxiety, and thus decrease the effectiveness of his or her performance.

Little research has been done identifying those client behaviors which may affect counselor facilitativeness. In fact, to date, in no studies have the effects of threatening and nonthreatening topic areas been crossed with threatening and nonthreatening affective presentation in order to view their impact on counselor facilitativeness. However, it is assumed by this researcher that if a client's presentation raises the level of therapist anxiety too high, the counselor may not give his or her most "effective performance." That is, it is possible that the level of counselor facilitativeness may be lowered as a result of the experienced anxiety. This possibility has important implications for counseling in terms of present and future training programs.

Specifically, the rationale for the present investigation is that if variations in client topic areas and affective presentation are shown to have no major impact on

the level of counselor accurate empathy, it may be considered that rehabilitation counselor trainees are receiving adequate preparation for dealing with these types of circumstances. However, if there is shown to be such an impact, this would indicate that certain changes should take place, such as sensitivity training or in-service training, in order to help counselor trainees adapt to threatening topic areas and affective presentation. Such changes would contribute to producing more competent counselors. These changes would result in improved services for future clients of these counselors.

#### Purpose of the Study

In order to, 1) enlarge upon the findings of the previously mentioned studies which researched counselor-client impact, and 2) identify additional influences that the client may have on the counselor, the purpose of the present study is to determine if variations in client topic areas, affective presentations, and sex will produce differences on the level of accurate empathy of counselor trainees.

The following questions will be investigated:

1. Will variations in client topic area affect the level of counselor trainee accurate empathy?
2. Will variations in the client's affective presentation affect the level of counselor trainee accurate empathy?
3. Will the sex of the client affect the level of

counselor trainee accurate empathy?

4. Will the interaction of variations in client sex, topic area and affective presentation affect the level of counselor trainee accurate empathy?

#### Definitions of Terms

Coleman (1972) described how the degree of threat involved in a given situation influences the severity of stress. Specifically, he discussed threat in the following manner:

Degree of threat - Threat is the anticipation of harm. Stress situations that are perceived as potentially damaging or threatening to survival carry a high degree of threat. Similarly, stress situations that threaten the adequacy and worth of the self, such as loss of social status, failure in one's chosen occupation, or desires that the individual considers highly immoral or incompatible with his self concept and self ideal, involve a strong element of threat. The individual is also likely to feel threatened in situations which place demands on him that he perceives as important but beyond his power to meet. (p. 178)

Using Coleman's statement on threat as a basis, the following definitions are used in this study:

1. A threatening topic will be one judged by a panel of three therapists to have high potential to raise the level of counselor trainee anxiety.
2. A nonthreatening topic will be one judged by a panel of three therapists to have low potential to raise the level of counselor trainee anxiety.
3. A threatening affective presentation will be one judged by a panel of three therapists to have high potential to raise the level of counselor trainee anxiety.

4. A nonthreatening affective presentation will be one judged by a panel of three therapists to have low potential to raise the level of counselor trainee anxiety.
5. A vignette will be the brief twenty-minute presentation which a role playing drama student makes to a counselor trainee. Each vignette will be based on a presenting problem.
6. A presenting problem will be the topic assigned by the researcher to the role playing drama student (See Appendix A).
7. Accurate Empathy will be defined as the ability of the counselor trainee to:
  - a. Be aware of and appreciate the feelings of a "client," and
  - b. effectively communicate that understanding to the "client."

#### Organization of the Remainder of the Study

The remainder of the study will be organized as follows: Chapter II contains a review of the literature. Chapter III contains a discussion of the procedures involved in conducting the present study. Additionally, a discussion of the instrument to be used will be presented in this paper. The findings of the study will be presented in Chapter IV. Chapter V will include the summary, conclusions and limitations.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

The review of the literature is divided into the following sections:

1. The reciprocity of the counseling relationship
2. Client variables
  - a. The effects of client topic area and affective presentation
  - b. The effects of client friendliness, hostility, and dependency
3. Therapist preferences for clients
4. Effect of sex of the counselor
5. Therapist experience and training
6. The Truax Accurate Empathy Scale
7. A summary of the therapeutic relationship.

#### The Reciprocity of the Counseling Relationship

The reciprocal influences that occur in the counseling relationship are important to emphasize in a study such as this. Sullivan (1953) was one of the early advocates of the need to be aware of the interpersonal nature of the counseling interview. He viewed the interview as,

. . . a special instance of interpersonal relations, characterized by the coming together of two people, one recognized as an expert in inter-

personal relations, the other known as patient, who expects to derive some benefit from a serious discussion of his needs with this expert. (p. 357)

Another researcher, Leary (1957), deals with the reciprocal influences that occur between people. He contends that,

The actions of any person in a given social situation is a function of at least two factors: a) his multi-level personality structure, and b) the activities of the other person. (p. 91)

Additionally, Leary regards the most important aspect of personality as being the "reflex manner in which human beings react to others and are responded to by others." With regard to psychotherapy, he emphasized that "the reciprocity of interpersonal forces in dyads is often overlooked in discussions of psychotherapy."

It is remarkable that the counselor should have been regarded as being so invulnerable for such an extended period of time. For example, although Sullivan's interpersonal theory of psychiatry viewed psychotherapy as a specific example of an interpersonal relationship, even he did not deal with the influence of the client on the counselor, but rather with the remedial effects that the counselor should have on the clients. Other researchers similarly concentrated on the effect that the counselor should have on the client. In fact, the counseling profession has consistently attempted to prove that counselors influence clients, but that the reverse does not take place to a significant degree.

Rogers (1957) for example, postulated that there are

necessary and sufficient conditions of change (these are the previously mentioned empathic understanding, positive regard, and ability to be a congruent and genuine person). His contention was that these conditions are principally offered by the counselor. This concept is, of course, most important to the present study, because it deals with the issue of who influences whom in the therapy setting.

In a well known study which attempts to support the Rogerian theory that counselors determine the conditions necessary for change, Truax and Carkhuff (1965) studied the effect of manipulating the levels of therapeutic conditions within one therapeutic hour upon the interpersonal exploration of three hospitalized female schizophrenics. During the first twenty minutes, a base-line level of the patient's interpersonal exploration was established. For the next twenty minutes, the therapist deliberately lowered his empathic understanding and positive regard for the patient. He lowered conditions by "withholding the best response." During the last twenty minutes, he restored his empathic understanding and his unconditional positive regard for the patient.

Analysis of the data showed that empathy, positive regard, and genuineness were lowered during the experimental middle third of the interview, as intended. These changes in therapist-offered conditions served to lower the patients' depth of self-exploration. Thus, it would appear that the Truax and Carkhuff contention is supported.

One factor which makes this study difficult to accept is that when one considers that there was (1) a marked restriction of the therapist's behavior at a given time and (2) a simultaneous indication of his disinterest, it is not surprising that this would lead to a parallel reduction in patient response. It is the opinion of the present researcher that a more acceptable demonstration of Truax and Carkhuff's point would have been the reduction of the "conditions" without reduction of the level of participation.

In a study which also relates to this area, Alexik and Carkhuff (1967) attempted to vary the relevant behavior of a client to demonstrate that a low-functioning counselor would be manipulated by the degree of the client's self exploration but that a high-functioning counselor would not; rather, he would continue to offer high levels of the facilitative variables. Two counselors, both with doctoral training, similar orientations, and eight years of experience, interviewed the same graduate student separately. The counselors believed that they were seeing a real client for the first interview. (The counselors had been scored in previous studies on the facilitative variables; Counselor A had scored low on all, while Counselor B had scored at minimally facilitative levels on all but one.) For both counselors, the "client" explored herself significantly more during the first and last periods than during the middle phase. Counselor A, as expected, functioned on a lower level than his colleague during all periods. During the

experimental middle period, he dropped significantly below the level he demonstrated in periods one and three. For Counselor B, there was no such change.

The results of this study appear to support the initial hypothesis (that a low-functioning counselor would be manipulated by the degree of the client's self-exploration, but a high-functioning counselor would not). Nevertheless, the following shortcomings of this study are noted by Meltzoff and Kornreich (1970):

1. Even the researchers themselves were aware of the need for replication with larger numbers of clients and counselors. (For example, the limited sizes of the samples may fail to take individual differences into account. This detracts from the generalizability of the study.)

2. This was an initial interview which was conducted under very atypical "therapeutic" conditions.

Because of these important aspects of the study, it is reasonable to conclude that the hypothesis remains unconfirmed.

Another study researching this area of concern was conducted by Holder, Carkhuff, and Berenson (1967). In this study, the sample consisted of eleven female college students who had enacted the role of counselor. The three highest and three lowest functioning students were selected to be clients. The counseling hour was divided into thirds. During the hour, an experienced counselor lowered the therapist-offered conditions in the middle third of the

interview. With each client, the difference in the offered conditions (here--empathy, respect, genuineness, and concreteness) between the first and third periods, on the one hand, and the second period, on the other, was significant. Throughout all periods, the high-functioning group functioned at higher levels than did the low-functioning group. For the high-functioning group, there were no differences in the level of self-exploration between the middle third of the interview and other portions. For the low-functioning group, however, this difference was significant.

Meltzoff and Kornreich (1970) take issue with the results of this study in the following quote:

High-level clients may make good use of counseling despite the low levels offered by a counselor. Only 'low-level' clients seem to require high levels of these therapeutic conditions from the counselor. The clients in this study were obviously pseudoclients, and the therapeutic process scarcely therapy. Moreover, do the characteristics that make for a good counselor also make for a good client? (p. 396)

Truax, Wargo, Frank, Imber, Battle, Hoehn-Saric, Nash and Stone (1966) tried to demonstrate that the therapist alone determines the level of accurate empathy, nonpossessive warmth, and genuineness that he or she offers to the patient. Forty psychoneurotic outpatients were randomly assigned to four senior psychiatric residents. Half of the patients of each therapist were screened by the two screening interviewers. Additionally, half of the patients screened by each interviewer were given a Role Induction Interview (orientation to psychotherapy) and half were not.

Each patient was seen once a week for a four month period by the assigned psychotherapist. Two three-minute segments were recorded from the first, fifth, and tenth therapeutic interviews. The segments were randomly selected from the middle and final third of the interview with the provision that both a patient and therapist verbalization would be present in each sample. The reason for this was that the investigators decided that one would expect differences attributable to therapists in these variables for all patients if the therapists did in fact offer different levels. If the patients elicited different levels from their therapists, one would expect significant patient variation and insignificant therapist variation.

When the data from the first, fifth, and tenth interview were averaged, the therapists were found to differ significantly on all three variables (genuineness, accurate empathy, and nonpossessive warmth). The conclusion drawn by the researchers was that the therapist alone determines these therapy variables.

It appears that the major defect of this study was that its design did not deal with any patient characteristics (such as diagnosis, degree of pathology, attractiveness, sex, personality) that may have contributed in some way to the therapists' responses. Thus, one must wonder how important or conclusive the results of this study are, when such important characteristics are not included.

To summarize this section, it is reasonable to state

that such studies as the aforementioned, which have advocated the position that it is the counselor who solely determines the levels of conditions he offers, have been inconclusive. In several studies, movement has been shown in the direction of supporting the hypothesis that the counselor does determine the levels of conditions offered in therapy. However, in each of these studies, important client variables have not been taken into account. Thus, it is not possible, on the basis of the studies to date, to validate this hypothesis.

It is possible that various aspects of the client's repertoire are important variables in therapy. In fact, it has begun to become accepted, as was suggested by the previously mentioned research of Bandura (1956), Carson and Heine (1962), Van der Veen (1965), Houts et al. (1969), etc., that the therapists are a variable in the therapeutic setting, and that clients do have an impact on their therapists. Further research to elucidate that position will now be presented.

#### Client Variables

##### The Effects of Client Topic Area and Affective Presentation

As mentioned in Chapter I, within the fields of counseling and psychology, it can be noted that only a small amount of research has been conducted on the impact that the specific variables of client topic area and affective presentation have on counselors and their responses to clients. One aspect of this point is underlined by Melnick (1975):

Little has been done to study directly the effect of the problem on counseling response. If the problem does affect the responses elicited, the problem may warrant consideration in the evaluation of counseling. (p. 108)

One of the few studies which has explored the influence of the client on the counselor was conducted by Dipboye (1954). He found that counselors' responses differed, depending on the type of topic which was presented. For example, within the general fields of (a) a cognitively oriented topic, and (b) an affectively oriented topic, he found that counselors would respond in a cognitive manner to topic (a) and an affective manner to topic (b).

Little further research was done on this area until a broad study by Carkhuff (1969a) was undertaken. This study focused on the level of communication of helpers as a function of helper experience and training, and helpee affect (depression, distress; anger, hostility; elation, excitement) and content (social, interpersonal; educational, vocational; child rearing; sexual, marital, confrontation of counselors). The helpers responded to audiotaped stimuli (helpee statements) which reflected all combinations of affect and content. Each affect area was matched with each content area. The results indicated that there was an increase in the level of communication as level of experience and training increased. Additionally, helpers in all the groups consistently had the most difficulty in communicating accurate empathy when presented with elation-affect and confrontation-content.

In a recent study by Melnick (1975), the effects of (1) client problems and (2) different methods of problem presentation on the counseling responses of forty-two (42) counselor trainees were investigated. The subjects responded to client statements which involved both social-personal and vocational-educational concerns. These were presented by typescript, videotape, and roleplaying actors. The students' responses were rated for levels of empathy, respect, and genuineness, and for the proportion of affective responses as opposed to exploratory responses. Analyses of variance and correlational procedures indicated that the method of problem presentation and types of problems presented have significant effects on counseling response. For example, when the counselor trainee was presented with a typescript and videotape of the client's presentation, he responded significantly more facilitatively (as measured by the Carkhuff Empathic Understanding Scale) than if presented with a roleplayed performance of the client's presentation.

Effects of Client Dependency, Hostility, and Friendliness

Despite the limited number of studies pertaining to how client topic area and affective presentation affect the counselor, there have been numerous studies on how certain other aspects of the client's presentation do so.

Snyder and Snyder (1961), for example, found that clients' behavior in therapy caused the therapist to use specific techniques. For example, when the client made ex-

pressions of dependency directed towards the therapist, the therapist's supportive behavior increased. Interestingly enough, therapists decreased their supportive behavior when the client's dependency was directed at persons other than the therapists. Also, with dependent clients, the therapists increased their reflective and re-educative techniques as therapy progressed. The tendency of therapists to lead and direct the client decreased over time. The more dependent client elicited more supportive and less intellectual responses than the less dependent client. Snyder concluded that the relationship between client and therapist is a basic component of therapy, and that there are personality characteristics which make it possible for some clients to establish a better relationship with some therapists than others. Also, Snyder indicated that the clients toward whom he felt most friendly were "relatively more energetic and uninhibited."

In a follow up to Bandura's 1956 research, Bandura et al. (1960) designed a study to assess the therapist's approach-avoidance to the patient's expression of hostility. The following results were found:

1. Therapists who express their own hostility in direct forms, and who have low need for approval, approached patients' expression of hostility.
2. In general, therapists were less likely to approach the patient's hostility when the therapist was the object of hostility than when the patient

directed his hostility toward others.

A similar study was conducted by Malletta (1972). This researcher explored therapist anxiety in relation to client affect in a simulated therapy setting. Therapist approach-avoidance responses to client affect were examined as a function of therapist level of anxiety. The results confirm the hypothesis that there is a significant difference between the number of approach responses to client friendliness and the number of approach responses to client hostility.

In a study which researched both client variables and therapist variables, Yulis and Keisler (1968) had twelve high anxiety and twelve low anxiety therapists listen to three client tape recordings characterized by sexual, aggressive, and neutral content, respectively. Ten times in each tape the therapists were asked to select one of a pair of interpretive statements (differing in degree of "personal involvement") they would have responded with had they been the therapist of the clients. The results of this study supported the prediction that low-anxiety therapists would be more personally involved (show less counter-transference) with their clients than high-anxiety therapists.

A study designed to determine if client type is a determinant of counselor behavior was conducted by Bohn (1965). This research investigated counselor directiveness. The independent variables were as follows:

1. Experienced counselors

2. Inexperienced counselors

3. Typical, inexperienced and hostile clients.

The subjects were told to assume the role of counselor. At predetermined points in the tapes, they were asked to respond to the clients by selecting one of the four possible statements that had been previously rated, and represented four levels of directiveness.

The results were that there was no difference in the directiveness scores of high and low dominance counselors. Experienced counselors were less directive and used fewer categories of responses than inexperienced counselors. The dependent client elicited the most directiveness.

Bohn concluded that client type was a very potent determinant of counselor behavior, since the three client types (typical, inexperienced, and hostile) elicited different responses from the same counselors.

One of the first studies to examine the specific area of the effect of client hostility upon counselor verbal behavior was conducted by Gamsky and Farwell (1966). Four actors were trained to perform the roles of a friendly male, friendly female, hostile male, and hostile female. Under the hostile conditions they initially directed their hostility at others, and later at the counselor. Three groups of ten counselors each were used, half of who were males, and half females.

Each "client" was interviewed by the thirty counselors. These counselors thought they were seeing real clients.

Each interview was recorded and scored by a modification of the Bales System of Interaction Process Analysis (1950). Three raters were trained to rate segments of each recorded interview. By analysis of variance, the experimenters examined the main and interaction effects of counselor experience, sex, focus of hostility, and client sex. No effects of counselor sex were obtained, but there were several effects of client sex that Gamsky and Farwell feel may have been due to uncontrolled variables. The main issue, that of client focus on hostility, significantly affected eleven of the fourteen categories. When client hostility was focused on them, the counselors used more reassurance, suggestion, and information, but also showed more avoidance, disapproval, and antagonism. When confronted with hostility, counselors also used less agreement, interpretation, reflection, elaboration, and requests for information. The general conclusion was that counselors responded in a negative manner when hostility was directed at them. Also, the authors felt that, ironically, the counselors may have used more reassurance in such situations in an effort to reassure themselves.

The importance of the Gamsky and Farwell study is that the authors began to go beyond trying to ascertain whether counselors are made anxious by client hostility to the more important issue of how the hostility is handled and how it affects the therapeutic process.

In conclusion, this section on how client friendliness, hostility, and dependency affect the therapist is most im-

portant because:

1. It further demonstrates the importance of the client as a variable in the therapy setting.

2. It reviews aspects of the client's repertoire which are introductory to the following section, Therapist Preferences for Clients. Specifically, the following section asks the question: Will the personality and/or background of the client have any impact on the counselor, and if so, will this affect the course of therapy?

#### Therapists' Preference for Clients

Following from the preceding section, it may first be said that a certain amount of research has shown that specific types of clients are, indeed, more preferable to therapists than others. This contention is supported by the following literature:

In two similar studies, Strupp (1958) and Wallach and Strupp (1964), found that therapists had a greater liking for patients who evidenced a desire to change and improve. This is not surprising since motivation for therapy has often been a most important consideration in making a prognosis. Wallach and Strupp inferred from their data that the patient's motivation probably does influence the therapist's attitude, but only when the degree of maladjustment is not too great.

Stoler (1961) found that raters who were familiar with patients' cases judged the patients as more likeable than

did raters reviewing the same cases for the first time.

As previously stated, Heller et al. (1963) pointed out that client friendliness evoked more interviewer friendliness than did client hostility.

Even variables such as social class can affect the counselor-client relationship. Hollingshead and Redlich (1958) observed that therapists' attitudes toward their patients were positively related to the patient's social class. The authors felt that middle-class therapists generally were unable to understand lower-class values, and therefore were less likely to have positive feelings for individuals holding such values.

Additionally, a number of studies have shown that the therapists' feelings for the client can have important results on therapy outcome. For example, Strupp et al. (1969) found positive correlations between ratings of successful outcome and feelings of warmth (0.61) and liking for the client (0.53).

Caracena (1965) obtained liking ratings by thirty counselors for sixty undergraduate students, and found that those who were liked were more apt to remain in therapy than those who were disliked.

Stoler (1961) viewed liking for the client more in terms of a patient's trait of likeability. He attempted to determine if a global personal reaction to some clients led therapists to feel immediately more compassionate and optimistic toward them. He studied the relation between this

factor of likeability and success in therapy, and determined that more successful clients received significantly higher mean likeability ratings from certain designated judges.

These judges had listened to short taped interview segments.

Thus, the literature in this area is replete with evidence which indicates that clients, both through their personal characteristics and their behavior, have an influence on the counselor. Furthermore, the client may also affect the course of therapy, simply by causing the counselor to feel a certain way about him or her.

#### Effects of Sex of the Counselor

Having stated many ways in which the client can affect the counselor, the researcher must diverge briefly, and mention a counselor variable which may possibly affect the client. This variable is the sex of the counselor. Because this variable cannot be controlled for in this study, due to sampling limitations, it should be reviewed in the literature in order to discern if the sex of the therapist will have any impact on the counseling relationship.

In a study which researched whether or not sex had any impact on the effectiveness of therapy, twenty male and forty female psychiatric aides worked with 117 chronic female hospitalized patients (Sines, Silver, and Lucero, 1961). The aides worked closely with assigned patients twice weekly for a year in verbal, recreational, and offward activities. Their treatment plans were supervised and guided, and the

goal was to improve adjustment. No differences between male and female aides were found on outcome measured by behavior rating scales, MMPI data, or pre- and posttherapy clinical ratings.

Mendelsohn and Geller (1963) examined client-counselor combinations of sexes (male counselor-male clients, male counselor-female clients, female counselor-male clients, female counselor-female clients) in a relation to length of counseling. In this study forty-one female and thirty-one male clients were seen by six female and four male counselors. Analysis of variance yielded a nonsignificant F-value among the four sex combinations. When grouped into two categories--same sex and opposite sex pairs--there was no difference at all. This led the authors to conclude that sex matching has little or no effect on length of counseling.

In a subsequent investigation with 201 subjects (111 male and 90 female) seen in counseling by six female and five male professional staff psychologists, it was again found that neither the sex of the counselor nor any of the four possible sex pairings had any differential effect on the duration of counseling (Mendelsohn, 1966).

In summation, one finds that the few studies available on the effects of therapist sex on patients' improvement have shown no significant differences between male and female therapists. Thus, at present, there is no clear basis for preferential assignment of a patient of either sex to a therapist of either sex.

### Therapist Experience and Training

Before moving to (1) an overview of the instrument to be used, and (2) a summary statement about the therapeutic relationship, it will be useful to review two important aspects of the therapist's repertoire which may also influence therapeutic behavior and the level of therapeutic facilitativeness. These variables are experience and training.

Therapist experience and training have often been studied as determinants of therapy outcome, therapeutic role and technique, the quality of the therapeutic relationship established, and various therapist attitudes relevant to psychotherapy. Also, often the following question has been asked: Does an increase in experience and training necessarily imply an increase in counselor facilitativeness?

In attempting to answer this question, Beery (1970) evaluated Rogers' assertion that experienced therapists manifest more unconditional positive regard than do inexperienced therapists. Sixteen experienced and sixteen inexperienced therapists served as subjects. One half of each group responded to a taped analog of a patient presenting a friendly attitude, and the other half to a hostile analog patient. On the dependent measure, experienced subjects responded with a higher level of positive regard to both patient types than did inexperienced subjects. However, experienced and inexperienced subjects did not differ

in exhibiting relatively greater positive regard to the friendly patient than to the hostile patient. Hence, on that measure, contrary to Rogers (1957), experienced subjects were not found to respond more unconditionally.

Another study in this area researched differences in facilitative conditions offered by trained and untrained counselors. Specifically, Martin, Carkhuff, and Berenson (1966) evaluated the differences between counselors and "best friends" of clients. The clients were sixteen volunteer college students, and the counselors were two trained counselors with over five years of experience.

Each client was interviewed by a counselor and by his "best friend." Following the interview, the clients completed questionnaires on the empathy, genuineness, and concreteness of the counselor (or friend), and on their own self-exploration during the interview. In addition, three trained graduate students rated these five variables on Truax and Carkhuff's five point scales.

The counselors differed significantly from the friends on all rated variables. The counselors obtained a mean of 3.0 (the minimum level of facilitative counseling on the Carkhuff Scale) while the friends obtained a score of 2.0.

The importance of the study is that, as demonstrated, counselors were found to have higher facilitative levels than "best friends." This study lends support to the contention that experience and training are important variables in therapy.

In an elaborate study by Bohn (1967) therapist responses to a typical client, a hostile client, and a dependent client were studied as a function of the subject's training. The subjects were eighteen (18) advanced graduate students in a course in "Theories and Techniques of Psychological Counseling." The course offered didactic material plus supervised experience in the form of role playing, structured interviews and practice counseling. Responses to tape recordings of these subjects were obtained before and after the course, and were scored for directiveness.

Results on the first administration showed subjects to be least directive towards the typical client, more directive towards the hostile one, and most directive towards the dependent client. On the second administration, while maintaining the same order of directiveness, subjects were significantly less directive toward the neutral and hostile clients, but not towards the dependent client. The implications suggested by the researchers were that different clients elicit different responses from the same therapist, and that training may significantly enhance facilitative responses to hostility. However, training may not have this effect on dependency.

Sommers et al. (1955) researched the issue of the importance of experience on therapeutic listening. A tape recording of a therapeutic interview, with the original therapist responses deleted, was played to a group of nine graduate students in clinical psychology, and to ten experi-

enced clinical psychologists and psychiatrists. After the interviews were completed, the researchers asked the subjects to respond to the following question:

"What has the patient told you?"

The responses to this question were then classified into seven content areas and as either descriptive or interpretive. Analysis of the data revealed that the experienced therapists did significantly more interpreting than trainees. However, none of the content categories differed. The experienced therapists simply tended to describe what the patient said. As stated by the researchers of this study:

Although this study does not necessarily prove that the experienced therapists would be more interpretive of the patient in an actual therapy situation, or that if they did it would lead to a more successful outcome, it does indicate that experience encourages one to 'listen with the third ear,' and get at the latent meanings of manifest verbalizations. (Sommer, Mazo and Lehner, 1955, p. 132)

In general, although researchers have come to no unanimous decision as to the usefulness of experience and training, there appear to be a majority of studies which show these variables to be important factors in facilitative counseling.

Insofar as the present study is concerned, the subjects to be used have all had less than three practica, and thus may be considered to be inexperienced. Thus, this study may have interesting results on such an inexperienced population, because what literature there is suggests that

such counselors may have more difficulty in responding facilitatively to threatening topic areas and affective presentations than more experienced counselors would.

A Scale for the Measurement of Accurate Empathy

The instrument to be used in the present investigation is the Scale for the Measurement of Accurate Empathy (Truax, 1961a). This scale is a measuring device on which trained judges can reliably rate the extent of the empathic understanding offered by the psychotherapist in psychotherapy. The scale was designed to measure a conception of empathy which involves the counselor's sensitivity to the client's current feelings, and also the counselor's ability to communicate this understanding in a language which relates effectively to the feelings that the patient is experiencing at that time. (See Appendix E.)

This instrument concentrates on the actual responses that a given therapist makes to a client. That is, not only must the counselor experience with sensitivity the client's particular experience, but also respond to this experience in meaningful terms. Truax and Carkhuff (1967) state that:

Accurate empathy involves more than just the ability of the therapist to sense the client or patient's 'private world' as if it were his own. It also involves more than just his ability to know what the patient means. Accurate empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings. (p. 46)

In order to specify the amount of empathic under-

standing that a counselor is offering a client at a given time, Truax defined nine degrees of accurate empathy. These begin at a very low level (at which the counselor demonstrates almost a complete lack of empathy), and proceed to a very high level, at which the counselor is extremely responsive to the clients' full range of feelings (See Appendix B).

Reliability and Validity of the  
Accurate Empathy Scale

The Accurate Empathy Scale has been used in numerous studies, and is substantiated with high degrees of reliability and validity. These will now be elaborated upon.

One of the first studies to test the validity of the Accurate Empathy Scale was conducted by Truax (1961a). Truax compared the levels of accurate empathy presented to eight hospitalized patients. Four of these clients showed clear improvement and four showed clear regression on a number of personality measures after six months of intensive therapy. The findings of this study indicated that the psychotherapists whose patients improved (as rated by the personality measures) were rated consistently higher ( $p < 0.01$ ) on accurate empathy than were those whose patients regressed.

A second study (Truax, 1962a) involved fourteen hospitalized schizophrenic cases and fourteen counseling cases. This study used 112 samples of recorded psychotherapy from early and late interviews. Analysis of the data indicated

that accurate empathy ratings were significantly higher for the more successful cases than for the less successful ( $p < 0.01$ ). Also, the positive relationship between accurate empathy and outcome of therapy held true both for hospitalized schizophrenics and for counseling cases. That is, the same conditions seemed relevant for both populations. The more successful cases were shown to have received significantly higher empathy ratings, while the less successful cases had many more average and low accurate empathy ratings ( $p < 0.05$ ).

Subsequent studies (Truax, 1963; Bergin and Solomon, 1963; Truax, Wargo, and Silbur, 1966) also confirmed the validity of the instrument. The external criteria used in these studies included time actually spent in the hospital since beginning therapy, changes in psychological test data, and outcome results.

The last of these studies (Truax, Wargo, and Silbur, 1966) was a social survey involving delinquent girls. The researchers found that girls who took part in groups characterized as being high in therapist-offered conditions of accurate empathy and nonpossessive warmth, showed significantly more progress than controls, as measured by release from the institution, and amount of time spent in the community.

Insofar as reliability measures are concerned, the following studies have found generally moderate to high degrees of reliability using the Truax Accurate Empathy Scale

in both individual and group counseling: Truax (1961a), with a sample of 384, found 0.87 reliability; Truax and Carkhuff (1965), with a sample of 297 found 0.89 reliability; Bergin and Solomon (1963), with a sample of 28, found 0.79 reliability; Melloh (1964), with a sample of 56, found 0.62 reliability; Truax and Wargo (1966b), with a sample of 366, found a 0.95 reliability; Truax and Wargo (1966c), with a sample of 698, found a 0.81 reliability; Dickenson and Truax (1966), using a sample of 72, found a 0.83 reliability; and Truax (1966a), using a sample of 283, found a 0.84 reliability.

#### Additional Research using the Accurate Empathy Scale

The Accurate Empathy Scale has been used for other purposes than simply the evaluation of therapists and therapeutic outcomes. Studies on untrained social workers and counselor aides (Stoffer, 1968; Carkhuff, 1968; Carkhuff and Truax, 1965b), family relations (Shapiro, Kraus, and Truax, 1969), and teachers' relations with students (Aspy, 1965; Aspy and Hadlock, 1966) have shown that where empathy is high, the subjects rated have produced outcomes significantly higher than those whose conditions of empathy have been lower. Specifically, Carkhuff (1969c) states that,

There is extensive evidence to relate the offering of high levels of facilitative and action oriented conditions by parents, teachers, counselors, and therapists to constructive change or gain on the part of their children, students, and clients on both emotional and intellectual indexes. Similarly, the initiation of low levels of facilitative and action-oriented dimensions has been related to the deterioration of children, students,

and clients on emotional and intellectual indexes (the literature is summarized in Aspy, Carkhuff, and Douds, 1968; Berenson and Carkhuff, 1967; Berenson and Mitchell, 1968; Carkhuff and Berenson, 1967; Carkhuff and Truax, 1966; Rogers, 1967; Truax and Carkhuff, 1967). (p. 22)

#### Summary

In summary, it has been shown that a number of therapist qualities, such as experience, training, and personal traits, may be important variables in the outcome of therapy. Nonetheless, it should not be overlooked that therapy outcome may not depend exclusively on therapist traits, but also on client traits, and also upon the relationship between the therapist and the client (Fiedler, 1950; Carson and Heine, 1962; Van der Veen, 1965; Moos and MacIntosh, 1970).

The literature on psychotherapy research presented in this section has clearly demonstrated that the client and therapist influence each other's behavior, and significantly effect the process and outcome of therapy. These factors are both appropriate and important to the present study, which focuses upon how variations in client topic area, affective presentation, sex, and the interaction of these three variables affect the level of counselor trainee accurate empathy.

## CHAPTER III

### RESEARCH METHODOLOGY

The problem studied in the present investigation was to rate the level of accurate empathy of forty-two counselor trainees, when they were presented with the following different types of situations:

1. A nonthreatening topic presented in a nonthreatening manner (in which a nonthreatening topic, as defined by a panel of three therapists, was presented in a nonthreatening manner, as defined by the same panel of therapists).
2. A nonthreatening topic presented in a threatening manner (again, both components were determined by the same panel of therapists).
3. A threatening topic presented in a nonthreatening manner (again, both components were determined by the same panel of therapists).
4. A threatening topic presented in a threatening manner (again, both components were defined by the same panel of therapists).

The remainder of this chapter is comprised of a more detailed explanation of the research procedures described above, including the following: (1) the sample, (2) the

clients, (3) the experimental hypotheses, (4) the raters, (5) the experimental treatment, (6) the collection of the data, (7) the statistical design, and (8) the limitations of the study.

#### The Sample

The sample for this study consisted of forty-two full time students from the Masters Program in Rehabilitation Counseling at the University of Florida. These forty-two students, or counselor trainees, represent the total number of students who have completed at least one, but not more than three practica in counseling in this department, and thus are eligible for the study.

Demographic data on these counselor trainees is as follows:

1. 70% of this sample are females, and 30% are males.
2. 90% of the sample are caucasian and 10% are black.
3. The sample ranges in age from twenty-one (21) to fifty-three (53) with a mean age of twenty-seven (27).

Counselor trainee experience in this study does vary somewhat, in that some students have had several practica and numerous therapy cases, while others have had only one practicum and considerably fewer therapy cases. However, these counselor trainees are not considered to be experienced therapists, because they are still in the early stages of practical counseling training.

Clients

Four volunteer drama students role played clients. These individuals all have had a minimum of one year in drama school, and performed in at least one play. This group consists of two males and two females, most of whom are presently performing in local repertory companies. They range in age from twenty-one (21) to twenty-nine (29).

Prior to training these individuals, Coleman's (1972) definition of threat and scripts of the presenting problems were given to the therapists. The therapists rated each script as to whether a given presenting problem is in fact, threatening or nonthreatening. A seven (7) point bipolar scale was used to make this determination (See Figure 1). A consensus was said to have been reached if all three therapists scored the degree of threat or nonthreat in a given script on the same and appropriate side of the mid-point of the seven (7) point scale. This procedure of rating the scripts took place in order to insure that the presenting problems were rated as being appropriately threatening or nonthreatening.

After this determination of appropriateness of topic was made, the researcher trained the drama students in role portrayal. This training took place in the following manner:

The researcher distributed to each role playing drama student a copy of the vignette that he or she was to portray. The researcher then discussed the content of the

## PRESENTING PROBLEM 1 - CAREER INFORMATION SEEKING

(This topic is the presenting problem in cells  
A, A<sup>1</sup>, B and B<sup>1</sup> of the research design.)

Nonthreatening \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ threatening

## PRESENTING PROBLEM 2 - INTENT OF SUICIDE

(This topic is the presenting problem in cells  
C, C<sup>1</sup>, D, and D<sup>1</sup> of the research design.)

Nonthreatening \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ threatening

Figure 1. Therapists' Ratings of the Degree of Threat in the Presenting Problems.

vignette with the drama student, in order to determine if the drama student fully understood what he or she was to portray. When the researcher determined that the drama student understood the content of the area to be portrayed, he discussed the affect which was to be portrayed in each section of the vignette. At the conclusion of the discussion, the researcher asked the drama student to portray the role. As the drama student did so, the researcher coached him or her throughout the portrayal, in order to inform the drama student as to the effectiveness of his or her performance. When the need arose, the researcher himself portrayed the role, in order to help the drama student more effectively portray it. This procedure took place until the role was portrayed to the researcher's satisfaction.

It is important to note that a final check of the effectiveness of client presentation was made when the therapists viewed a preliminary vignette in which each drama student acted out the role that he or she was to portray.

The specific role that a drama student was to portray was decided upon by the following factors:

1. A statement of preference by each drama student as to the role he or she wished to portray.
2. Interviews conducted by the researcher, through which he determined what he felt was the most appropriate role for a given drama student to portray. (In the case of a discrepancy between the role a drama student preferred to portray, and

one that the researcher felt was most appropriate for that client, the researcher's opinion determined the final placement.)

#### The Experimental Hypotheses

As previously stated, comparisons were made between higher and lower degrees of threatening client topic areas and affective presentation, and their effects on counselor trainee level of accurate empathy. The following null hypotheses were tested:

- H<sub>0</sub>1 - There are no differences in the accurate empathy levels of counselor trainees exposed to a threatening topic, and those exposed to a non-threatening topic.
- H<sub>0</sub>2 - There are no differences in the accurate empathy levels of counselor trainees exposed to threatening affect and those exposed to nonthreatening affect.
- H<sub>0</sub>3 - There are no differences in the accurate empathy levels of counselor trainees exposed to female clients and those exposed to male clients.
- H<sub>0</sub>4 - There are no differences in the accurate empathy levels of counselor trainees as a result of combinations of sex, topic area, and affective presentation.

#### Raters

##### Trained Raters

The trained raters in this study scored counselor

trainees for level of accurate empathy, as measured by the Truax Accurate Empathy Scale. This group of raters consisted of three advanced graduate students in the Counselor Education Department of the University of Florida, who range in age from twenty-three (23) to twenty-nine (29). The raters did not know the identity of the counselor trainees they were to rate.

The specific method of training for these raters was as follows:

The researcher provided each rater with a copy of Bozarth's (1975) "Levels of Interpersonal Skills in Psychotherapy: A Guide to Increased Discrimination." Section Three (3) of the manual was concentrated upon. This section, entitled, Accurate Empathy was first read by the raters, and then discussed. Subsequently, Truax's Accurate Empathy Scale was distributed, and then discussed. When a consensus as to the meaning of the nine levels in the Truax Accurate Empathy Scale was reached, the raters were considered prepared to rate tapes.

Training segments from prepared tapes of therapy interviews were presented to the raters. Each segment contained both therapist and client verbalizations. Each segment was approximately two minutes in length. After each presentation of a segment, the raters' ratings and their reasons for giving those ratings were discussed. Similarities and differences among raters were given attention. However, special attention was given to a process of group dis-

discussion. This discussion attempted to resolve any differences which exceeded two full stages.

This initial training session was approximately two hours long. Later during the same week, one more session of similar length was scheduled. At this session, additional training segments were presented, rated, and discussed, as during the first session. At the end of this session, the raters were scored to establish pre-experimental reliabilities. An acceptable level of interrater reliability was  $r > 0.70$  as measured by Ebel's Intraclass Correlation Formula (Ebel, 1951), over a minimum of three tapes.

#### Therapists as Raters

A second group of raters consisted of three therapists. These individuals have a Ph.D. or an Ed.D. in the Psychology or Counselor Education Fields, plus extensive professional experience (See Appendix C).

As mentioned, these individuals initially rated scripts of the presenting problems to determine whether or not a given presenting problem had been appropriately threatening or nonthreatening. Subsequently, they rated the following two video taped drama student presentations:

1. In order to insure that the drama students were, in fact, portraying the role which had been assigned to them, the therapists, prior to the study, rated videotapes of preliminary vignettes. These preliminary vignettes consisted

of the drama students portraying the same role that they did during the live interaction. This measure was taken in order to insure that the client was able to portray the role that had been assigned to him or her. In each preliminary vignette, one drama student (Client A, for example) role played his or her vignette to another drama student (Client B, for example), who was seated, and playing the role of a counselor. The drama student who was to portray the client in a given session was randomly selected by picking the names of available drama students from a hat. Subsequently, Client A's preliminary vignette was rated by the therapists for effectiveness of presentation. All vignettes presented were similarly rated. The specifics of this rating are as follows: The therapists viewed three two-minute excerpts of the video taped client presentations. After viewing the tapes they were given a seven point bipolar scale, and asked to rate the presentation in terms of its amount of threat or nonthreat on both the dimensions of topic area and affective presentation (See Figure 2). A consensus of the therapists was considered to have been reached if all three therapists scored the client's presentation on the same and appropriate side of the midpoint of the seven (7) point scale.

If agreement was not reached by the therapists as to the effectiveness of a given client's presentation, a period of retraining and reevaluation was to be scheduled. The training period was to take place on the day following the rating

VIGNETTE A

TOPIC AREA:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

VIGNETTE A<sup>1</sup>

TOPIC AREA:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

VIGNETTE B

TOPIC AREA:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

VIGNETTE B<sup>1</sup>

TOPIC AREA:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

Figure 2. Therapists' Ratings of the Degree of Threat in Drama Students' Presentations.

Figure 2 (continued)

VIGNETTE C

TOPIC AREA:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

VIGNETTE C<sup>1</sup>

TOPIC AREA:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

VIGNETTE D

TOPIC AREA:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

VIGNETTE D<sup>1</sup>

TOPIC AREA:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ : \_\_\_ THREATENING

of the preliminary vignette. This training period was to last until the presentation was portrayed to both the satisfaction of the researcher and the drama student. A re-evaluation was then to be scheduled for the earliest possible date.

2. The therapists also rated a video taped presentation of the live interaction between the role playing drama students and the counselor trainees for effectiveness of the role playing drama students' presentations. Three, two-minute segments from the beginning, middle, and end of each of the forty video tapes were randomly selected for rating. The manner in which this was done follows the format of Lawlis (1968):

- a. Randomly divide the twenty-minute tapes into three six to seven minute segments.
- b. Randomly choose any two-minute excerpts from each segment.

Again, a consensus of the three therapists on each of the vignettes was considered to have been reached if all three therapists scored the client's presentation on the same and appropriate side of the midpoint of a seven (7) point bipolar scale (See Figure 2).

#### The Experimental Treatment

There were eight (8) client presentations in this study. That is, of the four role playing drama students previously mentioned, one male (Client 1) and one female (Client 2) role played a client who presented a nonthreaten-

ing topic in a nonthreatening manner (Cells A and A<sup>1</sup> in Figure 3). A second set of male (Client 3) and female (Client 4) presented a nonthreatening topic in a threatening manner (Cells B and B<sup>1</sup> in Figure 3). Client 1 and Client 2 also presented a threatening topic in a nonthreatening manner (Cells C and C<sup>1</sup> in Figure 3). Client 3 and Client 4 also presented a threatening topic in a threatening manner (Cells D and D<sup>1</sup> in Figure 3).

The actual treatment was conducted as follows:

Each role playing drama student presented one vignette within the categories noted in the paragraph above, to five of the counselor trainees. The counselor trainees responded as well as possible to the client that he or she saw.

This interaction took place in a counseling room in the Rehabilitation Counseling Department, and was videotaped from an adjoining room through a one-way mirror. As previously mentioned, each counselor trainee was subsequently scored by the trained raters for level of accurate empathy. Two three-minute excerpts from the beginning, middle, and end of the video tape were randomly chosen to present to these raters for scoring.

The specific topic presented by the drama students in Cells A and A<sup>1</sup> and B and B<sup>1</sup> (See Figure 3), was "Academic Information Seeking." The topic presented by the dramatists in Cells C and C<sup>1</sup> and D and D<sup>1</sup> was "Intent of Suicide."

Counselor trainees were informed that they were to

		Nonthreatening Topic (Academic Information Seeking)	Threatening Topic (Intent of Suicide)		
NONTREATING AFFECT	A	Client 1: 5 counselor (male) trainees	Client 1: 5 counselor trainees	C	
	A <sup>1</sup>	Client 2: 5 counselor (female) trainees	Client 2: 5 counselor trainees	C <sup>1</sup>	
THREATENING AFFECT	B	Client 3: 5 counselor (male) trainees	Client 3: 5 counselor trainees	D	
	B <sup>1</sup>	Client 4: 5 counselor (female) trainees	Client 4: 5 counselor trainees	D <sup>1</sup>	

Figure 3. Design of the Study

take part in a live situation in which an individual would be presenting a specific problem. The counselor trainees were told that the sessions would be video taped. They were also told that the results were confidential, and would not be reflected in their grades. They were to respond as well as possible as helpers to the clients they saw. When the sessions were terminated, the counselor trainees were informed that the situations had been role playing ones, and that their level of accurate empathy had been evaluated. Additionally, at that time, both the researcher and drama student discussed with the counselor trainee any feelings that he or she may have had about participating in the counseling session. Questions that the counselor trainee may have had about the study were also discussed during this period.

#### Collection of Data

The data in this study were collected in the following sequence:

1. After the live interaction between counselor trainees and the drama students had been completed, three video taped two-minute segments of their interaction were sent to the therapists. The therapists rated the drama students' presentations for authenticity of presentation (See Figure 3). That is, the vignettes were rated to answer the following questions: (a) Were the drama students in Cells A and A<sup>1</sup> presenting a nonthreatening topic with nonthreaten-

ing affect? (b) Were the drama students in Cells B and B<sup>1</sup> presenting a nonthreatening topic with threatening affect? (c) Were the drama students in Cells C and C<sup>1</sup> presenting a threatening topic with nonthreatening affect? (d) Were the drama students in Cells D and D<sup>1</sup> presenting a threatening topic with threatening affect?

2. Audiotapes of the interaction between the counselor trainees and the drama students were also given to the trained raters. These raters then scored the audiotapes for their level of accurate empathy.

3. The results of the authenticity of presentation scores (from the therapists) and empathic facilitativeness scores (from the trained raters) were returned to the researcher for computation.

#### The Statistical Design

This investigation used a 2 x 2 x 2 (topic x effect x sex) factorial design.

Issac and Michael (1971) point out an attribute of factorial designs which pertains to the present study:

An important characteristic of factorial designs is that several hypotheses can be tested simultaneously, releasing researchers from the rigidity of classical designs. Whereas classical designs allow only the study of a single variable at a time, factorial designs permit several variables to be investigated in one experiment. (p. 52)

Counselor trainees were randomly assigned to one of the eight statistical cells as follows: The names of each of the counselor trainees were listed in alphabetical order, and assigned to cells in the format specified in the

Table of Random Numbers (Glass and Stanley, 1970).

A 2 x 2 x 2 factorial analysis of variance was used to detect any significant differences in the cells ( $p < 0.05$ ).

CHAPTER IV  
ANALYSIS OF THE DATA

The data presented in the following section have been analyzed in accordance with the statistical procedures outlined in Chapter III.

Results

Forty-two counselor trainees who had completed at least one practicum in the Rehabilitation Counseling Department at the University of Florida volunteered to take part in the present study. This study examined the impact of variations in topic area, affective presentation and client sex on these counselor trainees' empathy levels.

The counselor trainees' levels of accurate empathy were judged by raters trained in the use of the Truax Accurate Empathy Scale (1961a). Both the procedures used to train the raters and the manner in which the data were to be collected have been discussed in the previous chapter. The results of the therapists' ratings for authenticity, the rater reliability scores, and the actual ratings of accurate empathy will now be presented.

Therapists' Ratings for Authenticity

The results of the group of three therapists, who were to rate the drama students' presentations for authenticity were as follows:

1. During the preliminary vignettes, two dramatizations were not marked by the therapists on the same and appropriate side of the midpoint of the seven point bipolar scale. These dramatizations were reenacted, and subsequently rated on the same and appropriate side of the midpoint by all three therapists.

2. During the actual study, all dramatizations were rated on the same and appropriate side of the midpoint by all three therapists.

#### Rater Reliability

Preexperimental interrater reliability and interrater reliability in the actual study itself were both computed by the use of Ebel's Intraclass Correlation Formula (Ebel, 1951).

The preexperimental reliability of the trained raters was  $r = .90$  (see Table 1).

The reliability of the trained raters in the actual study was  $r = .82$  (see Table 2).

The Ebel Intraclass Correlation Formula was also used to compute the reliability between the accurate empathy ratings of the trained raters and those of the therapists. This  $r$  was computed to be  $.84$  (see Table 3).

Student's (1908)  $t$  test was used to examine the significance of the correlation. The correlation proved significant at the  $.05$  level.

#### Evaluation of the Experimental Treatments

The influence of variations in client topic area, affective presentation, and sex on counselor trainee accurate empathy level was evaluated through a  $2 \times 2 \times 2$  analysis of

TABLE 1  
Pre-experimental Rater Reliability

Rater	Segment									
	1	2	3	4	5	6	7	8	9	10
1	6.5	1.5	1.0	5.0	1.5	2.0	4.0	6.5	6.0	1.0
2	6.5	1.0	2.0	3.5	3.0	1.0	1.5	5.0	8.0	2.0
3	6.5	1.0	1.0	2.5	2.0	1.0	1.5	7.0	7.0	1.0

Sum of squared ratings - 493.50

Product of sum and mean - 326.70

Sum of squares:

for raters - 1.05

for counselor trainees - 152.00

for total - 166.80

for error - 14.80

Mean square:

for counselor trainees - 16.90

for error - 1.64

Reliability of ratings - .755

Reliability of average ratings - .90.

TABLE 2

Rater Reliability during the Present Study

Rater	Segment														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	1.0	6.5	1.0	1.0	2.0	1.0	1.0	2.0	1.0	3.0	4.5	7.0	1.0	1.5	1.5
2	1.0	8.0	2.5	1.5	3.0	1.0	1.5	2.0	1.0	4.5	6.0	6.5	1.0	1.0	2.0
3	1.0	6.5	1.0	1.0	2.0	1.0	1.0	3.0	1.0	2.0	3.0	7.5	1.0	1.0	2.0
Rater	Segment														
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
1	2.0	1.0	3.0	2.5	3.0	1.5	3.0	4.0	1.0	1.0	4.0	6.5	2.0	3.5	
2	1.5	3.0	1.5	2.5	5.0	2.0	1.5	1.5	1.0	2.0	4.5	3.5	3.0	1.5	
3	3.0	3.0	1.0	1.5	2.0	1.0	2.0	3.0	1.0	2.0	4.0	6.5	2.0	3.0	
Rater	Segment														
	30	31	32	33	34	35	36	37	38	39	40	41	42		
1	1.0	4.0	2.0	1.5	3.5	1.5	1.5	6.0	2.0	2.0	2.0	1.5	1.0		
2	1.5	5.0	1.5	3.0	3.0	1.0	3.0	6.0	2.0	3.0	1.0	1.0	1.0		
3	1.0	2.0	1.0	5.0	6.0	2.0	1.5	5.0	2.0	2.5	2.0	1.0	1.0		

TABLE 2 (continued)

Sum of squared ratings - 1134.50

Product of sum and mean - 768.17

Sum of squares:

for raters - .37

for counselor trainees - 310.00

for total - 366.33

for error - 56.33

Mean square:

for counselor trainees - 7.56

for error - 1.37

Reliability of ratings - .60

Reliability of average ratings - .82

Note: The scores listed under numbers 1-42 specify the ratings given to each counselor trainee.

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TABLE 3

Reliability between the Ratings of Professional Therapists  
and the Trained Raters

	1	2	3	4	5	6	7	8	9	10
Means	6.5	1.2	1.3	3.7	2.2	1.3	2.3	6.1	7.0	1.3
Standard Deviation	0.0	.29	.59	1.03	.63	.59	1.18	1.47	1.41	.59
Professional Judges' Scores	4.5	1.5	1.5	4.5	2.5	1.5	4.5	5.5	6.5	1.5
Trained Rater- Professional Judges' Correlation	.68	.83	.88	.85	.89	.88	.66	.90	.93	.88

Reliability for all segments - .84

variance. For this analysis the measures used were the mean of accurate empathy scores given by the trained raters to each subject. Each rater's accurate empathy score for each counselor trainee is presented in Table 2. The counselor trainees are noted in Table 2 by segment numbers 1 - 42. The results of the analyses are presented in Table 5. Accurate empathy level results for topic, affect, and sex, are specified in Table 4. Additionally, a description of the subpopulations is presented in Table 6. The subpopulation means are graphically portrayed in Figures 4 and 5.

#### The Null Hypotheses

With 1 and 34 degrees of freedom, an F value of 4.08 would have been necessary for each null hypothesis to be rejected at the .05 level of significance. The null hypotheses tested and the results of the analyses were as follows:

$H_{01}$  - There are no differences in the accurate empathy levels of counselor trainees exposed to a threatening topic, and those exposed to a nonthreatening topic.

Inspection of Table 5 indicates an F value above 4.08. Therefore, the null hypothesis is rejected. Thus client topic area, in this study, is shown to have a significant effect on counselor trainee accurate empathy level.

$H_{02}$  - There are no differences in the accurate empathy levels of counselor trainees exposed to threatening affect and those exposed to nonthreatening affect.

Inspection of Table 5 indicates an F value below 4.08.

TABLE 4

Means and Standard Deviations of Accurate Empathy by  
Topic, Affect and Sex

Variable	N	Mean	Standard Deviation	
Topic	Threatening (T)	20	2.98	1.643
	Nonthreatening (NT)	22	2.02	1.407
Affect	T	21	2.20	1.584
	NT	21	2.80	1.694
Sex	Male	21	2.03	0.861
	Female	21	2.97	1.796

TABLE 5  
 Analysis of Variance on Ratings of Accurate Empathy

Source of Variation	Sum of Squares	DF	Mean Sq.	F	Signif. of F
Topic	9.78	1	9.78	4.54	0.038
Affect	4.38	1	4.38	2.03	0.159
Sex	8.34	1	8.34	3.87	0.054
2 Way Interactions	7.24	3	2.41	1.12	0.35
Topic Affect	0.82	1	0.82	0.38	0.99
Topic Sex	5.43	1	5.43	2.52	0.12
Affect Sex	0.78	1	0.78	0.36	0.99
3 Way Interactions	0.20	1	0.20	0.09	0.99
Topic Affect Sex	0.20	1	0.20	0.09	0.99
Explained	29.42	7	4.20	1.95	0.09
Residual	73.20	34	2.15		
Total	102.62	41	2.50		

TABLE 6  
Description of the Subpopulations

Variable	Value Label	N	Mean	Standard Deviation
For Entire Population		42	2.47	1.58
Topic	Threatening (T)	20	2.98	1.64
Affect	T	10	2.82	1.76
Sex	Male	5	2.20	0.87
Sex	Female	5	3.44	2.29
Affect	NT	10	3.14	1.59
Sex	Male	5	2.10	0.93
Sex	Female	5	4.18	1.46
Topic	Nonthreatening (NT)	22	2.01	1.40
Affect	T	11	1.58	0.72
Sex	Male	5	1.54	0.47
Sex	Female	6	1.61	0.92
Affect	NT	11	2.44	1.79
Sex	Male	6	2.28	1.16
Sex	Female	5	2.64	2.50

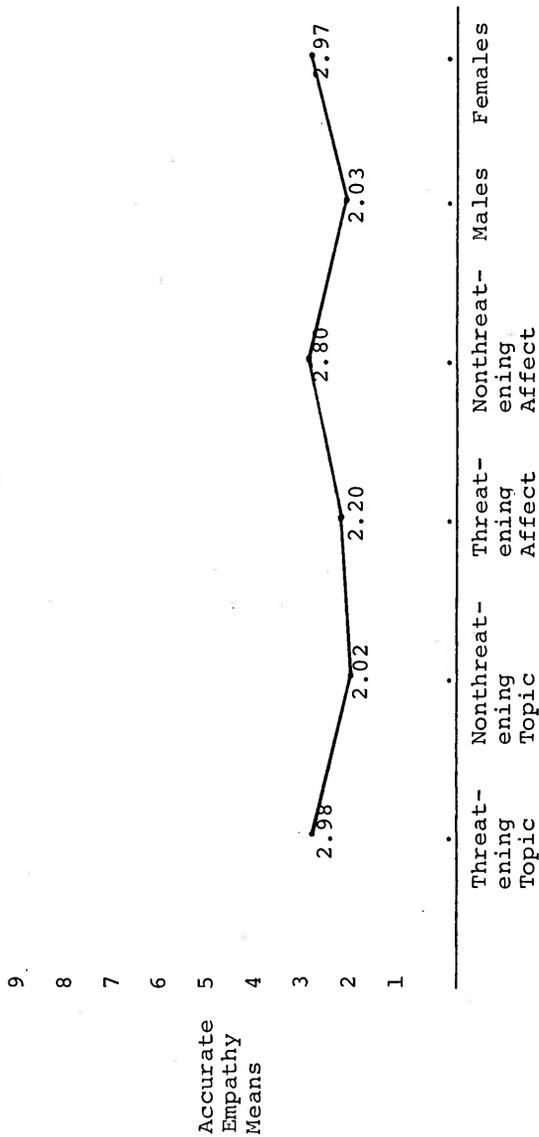
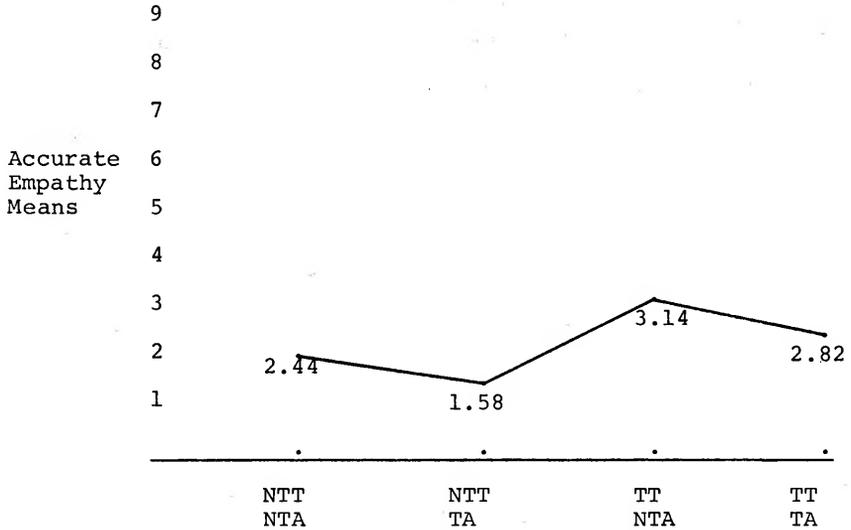


Figure 4. Graph of Counselor Trainees' Accurate Empathy Levels.



Note: NTT signifies Non Threatening Topic  
 NTA signifies Non Threatening Affect.  
 TA signifies Threatening Affect  
 TT signifies Threatening Topic

Figure 5. Graph of Counselor Trainees' Accurate Empathy Levels when Topic and Affect are Combined.

Therefore, the null hypothesis is retained. Thus client affect, in this study, is not shown to have a significant effect on counselor trainee accurate empathy level.

H<sub>0</sub>3 - There are no differences in the accurate empathy levels of counselor trainees exposed to female clients and those exposed to male clients.

Inspection of Table 5 indicates an F value below 4.08. Therefore, the null hypothesis is retained. Thus client sex, in this study, is not shown to have a significant effect on counselor trainee accurate empathy level.

H<sub>0</sub>4 - There are no differences in the accurate empathy levels of counselor trainees as a result of combinations of sex, topic area, and affective presentation.

Inspection of Table 5 indicates an F value below 4.08. Therefore, the null hypothesis is retained. Thus combinations of topic, affect, and sex, in this study, are not shown to have a significant effect on counselor trainees accurate empathy level.

#### Discussion

Of the hypotheses originally set forth in Chapter III, only H<sub>0</sub>1 (client topic area) achieved significant results. Neither H<sub>0</sub>2 (client affective presentation), H<sub>0</sub>3 (client sex), nor H<sub>0</sub>4 (interaction effects) had such results. In order to understand these results most fully, it is important to review research which bears on this area.

As previously mentioned in Chapter II, research related to the area of the present study is limited. However,

the results of the present study partially concur with the existing literature. Carkhuff (1969), found that both topic and affect significantly affected counselor facilitativeness (in terms of empathy, warmth, and genuineness). Melnick (1975), in a similar study, also found that affect was significant. Her study did not deal with sex.

Although the present study and related literature agree that topic does influence counselor facilitativeness, it appears that more research is necessary on the area of affect. The types of affect in Carkhuff's (1969) study and the present study were very dissimilar. Thus it is not possible to state whether or not a trend exists with regard to affect.

Sex is not a variable considered in either Carkhuff's or Melnick's studies. However, in the present study it was not found to be significant. This finding supports the contention that client sex does not influence counselor trainee accurate empathy level to a significant degree.

It appears that the most important contribution of the present study to the counseling field is discovering that a threatening topic is responded to with higher levels of accurate empathy than a nonthreatening topic. In attempting to understand why this is so, the researcher noted the following related research: Dipboye (1954) explored the relationship between counselor response style and topic unit of discussion. He found that the "client problem did affect the proportions of content and feeling responses in the counseling interactions."

On the basis of Dipboye's findings and the present

writer's observations, the following reasons for a threatening topic being responded to with high levels of accurate empathy are suggested:

The topic of "Intent of Suicide" is more obviously a topic of great emotional importance, and therefore counselor trainees may feel that it requires a response with a high degree of empathy. "Academic Information Seeking," on the other hand, appears to be a topic which requires a content-oriented response, rather than an empathic response.

Thus the counselor trainee who is dealing with the topic of "Intent of Suicide" is more cued to be looking for emotional content (content that he or she can respond to empathically), whereas the counselor trainee who is dealing with "Academic Information Seeking" is more cued into an information giving set. He or she, therefore, may tend to respond somewhat less empathically.

Related to the aforementioned possibilities is the fact that the suicidal client may have more obviously been seriously concerned than the academic information seeking client. That is, when a client presented concerns of feeling deep pain and loneliness, counselor trainees were able to respond empathically, but when the client's feelings were less extreme, they did not.

The findings of this study support the view that a deep-seated area of concern, though it may be threatening, is responded to with a higher level of accurate empathy than a less deep-seated area, though it may be nonthreatening.

Summary

The pre-experimental reliability of the trained raters in rating accurate empathy was  $r = .90$ . The reliability of the trained raters in rating accurate empathy during the actual study was  $r = .82$ . The correlation between the empathy ratings of the trained raters and those of the professional judges was  $.84$ .

The sample in the study was composed of 42 counselor trainees in the Rehabilitation Counseling department. Each counselor trainee's demonstration of Accurate Empathy, as determined by the Truax Accurate Empathy Scale, was measured. A  $2 \times 2 \times 2$  factorial experiment was analyzed using analysis of variance. This procedure tested for differences among the means of the eight cells in the study (See Tables 5 and 6).

As can be noted in Table 5, topic is the only variable which leads to a significantly higher response. No significant effects were noted due to client affect, sex, or three way interaction. Thus all null hypotheses except number one were retained.

## CHAPTER V

### SUMMARY, LIMITATIONS, IMPLICATIONS, AND CONCLUSIONS

#### Summary

The purpose of this study was to investigate the effects of variations in client topic area, affective presentation, and sex on counselor trainees' demonstration of accurate empathy.

Three trained raters were used in this study to rate the accurate empathy of forty-two counselor trainees in the Rehabilitation Counseling Department. These raters were trained in the use of Truax's Accurate Empathy Scale (1961a). After training of these raters was completed, and pre-experimental reliability was established, evaluation of counselor trainee accurate empathy level was carried out.

During the actual study, counselor trainees were placed in a counseling situation with roleplaying drama students. (The counselor trainees were under the impression that these individuals were real clients.) These drama students, who had been equally divided by sex, presented the trainees with problems that varied by the degree of threat or nonthreat that was contained within topic area and affective presentation. Subsequently, this 2 x 2 x 2 factorial experiment was analyzed using analysis of variance. In this manner, mean differences between the cells were studied. Significant differences in the area of topic

were found, but not in affective presentation, sex, or interaction effects.

#### Limitations

There are three limitations in this study which should be considered when discussing its implications:

1. The counselor trainees are all from the Rehabilitation Counseling Department, and may be in any one of four states of progress. That is, they are either second, third, fourth, or fifth quarter students. Because they are at different levels of training, they may have responded to clients with greater or lesser degrees of accurate empathy.

2. Although the quarter to which individual counselor trainees had progressed in the Rehabilitation Counseling program was not controlled, those with the highest accurate empathy scores were fifth (final) quarter students. Fourth quarter students also scored well; there appears to be a consistent relationship between quarter in the program and accurate empathy level.

3. An overall mean of 2.48 was achieved by the subjects in this study, a low level of accurate empathy, as defined by Truax's Accurate Empathy Scale. Specifically, this mean is less than halfway between Truax's (1961a) Accurate Empathy Step 2 - "Accuracy negligible, poor understanding of obvious feelings, and ignores veiled feelings" - and Step 3 - "Often responds accurately to obvious feelings, senses but understands veiled feelings poorly."

Nevertheless, although 2.48 is not defined by Truax as

a minimally facilitative accurate empathy level, it should be pointed out that this level is not overly low, in terms of previous research that has been conducted. For example, in a study by Mitchell, Bozarth, Truax, and Krauft (1973), therapists (all of whom were practicing professionals) were found to have an accurate empathy mean of only 2.30. In view of the results of that study, accurate empathy scores in the present study are quite respectable.

### Implications and Conclusions

Implications. The present study has two major implications for counselor training:

1. There appears to be a need in rehabilitation counselor education for counselor trainees to learn how to respond to a broad range of feelings, and develop skill in understanding that strong emotional undercurrents may exist in a client, even though he or she may allude to feelings only minimally. For example, the levels of counselor trainee accurate empathy, when nonthreatening topics were presented, were low (the mean was 2.01). Thus, counselor trainees would benefit from increased training designed to sensitize them to veiled or not readily obvious feelings.

2. Counselor trainees did not approach an accurate empathy level of five (the minimum level of facilitativeness on the nine point scale) in any part of the study.

These results demonstrate that counselor trainee accurate empathy levels must be upgraded in general, in order for clients to be counseled adequately.

Conclusions. Replication is needed to verify the influence of client topic area, affective presentation, sex, and their interaction effects on counselor trainees' accurate empathy levels. Particular attention should be given to the limitations noted above, regarding the following:

1. Counselor trainee quarter in the program.
2. The mean accurate empathy level of the entire sample.

Finally, the present study achieved results in which sex was not significant. However, the study should be replicated with a larger sample size, in order to determine if an increase in sample size might prove sex to become statistically significant. Such a finding could have important implications for counseling in the future.

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## APPENDIX A

### Role Descriptions for Clients

As stated, two dramatists (one male and one female) portray each of the following areas: (A) Clients who present a nonthreatening topic in a nonthreatening manner; (B) Clients who present a nonthreatening topic in a threatening manner; (C) Clients who present a threatening topic in a nonthreatening manner; (D) Clients who present a threatening topic in a threatening manner.

### SCRIPT I

#### Problem to be Presented - Academic Information Seeking

The client in this interview is a fourth quarter freshman at the University of Florida. He (\*) states a desire to enroll in Rehabilitation Counseling in graduate school, and thus would like to begin exploring the area of which upper division major might be the most useful in helping him to eventually be accepted into the Masters program in Rehabilitation Counseling.

The client is interested in the social sciences. He would like to know if the counselor trainee feels that majoring in one of the social sciences would be a good choice for a major.

(\*) In order to facilitate the reading of this appendix, only the male pronoun will be used, although both a male and female dramatist presented the problem.

Specifically, the client voices a preference for either psychology or sociology. He has never taken a course in either, but has read several course descriptions in each area, and finds them both very interesting.

As far as grades are concerned, the client has a 3.9 grade point average. He has consistently done well academically throughout his high school years and first year of college. Thus, he feels capable of majoring in most programs without difficulty.

#### Client Behavior During the Interview

During the interview the clients present their problems in a very straightforward manner, simply stating their questions and asking the counselor trainees' advice.

These clients are in rather good spirits and exhibit little or no overt anxiety. They smile often, and show no animosity or aggression towards the counselor trainee.

After having received the information they need, these clients thank the counselor trainee in a pleasant manner, and leave the room.

#### SCRIPT II

#### Problem to be Presented - Academic Information Seeking

The client in this interview is a fourth quarter freshman at the University of Florida. He states a desire to enroll in Rehabilitation Counseling in graduate school, and thus would like to begin exploring the area of which upperdivision major might be the most useful in helping him to eventually be accepted into the Masters program in

### Rehabilitation Counseling.

This client is interested in the social sciences. He would like to know if the counselor trainee feels that majoring in one of the social sciences would be a good choice for a major.

Specifically, the client voices a preference for either psychology or sociology. He has never taken a course in either, but has read several course descriptions in each area, and finds them both very interesting.

As far as grades are concerned, the client has a 3.9 grade point average. He has consistently done well academically throughout his high school years and first year of college. Thus, he feels capable of majoring in most programs without difficulty.

### Client Behavior During the Interview (B)

During this interview clients present themselves in a demanding, dependent, and yet aloofly defiant manner to their counselors. That is, clients take part in little self exploration or introspection, but rather ask such questions as, "Well, what do you think I should major in, psychology or sociology?" or make the demand, "Just tell me which one you'd choose if you were an undergraduate!"

The attitude of these clients is that they have come to the counselor trainee for professional services, and that these services should include decisions in the area of academic information seeking.

These clients are very resentful of any comments made by the counselor trainee which suggest that they take any responsibility for their own behavior or decision making. They berate the counselor trainee's responses to feelings, and challenge his professional ability, in both a facetious and an angry manner.

### SCRIPT III

#### Problem to be Presented - Intent of Suicide

The problem to be presented in this section is that the client is contemplating suicide. He has had a long series of emotionally burdening circumstances, which are now culminating in a feeling of overwhelming unhappiness and dejection. Some of the precipitating events are as follows:

The previous evening the client had been told by his girl friend that she was deserting him for another man. She feels that he has become too dependent on her and thus is making her feel "tied down." The client feels that this is the final blow in a long series of events which have shown him that he is a worthless person, who is undesirable both sexually and socially.

This client's history includes the following information: His father is a career Marine officer, and is presently stationed in Germany. The client has never been close to his father. His mother, whom he had been close to, passed away three years ago.

A childhood spent in numerous parts of the globe left

the client with neither longlasting friends, nor a consistent educational background. These two problems constantly plague the client, who is, at this time, a college sophomore at the University of Florida. He presently suffers from (1) a fear of forming new friendships and relationships and (2) failing grades in two courses. These factors, he also feels are indications of his overall failure as a human being.

The culmination of all of these events leaves the client in a position of depression and interminable hopelessness. He sees all avenues of escape sealed off. However, the client claims to have sufficient resolve to determine his own fate. For this reason, he plans, this very evening, to visit his father's hunting lodge in a nearby community and use a captured German luger, still loaded, to commit suicide.

The client claims to have come to the counselor trainee not to be stopped, but only to clear his conscience before going through with self destruction. He admits to being depressed, but states that his resolve is firm.

#### Behavior During the Interview

During the interview, the clients speak in a manner which is submissive and somewhat depressed. Their statements are low in volume and lack assertiveness.

These clients make no demands upon their respective counselor trainees, other than to quietly ask their opinions on one or two occasions.

Throughout the interview the clients sit with eyes often lowered. Their faces are generally expressionless. Although not grossly anxious, these clients give a general impression of greatly lacking self assurance.

#### SCRIPT IV

##### Problem to be Presented - Intent of Suicide

The problem presented in this section is that the client is contemplating suicide. He has had a long series of emotionally burdening circumstances, which are now culminating in a feeling of overwhelming unhappiness and dejection. Some of the precipitating events are as follows:

The previous evening the client had been told by his girl friend that she was deserting him for another man. She feels that the client has become too dependent on her and thus is "tying her down." The client feels that this is the final blow in a long series of events which have shown him that he is a worthless person, who is undesirable both sexually and socially.

This client's history includes the following information: His father is a career Marine officer, and is presently stationed in Germany. The client has never been close to his father. His mother, whom he had been close to, passed away three years ago.

A childhood spent in numerous parts of the globe left the client with neither longlasting friends, nor a consistent educational background. These two problems constantly

plague the client, who, at this time, is a college sophomore at the University of Florida. He presently suffers from (1) a fear of forming new friendships and relationships and (2) failing grades in two courses. These factors, he also feels, are indications of his overall failure as a human being.

The culmination of all of these events leaves the client in a position of depression and interminable hopelessness. He sees all avenues of escape sealed off. However, the client claims to have sufficient resolve to determine his fate. For this reason, he plans, this very evening, to visit his father's hunting lodge in a nearby community and use an old captured German luger, still loaded, to commit suicide.

The client claims to have come to the counselor trainee not to be stopped, but only to clear his conscience before going through with self destruction. He admits to being depressed, but states that his resolve is firm.

#### Behavior During the Interview

The clients in this interview are openly skeptical of the counselor's proficiency, and often take an attitude of sarcastically questioning what use certain counselor trainee questions serve, etc.

These clients often glare at the counselor trainee in a hostile manner, bang on the desk to make a certain point, and constantly challenge many of the counselor's views.

Additionally, the clients continually question the counselor trainee's qualifications, stating that he (the counselor trainee) would not be asking such stupid questions if he had been properly trained, and had adequate credentials.

## APPENDIX B

### A Scale for the Measurement of Accurate Empathy

#### Stage 1

The therapist seems completely unaware of even the most conspicuous of the client's feelings; his responses are not appropriate to the mood and content of the client's statements. There is no determinable quality of empathy and hence no accuracy whatsoever. The therapist may be bored and disinterested or actively offering advice, but he is not communicating an awareness of the client's feelings.

#### State 2

The therapist shows an almost negligible degree of accuracy in his responses and that only toward the client's most obvious feelings. Any emotions which are not clearly defined he tends to ignore altogether. He may be correctly sensitive to obvious feelings and yet misunderstand much of what the client is really trying to say. By his response he may block off or may misdirect the patient. Stage 2 is indistinguishable from Stage 3 in that the therapist ignores feelings rather than displaying an inability to understand them.

#### Stage 3

The therapist often responds accurately to the client's more exposed feelings. He also displays concern for deeper, more hidden feelings, which he seems to sense must be present, though he does not understand their nature, or sense their meaning to the patient.

Stage 4

The therapist usually responds accurately to the client's more obvious feelings and occasionally recognizes some that are less apparent. In the process of this tentative probing, however, he may misinterpret some present feelings and anticipate some which are not current. Sensitivity and awareness do exist in the therapist, but he is not entirely "with" the patient in the current situation or experience. The desire and effort to understand are both present but his accuracy is low. This stage is distinguishable from Stage 3 in that the therapist does occasionally recognize less apparent feelings. He also may seem to have a theory about the patient and may even know how or why the patient feels a particular way, but he is definitely not "with" the patient. In short, the therapist may be diagnostically accurate, but not empathically accurate in his sensitivity to the patient's current feelings.

Stage 5

The therapist accurately responds to all of the client's more readily discernable feelings. He also shows awareness of many less evident feelings and experiences, but he tends to be somewhat inaccurate in his understanding of these. However, when he does not understand completely, this lack of complete understanding is communicated without an anticipatory or jarring note. His misunderstandings are not disruptive by their tentative nature. Sometimes in Stage 5 the therapist simply communicates his awareness of the problem

of understanding another person's world. This stage is the midpoint of the continuum of accurate empathy.

#### Stage 6

The therapist recognizes most of the client's present feelings, including those which are not readily apparent. Although he understands their content, he sometimes tends to misjudge the intensity of these veiled feelings, so that his responses are not always accurately suited to the exact mood of the client. The therapist does deal directly with the feelings the patient is currently experiencing, although he may misjudge the intensity of those less apparent. Although sensing the feelings, he often is unable to communicate meaning to them. In contrast to Stage 7, the therapist's statements contain an almost static quality in the sense that he handles those feelings that the patient offers but does not encourage exploration. His manner of communicating his understanding is such that he makes of it a finished thing.

#### Stage 7

The therapist responds accurately to most of the client's present feelings and shows awareness of the precise intensity of most of the underlying emotions. However, his responses move only slightly beyond the client's own awareness, so that feelings may be present which neither the client nor therapist recognizes. The therapist initiates moves toward more emotionally significant material. Stage 7 is distinguishable from Stage 6 in that often the therapist's response is a kind of precise pointing of the finger toward emotionally significant material.

Stage 8

The therapist accurately interprets all the client's words and voice. With sensitive accuracy, he expands the client's hints into a full-scale (though tentative) elaboration of feeling or experience. He shows precision both in understanding and in communication of this understanding, and expresses and experiences them without hesitancy.

## APPENDIX C

### The Therapists

Dr. Warren Rice was born July 10, 1941. He received his Ph.D. in Clinical Psychology from Case Western Reserve University in 1968.

Dr. Rice has worked as a clinical psychologist in two Veteran Administration Hospitals in Cleveland, Ohio. He presently is employed at the VA hospital in Gainesville, where he is the assistant chief of the psychology service. Additionally, Dr. Rice is an assistant professor in the Department of Clinical Psychology at the University of Florida.

Dr. Rice's professional interests are largely in the areas of psychological assessment and the rehabilitation of brain damaged patients. His therapeutic orientation is a combination of psychodynamics and behaviorism. Dr. Rice sees approximately fifteen patients per year in long term psychotherapy.

Dr. Robert Hornberger was born January 26, 1933. He received his Ph.D. in clinical psychology from the University of Iowa in 1957.

Dr. Hornberger was an instructor at the University of Nebraska medical school from 1958-1962. From 1965-1969 he was the Director of Eastern Maine Guidance Center. During this time he was also an instructor at the University of

Maine. He has been in Gainesville since 1969, where he has been employed at the VA hospital as the Director of Psychological Training. Additionally, he has been an assistant professor in clinical psychology at the University of Florida since 1969.

Dr. Hornberger's professional interests are in the areas of psychotherapy and psychodiagnosis. His therapeutic orientation is largely psychodynamic, combined with humanism and existentialism. Dr. Hornberger sees approximately seven or eight long term psychotherapy patients per year.

Dr. Jerold D. Bozarth was born on June 13, 1932. He received his Ph.D. in 1966 from the University of Iowa.

Dr. Bozarth worked in the Illinois Department of Mental Health at Peoria State Hospital and Illinois State Psychiatric Institute from 1958-1960, and 1960-1963, respectively. He was the Director of Rehabilitative Services at both facilities, and served as both a Rehabilitation Counselor and supervisor. Subsequently, he was employed at Southern Illinois University as the Coordinator of the Rehabilitation Counseling program from 1966-1968. Following this, he worked as the Senior Research Scientist at the University of Arkansas (1968-1970). During this period Dr. Bozarth saw approximately six clients per year in individual psychotherapy.

Presently, Dr. Bozarth is the Chairman of the Rehabilitation Counseling Department at the University of Florida.

He is also both a professor in the department, and a group leader in certain courses. His professional orientation is based around the Client-Centered approach. He studied and trained in this approach at the University of Chicago from 1960-1962.

APPENDIX D

Informed Student Consent

You are being asked to do a videotaped interview with a person who will talk with you about a specific counseling problem. You are to respond as facilitatively as possible to the client. This interview will last approximately twenty minutes. The videotape in this interview will be used for ongoing training and teaching purposes in the Rehabilitation Counseling Department, and to provide you with feedback on the level of your counseling performance.

The videotape is also scheduled to be used in the Rehabilitation Counseling Department for a special study of counseling which includes the assessment of level of empathy.

The results of this study are confidential, and will not be reflected in your grades in any way. Additionally, you will be free to withdraw from this study at any time.

Student \_\_\_\_\_

Researcher \_\_\_\_\_

Date \_\_\_\_\_

APPENDIX E

A Schematic Presentation of a Scale for the Measurement  
of Accurate Empathy

Level of Client Feelings Perceived and Reflected by the Therapist	Degrees of Therapist Accuracy in the Perceptions of Client Feelings at the Stages of the Accurate Empathy Scale			
	Stage 1	Stage 2	Stage 3	Stage 4
Present obvious feelings	Ignores	Understands poorly	Often Inaccurate	Usually Accurate
Veiled feelings		Ignores	Senses but understands poorly	Accuracy very low but try- ing
Preconscious feelings				

## APPENDIX E (extended)

Stage 5	Stage 6	Stage 7	Stage 8	Stage 9
Accurate	Accurate	Accurate	Accurate	Unhesitating flawless accuracy
Sensitive but somewhat inaccurate tentative interpretation	Accurate toward content but not intensity	Accurate	Accurate	
	Ignores	A precise "pointing toward"	Sensitive trial-and- error exploration	

## APPENDIX F

### Instructions to Raters of Accurate Empathy

You are asked to listen to the following tape for the rating or measurement of counselor level of accurate empathy.

On this tape ten segments taken from counseling or psychotherapy interviews are presented. Please rate counselor level of accurate empathy for each segment using the Truax "Tentative Scale for the Measurement of Accurate Empathy."

A voice giving the segment number introduces each segment. There are a total of ten segments. Each segment is approximately three minutes long.

On the score sheet provided to you, enter your score for each segment. You may use a decimal point in scoring.

It is important not to discuss the segments or your ratings with any of the other raters. Also, please do not discuss with any other raters the nature of the segments, the nature of this tape, or the conditions under which you are making your ratings.

APPENDIX G

Therapists' Mean Ratings of the Drama Students' Performances

SEGMENT #1 Nonthreatening Topic (NTT)-Nonthreatening Affect (NTA)

TOPIC AREA:

NONTHREATENING X ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_ ; X ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ THREATENING

SEGMENT #2 NTT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_ ; X ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_ ; X ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ THREATENING

SEGMENT #3 NTT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_ ; X ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ THREATENING

AFFECT:

NONTHREATENING X ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ THREATENING

SEGMENT #4 NTT - NTA

TOPIC AREA:

NONTHREATENING X ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ ; \_\_\_ THREATENING

AFFECT:

NONTHREATENING x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING  
 SEGMENT #5 NTT-NTA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT #6 NTT - Threatening AFFECT (TA)

TOPIC AREA:

NONTHREATENING x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

SEGMENT #7 NTT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

SEGMENT #8 NTT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

SEGMENT #9 NTT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

SEGMENT #10 Threatening Topic (TT) - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT #11 NTT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT #12 TT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

SEGMENT #13 TT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; X; \_\_\_; \_\_\_ THREATENING

SEGMENT #14 NTT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

SEGMENT #15 NTT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

SEGMENT #16 NTT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

SEGMENT #17 TT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

SEGMENT #18 TT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; X; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

SEGMENT #19 NTT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT #20 TT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

Segment #21 TT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

SEGMENT 22 TT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

SEGMENT #23 NTT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

SEGMENT #24 NTT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT #25 TT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT #26 TT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT #27 TT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT # 28 TT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x THREATENING

SEGMENT #29 TT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

SEGMENT #30 NTT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT #31 TT -NTA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT #32 NTT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT # 33 NTT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

SEGMENT #34 TT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; X; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x THREATENING

SEGMENT #35NTT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_THREATENING

SEGMENT #36 NTT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_THREATENING

AFFECT:

NONTHREATENING x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_THREATENING

SEGMENT #37 TT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_THREATENING

AFFECT:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_THREATENING

SEGMENT #38 TT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_THREATENING

SEGMENT #39 NTT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_THREATENING

AFFECT:

NONTHREATENING x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT #40 TT - NTA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

SEGMENT #41 TT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

SEGMENT #42 NTT - TA

TOPIC AREA:

NONTHREATENING \_\_\_; x; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; x; \_\_\_; \_\_\_ THREATENING

SEGMENT #--

TOPIC AREA:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

AFFECT:

NONTHREATENING \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_; \_\_\_ THREATENING

## BIOGRAPHICAL SKETCH

Roger Conant Cawley was born September 19, 1947 in Waltham, Massachusetts, the son of Arnold Welles Catlin Cawley and Sarah Elizabeth Cawley. He was graduated from Hall High School in West Hartford, Connecticut in June, 1966. He entered the U. S. Army in April, 1967, and served until January, 1969. Subsequently, he attended Boston University, and was graduated in January, 1972. He was awarded a Bachelor of Arts degree with a major in sociology.

In June, 1972, Mr. Cawley entered graduate school at Boston University. He was graduated in May, 1973, with a Masters degree in education with a major in Rehabilitation Counseling. In September, 1973, he again attended graduate school at Boston University and was graduated in May, 1974, with a Certificate of Advanced Graduate Study in Rehabilitation Counseling.

Throughout these graduate school programs, Mr. Cawley was employed in several social service capacities. Specifically, from January, 1972 through September, 1972, he worked with alcoholic patients as an attendant nurse at the Washingtonian Center for the Addictions in Jamaica Plains, Massachusetts. From September, 1972 to June, 1973, he was employed as a milieu therapist at Human Resources Institute in Brookline, Massachusetts. Additionally, he worked as

a treatment coordinator at the Harry Solomon Mental Health Center from June, 1973 to May, 1974.

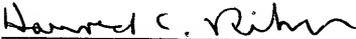
In September, 1974, Mr. Cawley began graduate studies in Counselor Education at the University of Florida. He completed his doctoral internship in August, 1975, as a treatment coordinator on Ward 2D at the Veterans Administration Hospital in Gainesville, Florida.

From September, 1975 to July, 1976, Mr. Cawley has been the coordinator of the Epilepsy Services Program for Region III in the State of Florida.

He was elected to Kappa Delta Pi Honor Society in Education in 1975. He is a member of the National Rehabilitation Counseling Association and the National Rehabilitation Association.

Mr. Cawley was married to the former Doreen Jean Moody on September 6, 1975, in Henniker, New Hampshire.

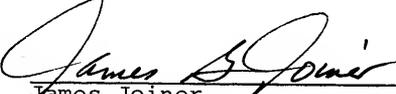
I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

  
\_\_\_\_\_  
Harold C. Riker, Chairman  
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

  
\_\_\_\_\_  
Larry C. Loesch  
Assistant Professor of Counselor  
Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

  
\_\_\_\_\_  
James Joiner  
Assistant Professor of Rehabili-  
tation Counseling

This dissertation was submitted to the Graduate Faculty of the College of Education and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

August, 1976

  
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Dean, College of Education

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Dean, Graduate School