

EMPATHY AND EXPERIENCING

by

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## ABSTRACT

This study examined the effectiveness of teaching empathy and experiencing skills to paraprofessional counsellors. The communication workshop consisted of twelve four-hour sessions of didactic-experiential training, plus taped homework dyads. Participants included welfare recipients, middle income community volunteers, and front-line helping professionals.

Communication workshop sessions included didactic and experiential material, feedback, and discrimination training using the Bierman revisions of Gendlin's Experiencing Scale and Carkhuff's Empathy Scale.

Participants used systematic desensitization and body relaxation techniques before focusing on a personal problem. Participants were taught experiencing first, then empathy, authenticity, and respect.

Communication workshop leaders had 12 months of didactic-experiential training and could model 3.0 and 4.5 levels of empathy and experiencing, respectively.

Nineteen own-control subjects waited three months before being trained with 207 experimental subjects. Twenty-seven communication workshops were led by seven staff of Human Service Community, a primary-prevention community mental health programme, and seven second generation community leaders.

Participants completed taped counselling dyads with

partners with different counselling experience after an orientation session, and again with the same partner after the communication workshop. Each took turns in the role of therapist and client.

Pre- and post-training tapes were excerpted at the one-thirds and two-thirds points. The two-minute excerpts contained a client-therapist-client-therapist-client sequence of responses. The excerpts were randomized and rated independently by the workshop leader and an outside, trained judge who could model high levels of communication skills.

The training substantially increased participants' empathy and experiencing skills, and accounted for 98% of the variance. A communication workshop effect accounted for very little variance. There were no effects due to the particular leader who provided the training or due to differences in counselling experience before or after training. Second generation leaders were just as effective as staff leaders. The control period data showed empathy and experiencing scores to be stable over time. Empathy and experiencing scores correlated substantially. This supports the position that empathy involves an experiential response which reflects the meaning of a client's experiencing, rather than a reflection of content and cognitive analysis.

## QUOTATIONS

"Science exists only in people. Each scientific project has its creative inception, its process, and its tentative conclusion in a person or persons.... The utilization of science occurs only through people who are in pursuit of values which have meaning for them."

-Carl Rogers

"[I trust] the totality of my experience, which I have learned to suspect is wiser than my intellect."

-Carl Rogers

"In order that there may be a community, there must be conscious and purposive sharing."

-Ernest Barker

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## I. Introduction

This thesis assesses the training program of Human Service Community, a primary prevention mental health centre in Guelph, Ontario. Rather than receiving direct counselling, participants were trained in the expression of feelings (experiencing), and the expression of understanding of another person's feelings (empathy). Learning these skills enabled participants to productively resolve personal problems while counselling each other.

Experiencing and empathy are two constructs that have evolved from Carl Roger's (1951, 1958, 1959a, 1959b, 1959c, 1961) theory of person-centred therapy and Eugene Gendlin's (1962, 1964, 1969, 1978) theory of experiential therapy. Roger's and Gendlin's orientations to psychotherapy draw heavily on the work of phenomenological theorists like Buber (1948), Kierkegaard (1974), Maslow (1954, 1968), and Rank (1950). Elements of the work of other phenomenologists can also be seen, including Allen (1942), Binswanger (1962), Boss (1958, 1963), Bugental (1963), Dilthey (1961), Frankl (1965), Heidigger (1967), Husserl (1950), Laing (1967), May, Angell, and Ellenberger (1958), Merleau-Ponty (1962), and Sartre (1956). In brief, these authors emphasize the existentialist view of the

individual's experience and perceptions of the world.

Experiencing can be defined as the expression of a visceral, non-conscious sensing or awareness which is based on thoughts, perceptions, needs, and emotionally tinged events that are personally meaningful (feelings). Experiencing is based largely on an intuitive sensing of unconsciously perceived phenomena. Rogers argued that this unconscious aspect is based on a unique capacity that humans have to value that which is seen as actualizing and negatively value that which is not seen as actualizing. Non-conscious aspects of experiencing can be a credible addition to conscious thought. In person-centred therapy, clients are seen as best able to actualize their own potential. The therapist's role is to create a relationship in which the therapist experiences and communicates authenticity, caring, and sensitive understanding. Rogers argued that these three conditions, which he labelled congruence, unconditional positive regard, and empathic understanding, were the necessary and sufficient conditions for therapeutic change to occur (Rogers, 1959a, 1959c). That is, these three conditions create a psychological climate which "makes possible the release of the individuals' capacity for understanding and managing his life" (Rogers, 1977, p. 9).

Rogers and Truax (in Rogers, 1967) defined empathy as 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. Empathy is based on a participation in or vicarious experiencing of the other's feelings. Rather than resorting to deep interpretations, the person-centred therapist remains attuned to the client's verbal and non-verbal messages. The therapist reflects his understanding of the perceived meaning of what the client has said. Disagreement by the client is seen as a flaw in the therapist's understanding rather than as a form of resistance.

Congruence is the quality of being authentic or genuine. The therapist, rather than playing a role, tries to be himself in the relationship with the client. The therapist allows himself to experience the client's feelings, as well as his own internal responses to those feelings. Unconditional positive regard involves a respectful, non-possessive acceptance of the client's individuality. The therapist trusts that the client has within himself the necessary resources for actualization. The concepts of congruence and unconditional positive regard are closely related to the concept of empathic understanding (Rogers, 1959a), and thus were not the primary focus of this study.

Person-centred therapy is process-oriented. Even before the invention of the tape-recorder, Rogers began collecting verbatim transcripts of therapy sessions by making phonographic recordings (Rogers, 1942). He pioneered the use of tape recordings and videotapes as data that could be empirically

researched and subjected to statistical analysis. Rogers (1958) studied recordings of numerous person-centred therapy clients who had been judged successful by multiple criteria. He devised a scale to quantify consistent patterns of change he noted in these cases. This scale was revised by Klein, Mathieu, Gendlin, and Kiesler (1969), and again by Bierman (1971). Table 1 gives an overview of the Bierman (1971) Experiencing Scale followed by an example.

Other colleagues of Rogers devised scales to measure the necessary and sufficient therapist conditions. Truax and Carkhuff (1967) devised an Empathy Scale, and it was revised by Carkhuff (1969a), and again by Bierman (1971). Table 2 gives an outline and example of the scale.

### Experiencing

For the purposes of this paper, the term experiencing will be used to refer to both an awareness of inner feelings and the expression of those feelings. Ratings of experiencing using the Bierman (1971) Experiencing Scale are based on what the person actually expresses, both the content and the non-verbal cues, such as voice tone, tempo, steadiness, and volume. For example, a person who states feelings of blankness and emptiness in a monotone voice would probably receive a higher rating than someone who states that he is angry in a monotone voice. In the



Table 1

Outline of Bierman Experiencing Scale

Level	Description	Example
1	Shows nothing private.	People in this town are very cold.
2	Describes own activities.	<u>I</u> was transferred here six months ago when I got my promotion. There was so much to be done that I hardly had any time to myself.
3	Tells reactions to situations (past feelings).	Once my excitement over the promotion wore off, <u>I was lonely</u> out here. I felt sad about being away from my old friends.
4	Shows what self is like inside (present feelings).	<u>I feel</u> so discouraged and trapped by my responsibilities at work and the emptiness in the rest of my life. I feel alone with the burden of all that.
5	Searches inwardly to clarify an issue.	I have this <u>vague</u> feeling of resentment, but it's really my own doing. It was my choice to come out here. I chose to take on all that work rather than delegate it to others. I'm <u>struggling</u> to understand why I load myself up with work when I'm lonely and want to be out meeting others.
6	Resolves personal issues.	<u>That's it!</u> Whenever I feel alone I bury myself in my work so I won't have to feel afraid of being alone. I can see how I've avoided my scares, and neglected the real issue of making more friends.

Table 1 (continued)

Outline of Bierman Experiencing Scale

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Level	Description	Example
7	Buoyantly realises implications for action.	I'm excited about discovering this. I don't have to block my fears out. I can breathe easier now. I'll start spending lunch hours with my co-workers instead of working through lunch-time. I'm going to get involved in activities where I can meet other people. I feel more confident about doing something now that I've acknowledged my scares, even though I know I'll feel awkward at first. Facing my fears can free me up to take action in other areas of my life too.

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Table 2

Outline of Bierman Empathy Scale

Level	Description	Example
		(Responses to the level 3 experiencing in Table 1)
1	Imposes own ideas and feelings.	Why do you always complain about that? Let's go have a drink and forget about it.
2	Understands ideas but not feelings.	It's too bad you don't have any friends in this town.
3	Understands expressed feelings.	You're depressed and disheartened. You feel tied down by your work, and unable to break out of your loneliness.
4	Understands deeper unexpressed feelings.	You're overwhelmed by your work and discouraged about being able to make friends. I also sense some annoyance with yourself, almost as if you've been preoccupying yourself with your work as a way of avoiding feeling your loneliness.
5	Understands very deeply deeply (with dramatic intuitive insights).	A picture just flashed through my mind of you at your desk, hidden behind mounds of paper, unable to see the people walking by who are looking in your direction. You stop yourself from feeling your fears of being alone and not being valued by others. But this also stops you from reaching out to others and resolving your feelings of loneliness.

latter case, the content is not consistent with the non-verbal cues. This person may be describing themselves rather than actually experiencing the feeling in the moment.

There is a great deal of evidence which relates experiencing to independent outcome measures of constructive changes in functioning such as therapist ratings (Blau, 1953; Braaten, 1961; Rogers, 1967; Seeman, 1949; Tomlinson and Hart, 1962; Truax, Tomlinson, and van der Veen, 1961; van der Veen and Stoler, 1965), the Rorschach (van der Veen, 1967), the Thematic Apperception Test (Braaten, 1961; van der Veen, 1967), the MMPI (Truax and Carkhuff, 1965; van der Veen, 1967; van der Veen and Stoler, 1965), and a self-concept Q-sort (Braaten, 1961; Tomlinson and Hart, 1962; van der Veen, 1967). Moreover, in most of these studies the clients' levels of experiencing did not rise over the course of therapy. Indications were that the initial levels of self-experiencing might be predictive of success or failure. Thus, teaching experiencing to people could help speed up the therapeutic process.

Gendlin, Jenny, and Schlein (1960) stated that the construct of experiencing was a useful research tool as it was sensitive to changes in client involvement, and sensitive to the effects of different modes of therapeutic intervention. The scale can be used by trained non-professionals as it is based on the verbal expression of feelings rather than complex inferences.

## Empathy

Person-centred therapy was not the only orientation that viewed empathy as an essential therapist quality. Psychoanalytic (Arlow, 1979; Basch, 1980), rational-emotive (Ellis, 1979), and behavior therapists (Lazarus, 1971) all concurred with this view. Basch (1980) argues that "it is usually the person who is empathic, and who values understanding and being understood above everything else, who chooses to become a psychotherapist" (p. 32).

Studies have shown that the expression of helpful levels of empathy is a precondition to positive therapeutic change (Barrett-Lennard, 1962; Bergin, 1963, 1966; Betz, 1963; Bierman, 1969; Carkhuff and Berenson, 1967; Carkhuff and Truax, 1966; Cartwright and Lerner, 1963; Demos, 1964; Matarazzo, 1965; Pagell, Carkhuff, and Berenson, 1967; Patterson, 1966; Rogers, 1957, 1962, 1967; Strupp and Bergin, 1969; Strupp, Wallach, Wogan, and Jenkins, 1963; Tomlinson and Hart, 1962; Truax, 1961a, 1961b, 1963, 1966; Truax and Carkhuff, 1964a, 1964b, 1967; Truax, Carkhuff, and Codman, 1965; Truax, Wargo, and Silber, 1966; van der Veen, 1967). These studies included both group and individual psychotherapy of such diverse client populations as hospitalized schizophrenics, psychiatric outpatients, juvenile delinquents, and college students.

Therapists expressing low levels of empathy have negatively affected the outcome of their clients (Bergin, 1963, 1966; Carkhuff and Berenson, 1967; Matarazzo, 1965; Strupp and Bergin, 1969; Truax, 1961b, 1963; Truax and Carkhuff, 1964a, 1964b, 1967). These studies included therapists that did not have a person-centred orientation as well as those that did.

A number of studies have investigated the validity of empathy as a measured construct. Gormally and Hill (1974) found that accurate empathy ratings correlated highly with ratings of therapist regard, genuineness, concreteness, and self-disclosure. Shapiro (1968) reported that empathy ratings correlated .67 with lay people's conception of what constituted understanding versus non-understanding. Many studies support the idea that the level of expressed therapist empathy is related to the client's ability to experience while in the therapeutic session (Anderson, 1969; Anthony, 1971; Barrett-Lennard, 1962; Beutler, Johnson, Neville, Workman, and Elkins, 1973; Braaten, 1961; Cannon and Pierce, 1968; Carkhuff and Berenson, 1967; Holder, Carkhuff, and Berenson, 1967; Piaget, Berenson, and Carkhuff, 1967; Rogers, 1967; and Tomlinson and Hart, 1962). Thus, while low levels of empathy detract from a person's self-experiencing, high levels of empathy seem to invite and encourage experiencing.

Others who are more critical argue that empathy is a construct for measuring a general therapist communication style

(Chinsky and Rappaport, 1970; Rappaport and Chinsky, 1972). In a factor analytic study of the Truax Empathy Scale, Wenegrat (1974) found that empathy ratings loaded heavily (.70) on one factor, the tendency of the therapist to make specific assertive statements about the client's emotions. She also found that questioning correlated negatively with accurate empathy ratings. Rennie, Burke, and Toukmanian (1978) gave evidence that empathy raters gave attention to and judged communication style more than empathy as it is conceptually defined. An alternative viewpoint is that therapists who are high on empathic expression are also high on other dimensions of helping (Gormally and Hill, 1974). In any case, gains on the Empathy Scale are of practical significance, regardless of whether the scale just reflects empathy or also the other helping dimensions. The Bierman (1971) Empathy Scale was based on earlier versions (Carkhuff, 1969a; Truax and Carkhuff, 1967) which were validated in extensive process and outcome reviews (Carkhuff, 1971; Carkhuff and Berenson, 1967; Truax and Carkhuff, 1967).

### Human Service Community

While Roger's constructs of experiencing and empathy are an important part of Human Service Community's program, Caplan's (1961, 1964) ideas about primary prevention and Maslow's (1954, 1968, 1971) ideas about a hierarchy of psychological needs also

figured prominently in the theory used by Human Service Community.

Public health care can be conceptualized as having three levels (Bindman and Spiegel, 1969; Caplan, 1961, 1964; Sobey, 1970). The third level involves custodial care for the chronically ill. At the second level, diagnosis and treatment is provided for the disabled. Primary level services are geared to reducing the risk for illness by reducing harmful environmental factors and enhancing helpful conditions. These same three levels can be delineated in mental health care. Primary prevention involves lowering the rate of emotional disorder in the population by reducing the community's risk for illness.

Maslow (1954, 1968, 1971) proposed a hierarchy of psychological needs: the basic need for safety and feeling unthreatened; the need for love and respect from others as well as a feeling of belonging; the need for self-esteem and self-realization; and a meta-level need for transcendence of identity through commitment to higher community values which instill meaning and purpose in living. These needs are seen as step-wise. A person moves on to satisfy higher level needs only after satisfying lower-level ones. Upward movement along this continuum of need satisfaction can be viewed as protection against pathology. Thus, Maslow's hierarchy of needs gives us a framework for organizing the goals of a preventive mental health program.



Human Service Community reflected the theories of Caplan and Maslow in the sense that it was a community-based primary prevention mental health program which aimed to fulfill the psychological needs delineated by Maslow. An educational training program was used to develop paraprofessional helping resources. Rather than receiving direct counselling, participants were trained to express higher levels of experiencing and empathic understanding. Participants could then counsel each other. In addition to fulfilling people's socio-emotional needs, leadership skills were developed. Participants could continue on in training to lead communication workshops. Ultimately, a mutual helping network developed in the community.

Human Service Community was funded by a three year demonstration program grant from National Health and Welfare, the Ontario Ministry of Community and Social Services, and the Laidlaw Foundation in 1973. This included the period when the data for this study were collected. From 1973 to 1981, the program operated with local funding and the voluntary efforts of community people who were originally participants in the training program. Human Service Community was based on a resource development model. An educational training program was used to increase the quality and availability of helping skills in the community by giving people the skills to handle the crises in their lives. At the same time, another generation of

helpers developed within the community. Thus, rather than having a group of paid professional counsellors give clients therapy, people were given the skills to be able to engage in peer counselling with each other, as well as the leadership abilities to train others in the skills they acquired. The program was designed to complete the continuum of care by adding a preventive level of service to the maintenance and rehabilitation services already available in the community.

From another perspective, the program could be seen as creating a sense of community by enhancing and building friendship networks. This community was based on a principle of mutual helping. People were given the skills to be able to reach out to one another in times of crisis. The program provided a supportive environment in which people developed friendships. Organizationally, the program modelled these same principles. Decisions were made on a consensus-seeking model. Membership on a nominal board of governors was open to all participants who completed training in helping skills and conflict resolution. Major program decisions were made at community meetings open to all participants. Human Service Community was heirarchically rather than horizantally structured.

Human Service Community offered an educational training program consisting of a variety of workshops in constructive human relations training. Initially, all participants took a communication workshop which developed a foundation of helping

skills with adults which served as the basis for all the other experiential workshops. This introductory workshop dealt with the processes of experiencing, empathic understanding, and the expression of authenticity and respect. Upon completing this workshop, a participant could go on to a variety of other workshops which dealt with working with children, resolving interpersonal conflict, enhancing self-awareness and self-acceptance, and the development of consultation skills and leadership abilities for teaching communication skills to others.

#### The Communication Workshop

Teaching people before therapy as to how to be "good clients" has been demonstrated to enhance outcome effects (Hoehn-Saric, Frank, Imber, Nash, Stone, and Battle, 1964; Nash, Hoehn-Saric, Battle, Stone, Imber, and Frank, 1965; Truax, Carkhuff, and Kodman, 1965). The communication workshop format was created to effectively train people with a variety of backgrounds to experience and empathize at higher levels. This method has been shown to be an efficient way of training psychiatric inpatients (Pierce and Drasgow, 1969), paraprofessional counsellors (Goldstein and Goedhart, 1973), undergraduate students (Berenson, Carkhuff, and Myrus, 1966; Collingwood, 1969; Davison, 1971; Payne and Gralinski, 1968),

graduate students (Carkhuff, Kratochvil, and Friel, 1968; Stern and Bierman, 1973; Wawrykow, 1970), hospital attendants and other lay hospital personnel (Carkhuff and Truax, 1965a, 1965b), nurses (Kratochvil, 1969), and teachers (Aspy, 1969; Berenson, 1971; Bierman, Carkhuff, and Santilli, 1972; Hefele, 1971).

The communication workshop format systematically trained participants in self-experiencing, empathy, constructive authenticity, and respect. The workshop was a synthesis of didactic and experiential learning, modelling, practice, and feedback (Carkhuff, 1971). Both didactic and experiential learning (including practice, feedback, and modelling) had to be present in the training program (Carkhuff, 1971).

The didactic part of the workshop involved discussing the meaning and significance of each of the processes. Rating scales were introduced to give participants accurate, detailed descriptions of each of the processes. These rating scales were a brief, concise way of meta-communicating. That is, the scales gave the participants a more succinct way of talking about how they talked (Bierman and Lumley, 1973).

Four elements of experiential learning were present in the training program. The leader needed to create an open, warm, trusting, and accepting atmosphere in which people felt comfortable trying out the communication processes. Systematic practice of these skills took place in homework dyads. Participants paired off and took turns being the helper for

about half an hour, then switched roles and explored a personal problem with their partner. As well, participants responded in the group to taped client statements, and rated and discussed their responses as a way of learning these skills. Participants also learned how to give and receive feedback from the group and the leader using the rating scales. Giving feedback helped people to learn to discriminate the different levels of the processes. This was a necessary prerequisite to practicing higher levels of functioning. Receiving other people's impressions of one's performance on a taped dyad is a concrete way of learning how to improve one's own functioning. As well, the leader modelled higher levels of experiencing and empathy. Thus, workshop participants had a standard upon which they could pattern their own communication skills.

A number of research studies implied that the effectiveness of the communication workshop approach was based on the presence of all five sources of learning. Davison's (1971) study had one leader who communicated facilitative levels of genuine empathy, and one who didn't. Each led a group based on an experiential approach, a didactic approach, an intensive experiential group using self-and-other awareness exercises, and a communication workshop. As well, there was a waiting list control group. No method was effective for the leader who did not communicate facilitative levels of empathy. For the facilitative leader, the communication workshop approach was the most effective way of

developing empathic communication. Robinson (1972) used a communication workshop approach, but omitted feedback. His groups did not make gains on the experiencing dimension. Uhlemann, Lee, and Stone (1976) found that a didactic approach plus modelling was more effective than just modelling or just detailed instructions. Discrimination training alone did not increase communication skills (Carkhuff, Collingwood, and Renz, 1969). Toukmanian and Rennie (1975) compared micro-counselling training, which uses videotapes and emphasizes practice and feedback, with an approach advocated by Carkhuff, which used audiotapes and emphasized discrimination training. They found that the micro-counselling subjects made significantly greater gains in developing empathic communication. Leonidas (1974) used a correspondence course design where people submitted tapes by mail for feedback. There was no experiential group contact, and only minimal modelling by the leader. He found that when only the didactic, practice, and feedback components were present, increases in the levels of empathic communication were not as large as those found in communication workshops.

### Purpose

One aspect of this study examined whether people with different backgrounds of counselling experience would do equally well in learning communication skills. Participants in the Human

Service Community programme came from three distinct groupings. A group of helping professionals was comprised of people whose work involved counselling people in some capacity. This group included psychologists, doctors, nurses, counsellors, teachers, principals, community organizers, Big Brothers staff, YM-YWCA personnel, ministers, social workers, guidance counsellors, and lawyers. A second group of middle-income volunteers was composed of people who were interested in personal growth and counselling, but whose work did not involve them in directly counselling others. These people were either actively involved in the community in some voluntary, helping capacity, or were prepared to make a commitment to do volunteer community service work for a 4 month period after receiving training. This group was composed of home-makers, clerks, secretaries, accountants, engineers, business personnel, students, and researchers, to name a few. A welfare recipients group was comprised of 35 mothers supporting their children on social assistance plus 1 male client of the county welfare department. The mothers received an honorarium to cover expenses they incurred in participating in the communication workshop. The communication workshop was viewed as social service job training for this group. Many of the mothers have since obtained employment as paraprofessional counsellors.

Essentially then, the three groups represented providers of counselling service, volunteer community workers, and recipients

of community service. It was hypothesized that there would be differences due to counselling experience before training. Carkhuff (1969b, 1969c) suggested that level of communication of empathy is a function of experience or training or both. It was thought that the helping professionals would score highest on empathy and experiencing, because of their training and work experience.

It was also hypothesized that there would be no differential training effects due to differences in counselling experience. A critical test of the communication workshop training format was that it would be an effective form of training for people from a variety of different backgrounds.

A third aspect of the study was to look at whether para-professionals could teach communication skills as effectively as staff with more formal training in counselling. All the staff members of Human Service Community had graduate training in counselling. The para-professionals received the communication workshop training, and participated in an additional training experience such as conflict resolution, play therapy with children, or teaching helping skills to an individual. They also co-lead a communication workshop, received supervised consultation, and demonstrated high levels of empathy and experiencing before leading a communication workshop. It was hypothesized that these second generation community leaders would be just as effective workshop leaders as their trainers.



It was expected that they would generate equally high changes in levels of experiencing and empathy as the staff of Human Service Community.

Another area of interest was whether participants' levels of experiencing and empathy were due to the format of the communication workshop or to the charisma of particular workshop leaders. Davison (1971) concluded that the effectiveness of communication workshop training was highly related to leader effectiveness. However, this leader effectiveness was defined in terms of the leader being able to model high levels of empathy and experiencing, and not due to magnetic charm and an appealing nature in the leader which aroused the enthusiasm of the participants. The Method chapter gives a full description of the standards for leadership of groups. Consequently, it was hypothesized that there would be no leader effects. That is, there would be no differences in the changes in experiencing and empathy effected by the different workshop leaders.

The communication workshops offered by Human Service Community were similar to the Truax and Carkhuff (1967) format. The main difference was that participants were first taught relaxation exercises and experiencing. There is a complete description of these procedures in the Method chapter. The rationale was that teaching people to relax would heighten their sensitivity to their own inner experiencing. This in turn would make it easier for them to experience the feelings of another

while they were listening empathically. Thus, the understanding which they communicated would be based more on their experiencing of the person's feelings and less on a verbal following of content. The aim was to make the listening process richer and more authentic by emphasizing that empathy was an experiential process rather than a technique which was only learned didactically. As well, by teaching experiencing first, the practice counselling sessions done as homework each week were more likely to be attempts to gain therapeutic insight into important personal issues. This study was another field trial of the effectiveness of the communication workshop. It was hypothesized that participants would communicate higher levels of experiencing and empathy after training was completed.

Gendlin (1970) argued that empathy involves an experiential response which reflects the meaning of the client's experiential processes. Empathy therefore is an experiencing of the other's feelings. It follows that learning empathic listening skills should be based on initially learning how to experience one's own feelings. Without being founded on one's own experiential processes, attempts to listen empathically tend to become a skill based on the reflection of content and cognitive analysis of what the other is saying about his feelings. The argument that empathy is best taught as an experiential process rather than a technique based on cognitive understanding led to the hypothesis that there was a significant correlation between the

constructs empathy and experiencing.

### Hypotheses

In brief then, the hypotheses are:

1. There are effects due to differences in counselling experience before training.
2. There are no differential training effects due to differences in counselling experience among empathy and experiencing change scores.
3. Community leaders are as effective as staff leaders in increasing participants' levels of empathy and experiencing.
4. There are no leader effects.
5. The communication workshop increases participants' levels of empathy and experiencing.
6. There is a positive correlation between the constructs empathy and experiencing.

## II. Method

### Experiencing Rating Scale

This study used the Bierman (1971) revision of the Experiencing Scale (see Appendix A) developed by Gendlin, Tomlinson, Mathieu, and Klein (1967) and Klein, Mathieu, Gendlin, and Kiesler (1969). See Table 1 for an overview of the scale.

In seven studies with normals, neurotics, and schizophrenics, with four judges employed, Klein et al. (1969) reported a range of .76 to .91 for the means of judges' ratings using the original scale. The average interrelation of all possible pairs of judges' ratings ranged from .44 to .67. Klein et al. (1969) have also shown that the presence or absence of the therapist's voice and the length of the segment rated (from 2 minutes to 16 minutes) do not affect the reliability or the diagnostic discriminatory power of the Experiencing Scale ratings. Stern (1969), Davison (1971), and Wawrykow (1970) also reported adequate interrater reliabilities of .70, .62, and .70 respectively. The interrater reliability of the Bierman (1971) revision of the Experiencing Scale was found to be .86 by both

Kosior (1974) and Davison (1975).

Klein et al. (1969) also reviewed validation studies by Gendlin and Tomlinson (1967), Gendlin, Beebe, Cassens, Klein, and Oberlander (1968), and Gendlin (1969). They concluded that high Experiencing Scale ratings were associated with a number of indices of successful outcome. Lower ratings were related to unsuccessful therapeutic outcome. They also concluded that high levels of therapist empathy elicited higher levels of experiencing. Documentation supporting the validity of the Experiencing Scale has been given in the previous chapter.

#### Empathy Rating Scale

The Bierman (1971) revision of Carkhuff's (1969a) five-point Empathy Scale was used (see Appendix B). Carkhuff (1967) also published an earlier version of his 1969 scale. Inter-rater reliabilities for the Carkhuff (1969a) scale included .73 (Davison, 1971), .83 (Demers, 1971), .72 and .62 (Stern, 1969, 1973), and .72 (Wawrykow, 1970). Inter-rater reliabilities for the Bierman revision included .71 (Davison, 1975), .92 (Leonidas, 1974), and .86 (Toukmanian, Capelle, and Rennie, 1978). Both the Carkhuff (1969a) and the Bierman (1971) scales were designed to be used to assess interpersonal processes in counselling, psychotherapy, education, and a wide variety of other contexts. See Table 2 for an overview of the

scale.

The previous chapter documents evidence from the literature supporting the validity of this scale both in relation to therapeutic outcome and high levels of client self-experiencing.

### Participants

A total of 226 participants were part of the present study. There were 207 people who participated in workshops and 19 others who participated in a three-month control period before taking a workshop. The size of the workshops varied from 5 to 12 participants, with most having 5 to 9 participants. The 7 staff members of Human Service Community led workshops for 158 participants plus an additional 18 participants who completed a control waiting period first. Seven community leaders who had been trained at Human Service Community each led a workshop for a total of 49 participants, plus 1 participant who completed a control waiting period first. Each workshop contained a heterogeneous mix of men (58) and women (168), and a mix of welfare recipients (51), helping professionals (70), and middle income volunteers interested in personal growth and counselling (105).

A breakdown by sex and type of counselling experience of the number of people who (a) completed training, (b) dropped out of training, or (c) dropped out of the control group is shown in Tables 3 to 5 respectively. The figures in these three tables

Table 3

A Breakdown by Sex and Counselling Experience  
of the Number of People Who Completed Training

Counselling experience group	Females	Males	Total
Staff-led groups			
Welfare recipients	35	1	36
Volunteers	46	20	66
Professionals	33	23	56
Total	114	44	158
Community-led groups			
Welfare recipients	8	2	10
Volunteers	20	8	28
Professionals	10	1	11
Total	38	11	49
All experimental participants			
Welfare recipients	43	3	46
Volunteers	66	28	94
Professionals	43	24	67
Total	152	55	207

Table 3 (continued)

A Breakdown by Sex and Counselling Experience  
of the Number of People Who Completed Training

Counselling experience group	Females	Males	Total
Own-control Participants			
Welfare recipients	5	0	5
Volunteers	8	3	11
Professionals	3	0	3
	---	--	---
Total	16	3	19
All participants			
Welfare recipients	48	3	51
Volunteers	74	31	105
Professionals	46	24	70
	---	--	---
Total	168	58	226



Table 4

A Breakdown by Sex and Counselling Experience of the Number of People Who Dropped Out of Training

Counselling experience group	Females	Males	Total
Dropped from staff-led groups			
Welfare recipients	12	1	13
Volunteers	17	4	21
Professionals	7	2	9
	--	--	--
Total	36	7	43
Dropped from community-led groups			
Welfare recipients	5	0	5
Volunteers	11	3	14
Professionals	3	0	3
	--	--	--
Total	19	3	22
Number of Participants Who Dropped From the Experimental Group			
Welfare recipients	17	1	18
Volunteers	28	7	35
Professionals	10	2	12
	--	--	--
Total	55	10	65

Table 5

A Breakdown by Sex and Counselling Experience  
of the Number of People Who  
Dropped Out of the Control Group

Counselling experience group	Females	Males	Total
Number of own-control participants who dropped out during the control period			
Welfare recipients	0	0	0
Volunteers	9	1	10
Professionals	1	0	1
	--	--	--
Total	10	1	11
Number of own-control participants who dropped out during the experimental period			
Welfare recipients	3	0	3
Volunteers	3	1	4
Professionals	1	0	1
	--	--	--
Total	7	1	8
Total number of own-control participants who dropped out			
Welfare recipients	3	0	3
Volunteers	12	2	14
Professionals	2	0	2
	--	--	--
Total	17	2	19

were used to construct Table 6, which gives a breakdown of the drop-out rate by sex, counselling experience, and type of group leadership.

Only 35% as many males as females completed training. Perhaps this reflected a gender role difference, that men were more emotionally controlling and hence less likely to participate in a counsellor training program. In part this difference also reflected Human Service Community's special efforts to recruit economically disadvantaged single-parent mothers. All but three of the welfare recipients were female. Interestingly, the drop-out rate for males was almost half what it was for females.

Of those completing training, 46% were volunteers, 31% were professionals, and 23% were welfare recipients. The drop-out rate for professionals was almost half the rate for volunteers and welfare recipients. Perhaps the professionals were more fully committed to the program as it not only affected them personally but also increased their job functioning. The drop-out rate was substantially higher for community-led groups than it was for staff-led groups. Conceivably this reflects differences in the two groups of leaders. Staff members may have been more skilled at allaying participants' concerns and encouraging them to take part in the group.

Table 6

A Breakdown of the Drop-out Rates by Sex for  
Counselling Experience Groups, Experimental  
Participants, and Own-Control Participants

Group	Females (%)	Males (%)	Total (%)
Total	30.0	17.1	27.1
Counselling experience group			
Welfare recipients	29.4	25.0	29.2
Volunteers	35.1	22.5	31.8
Professionals	20.7	7.7	16.7
Experimental participants			
Staff-led groups	24.0	13.7	21.4
Community-led groups	33.3	21.4	31.0
Own-control participants			
Control period	30.3	20.0	28.9
Experimental period	21.2	20.0	21.1

## Procedure

### Orientation Session

The study took place between January 1973 and April, 1976. Before beginning training, participants attended a four-hour orientation session which gave them a basis for deciding whether they could commit to completing the 12-session workshop. In the orientation session, the processes of empathy and experiencing were briefly introduced, and taped therapeutic interactions were heard. People participated in a relaxation exercise and in an experiential session where they attempted to share a meaningful personal issue with the group. The communication workshop and the assessment procedure were described and questions about the Human Service Community programme were answered.

### Assignment to Community-Led, Staff-Led, and Control Groups

Groups led by community people were formed as trained leaders became available. When both community and staff-led groups were available at the same time, participants were randomly assigned to the group meeting at the most convenient time for them. Table 7 gives a time breakdown of the numbers of participants in the community-led and staff-led groups. Table 8 gives a time breakdown of the number of participants in the

Table 7

Number of Experimental Participants in Community-Led  
and Staff-Led Groups

Time period	Signed up for but did not complete pre-assessment session	Completed pre-assessment but did not complete training	Number of people who completed staff-led groups	Number of people who completed community-led groups
1/73 - 4/73	0	7	32	
5/73 - 8/73	0	0	12	
9/73 - 12/73	0	3	5	
1/74 - 4/74	3	8	39	
5/74 - 8/74	2	13	24	8
9/74 - 12/74	2	18	9	30
1/75 - 4/75	10	9	28	0
after 5/75	5	7	9	11
	--	--	---	--
Total	22	65	158	49

Table 8

## Number of Participants in the Control Group

Time period	Completed pre-assessment but did not complete waiting period	Completed waiting period but did not complete training	Number of own-control participants completing training
9/74-12/74	3	2	
1/75-5/75	6	3	13
After 5/75	2	3	6*
Total	11	8	19

\* one of these own-control participants was trained by a community leader; all the other own-control participants were in staff-led groups.

various stages of the control group.

Assignment to the control group was complicated by a concern that the control group be made up of people who were both self-actualized and non-self-actualized. Maslow (1954) defined self-actualization as the fulfillment of a person's potential. That is, self-actualization is the process of becoming everything that a person is capable of becoming. Maslow believed that people had a tendency to strive for psychological growth, to satisfy not only basic physical and safety needs, but also needs for belongingness, love, respect, self-esteem, knowledge and understanding, and transcendence of self.

Inner-directedness is a related concept (Riesman, Glazer, and Denny, 1950). A person with this quality obeys an inner source of motivation and direction which is based on a small number of principles. They rely more on self-support, their ability to experience themselves and life, and their own self-expressiveness. In contrast, the other-directed person relies on the rules, views, social pressures, and expectations of peer groups or of society as a source of direction.

The Personal Orientation Inventory is a measure of self-actualization and inner-directedness developed by Shostrom (1966). All participants who completed the orientation session and indicated their willingness to participate in the training period completed the Personal Orientation Inventory. Scores on the inner directedness scale of the Personal Orientation



Inventory were used to obtain a measure of each participant's level of functioning. There was some concern that participants at lower levels of functioning would drop out and seek other services if asked to wait. To ensure that the control group contained adequate numbers of other-directed people, half the own-control participants were randomly selected from people scoring below the mean (75.8) inner-directedness score of Shostrom's (1966) non-self-actualized sample. The other half were randomly selected from those scoring above 75.8 on the inner-directedness scale of the Personal Orientation Inventory. Because some participants dropped out, 11 of the 19 own-control participants who completed both the waiting and training periods were in the group scoring above 75.8 on the Personal Orientation Inventory. Follow-up interviews with participants who dropped out suggested that those who scored higher on the inner-directedness scale of the Personal Orientation Inventory were more likely to wait and take the workshop. People who were not functioning adequately tended to drop out more often as they wanted immediate assistance and resented having to wait to take the workshop.

#### Standards for Leadership of Groups

Davison (1971) concluded that effectiveness in communication workshop training is highly related to leader effectiveness. Consequently, stringent leadership standards were

set. The requirements were:

1. Empathy and experiencing levels of 2.5 and 3.5 on the Empathy Scale and the Experiencing Scale respectively. Two randomly chosen excerpts were taken from tapes recorded at the completion of their initial training workshop.
2. Demonstrated high level skills in a second workshop in play therapy, conflict resolution, or one-to-one helping skills.
3. Co-leadership experience with a staff leader, including assessment and information sharing responsibilities.
4. Demonstrated high empathy and experiencing skills (3.0 and 4.5 ratings respectively) on two randomly chosen excerpts of a helping interview obtained at the conclusion of the coleadership experience.

#### Pre-Workshop Assessment

The communication workshop met once before the actual training began. Participants were paired into dyads with a partner with different amounts of counselling experience. They spent at least 30 minutes in the role of helper and another 30 minutes as a helpee. (See Appendix C - Instructions for Setting Up the Dyad, and Appendix D - Instructions for Dyad.) The dyads were taped. The tapes were later excerpted and rated.

## Communication Workshop Sessions

The communication workshop consisted of 12 weekly 4-hour sessions. In between sessions, participants taped therapeutic dyads with other group members, selected excerpts from these dyads, and brought them to the next session for feedback. There was a didactic and an experiential component to every session. Half of each session was allocated to giving participants feedback on their performance on the tapes. Issues raised on these audio tapes were often used in dyads or in consultations between the leader and participants.

The other half of each session was devoted to teaching conceptual material, and discussions of readings, especially from the training manual (Bierman, 1971). As well, the training included experiential exercises designed to heighten participant's skills levels and awarenesses. There was some initial discrimination training as the four concepts of experiencing, empathy, authenticity (or genuineness), and respect (or unconditional positive regard) were introduced. Most of the participants' discrimination training came in the feedback half of the sessions, where they gave feedback using the scales as well as verbal feedback.

Wolpe's (1958, 1973) systematic desensitization techniques were used to teach relaxation. These techniques rely on imagined relaxing situations and body relaxation techniques (Samuels and Bennett, 1973) to enable the person to attain a feeling of

calmness and well-being. This was used as a starting point for focusing (Gendlin, 1978) participants on their experientially felt sense of a problem. Experiencing was then taught in conjunction with readings, discrimination training, and experiential group listening exercises which used focusing techniques described by Gendlin (1969), Masters and Houston (1972), and Stevens (1971). Experiencing was taught in sessions one to four.

Empathy was taught in sessions five to eight in conjunction with readings, discrimination training, and experiential group listening exercises which used focusing techniques (Davison, 1975). The communication workshop placed more importance on learning empathy than on learning the other two necessary and sufficient therapist conditions, authenticity and respect. Participants spent less time learning these related constructs, as they generally exhibited high levels of these constructs after learning to empathize. Analysis of authenticity and respect scores was not included in the study. Authenticity was taught in sessions nine and ten. Homework dyads were videotaped for these sessions and special attention was paid to non-verbal cues given by both helper and helpee. Respect was taught in sessions 11 and 12. In session 12, participants practiced actively communicating respect by saying the strengths they saw in each other.

## Post-Workshop Assessment

Participants taped posttraining dyads with their pretraining dyad partner. When one participant dropped out, the other completed a posttraining dyad with another participant in their communication workshop.

## Tape Excerpting and Rating

Klein et al. (1969) advised that at least two time periods in the therapy session be sampled, excluding the beginning and end points, which are not representative. They also recommended that sampling be proportionate to the length of the helping interview. This study followed their guidelines and used samples taken at the one-third and two-thirds points from each of the pre- and post-training taped dyads.

Tape excerpting was done by someone other than the raters. Each excerpt was at least two minutes long and was to contain at least a client-therapist-client-therapist-client sequence of responses. The tape editor made a judgement that each response contained enough material for a representative rating. Because there were over 470 pre- and post-training interviews in the study, the samples of empathy and experiencing were expected to give a representative overall picture of the helpers' and helpees' responses. Excerpts were randomly recorded on another tape that was used by the raters.

The randomized pre- and post-training tape excerpts were

rated independently by the workshop leader and an outside, well-trained judge, both of whom were able to communicate high levels of empathy. Cannon and Carkhuff (1969) deemed this to be an important factor in accurate rating. Leader-outsider discrepancies in excess of 0.5 on the Empathy Scale and 1.0 on the Experiencing Scale were later resolved by discussion between the two raters. The average of the ratings for each of the pre- and post-training tapes, averaged across the two raters, constituted the pre-and post-training data in the study.

The percentage agreement between the two raters for the 942 excerpts was 88% for the Experiencing Scale and 90% for the Empathy Scale. The interrater reliability of the Experiencing and Empathy Scales, after discrepancies were resolved, were  $r(940) = .90, p < .001$ , and  $r(940) = .88, p < .001$ , respectively.

#### Information Sharing

When the posttraining assessment was completed, the leader and coleader wrote a report summarizing the results. The group met for a final session to read and discuss the leader's report.

### III. Results

A level of significance of .01 was adopted for all the statistical tests reported. Test-retest reliability of the scales, using the three-month control period data, was found to be  $r(17) = .57$ ,  $p < .012$  for the Experiencing Scale, and  $r(17) = .71$ ,

$p < .001$  for the Empathy Scale. Thus, the control period data showed that the constructs of experiencing and empathy were stable over time.

The own-control participants initially had lower levels of experiencing and empathy than the experimental participants (see Tables 9 and 11, respectively). Thus, the data for the 207 experimental participants were analysed separately. It should be noted however, that the own-control group did not change their skills level over the control period, but made substantial changes in their skills levels over the experimental period (see Tables 10 and 12 for experiencing and empathy, respectively).

There were four confounding variables which had to be dealt with in the analysis of the experimental participants' data. The counselling experience of the workshop participants was one consideration. There were three distinct groupings: welfare recipients, middle-income volunteers, and helping professionals.

Table 9

Differences Between Experiencing Means for  
19 Own-Control Participants and 207 Experimental Participants

Own-control participants		Experimental participants		$t$ (pooled)	p
Time period	Mean	Time period	Mean		
Precontrol	2.65	Pretraining	2.81	1.03	n.s.
Postcontrol	2.33	Posttraining	4.03	8.55	<.001
Postcontrol	2.33	Pretraining	2.81	3.23	≤.001
Posttraining	3.93	Posttraining	4.03	.51	n.s.

Table 10

Pre-Post Differences Between Experiencing Means  
for 19 Own-Control Participants

Time period	Pre mean	Post mean	$t$ (pooled)	p
Control period	2.65	2.33	1.87	n.s.
Experimental period	2.33	3.93	9.10	<.0001



Table 11

Differences Between Empathy Means for  
19 Own-Control Participants and 207 Experimental Participants

Own-control participants		Experimental participants		t (pooled)	p
Time period	Mean	Time period	Mean		
Precontrol	1.58	Pretraining	1.96	4.33	<.001
Postcontrol	1.61	Posttraining	2.51	12.89	<.001
Postcontrol	1.61	Pretraining	1.96	3.96	<.001
Posttraining	2.36	Posttraining	2.51	2.11	n.s.

Table 12

Pre-Post Differences Between Empathy Means  
for 19 Own-Control Participants

Time period	Pre mean	Post mean	t (pooled)	p
Control period	1.58	1.61	.37	n.s.
Experimental period	1.61	2.36	8.37	<.0001

A second confounding variable was the type of workshop leader. Some of the workshops were led by staff members of Human Service Community, all of whom had graduate training in psychology. Other workshops were led by community leaders who had themselves been taught skills in earlier workshops. Another confounding variable was the particular leader who did the training. Did different leaders effect different amounts of change in experiencing and empathy? The final confounding variable that needed to be dealt with was differences between the workshop groups themselves. Was the amount of change in experiencing and empathy skills consistent across all the communication workshops?

A one-way analysis of variance was used to determine the effects of each of these confounding variables. There were no effects due to differences in counselling experience for either experiencing or empathy (see Tables 13 and 14, respectively; the means and standard deviations are shown in Table 16).

There were no differences between the workshops led by staff of Human Service Community and workshops led by second generation community leaders (see Table 15; means and standard deviations are shown in Table 16). Community leaders were just as effective as staff leaders in increasing participants' levels of experiencing and empathy.

There were no differences between the groups led by the 7 different staff leaders (see Table 17; means and standard

Table 13

One-Way Analysis of Variance of Experiencing  
 Scores for Social Class Differences Between 46 Welfare  
 Recipients, 94 Volunteers, and 67 Professionals

Source	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Pre-experiencing					
Equality of cell means	2	.20	.10	.24	n.s.
Error	204	85.23	.42		
Post-experiencing					
Equality of cell means	2	1.57	.78	1.05	n.s.
Error	204	151.73	.74		
Experiencing change scores					
Equality of cell means	2	.71	.35	.42	n.s.
Error	204	169.63	.83		

Table 14

One-Way Analysis of Variance of Empathy Scores  
for Social Class Differences Between 46 Welfare  
Recipients, 94 Volunteers, and 67 Professionals

Source	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Pre-empathy					
Equality of cell means	2	.03	.02	.11	n.s.
Error	204	29.69	.15		
Post-empathy					
Equality of cell means	2	.22	.11	1.26	n.s.
Error	204	17.45	.09		
Empathy change scores					
Equality of cell means	2	.38	.19	1.22	n.s.
Error	204	31.74	.16		

Table 15

One-Way Analysis of Variance for Differences Between Means  
for Staff-Led Groups ( $n=158$ ) Versus Community-Led Groups ( $n=49$ )

Source	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Pre-experiencing					
Equality of cell means	1	2.31	2.31	5.69	n.s.
Error	205	83.13	.41		
Post-experiencing					
Equality of cell means	1	.14	.14	.18	n.s.
Error	205	153.16	.75		
Pre-empathy					
Equality of cell means	1	.09	.09	.65	n.s.
Error	205	29.63	.14		
Post-empathy					
Equality of cell means	1	.04	.04	.49	n.s.
Error	205	17.62	.09		

Table 16

Means (and Standard Deviations) for Counselling Experience Groups, Type of Group Leadership, and Own-Control Participants

Group	n	Experiencing		Empathy	
		Pre	Post	Pre	Post
Counselling experience group					
Welfare recipients	46	2.79 (.68)	3.92 (.86)	1.97 (.45)	2.45 (.34)
Volunteers	94	2.84 (.60)	4.13 (.91)	1.95 (.35)	2.54 (.28)
Professionals	67	2.78 (.69)	3.98 (.79)	1.97 (.37)	2.51 (.27)
Type of group leadership					
Staff-led groups	158	2.87 (.66)	4.05 (.88)	1.97 (.39)	2.52 (.31)
Community-led groups	49	2.62 (.56)	3.99 (.80)	1.92 (.35)	2.48 (.24)
Own-control participants					
Control period	19	2.65 (.39)	2.33 (.36)	1.58 (.27)	1.61 (.27)
Experimental period	19	2.33 (.36)	3.93 (.77)	1.61 (.27)	2.36 (.29)

deviations are shown in Table 18). Each of the community leaders only led one workshop, so analysis of their leader effects was subsumed in the examination of the effects due to differences in individual communication workshops.

There were differences between the 27 different workshops for both experiencing and empathy (see Table 19; means and standard deviations are in Appendix E). Thus, this was the only variable which gave reliable differences. A two-way analysis of variance (27 groups x pre-to-post) was performed to examine the size of this group effect in relation to the training effect (see Table 20). One way of obtaining a rough judgement of how large the effects were was to express the mean square for each of the effects as a percentage of the total of the mean squares for all the sources of variance. The mean square for the training effect was 98% of the total mean squares for all the sources of variance, for both experiencing and empathy. This was an indication that the overwhelming source of variance in the dependent scores was accounted for by the training effect. This calculation indicated that the effect of the different communication workshops was extremely small by comparison with the training effect.

Another analysis was done to examine the effect due to differences in individual communication workshops because there were large discrepancies in the numbers of individuals in particular communication workshops. The communication workshops

Table 17

One-Way Analysis of Variance for Differences Between Means for Groups Led by Different Staff Leaders ( $n=158$ )

Source	df	SS	MS	F	p
Pre-experiencing					
Equality of cell means	6	2.82	.47	1.09	n.s.
Error	151	65.00	.43		
Post-experiencing					
Equality of cell means	6	12.50	2.08	2.85	n.s.
Error	151	110.25	.73		
Pre-empathy					
Equality of cell means	6	1.35	.23	1.52	n.s.
Error	151	22.41	.15		
Post-empathy					
Equality of cell means	6	1.28	.21	2.36	n.s.
Error	151	13.66	.09		



Table 18

Means (and Standard Deviations) for Groups  
Led by Staff of Human Service Community

Leader	n	Experiencing		Empathy	
		Pre	Post	Pre	Post
1	38	2.83 (.71)	3.93 (.96)	1.99 (.39)	2.45 (.35)
2	19	2.98 (.75)	4.62 (1.16)	2.07 (.39)	2.67 (.33)
3	17	2.80 (.43)	3.61 (.62)	1.85 (.37)	2.46 (.31)
4	29	3.00 (.71)	3.95 (.79)	2.03 (.46)	2.52 (.30)
5	5	3.10 (.98)	3.75 (.89)	1.75 (.57)	2.29 (.38)
6	30	2.91 (.61)	4.29 (.61)	2.05 (.32)	2.62 (.25)
7	20	2.58 (.50)	3.97 (.86)	1.83 (.28)	2.45 (.21)

Table 19

One-Way Analysis of Variance for Differences Between Means  
for 27 Groups Comprising the Experimental Group ( $n=207$ )

Source	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Pre-experiencing					
Equality of cell means	26	16.02	.62	1.60	n.s.
Error	180	69.42	.39		
Post-experiencing					
Equality of cell means	26	35.31	1.36	2.07	.0030
Error	180	117.99	.66		
Pre-empathy					
Equality of cell means	26	6.96	.27	2.12	.0023
Error	180	22.76	.13		
Post-empathy					
Equality of cell means	26	3.45	.13	1.68	n.s.
Error	180	14.22	.08		

Table 20

Two-Way Analysis of Variance: 27 Groups x Training

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Experiencing					
Mean	1	4238.57	4238.57	6337.79	<.0001
Group	26	33.18	1.28	1.91	.0077
Error	180	120.38	.67		
Training	1	137.93	137.93	370.40	<.0001
T x G	26	18.14	.70	1.87	.0094
Error	180	67.03	.37		
Empathy					
Mean	1	1785.77	1785.77	13674.54	<.0001
Group	26	7.82	.30	2.30	.0007
Error	180	23.51	.13		
Training	1	27.19	27.19	363.22	<.0001
T x G	26	2.58	.10	1.33	n.s.
Error	180	13.47	.07		

were clustered into high, medium, and low groups based on the preexperiencing and preempathy scores. This was done so that the number of individuals in the high, medium, and low groups were as equal as possible. A two-way analysis of variance was performed to examine the effects of the training for each of the high, medium, and low groups (see Table 21; means and standard deviations are shown in Table 22). The mean square for the training effect was 94% and 90% of the total of the mean squares for all the sources of variance, for experiencing and empathy, respectively. Again, this was an indication that, even when the high, medium, and low groups were clustered by prescores, the overwhelming source of variance in the dependent scores was accounted for by the training effect. The effect of the different high, medium, and low groups was small by comparison with the training effect.

Before- and after-training scores for the high, medium, and low groups and all the experimental participants are presented graphically in Figures 1 and 2 for experiencing and empathy, respectively.

Before-training skills levels were analysed for 49 of the 65 people who dropped out of the experimental group. Table 23 shows a comparison of the before-training means for the 207 experimental participants and the 49 participants who dropped out. There were no differences for experiencing scores but the participants who dropped out had lower empathy scores.

Table 21

Two-Way Analysis of Variance: High,  
Medium, and Low Groups x Training

<u>Source</u>	<u>df</u>	<u>SS</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Experiencing					
Mean	1	4828.83	4828.83	7120.55	<.0001
Group	2	15.22	7.61	11.22	<.0001
Error	204	138.34	.68		
Training	1	155.02	155.02	377.63	<.0001
T x G	2	1.43	.71	1.74	n.s.
Error	204	83.74	.41		
Empathy					
Mean	1	2074.36	2074.36	16210.04	<.0001
Group	2	5.40	2.70	21.10	<.0001
Error	204	26.11	.13		
Training	1	28.19	28.19	298.48	<.0001
T x G	2	.34	.17	1.79	n.s.
Error	204	19.27	.09		

Table 22

Means (and Standard Deviations) for the 27  
 Experimental Groups Grouped by Pre-Scores  
 Into High, Medium, and Low Groups

Group	Experiencing			Empathy		
	<u>n</u>	Pre	Post	<u>n</u>	Pre	Post
High	72	3.09 (.67)	4.27 (.80)	67	2.16 (.38)	2.61 (.28)
Medium	67	2.79 (.53)	3.90 (.85)	72	1.96 (.33)	2.49 (.30)
Low	68	2.54 (.60)	3.92 (.91)	68	1.81 (.36)	2.40 (.34)

Table 23

Comparison of the Preempathy and Preexperiencing Means for the 207 Experimental Participants and 49 Participants Who Dropped Out

Statistic	Pre-experiencing		Pre-empathy	
	Experimental Participants	Participants who dropped out	Experimental Participants	Participants who dropped out
<u>M</u>	2.81	2.58	1.96	1.66
<u>SD</u>	.64	.50	.38	.36
<u>t</u>	2.38		4.99	
<u>p</u>	n.s.		<.001	

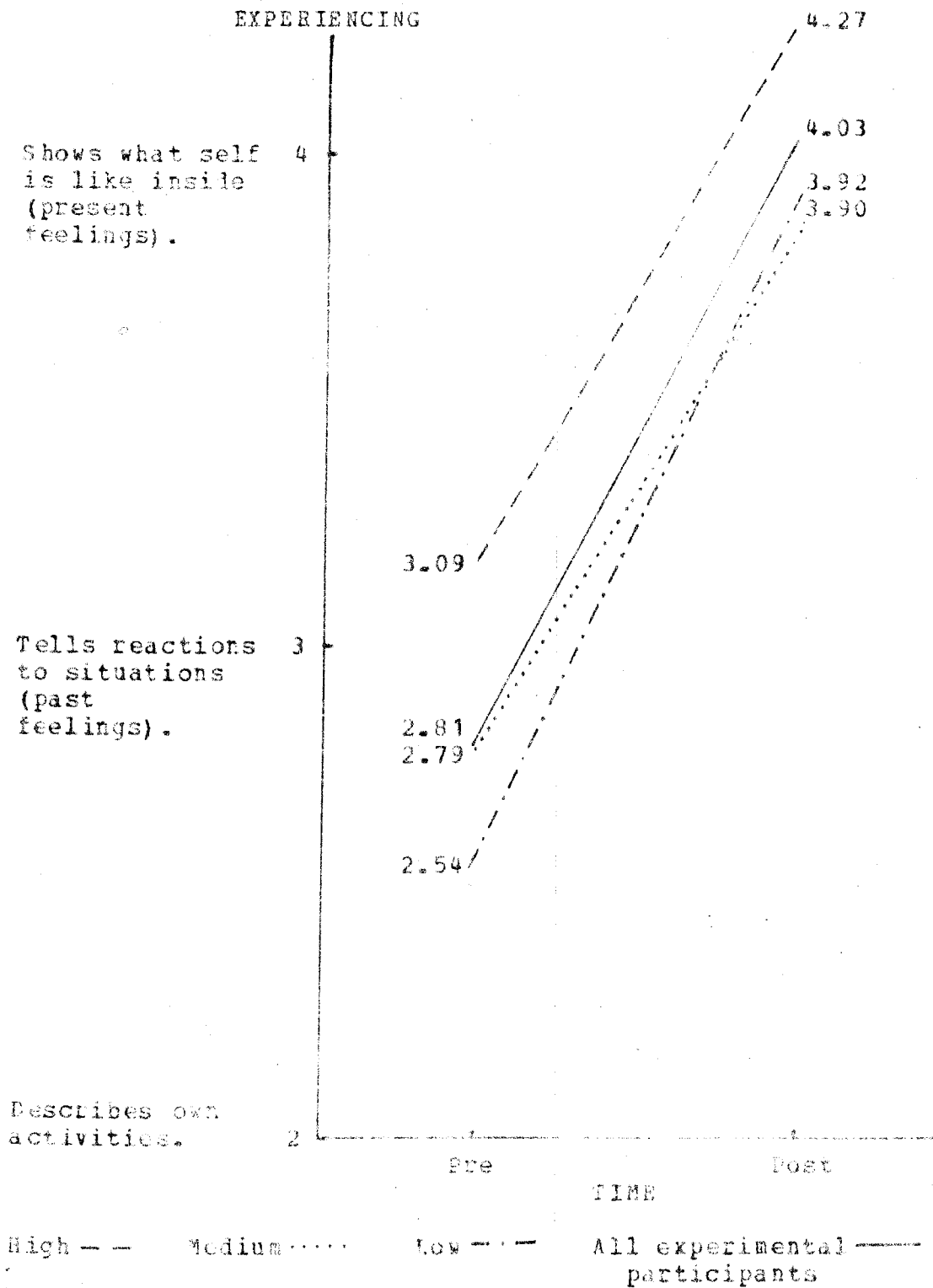


Figure 1. Experiencing scores for 207 experimental participants and high, medium, and low groups.



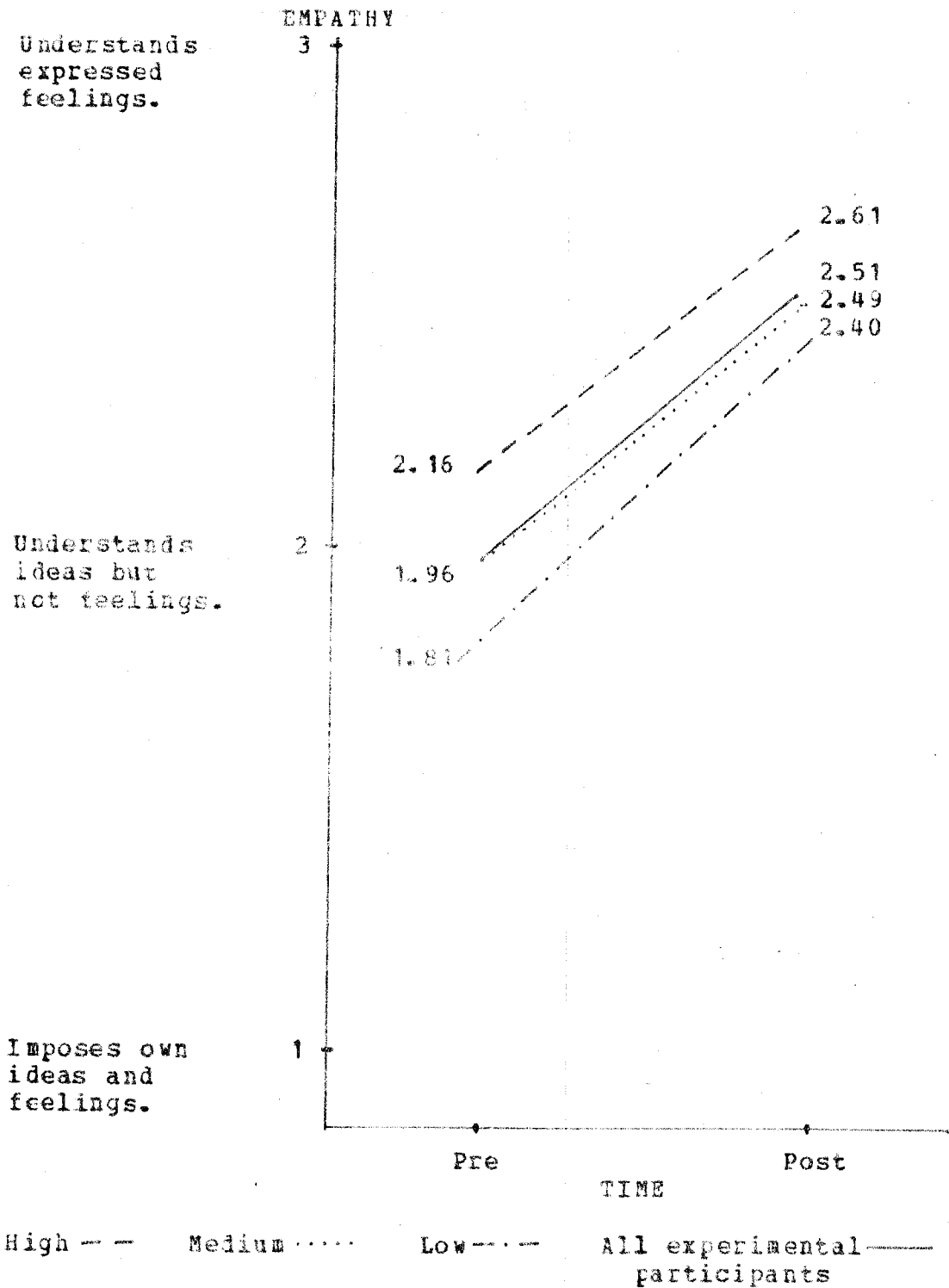


Figure 2. Empathy scores for 207 experimental participants and high, medium, and low groups.

There was a correlation of  $r(205) = .39$ ,  $p < .001$  between the preempathy scores and the preexperiencing scores and a correlation of  $r(205) = .43$ ,  $p < .001$  between the postempathy and postexperiencing scores.

In conclusion then, the communication workshop training had a substantial effect on the levels at which participants experienced themselves and were able to empathize with one another. There were no effects due to counselling experience, or type of workshop leader. There were no leader effects. There was an effect due to differences in individual communication workshops (essentially a nuisance variable), but this accounted for less than 2% of the variance in the empathy and experiencing scores. An over-whelming amount of the variance was accounted for by the training effect. As well, there was a substantial correlation between the constructs of empathy and experiencing.

#### IV. Discussion

The overall results of this study give support to five of the six hypotheses. One of the major findings is that the communication workshop is an effective training format for helping people to make gains in experiencing and empathic responding. These communication workshops are led by high-level functioning leaders who combine didactic and experiential (including modelling, practice, and feedback) components in their training. These results concur with findings in the literature on counsellor training programmes (Aspy, 1969; Berenson, 1971; Berenson, Carkhuff, and Myrus, 1966; Bierman, Carkhuff, and Santilli, 1972; Carkhuff, Kratochvil, and Friel, 1968; Carkhuff and Truax, 1965a, 1965b; Collingwood, 1969; Davison, 1971; Goldstein and Goedhart, 1973; Hefele, 1971; Kratochvil, 1969; Payne and Gralinski, 1968; Pierce and Drasgow, 1969; Stern and Bierman, 1973; Wawrykow, 1970).

The before-training skills levels of the participants in this study are higher than those reported in other studies (Toukmanian and Rennie, 1975; Uhlemann, Lea, and Stone, 1976). Participants in the present study had a four-hour training session before entering the training program. This orientation session is an integral part of the Human Service Community

programme. Participating in the orientation session gives participants a basis for deciding whether or not to commit to participating fully in the communication workshop. This means that the numbers of participants who drop out over the course of the workshop is substantially reduced. This makes the communication workshop a more stable and involving group experience. In addition, orientation session participants are instructed as to what would be expected of them in training. Toukmanian, Capelle, and Rennie (1978) suggest that giving low-functioning trainees a cognitive understanding of the general principles and specific guidelines of effective styles of communicating produces increases in rater-perceived levels of empathy. It appears that the participants in this study learn to reflect and focus on affect and personal issues more often, and to do less questioning and reflection of content, even before beginning the communication workshop. That is, they acquire some linguistic and stylistic skills before entering training.

Thus, participants' pre scores are inflated by the training they receive in the orientation session. It appears that the results of this study may be a conservative estimate of the effectiveness of the communication workshop approach to the training of paraprofessional helpers.

The data obtained from the own-control group presented another problem. As was noted in the results section, the own-control group had significantly lower experiencing and

empathy scores than the experimental group (see Tables 9 and 11, respectively). For this reason, the control period data were used primarily to establish the test-retest reliability of the Experiencing and Empathy Scales. It was not possible to combine the own-control experimental period data with the experimental participants' data.

It is the author's impression, from observing numerous training workshops, that moving from one to two on the Empathy Scale is not difficult. A person learns not to respond by asking questions, giving gratuitous advice, etc. Many participants make this change in one to two sessions. Moving above level two involves attending to the helpee's feelings, and is much more difficult. Participants are given training in experiencing first so that they have practice in exploring their own feelings in the context of a personal issue before endeavoring to experience another's feelings and reflect their understanding back to their partner. The optimal desirable level of functioning for experienced therapists is level three. Level four responses involve intuitive insights that must first be grounded in a thorough experiential understanding of the client's feelings. The author does not believe it is possible or even advisable to attempt to consistently "add significantly" to the helpee's experiencing.

Likewise, with the Experiencing Scale, most participants move from one to two upon being able to share a personal issue.

Most trainees can reach level three in one or two sessions, as they learn to share feeling reactions and past feelings. It is much more difficult to learn to attune oneself to and verbalize present feelings associated with a personal issue (level four). The ideal level of experiencing that can be reached consistently is level five, wherein a person searches to clarify their feelings to themselves. Levels six and seven are the resolution phase of problem solving. With important personal issues, this resolution must be based on a thorough searching and clarification of one's feelings.

Both the staff leaders and the second generation community leaders are able to effect similar gains in skills acquisition. These findings indicate clearly that it is possible to train high-functioning groups of paraprofessional leaders who can in turn be used to widen the availability of a community-based mental health training programme, without sacrificing the quality of the training. This finding has important practical implications. This means that the Human Service Community programme can continue to train new leaders without diluting the impact of the communication workshop.

Participants in workshops led by second-generation community leaders attain an empathy level of 2.46 after training. This compares favorably with the average 2.20 level of empathy achieved by a group of experienced counsellors (Carkhuff, 1969c). Similarly, the 3.99 level of experiencing

reached after training by participants in workshops led by second generation community leaders compares favorably with the 3.82 level attained by graduate counselling students (Wawrykow, 1970).

No leader effects were observed. The greatest proportion of variance is accounted for by the training effect rather than by an effect due to differences in individual communication workshops. This evidence supports the viability of the communication workshop as a format for increasing people's levels of experiencing and empathy. It should be noted however, that there are stringent standards for leadership of the communication workshop. That is, all the leaders were able to model high levels of empathy and experiencing. This was done because of Davison's (1971) evidence that the effectiveness of the communication workshop is related to the levels of facilitation offered by leaders. Mitchell, Bozarth, and Krauft (1977) noted that in many earlier studies leaders were incorrectly classified as being highly facilitative when they only met criterion levels slightly above 2.0. The topic of therapist conditions is confounded by evidence that a therapist's levels of facilitation change with the length of therapy unit assessed (Mintz and Luborski, 1971); the time in the therapy unit (Beutler, Johnson, Neville, Workman, and Elkins, 1973); and the particular client being worked with (Mitchell, Bozarth, Truax, and Krauft, 1973; Houts, MacIntosh,

and Moos, 1969; Moos and MacIntosh, 1970; van der Veen, 1965). Nonetheless, the standards set for leadership in this study were extremely rigorous and justify describing those leaders who meet these standards as being highly facilitative.

The only hypothesis which was not confirmed was that there would be an effect due to differences in counselling experience before training. At first glance, it appears that the front-line helping professionals' training and work experience have not enhanced their empathy or experiencing skills. Another explanation may be in order though. All participants received some training in the orientation session which took place before they were assessed. In line with Toukmanian, Capelle and Rennie's (1978) suggestion, it appears that the cognitive understanding that the participants gained of the general principles of effective communication has more than made up for any initial differences that might have been present among the groups. The front-line helping professionals are only able to share past feelings and reflect the content of their client's explorations. This is the same level of skill as the middle income volunteers and the welfare recipients participants had after participating in the orientation session.

There are no effects due to differences in counselling experience among empathy and experiencing change scores. It can be concluded that the communication workshop format is equally effective for people from a variety of different backgrounds of



counselling experience.

In the revised format of the communication workshop, empathic listening skills are taught after participants have learned to experience their own feelings. This is done so that empathic listening does not become a technique based on the reflection of content and a cognitive analysis of what the helpee is saying about his or her feelings.

Previous to this study, the communication workshop format taught empathy first, and then experiencing. Davison (1975) reports data that indicate posttraining levels of 2.79 and 2.53 for experiencing and empathy, respectively.

The posttraining levels of experiencing and empathy in this study are 4.03 and 2.51, respectively. The posttraining experiencing level is substantially higher than the level reported for the old format of the communication workshop. These results seem to indicate that teaching empathy first detracts from participants learning experiencing skills. Perhaps participants tend to focus on therapist expertise rather than on enhancing their own and their client's experiencing. Teaching experiencing first, however, does not detract from a person's ability to empathize.

There is a substantial correlation between empathy and experiencing scores. This correlation supports the notion that empathy is an experiencing of the helpee's feelings. This supports Gendlin's (1970) position, that empathy involves an

experiential response which reflects the meaning of the client's experiencing. This position is also held by Rogers (1957), who describes empathy as "the experiencing and accurate, empathic understanding of the client's awareness of his own experience. To sense the client's private world as if it were your own, but without ever losing the 'as if' quality, this is empathy" (p. 98).

The results of this evaluation of the Human Service Community programme are very promising. The revised communication workshop is an effective way of teaching empathy and experiencing skills.

## APPENDIX A

### Experiencing Scale Overview

The degree to which the helpee expresses his own feelings and reactions. How much the helpee is looking for the meaning of his thoughts, feelings, and personal happenings.

Level 1. The helpee shows nothing private about himself. He simply tells about something that happened without talking about his part in it. He tells about external events in an impersonal, detached way.

Level 2. The helpee tells about something that happened and about his part in it, but he does not own up to a personal reaction to the story. He tells about external events and he describes his own part behaviorally or intellectually.

Level 3. The helpee tells about something that happened and about his personal reaction to it. The helpee tells his emotional reactions to external events, but focuses on the external events. He is emotionally reactive or self-justifying.

Level 4. The helpee shows what he is like as a person, what it is like to be him, describing his inward experiencing of events rather than the events themselves.

Level 5. The helpee searches to clarify himself to himself. The helpee realises a problem or issue about himself in feeling terms and he searchingly works with the personal issue from his inner experience.

Level 6. The helpee is impactfully weaving together feelings and

experiences to resolve personal issues.

Level 7. The helpee expansively realises releasing effects of his change in felt possibilities for fresh ways of relating himself to his living.

#### Bierman Experiencing Scale

Level 1. The helpee shows nothing private about himself. The content, or the helpee's way of expressing himself, is impersonal.

Sometimes at level 1 the content is simply not about the helpee. He may tell about some happening, describing other people or events in which he has no part. Or, the subject may be completely impersonal, such as when the person presents abstract, general ideas.

Other times at level 1 the helpee has something to do with the content but his involvement is not personal. He may mention himself but he tells nothing important or private or tender about himself. He could just as well be talking about a stranger or an object. He may mention himself in passing, as an object or a spectator, but does not give his feelings or inner reactions. His focus is on the external events completely. His way of expressing himself is remote and detached, or matter-of-fact, and offhand as in superficial chit-chat, or he sounds mechanical or rehearsed.

Still another way of level 1 experiencing is when the helpee refuses to participate and gives no explanation, or he

says as little as possible without spontaneous comments.

Level 2. The helpee tells about something and about his part in it but from an outside point of view.

The helpee clearly talks about his part in a happening that is somehow personally important or of interest to him, but he concentrates on telling the story of the happening and not on telling about his inward feeling reactions. Any thoughts or opinions or judgements expressed describe the helpee only intellectually or superficially. Terms like "I think" or "I wish" could be substituted for "I feel" without changing the helpee's meaning. Any comments about the story are "to get the story across" and not to tell about himself.

The helpee's way of expressing himself may be less mechanical and more alive and emotionally aroused than at Level 1. But his excitement will remain the same through all parts of the story and the helpee will not talk about his present feelings. His manner, rather than his words, show his involvement. If he mentions his own feelings, he treats them abstractly or indirectly. ("One feels....")

Often at Level 2, the person is describing himself, but in an external, behavioral way, the way you would see him from the outside. Or, he describes himself in a "head" way, intellectually or abstractly. He may present his ideas, opinions, attitudes, judgements, wishes, hopes, or abilities.

Sometimes at Level 2 the person tells of an inward event -- a dream, a fantasy, hearing voices or seeing visions, free associations, thoughts -- as if it were an outside event, clearly associating himself with the experience, but not giving his feeling reactions to it.

Level 3. The helpee tells about a happening and about his personal reactions to it.

The helpee concentrates on telling a story in which he also tells his personal reactions. Personal feelings are tied completely to the situations in which they came up. The helpee goes beyond the story to add a personal touch, but his personal reactions are based on the outside happenings only. They are not told to show what he is like as a person. The person focuses on the external events and is emotionally reactive or self-justifying.

The helpee may tell his feelings about others at the time of the happening or in thinking back on it ("He didn't call me back and I was angry" "He didn't call me back; thinking about it now makes me angry"), he may add to the story his thoughts about himself during the happening ("I knew at the time that I was reacting too strongly"), or he may mention the personal meaning of the situation ("It reminded me of being bawled out as a child").

Sometimes at Level 3 the person is presenting a self-description but the self-description is limited to a

specific situation or role, for example, what he does when he gets upset, or he may describe himself as a parent or as a worker.

It is also Level 3 when only in answering a direct question does person tell about his present or past feelings.

Level 4. The helpee shows what he is like as a person.

The helpee is now clearly telling about himself (his feelings, his picture of himself). His words are about himself, what it is like to be him, describing his inward experiencing of events rather than the events themselves.

There are a few different ways in which a person could express himself at Level 4. The person may start from a specific situation, widening it and deepening it to show what he is like generally as a person by: describing his feelings in great detail; describing feelings that come up in a range of situations; connecting reactions to his own self picture. Or, he describes himself by giving concretely felt details of his inward state(s) of being. A bodily concrete sense of things comes through in the person's words. ("I feel as if I'm a nothing, that no one will ever notice me", rather than only "My ego is shattered").

The helpee is now expressing his inward feeling processes in order to share what he is like. He is making himself known, from the inside. He is not interweaving many different feelings nor is he working from his feelings to search for clearer

self-realization or problem-solving.

Level 5. The helpee searches to realize himself to himself, to clarify himself to himself. Now the person's inward feeling processes are themselves the focus of unfolding, of carrying forward, of bubbling up with what else is there, of realizing that which is still only vaguely sensed and unformed.

There are two essential parts of Level 5 experiencing. (a) The person realizes a problem or issue about himself in feeling terms. The person is concerned with his specific feeling reactions, his state of being, or his self picture. (b) He searchingly works with the personal issue from his inner experiencing, his inward sense of things unfolding, carrying forward, and upward only vaguely sensed and unformed aspects. The person at Level 5 is clearly searching his inward processes in order to arrive at clearer self-realization.

Level 6. The helpee is impactfully weaving together feelings and experiences to resolve personal issues.

The person is moved to fresh conclusions about his inner workings on the basis of his immediate feelings. He is moved with the impact of his new realization, of his changed attitudes or feelings about himself. He visibly shows the internal impact of the changes.

Clearly anchored in his immediate feelings, things take on a new impactful form or clarity and organization for the person.

Level 7. The helpee expansively realises releasing effects of



his change in felt possibilities for fresh ways of relating himself to his living.

From his unfolding feelings, the person experiences himself in a fresh way and expresses the releasing effect of his change in felt possibilities for fresh action, for new ways of relating himself to others, to living, to himself. His insights are buoyantly applied to an expanding range of inner and outer events. His manner is joyous, free, confident, uplifted. He expresses a sense of many things falling meaningfully into place.

## APPENDIX B

### Bierman Empathy Scale

Level 1. The helper pays no attention to even the most obvious feelings of the other person.

The helper may be bored or not interested. Or, he may be expressing ideas that he has already made up in his own mind which totally shut out what the helpee is saying.

Level 2. The helper subtracts noticeably from the other's feelings.

The helper may show some awareness of the other's obvious surface feelings but what he says drains off some of the present feeling and mixes up the meaning. The helper may express his own ideas about what is going on but these do not fit with the "now" expressions of the other person. The helper may understand the other's words, but not his immediate feelings.

Level 3. The helper's expression matches the other's immediate feelings.

The helper expresses essentially the same present and changing experiencing, the "now" feeling that the helpee expressed in the moment. The helpee could have said just what the helper said, in the same tone as the helper, without changing any of his feeling and meaning.

The helper shows accurate understanding of the immediate surface feelings, the "now" feelings of the other person. The helper matches the outwardly expressed present feeling side of

the helpee's expressions. But the helper may not respond to or he may misunderstand the helpee's deeper feelings of the moment.

Level 4. The helper adds noticeably to the other's expressions.

The helper expresses the inward side of the helpee's feelings, anticipating what else the helpee has there now. The helper brings forward immediate feelings which the helpee has not been able to put into words for himself.

Level 5. The helper adds very much to the other's expressions.

He is "together" with the other or "tuned in" on his wavelength, picking up the other's immediately most deep feelings. The helper carries forward what is at the edge of the helpee's awareness in the immediate moment, putting into words that which the helpee is only vaguely in touch with.

## APPENDIX C

### Preliminary Instructions for Setting up The Dyad

Although the helping situation can be a particularly intense personal encounter, we believe that the same factors involved here hold for life generally. How sensitively do you listen to a friend? How well do you communicate that you are with him? Are you in tune with your own feelings?

To gain a fuller understanding of the whole picture, we would like you to interview each other in pairs for an hour. Each pair should have a private room. The interviews should be tape-recorded so that we can hear later how things went. Random excerpts will be rated. Like everything else, these tapes will be kept confidential and used for assessment purposes only. For the first 30 minutes, one of you will take the part of the "discloser" who is to talk about a personally relevant concern. The other will be the listener, who will try to be as helpful as possible. You will be given more detailed guidelines to read before beginning. For the second 30 minutes, you will switch roles. A timer should tell you when the time to switch has come and the dyad is over.

#### Instructions

1. Choose who is to be the listener and who the discloser first.

2. Write on the tape, or on a piece of paper to put with the tape, the name or initials of \_\_\_\_\_ as the listener, and \_\_\_\_\_ as the discloser.
3. Read the accompanying instructions.
4. Announce on the tape, "Interview between \_\_\_\_\_ as discloser and \_\_\_\_\_ as listener; month, day, and year.
5. Check that the machine is recording by playing back the announcement. Make sure that you are reasonably close to the microphone.
6. Put the instructions away.
7. Check the time, in order to know when the 30 minutes are up. Try to stay close to that time, never cut the interview short, but try not to extend it either.

After 30 Minutes:

8. Stop the recorder.
9. Mark the ending index number of the dyad.
10. Check to see that you have a useable recorded interview by playing back a part.
11. Mark the new discloser and listener, and the starting number for the new session.
12. Announce the interview on the tape.
13. Play back the announcements to check out the recorder.
14. Re-read the instructions.

15. Note the time you begin.
16. Check the 30 minute mark.
17. Stop the recorder, and mark the ending index number.
18. Check to see that the tape is useable.
19. If not, please try to cut another one.

## APPENDIX D

### Instructions for Dyad

#### Instructions to Helper (Understander)

For the next 30 minutes your friend will explore a problem in his daily life - something unrelated to your friendship. Your job is to be as helpful as possible with him by expressing your understanding of his feelings. You should attempt to sense your friend's world from his point of view, as if it were your own. It is not necessary either to agree or to disagree with the other's feelings, but rather to communicate a sensitive understanding of those feelings.

There are a number of ways in which people try to be helpful:

1. by repeatedly asking questions,
2. by giving advice,
3. by offering explanations for the problem,
4. by reflecting back how the helpee appears to have felt when he expressed himself,
5. by bringing in one's own similar experiences and related feelings, and
6. by being quiet at times and really trying to know and feel what the other person is feeling.

It is our belief that while the first three kinds of responses are offered more often, the last three are usually more effective.

In brief then, we are asking that you try to empathize: reflecting the other's feelings, discussing your own related experiences in keeping with the other's needs and interests, and just remaining quiet when you need a moment to reach a fuller understanding of what he is feeling. It may be tempting to ask a series of questions, give advice, or explain the problem away - but try to resist and to empathize instead, expressing your understanding of the other's experience.

#### Instructions to Helpee (Discloser)

During the next 30 minutes, while you are a helpee, choose a meaningful personal problem to explore in depth. This problem should be something you are having a hard time with at the moment, but at this time, your discussion should not concern the relationship between you and your friend.

#### Explore Your Self

1. Think of a major personal problem. Choose an issue which seems most meaningful for you, something of real importance in your life. It should be something you are working on, something you want to change or improve in yourself - a problem, a concern, a dissatisfaction, an embarrassment,



confusion in a relationship with someone other than your friend. Please avoid discussing something that is comfortable, abstract, and impersonal. Rather, you should engage in a specific, frank, highly personal discussion.

2. Let your words and bodily gestures come from the feeling. Focus on your feelings that are associated with the concern, expressing these feelings freely, in a spontaneous, emotionally intense way. As you go along, explore inwardly to discover new or changing feelings about yourself and the problem and try to find some fresh, new words that fit just right in capturing your unique, deepening feelings of the moment.

APPENDIX E

Means (and Standard Deviations) for the 20  
Staff-Led Communication Workshops (n=158)

Leader	Communication workshop		Experiencing		Empathy	
	number	n	Pre	Post	Pre	Post
1	2	9	2.84 (.90)	3.83 (.92)	1.94 (.46)	2.48 (.30)
2	3	8	2.63 (.88)	4.44 (1.50)	1.90 (.44)	2.66 (.49)
3	4	8	2.81 (.56)	3.45 (.71)	1.70 (.41)	2.50 (.39)
4	5	7	3.63 (.56)	3.87 (.36)	2.28 (.51)	2.57 (.18)
1	8	12	2.88 (.67)	3.98 (.84)	2.08 (.43)	2.60 (.38)
5	12	5	3.10 (.98)	3.75 (.89)	1.75 (.57)	2.29 (.38)
4	16	7	2.56 (.85)	3.71 (.41)	1.70 (.39)	2.47 (.31)
6	17	12	2.98 (.76)	4.10 (.70)	2.08 (.43)	2.60 (.28)
1	18	11	2.80 (.66)	3.41 (.80)	2.00 (.37)	2.28 (.33)
3	19	9	2.79 (.29)	3.74 (.53)	1.98 (.31)	2.42 (.24)
4	26	5	3.09 (.70)	4.33 (1.01)	2.03 (.53)	2.66 (.31)
1	27	6	2.77 (.75)	4.90 (.98)	1.86 (.25)	2.43 (.30)
2	28	6	3.47 (.55)	4.37 (.73)	2.43 (.19)	2.72 (.10)
6	29	7	3.18 (.62)	4.80 (.53)	2.13 (.34)	2.80 (.24)
7	35	9	2.66 (.28)	4.03 (.92)	1.84 (.25)	2.47 (.21)

APPENDIX E (continued)

Leader	Communication workshop		Experiencing		Empathy	
	number	<u>n</u>	Pre	Post	Pre	Post
Means (and Standard Deviations) for the 20 Staff-Led Communication Workshops ( <u>n</u> =158)						
7	50	11*	2.52 (.63)	3.93 (.85)	1.83 (.31)	2.44 (.22)
2	51	5*	2.95 (.44)	5.19 (.93)	1.91 (.20)	2.61 (.23)
4	52	10*	2.83 (.39)	3.99 (1.08)	2.08 (.35)	2.46 (.36)
6	53	2*	2.52 (.56)	3.63 (.27)	1.99 (.11)	2.36 (.01)
6	70	9	2.69 (.26)	4.28 (.25)	1.95 (.13)	2.55 (.15)
Means (and Standard Deviations) for the 7 Community-Led Communication Workshops ( <u>n</u> =49)						
8	30	8	2.94 (.75)	4.49 (.86)	2.22 (.38)	2.66 (.25)
9	36	8	2.52 (.59)	3.70 (.86)	2.07 (.28)	2.48 (.11)
10	37	7	2.29 (.51)	3.33 (.90)	1.83 (.25)	2.29 (.24)
11	38	5	2.86 (.21)	4.22 (.36)	2.17 (.11)	2.59 (.13)
12	39	10	2.65 (.34)	4.28 (.67)	1.85 (.24)	2.57 (.15)
13	69	6	2.33 (.80)	3.80 (.79)	1.71 (.39)	2.29 (.31)
14	76	5	2.78 (.26)	3.99 (.25)	1.50 (.19)	2.43 (.22)

\* Own-control participants comprised another 1, 5, 3, and 4 members of the communication workshops numbered 50-53, respectively. Another 6 own-control participants took part in communication workshops which were not evaluated in this study.

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