AN INVESTIGATION INTO THE EFFECTS OF A

UNIVERSITY BASED PEER COUNSELLOR

TRAINING PROGRAMME ON LEVELS OF EMPATHY

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Submitted in partial fulfilment of the requirements for the degree of Master of

Social Science (Counselling Psychology), in the Department of Psychology,

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JANUARY 1994

ABSTRACT

The purpose of this research study was to investigate the effectiveness of a University Based Peer Counsellor Training Programme on levels of empathy. The main hypothesis for the current research study was that the students who attended the Peer Counsellor Training Programme would be more empathic in their helping interaction with others than the students that did not attend a similar training programme. A sample of 60 participants was drawn from a population of senior students (third year and above) of the University of Natal, Pietermaritzburg who had volunteered to participate in the current investigation. This sample was further divided into the Experimental and the Control group with each group consisting of 30 participants. The Carkhuff Empathy Scale was used to assess the levels of empathy in the experimental and the control group before and after training. The assessment process consisted of three phases namely, the pre-test, the post-test and an evaluation of helpers. The evaluation of the performance of both the trained and the untrained peer counsellors was conducted after the helping interactions that were held between the helpers and the helpees. The data that was obtained from the current research study was analyzed by identifying the means and standard deviations of each score and by computing the z-score and the chi- square statistics to test for significance of differences in empathy levels between the experimental and control groups before and after training. The results indicated that while there are significant differences in the pre and post-test performance scores (or empathy levels) between the experimental and control groups on the Communication Index, no corresponding differences exist between these groups on the Discrimination Index of the Carkhuff Empathy Scale.

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ACKNOWLEDGEMENTS

CONTENTS

(iv)

(vi)

CHAPTER 1.

INTRODUCTION

1.1. AN INTRODUCTION

A review of literature on the role of education in a changing society indicates that the institutions of higher education in South Africa are currently undergoing drastic changes and that this situation requires a great deal of vision, innovation, flexibility and unequivocal commitment of all people to the changing needs of their communities (Van Schoor, 1988). The fundamental changes that are already apparent in the afore-mentioned institutions directly concern the characteristics of the student population. Research indicates that the character of the predominantly white universities and technikons in this country is gradually becoming less traditional, non racist, Afrocentric, and in touch with the communities that these institutions are intended to serve (Van Schoor, 1988). These developments have precipitated similar changes in the mental health profession where the role of psychologists for example, has undergone transformation from developing professional counsellors towards providing a community based lay counsellor training service (Webster, 1986). The current research study has been undertaken to evaluate the efficacy of a University Based Peer Counsellor Training Programme on levels of empathy among students of the University of Natal, Pietermaritzburg.

Statistics issued by the University of Natal publication (NU Focus, March 1991) indicate that there is an ever increasing ratio of the black students that are admitted into the university each year. In 1990 already, 70% of the Bachelor of Education students registered at the Durban campus of the University of Natal were black.

1

The University anticipates that in the year 2010 approximately 75% of the student population will consist of black students.

A publication of the University of Natal (NU Focus, 1991) indicates that a large proportion of these students experience difficulties when making a transition from a disadvantaged background into a challenging and diverse multicultural university environment. For most of the first year students the afore-mentioned transition constitutes a period of new and intense academic and personal pressure that is manifested in frustration and loneliness.

Individual reports from the underprivileged black students indicate that they feel isolated and frustrated by the predominantly individualistic, Eurocentric, white university environment. These students also report that they are often rejected by fellow students and therefore struggle to develop new and meaningful relationships in a world that undermines their cultural heritage and communal interdependence and survival. Some of the underprivileged students report that they feel disorientated by the divergent demands and expectations imposed upon them by their families, friends and communities. For example, some communities expect graduates to change their lifestyle and language and to act differently towards other members of the community.

Furthermore, these students face persistent pressure to meet the required academic standards in a particularly non-supportive environment. They are expected to readily understand that academic success requires strict discipline, independence and hard work. However, a large proportion of the disadvantaged students initially need guidance and support in this respect.

The incessant increase in academic fees creates emotional difficulties for some of the new students who feel guilty about financial sacrifices that are made by their parents in order to send them to the university. Consequently, these students encounter difficulties in realizing their academic potential. Instead, they spend invaluable time worrying about their financial complications and doing part time work in order to supplement their insufficient financial resources.

It is reported in literature that failure of the first year students to effectively address these heightened demands and changes increases their level of stress and vulnerability to physical and mental illness (Selye, 1974). These observations are supported by a brief review of the admission records at the Student Counselling Centre of the University of Natal, Pietermaritzburg, which suggested that there is a 10%-20% increase in the number of underprivileged black first year students that have received psychological attention at the Student Counselling Centre in the years 1990 - 1991.

It is therefore imperative to acknowledge that one of the main challenges facing these students is to develop new and more effective coping skills and social support systems that will enable them to deal with high levels of stress and vulnerability that are inherent in a predominantly Eurocentric university environment. In recognition of the need for first year students to acquire coping skills and to develop effective support systems, many South African universities have provided an array of orientation programmes that focus on the use of selected and trained peers to serve as advisers to fellow students (Frisz & Lane, 1987).

At the University of Natal, the Student Representative Council, the Student Support Services, the Student Counselling Centre in particular, have assisted in the implementation of programmes such as the Orientation week, Preparation For University, and the Peer Counsellor Training Programme to assist first year students in dealing with the ever changing needs and challenges of the university environment. Similar initiatives have been observed in other universities throughout the world, such as at the University of Texas (Hartman, and Lagowski, 1982), the City University of New York (Frisz, 1984), the University of Northern Iowa (Grites, 1984), and at Boston College (Rabiecki, et.al ., 1985).

Local initiatives emerged during the late 1980's when the University of South Africa successfully proposed to introduce a general yet highly informative course in university studies that would be recognised as part of the curriculum offered as support to all underprivileged first year students (Van Schoor, 1988). Analogous programmes have been introduced at the University of Potchefstroom, the University of Cape Town, and at Rhodes University to assist students that are regarded as "at risk" to cope with their academic studies (Van Schoor, 1988).

An evaluation of the above-mentioned endeavours suggests that there is a significant shift in the participants' performance, from a position of academic risk to that of academic success. Accordingly, these findings indicate that the academic support programme was instrumental in creating and maintaining the positive spiral which eventually culminated in improved academic achievement (Van Schoor, 1988).

4

Unfortunately, a large proportion of the afore-mentioned programmes are geared towards domain specific areas such as science (maths, physics or chemistry) and languages. Some of these programmes primarily hinge upon the use of selected and specially trained senior student peers to carry out a variety of functions. Firstly, these programmes assist new students with handling their problems effectively and constructively. Secondly, they provide the disadvantaged students with an immediate support system and an information source during the critical first year at university. Thirdly, these programmes are intended to increase students' knowledge, understanding and a sense of belonging to the university system. This in-turn helps the students to overcome the unwarranted assumptions that they may have about the university. It also nourishes the disadvantaged students' general satisfaction with the university environment.

Regardless of criticism levelled against the above mentioned programmes with regard to their suitability and effectiveness in the development of disadvantaged students, it is apparent that they have gained widespread acceptance and recognition in the university community (Gardener, 1964). In essence research reports indicate that peer helpers have been used successfully and effectively in tertiary institutions (Gown, et.al , 1976). The proliferation of such programmes highlights the effectiveness of this approach to human development.

Gardener (1987) argues that it is imperative to evaluate the efficacy of these programmes. While the need for an evaluation of peer counselling and advisory training has been well documented in the literature (Hiebert, 1984; Wheeler & Loesch, 1981), limited research investigations have been conducted in this respect.

1.2. MOTIVATION FOR THE PROJECT

While numerous research studies have been conducted on the students' perception of faculty advising and lay counselling, only a few of these investigations concern an evaluation of counselling relationship between the students and their peers or lay counsellors (John & McCray, 1982). The current research study was therefore undertaken to add to the growing base of evaluative data on the impact of peer counsellor training programmes on student development. The main objective of this research study, was to investigate the efficacy of a university based Peer Counsellor Training Programme on improving levels of empathy among student peers.

This research study has been undertaken in collaboration with the Student Counselling Centre to evaluate the efficacy of the Peer Counsellor Training Programme offered by the Centre to assist underprivileged new students to effectively handle the academic and social challenges that they may encounter at the University of Natal, Pietermaritzburg. The current research study was specifically intended to evaluate the above mentioned programme in terms of its effectiveness in increasing the levels of empathy among senior students (third year and above) who were being developed to become peer counsellors.

Another important aspect of this investigation was to evaluate the appropriateness of the programme as a mechanism for teaching empathy skills across the different cultural groups. For convenience, these groups were subsequently collapsed into the White and the Non-White groups. A sample of 60 senior students (third year and above) of the University of Natal, Pietermaritzburg, was randomly selected to participate in the current research study. 30 of these students were randomly selected to constitute the experimental group.

6

The remaining 30 students constituted the control group. Both groups were exposed to a comprehensive assessment of level of empathy before they attended a training programme. After the assessment the experimental group attended a seven week long empathy skills training programme. Alternatively, the control group attended a self awareness training programme that was specifically designed to act as a placebo in the current research study. The afore mentioned training was followed by an assessment of the level of change in empathy that the experimental and the control groups experienced as a result of attending their respective training programmes. This assessment training was followed by an evaluation of the performance of the trained and the untrained peer counsellors during the helping interactions that they had with the helpees.

1.3. LAYOUT OF THE CHAPTERS

The first chapter provides an introduction and the background into the current research study. Some of the fundamental issues/ situations that prompted the development of this particular research project are also explored briefly in this chapter.

Chapter 2 examines the basic theoretical perspectives to the construct of empathy. Varied definitions of empathy are presented and discussed in this chapter. An attempt is made in chapter 2 to identify and discuss a working definition of empathy, that will enhance our understanding of the construct.

In chapter 3 an overview of some of the relevant research findings that are available on the role of empathy in the helping process are presented.

Specific contributions of empathy in rapport building and in understanding the helpee, are highlighted in this chapter. The last section of chapter 3 attempts to integrate research on the consequences of empathy in lay counsellor training.

Chapter 4 undertakes to highlight some of the most effective approaches/techniques to empathy training and development, such as, micro-counselling and experiential didactic model.

While chapter 5 describes the methodology that was followed in gathering empirical data for the research project, chapter 6 presents a comprehensive outline of the results and the general findings made from the present research study.

In chapter 7 the author endeavours to integrate the research evidence and theoretical background covered in the study chapter 8 highlights the limitations to the current research study and then proposes a more effective approach to the development of a university-based empathy training and development programme.

CHAPTER 2

EMPATHY

2.1. CONCEPTUAL FRAMEWORK

An extensive review of research on empathy suggests that this concept that has evolved considerably since the turn of the twentieth century (Barrett-Lennard, 1981; Eisenberg and Strayer, 1987; Gladstein, 1983; Hackney, 1978; Katz, 1963-cited in Truax and Carkhuff, 1967). A significant reappearance of empathy was observed in German psychology in 1907 where it was used to represent the process of becoming totally immersed in an external object as if one's own identity has disappeared (Katz, 1963).

Since the beginning of the twentieth century empathy has been recognised as a significant element in the development of effective helping relationships (Truax and Carkhuff, 1967). In the contemporary literature on the concept, empathy is perceived as an important human characteristic and a skill that is essential for effective everyday interaction (Barkham and Shapiro, 1986; Goldstein and Michaels, 1985). This view is clearly illustrated in Egan's assertion that empathy is a definite foundation for building interpersonal relationships (Egan, 1982).

In spite of the increasing appreciation of "empathy", research indicates that there is very limited consensus about the formal definition of the term (Barrett-Lennard, 1981; Chinsky and Rappaport, 1972). Quite clearly, numerous attempts have been made to define empathy (Eisenberg and Strayer, 1987).

9

One of the earliest attempts at defining this concept appeared in German literature in 1897 where empathy, when translated from the German word "einfuhlungsvermogen", was widely used to suggest affection or passion (Barrett-Lennard, 1981).

A contemporary definition of empathy emanated from George Mead (cited in Goldstein and Michaels, 1985) who proposed that empathy constitutes the capacity to assume the role of the other and thereby adopting the alternative perspectives vis a vis oneself. Mead's understanding of empathy is unique because it shifts the emphasis from focusing exclusively on affective components towards the appreciation of the cognitive elements as well. In specific terms, George Mead's delineation of the concept fostered changes in the perception that empathy is merely an awareness of an individual's affect but rather an ability to understand a person's emotional reaction within a particular context.

However, Koestler (cited in Dymond, 1949) present a more comprehensive definition of the concept. He describes empathy as a means of gaining access to the mental life of another person in order to perceive things in the same way that the other person does. This definition is elaborated further by Levy (1985) and Jaffe (1986) who maintain that empathy arises from intricate cognitive processes, comprising the ability to distinguish between self and others, and between one's own feelings and those of others. This cognitive process also encompasses adeptness at reading the non-verbal cues that are symbolic of the feelings of others. Furthermore the latter process entails the ability to discriminate and label affective states in others. Likewise it involves the ability to link cues of another's state to memories of when the self had a similar experience. The cognitive process described above also constitutes the ability to assume the perspective or to take the role of the other.

Research indicates that the latter definition as well as more subsequent definitions of empathy have received greater recognition because they comprise concrete "psychological" components (Egan, 1975; Harman, 1986). While Eisenberg and Strayer (1987) fully support the latter perspective on empathy, they indicated that there is no single and correct definition of empathy. Instead they maintain that there are numerous definitions and perspectives of the concept. Eisenberg and Strayer (1987) claim that each definition or perspective places emphasis on particular components, such as the affective processes, the cognitive processes and the communication processes. These processes are elaborated in the forthcoming discussion.

Eisenberg and Strayer (1987) argue that affective empathy differs from the other two processes in that it focuses on the feelings of concern and compassion that are experienced by an individual as a result of witnessing another person's situation and suffering (Eisenberg and Strayer, 1987). A similar paradigm is evident in Gladstein's description of empathy as a vicarious affective response that is more appropriate to someone else's situation than to one's own situation (Gladstein, 1983). This definition seems to suggest that empathy arises from an internalisation of the external experience and then allowing it to influence the person's own experiences with other people. However, Goldstein and Michaels (1985) maintain that empathy is more than just the ability to understand the other person's private world as if it were one's own. They propose that it also involves the presence of a verbal facility to communicate this understanding in a language that is attuned to the other person's current feelings (Truax, 1971). This process requires both the helper and the helpee to openly communicate their inner experiences with one another and this involves some understanding of cognitive processes (Egan, 1982).

11

Alternatively, Bared-Lennard (1981) elaborates on Egan's definition by emphasizing that empathy should be perceived as a two-way communication process in which the helpee, just like the helper, must actually see that the helper has fully understood him/her. This presupposes that the focus has shifted from the helper to the helpee, and ultimately to their counselling or helping relationship. Furthermore, it indicates that there is a change in the understanding as well as in the usage of empathy in counselling relationships. In essence Jaffe, (1986) maintains that empathy could be adequately construed as a way of achieving oneness with another person without losing personal identity. Ivey and Authier (1978) supports Jaffe's definition by clearly pointing out that empathy requires the counsellor to enter into the clients' world view in order to see things from their eyes and to work from their shoes.

A further development in the definition of empathy appears in Egan (1975) who distinguishes two types of empathic understanding namely; primary empathy and advanced accurate empathy. According to Egan (1975) empathy can be manifested in four distinct levels. The first level involves communication between the client and his or her culture. This is followed by the second level in which the communication between the client's culture and the counsellor's culture is emphasized. The third level comprises communication between the client and the counsellor and the last level consists of communication between the counsellor and his/her culture.

Some of the definitions of empathy that are presented in the latter discussion are different and contradictory. Barrett-Lennard (1981); Carkhuff and Berenson (1977); Free, Gren, Grace and Whitman (1985) agree that the areas of disagreement in attempting to define empathy appear to be on the following aspects:

(a)   Whether or not empathy involves actual vicarious experience of another person's emotions or simply the willingness and ability to put oneself in another person's place for example in role-taking.

(b)   Complete agreement has also not been reached as to whether the empathic response is cognitive, affective or both (Truax and Carkhuff, 1967).

(c)   There is also little agreement amongst researchers on the operational definition of empathy.

(d)   Whether an empathic response is directed at an object or the other person's affect and situation.

(e)   Whether one process or processes are involved in being empathic.

(f)   Which mechanisms explain empathy.

In spite of the apparent conceptual differences regarding the understanding of empathy, most of the definitions of the term comprise some sensitivity to the affective experiences of others there being an element of sharing through verbal and non verbal communication, and of gaining understanding through some form of intimate relationship between the participants. Therefore the transmission of knowledge and feeling would then be assumed to be the effect of empathy (Egan, 1982).

13

Nonetheless, attempts to define empathy appear to emphasize the significance of awareness, understanding, and assimilation of the situation such as feelings, emotions, thoughts, and perceptions of other people. These attempts can be grouped into three distinct groups, the Client Centred Perspective, the Psycho analytic Perspective, and the Integrated Perspective (Bared-Lennard, 1981; Egan, 1975; Eisenberg and Strayer, 1987; Gladstein, 1983; Hartman and Lagowski, 1982; Ivey and Authier, 1978; Kurtz and Grummon, 1972; Rogers, 1967).

While the client-centred viewpoint emphasizes the ability to experience the other's inner world and accurate two-way communication between the therapist and the client, the psychoanalytic perspective gives prior attention to identification, transference and counter-transference issues. In the interests of the current investigation an integrated approach has been adopted and elaborated in the forthcoming discussion.

In accordance with the afore-mentioned developments in our understanding of empathy, the latest addition to the definition of the concept is conceived as the multidimensional or integrative approach to empathy. This approach incorporates the affective, cognitive, and the communicative components that had been overlooked in earlier definitions of the concept (Goldstein and Michaels, 1985).

14

2.2. INTEGRATED PERSPECTIVE

The initial attempt at providing an integrated perspective of empathy appears in Gladstein (1983) who identified two types of empathy namely; affective empathy and cognitive empathy. Gladstein (1983) describes affective empathy as the ability to experience the same feelings that the other person is going through at a specific moment. Alternatively, Gladstein (1983) perceives cognitive empathy as the ability to intellectually understand the other person and accept his or her perspective on issues.

However, Gladstein (1983) maintains that while an awareness of affective and cognitive empathy is important, it is imperative to communicate this empathy to others. Accordingly, Gladstein (1983) suggested that it is essential to develop interpersonal skills that would enhance our ability to effectively communicate empathy, such as listening and responding skills. Furthermore, Gladstein (1983) draws a parallel between empathic resonation and the psychoanalytic perspective on empathy. In an attempt to accomplish the latter perspective, Gladstein identifies four stages of empathy. The first stage is referred to as `Raw Identification'. According to Gladstein `Raw Identification' comprises the unconscious and uninhibited emotional connections that the counsellor and the client experience during their initial contact.

The second stage is termed `Deliberate Identification'. Gladstein describes `Deliberate Identification' as the conscious identification that the counsellor develops with the client as well as with the presenting issues. In Gladstein's perspective the third stage of the afore mentioned process is called `Distancing'.

15

Gladstein (1983) defines this phenomenon as the ability to get into the clients shoes and understand issues from his or her perspective, while maintaining one's own separateness. Gladstein is convinced that the last stage in the latter process should be regarded as the stage of 'Re-Identification'. According to Gladstein the 'Re-Identification' stage is the ultimate stage of the process through which the counsellor achieves an in-depth identification with the client and his or her situation.

While Bared-Lennard (1981) supports Gladstein's conception of the stages of empathy he highlights the importance of awareness, identification and the expression of empathic experience of the counsellor in a different manner. For Bared-Lennard the empathic experience constitutes the following key issues:

(a)   The counsellor opening himself or herself to respond emotionally to the other person, for example the client. Bared-Lennard (1981) refers to this as 'empathic resonation'.

(b)   Effective articulation and communication with the client. Bared-Lennard (1981) describes this process as 'expressed empathy'.

(c)   The client receiving counsellor's communication. Barret- Lennard (1981) defines this process as 'received empathy'.

Marks and Tolsma (1986) maintain that a pattern that emerges among the most popular definitions of empathy, including those that have been examined in this investigation, is that in principle they describe the following:

1.   Whether the empathic response is directed at the object, the other person's affect, or the circumstances.

2.   Whether empathy consists of a single process or numerous processes.

3.   The types of mechanisms that explain empathy.

4.   Differentiation between oneself and the other person, that is required by the various
        definitions of empathy.

In conclusion, although much has been written about the definition of empathy and its
significance in the counsellor and client relationships, the identification of a comprehensive
definition of the concept is an elaborate task because empathy seems to mean different things
to different people (Eisenberg and Strayer, 1987). Accordingly, an integrated perspective that
has been highlighted in this research study provides an operational framework for
understanding the concept and its applications in counselling or helping interactions.

2.3. EMPATHY AND THE HELPING PROCESS

The significance of empathy in a counselling relationship has been thoroughly investigated
and supported in literature on the process of counselling (Bergin and Jasper, 1969; Carkhuff
and Berenson, 1977; Egan, 1975; Gladstein, 1983; Rogers, 1967; Truax and Carkhuff,
1967;). Investigations conducted by Goldstein and Michaels (1985), Rogers (1967), Truax and
Carkhuff (1967) suggest that empathy plays a fundamental role in enhancing relationships
between the counsellor and the client.

A recent research study conducted by Altman (cited in Crabb, Morraco, and Bender, 1983)
on the role of empathy in the counselling relationship reveals that clients exposed to a low
empathy model tended to terminate counselling soon after the initial interview, whereas clients
experiencing high empathic levels generally continued with counselling.

17

Quite clearly the cited research indicates that low levels of empathy in a counselling relationship often leads to unsuccessful intervention or outcome, and vice versa.

Similarly, Crabb, et.al.(1983) found that there is a positive correlation between empathy and termination of counselling immediately after the initial interview. According to Gladstein (1983) the latter assertion is correct because empathy enhances bilateral understanding between the counsellor and the client. Furthermore, Gladstein claims that empathy provides cognitive insight and clear understanding of others and their circumstances, which in-turn facilitate the counselling or helping process. However, Eisenberg and Strayer (1987) cautions that it would be impossible to achieve empathy until the counsellor or the helper enters into the world view of the client, in order to perceive and understand things from the client's viewpoint, that is, walk in their shoes. This however, does not undermine the importance of the counsellor maintaining his or her own identity and separateness from the client and his or her circumstances.

Furthermore, Stewart (cited by Gladstein, 1983) considers empathy to be a helpful process in therapy, but equally so in day to day activities. Quite clearly, Stewart assumes that empathy is an important source of connection between people. He is convinced that in-depth empathy often results in the development of a positive mode of relating to others.

Furthermore empathy is thought to encourage an altruistic approach to life which in-turn facilitates effective working relationships between people. Truax and Carkhuff (1967) support the latter assertion by claiming that genuine empathy requires inter-personal attention to be focused on `the other person ' rather than `on oneself'.

This confirms the research findings reported by Marcus, Roke and Brunner (1985) that empathy promotes rewarding relationships and often leads to increased interaction and opportunity to perceive others with admiration and respect.

Davis (1983) develops the argument further by proposing that empathy creates an environment that is conducive to the development of smooth and rewarding relationships. More specifically, Davis (1983) maintains that empathy enables people to identify with, and to understand the behaviour and reactions of others. There is general consensus that empathy promotes pro-social behaviour, which in turn results in successful interpersonal interactions and the popularity among those that are willing and able to empathise in a helping or counselling relationship.

However, it is important to emphasize that empathy alone, is not to be regarded as the sole determinant of effective counselling or helping encounter. Crabb, Morraco and Bender (1983) suggest that a more complex set of variables should be considered together with empathy as facilitators of therapeutic change. According to Crabb, et.al., (1983) the pre conditions that the counsellor has to fulfil before help can be rendered effectively to the client include various important issues, such as, that the counsellor has to develop an empathic understanding with the client.

The above mentioned understanding can be achieved through effective communication of empathy with the client and this communication has to be maintained throughout the counselling relationship.

The client has to feel understood by the counsellor. Free, et. al. (1985) found that feeling understood was an important determinant in a client's ability to work through difficult issues.

Similarly, Crabb, et.al. (1983) maintain that the counsellor has to create a congruent and an integrated relationship with the client. At the same time the counsellor has to maintain his or her objectivity and professional responsibilities during the counselling relationship. Crabb, et.al. (1983) indicate that the counsellor should have an unconditional positive regard for the client throughout the counselling encounter. However, Bergin and Jasper (1969) investigated the function of empathy in counselling and found that the above-mentioned conditions, of which empathy is one, are sufficient only in highly specific client-centred type situations. Therefore, if this were generally accepted it would create more apprehension on the general appeal of empathy in the counselling or helping process. Hence, an in-depth examination of the specific roles of empathy in the counselling process that was indicated appears in the forth coming discussion.

2.4. SPECIFIC ROLES OF EMPATHY IN COUNSELLING

The initial phase of the counselling or helping relationship is to establish contact with the client and develop a positive therapeutic alliance which will serve as a basis for all subsequent work (Carkhuff and Berenson, 1977; Egan, 1975)

According to Egan (1975) this process requires the use of primary level empathy skills such as, physical and psychological attending, adequate verbal responses to the client.

20

The counsellor or helper creates an atmosphere that is characterised by openness, trust, acceptance, and support which in turn encourage the client to listen, dialogue, explore him or herself at greater depth (Ivey and Authier, 1978). Adequate use of basic empathy responses and perceived congruence, respect, influences the helpee to trust the helper and subsequently explore his or her own actions, thoughts, and emotions.

The next stage in the counselling process concerns an in-depth exploration of the presenting issues. Egan (1975) suggests that one of the main conditions for effective therapy is that the counsellor experiences an accurate and empathic understanding of the client's inner world as if it were his or her own, without losing the as if quality. This process entails entering the other's inner world, sharing his or her experiences, understanding the client and communicating this understanding to him or her. Egan claims that the latter operates at two distinct levels, namely primary accurate empathy and advanced accurate empathy.

According to Egan (1975) the advanced accurate empathy involves moving away from understanding the facts that are verbally stated by the client, that is the primary level, towards understanding what is not directly expressed, but rather implied by the client in his or her own exploration and expression. Egan (1975) maintains that a well-timed advanced accurate empathy enhances opportunities for both the counsellor and the client to share their understanding of the client's situation and implications there-of. Alternatively, premature advanced-level accurate empathy may threaten the helpee and subsequently lead conflict or early termination of therapy.

The understanding phase is based on the previous exploration phase. Egan (1975) postulates that the key objective of the understanding phase is to assist the client as well as the counsellor in developing an understanding the client's situation. Benjamin (1969) confirms the importance of the latter by suggesting that empathy helps the helpee to come closer to his or her own self. Carkhuff (1969) indicates that this could be achieved through empathy which is the key ingredient in the helping process. Furthermore, Carkhuff (1969) and Egan (1975) agree that increased understanding requires the counsellor to disclose appropriate information to the client. The counsellor is also expected to use accurate empathic skills to confront the client for discrepancies, distortions, tricks and lack of responsibility.

Wispe (1986) cautions that while empathy may play an important role in assisting the counsellor or the helper in understanding the client and his or her situation, it is essential to recognize that the concept could have negative effects on the counselling relationship should it be used incorrectly and indiscriminately.

2.5. CAUTIONS WITH REGARD TO THE USE OF EMPATHY

In the latter discussion it has been emphasized that empathy is an essential component for understanding others both in counselling relationships and in day-to-day living (Gladstein, 1983; Kremmer and Dietzen, 1991; Marcus, et.al., 1985; Truax and Carkhuff, 1967). However Gladstein (1983) cautions that an incorrect use of some empathy skills could have a negative effect on the relationship between the counsellor and the client. For example, Egan (1975) indicates that failure to understand the client or to attend carefully to the client may induce unnecessary probing which could result in resentment by the client and is likely to lead to premature termination of therapy.

Similarly, Levy (1985) highlights a plausible risk should the counsellor fail to acknowledge and deal with the counter-transference problems that are inherent in the psychoanalytic approach to empathy. Empathy, by virtue of its access to unconscious processes, especially introjective and projective phenomena, may activate regression into the therapist's personal problems. Levy (1985) stated that an overemphasis on empathic processes at the expense of other mechanisms of analytic understanding in and of itself may represent counter-transference interference with the analytic process. Therefore, in the latter situation empathy may confuse rather than create the necessary understanding. This particular issue arouses concerns for lay counsellor training.

2.6. EMPATHY AND LAY-COUNSELLING

A review of literature on empathy skills training for lay counsellors and lay helpers (Baker and Siryk, 1980; Frisz, 1986; Groenveld and Gerrard, 1985; Kremer and Dietzen, 1991; Truax and Carkhuff, 1967; Waldo, 1989) indicates that lay people could be trained to operate as facilitators of conditions that promote constructive client change in relatively short periods. The research investigations conducted by Kremmer and Dietzen (1991) suggest that lay counsellors and helpers are very effective in bringing about significant changes in their client's or helpee's situation irrespective of the context in which the counselling process occurs. However, specific research indicates that the degree of change in client's situation may be influenced by numerous variables inherent in each context (Kremmer and Dietzen, 1991; Rabiecki and Brabeck, 1985).

2.6.1. EMPATHY IN THE COMMUNITY SETTINGS

Selected literature on empathy in the community settings (Grief and Hogan, 1973; Seligman and Baldwin, 1972) suggests that empathy is at the heart of social intelligence and should therefore be promoted throughout all the communities. This notion is supported by Egan (1975) in his proposal that empathy training should be available to all persons in order to help them to live a stable life and face its crises more effectively.

Similarly, the latter viewpoint is affirmed by Kremer and Dietzen (1991) in his recent investigation which revealed that empathy skills may help the members of stressed communities to alleviate negative effects of stress. Furthermore, Kremmer and Dietzen (1991) indicate that social interaction is greatly facilitated by empathy. According to Kremmer and Dietzen (1991) empathy improves interpersonal awareness and is likely to enhance the ability to construe and therefore predict feelings, expectations and requirements of others. Comparable results have been observed in specific communities such the hospitals, universities and colleges (Kremmer and Dietzen, 1991).

2.6.2. EMPATHY AND STUDENT DEVELOPMENT

According to Chickering (1981) students entering the university for the first time find the transition to the university environment a stressful experience. Research conducted by Baker and Siryk (1980) on the role of empathy in student development support the observations made by Chickering (1981) that new students experience social isolation and dissatisfaction in the new academic environment. Rabiecki and Brabeck, (1985) report that although the development of interpersonal relationships is an important task for the new students (Fridman and Stone, 1978), these students tend to grapple with the development of autonomous

24

Kremer and Dietzen (1991) also observed that the importance of interpersonal skills is particularly salient in university residential halls where students from different backgrounds must co-exist in relatively crowded environments. Kremer and Dietzen (1991) therefore suggests that empathy training may help students to meet these interpersonal challenges. Similarly, Waldo (1989) found that since empathy training enhances interpersonal communication, it is likely to improve academic performance. The implications of this deliberation are broad and have been highlighted below.

2.7. RAMIFICATIONS

The findings cited in the latter discussion indicate that there is an enhancement of interpersonal effectiveness if counselling skills are made available to the lay persons in the community. Goldstein and Michaels (1985) recommend that more lay counsellor training programmes should be developed to provide the communities with experiences that can enhance member's own development and hence prevent the occurrence of serious problems.

In accordance with the current social transformation process in South Africa, corresponding changes have emerged in the counselling profession. For example, the role of psychologists appears to be moving away from being individualist, bourgeois and elitist towards the re-allocation of services and skills to all sectors of communities to empower them (Hayes, 1987; Webster, 1986). Counselling psychologists are beginning to teach the helping skills to para-professionals, teachers, parents, students and groups of people where they may be employed as agents of therapeutic change.

More specifically, the psychologists are engaged in training a variety of people in basic interpersonal and life skills that can improve their functioning in significant social roles, for example, training for national youth leadership programme (Harper and Brazier, 1987). In this regard the psychologists share important psychological skills and knowledge with the community to help them function more effectively in helping situations and to move to higher levels of personal and social development (Goin, et. al., 1976). Furthermore, they deal with diverse concerns and crises requiring emergency attention. They are also involved in employment counselling, correctional counselling, rehabilitation counselling, marriage and family counselling. Further still the counselling profession is enlarging its substantive basis towards teaching family skills, recreational skills, and skills for dealing with effects of Apartheid (Webster, 1986).

It appears that the potential for teaching empathy skills to lay persons has no limitations, for example, Groeneveld and Gerrard (1985) conducted a one-day empathy training programme with prison guards with a view to improving their interpersonal skills. Their results suggested that the significant gains in listening and empathy make similar programmes a cost effective way of helping to rehabilitate inmates. Similarly, Carkhuff and Truax (1965) cite a number of investigations in which lay people received training to perform empathy related counselling functions successfully.

While empathy seems to be a difficult concept to define, it is important to acknowledge that empathy skills may be transferred or taught to others.

Specifically, effective empathy training, that is outlined in chapter 3 can produce effective lay counsellors who could play an important role in helping communities or peers to cope with ever-increasing social, political, economic, and educational demands.

CHAPTER 3.

EMPATHY TRAINING

3.1. PEER COUNSELLOR TRAINING

The significance of empathy training has been broadly researched and discussed in literature on training undergraduate helpers (Authier and Gustafson 1975; Bergin and Jasper, 1969; Dymond, 1949; Payne, et.al., 1975), developing parenting skills, (Carkhuff, 1969), improving teaching techniques (Basson, 1978), training counsellors (Carkhuff, 1968; Gardener, 1964; Harman 1986) and on counsellor trainees (Carkhuff, 1969; Carkhuff and Berenson 1977). A review of some of the latter research indicates that empathy is essential in developing and maintaining effective counselling interactions (Truax and Carkhuff, 1967).

Consequently, numerous studies (Goldstein et.al., 1985; Guttman, 1989; Jewell and Lubin, 1988; Kremmer and Dietzen, 1991) suggest that empathy is gradually being recognised as a necessary skill for everyday life. While Egan (1975) regards empathy as a foundation for building interpersonal relationships, Eisenberg and Strayer, (1987) and Patterson (1965) describe empathy as an important tool for alleviating stress. Accordingly, both Egan and Eisenberg agree that empathy training should be made available to all persons in order to help them live a stable life and meet its crises more effectively (Egan, 1975).

There is consensus in contemporary research that empathy is an important skill that can be transferred to others through appropriate training and development (Carkhuff 1969; Dalton, et.al., 1973; Egan 1975; Gladstein, 1983; Goldstein and Michaels, 1985; Ivey and Authier, 1978; Reddy 1968; Truax and Carkhuff 1967).

28

The current investigation has therefore been undertaken to demonstrate a particular process that could be used in teaching empathy skills to university students.

According to Baker and Siryk (1980) the importance of empathy training is particularly salient in university residences where students from different cultural backgrounds must coexist in order to survive the prevailing academic and social pressures. Failure to live together has potential to impact on the students' entire university experience, including academic performance and general feeling about the university (Kremmer and Dietzen, 1991). Waldo (1985) cited in Kremer and Dietzen (1991) suggests that empathy training may help students in dealing with some of the latter challenges.

Research conducted by Kremmer and Dietzen (1991) indicates that empathy training may improve communication between roommates in the university residence. Furthermore, they found that while empathy training may improve communication skills it also has a positive impact on academic performance.

Waldo (1989) identified three elementary methods that are commonly used in empathy training among students: Firstly, an incorporation of communication courses into the curriculum with an intention to develop and improve levels of empathy among the students. Apparently this approach has proven to be problematic because students who have no particular interest in the course may not be excluded from it without interference with their democratic right to register of any course that is of interest to them (Waldo, 1989).

29

Secondly, the use of a workshop format as a mechanism for facilitating the acquisition of empathy skills. While it may be advantageous to make use of this format, the rate of success for this method tends to be minimal since it requires more time planning and co-ordination and is also highly influenced by the availability of both human as well as material resources (Waldo, 1989).

Thirdly, the studies conducted by Carkhuff and Berenson (1977), and Berger (1987) on the effectiveness of the interpersonal skills training programme indicate that empathy may be effectively taught through a training programme. The merit of the latter approach is that it uses an appropriate medium to systematically teach empathy skills to individuals. However, the ability to transfer skills acquired through the latter approach is highly debated (Guttman, 1989).

While each of the afore-mentioned approaches to empathy training have their advantages and disadvantages, there is agreement that empathy training is necessary for student development and should be provided in order to assist students from different cultural backgrounds to coexist and survive the prevailing academic and social pressures. The present investigation has been initiated as an attempt to deal with this situation.

3.2. TRAINING PROGRAMMES

Various approaches to empathy training have been described in the literature, and each of them discusses certain critical variables, namely; the use of brief transcripts of psychotherapy sessions and tracking errors (Kepecs, 1979), in vivo modelling via observation of experienced therapists (Goin, Burgoyne, Kline, Woods, and Peck, 1976), systematic training of empathy with it's operant conditioning and systematic exposure to a model presented on videotape (Dalton, Sunblad and Hylbert, 1973), modelling or social learning programme using a video-tape format (Eisenberg and Strayer, 1987).

A review of research indicates that the most commonly used and effective training programmes include the experiential didactic programme (Carkhuff and Truax 1965); micro-counselling (Ivey and Authier, 1978); the applied learning programme (Goldstein and Michaels, 1985) and the systematic training approach (Dalton, et. al., 1973). Furthermore the afore-mentioned research indicates that the most appropriate programme for empathy development among student is micro training. Accordingly this approach has been discussed in the current investigation.

3.3. MICRO-TRAINING

A large number of studies have been documented on the use of microtraining to develop inexperienced counsellors (Haase and DiMattia, 1970; Ivey, 1973; Moreland, Ivey and Phillips, 1973). The original microtraining program involved the following; modelling of positive and negative examples of the skills, videotaped practice, self confrontation, feedback from a supervising counsellor, and further skills practice.

31

Contemporary microtraining approaches to empathy development consists of a hierarchy of highly specific, well defined helping skills namely; attending behaviour, minimal encouragers and verbal behaviour, which are intensively coached. Instructions take the form of video taped statements and these are analyzed to identify the full meaning of the responses.

The vast majority of the afore-mentioned studies that were conducted on microtraining report a significant improvement in empathy levels amongst the experimental groups when compared with the controls. Ivey and Authier (1978) have reported extensively on the success of their micro-counselling programme dealing with the training of counselling skills. Basically their research focused on the impact of single skill training, role plays and self-observation on the videotape. Ivey (1973) claimed that many other programmes confuse the trainees by attempting to teach all the sub-skills at once and also maintained that seeing oneself as others do on video, serves as a powerful learning experience.

While research generally indicates that the micro-counselling programme is highly effective in development of human relations the experiential-didactic type programme proposed by Carkhuff (1969) seems to fail to ensure that trainees have actually learned the empathy skills and can demonstrate the skill. However, it is important to acknowledge that various training components play an influential role in the success or failure of the microtraining approach. These may include the following aspects: the role of supervision in effecting skill acquisition (Kepecs, 1979), the quality of the supervisory relationship (Truax and Carkhuff, 1967), specificity and immediacy of supervision (Payne, Winter and Perry, 1975), the encouragement of co-counselling behaviour, the degree and quality of modelling behaviour (Stone and Vance, 1976), skills practice (Fuqua and Gade, cited in Gladstein, 1983).

32

In summary, microtraining is reported to be effective in the development and transfer of empathy skills to other situations (Authier and Gustafson, 1975). However this approach is particularly effective when it consists of a didactic presentation of the concepts and skills to be learnt, followed by in-vivo modelling of the skill, and finally the role-playing of the skill in dyads or triads made up of the helper, the helpee and an observer.

3.4. CRITICAL VARIABLES IN EFFECTIVE SKILLS TRAINING

3.4.1. IMMEDIATE FEEDBACK

Reddy (1968) examined the differential effects of immediate and delayed feedback on the result of the learning of empathy skills during counsellor training. He found that where trainees received immediate feedback on their performance, learning was more rapid and of higher degree.

3.4.2. ROLE OF TRAINER

An evaluation of the literature regarding counsellor training (Carkhuff, 1969) stressed that an important determinant of whether supervision and education will lead to long term changes in trainee behaviour was the level of facilitation offered by the trainer. Quite clearly, the level of empathic understanding achieved by the trainee tended to converge with the levels of empathy offered by the trainer. Trainees seemed to gain most with high empathy trainers and deteriorate with low empathy trainers.

33

3.4.3. ROLE OF THE TRAINEE

Gruen and Mendelsohn (1985) claims that the empathic responding of the trainee is derived from a general disposition to mirror the emotions of others. They found that the trainees that obtained the highest pretest score on measurement of empathy before training tend to participate more during the training process and subsequently gain the most from this training. Accordingly those that obtained the lowest pretest score tend to benefit the least from the training process. These findings appear to have serious ramifications for the identification of candidates for training as well as for the evaluations of the empathy training programmes.

3.5. EVALUATION OF EMPATHY TRAINING PROGRAMMES

The literature on the effectiveness of empathy training programmes is enormous and intricate. Quite clearly, contemporary research in this respect tends to be confounded by numerous variables, such as the level of functioning and experience of the trainer, level of trainee functioning, type of instruction used, and the duration of training (Matarazzo and Patterson cited in Kremmer and Dietzen, 1991). These issues were controlled in the current investigation.

Nonetheless, Gormally and Hill (1974) suggest some direction for research on effective training paradigms. They highlight the significance of five main facets for measuring outcomes that require clarification namely; the behaviours to be measured, measurement of change, types of measurements, inherent limitations and effective rating scales.

Gormally and Hill (1974) evaluated long term studies at standard intervals and found that feedback studies need to be conducted in order to assess the extent to which the empathy skills are transferred and maintained in the day to day interactions.

They also recommended strongly that research studies on empathy should use placebo control groups rather than using no treatment control groups. These groups should be similar to the experimental groups regarding training expectations and motivation and should receive equivalent contact time. Furthermore the trainers should be equally enthusiastic and skilled in conducting empathy training across different groups.

Although these recommendations are extremely important, they are not easily achieved in practice. Both groups also need to be aware of the specifics of the rating scales, otherwise experimental subjects may be advantaged in that they know how to avoid questions and to give interchangeable empathy responses in the post test interview, whereas control subjects do not have this knowledge. If both experimental group and control group are aware of what the desirable and undesirable responses are, then the superior performance by the experimental subjects at posttest would be clearly attributable to an increase in communication of empathy through training. Confusion still exists due to the array of variables used regarding issues such as length of training, type of practice trials, amount and quality of trainer modelling and the effects of delaying feedback.

Studies also tend to underscore the importance of the generalisation of the learned skills to counselling situations. Gormally and Hill (1974) maintained that researchers need to demonstrate that these skills have effectively improved the helper's counselling skills on independent criteria.

In summary the latter studies indicate that effective design of empathy training research should incorporate an effective control (placebo) group that will undergo the same training expectation and motivation, and should at the same time be exposed to attending skills, responding skills, suspending judgement and immediate feedback.

3.6. SPECIFIC SKILLS TRAINING

Trainers of empathy skills must establish themselves as models who can sensitively share experiences with others. In addition Carkhuff (1969) proposed that the process of training will be more effective if the trainers systematically focus on didactic teaching and shaping of empathy in their interaction with the trainees.

Carkhuff (1969) stated that effective discrimination did not translate readily into effective communication in the helping role. The results of the studies conducted by Carkhuff (1969) also showed that high level functioning trainees could generalise easily from one learning experience to another but low level persons were unable to do so.

Harman (1986) suggested that the following skills be given attention during an empathy training programme, attending to another without preconceived ideas, detecting and describing accurately another's immediate affective experience, communicating one's understanding to another effectively enough for the other to feel understood, constantly checking the accuracy of one's empathic responses by monitoring the other's feedback.

Barret-Lennard (1981) proposed that the following steps are important in the development of empathy. Firstly, person A attends to person B who in some way expresses his own experiencing. This requires an empathic attentional set which is characterised by the openness of the helper. Secondly, person A resonates to person B in such a way that aspects of person B's experiences become experientially alive, vivid and known to person A.

Thirdly, person A expresses quality of felt awareness of person B's experiencing. Fourthly, person B perceives the extent of person A's immediate personal understanding. Lastly, person B confirms or corrects the contents of person A's view whilst experiencing a relationship characterised by personal understanding with person A.

Accordingly, while the first process comprises resonation and personal understanding on the part of listener the second is the expression of this empathic understanding. The trainee must be taught that as counselling progresses, the critical phases of empathy spiral into more indepth understanding of the helpee's problem until eventually one reaches a high level of understanding (Carkhuff (1969). To improve one's level of empathy requires firstly, the refining and sharpening of one's attending skills and the simultaneous development of the ability to suspend one's frame of reference.

The other significant skill is the ability to articulate the understanding of the helpee. In the final analysis the helper has to learn to monitor the helpee's reactions to his/her statements.

3.7. PERSONAL JUDGEMENT

Research indicates that the helper has to learn to suspend his/her own frame of reference from the presenting issues in order to accept the other person's right to feel the way he/she prefers (Egan, 1982).

Suspending the self is necessary to clear the perceptual field of those psychic elements in the observer that might impose a prior structure. According to Gaff (cited in Egan 1982) the way to help a client recognise all of his or her inner perceptions is for the counsellor to appreciate his/her own and not to suspend them necessarily.

3.8. ATTENDING BEHAVIOUR

An examination of basic empathy skills (Ivey and Authier, 1978) indicate that to be empathic, it is imperative to be able to hear the other person accurately. This therefore requires active and accurate listening, that entails selecting the underlying feeling emotion (and probably thoughts) as well as the content of a message. Likewise it is crucial to articulate this understanding. Training programmes includes the viewing of silent videotapes to help trainees focus on the non-verbal content of messages. Carkhuff and Berenson (1977) maintain that the helper could best convey his/her understanding of the helpee's situation by being fully human and not reacting mechanically, and by sharing more than a mere intellectual understanding of the problem.

Although attending behaviour may be all that required of primary-level empathy, advanced empathy requires further dimensions of interpersonal influence. In this respect Carkhuff (1969) alluded to additive empathy, which requires the helper to involve himself/herself in the interview through self-disclosure, interpretation and or giving of directions.

3.9. RESPONDING SKILLS

According to Carkhuff (1969) too much empathy too soon may have a detrimental effect in the counselling interaction between the helper and the helpee. Carkhuff (1969) maintains that premature empathy may create tension or anxiety in the helpee. The helper's language and reflection of feeling must somehow create an awareness in the helpee that the helper is tuned into his wavelength both intellectually and emotionally. The deepest level of empathy is reached when the helper learns to fill what is missing, rather than simply dealing with what is present.

3.10. CURRENT PROGRAMME

The Peer Counsellor Training Programme that is alluded to in this research project has been used by the Student Counselling Centre at the University of Natal (Pietermaritzburg) to teach empathy skills to student peer counsellors (See appendix 3). However, previously no investigation was undertaken to evaluate the efficacy of the programme in developing or improving the trainees' empathy levels.

The current investigation was therefore undertaken to evaluate the effectiveness of a University Based Peer Counsellor Training Programme in improving empathy levels among senior (third year and above) student peers.

It was anticipated that the findings from this study would indicate whether the process that was used in teaching empathy skills was or was not appropriate for university students.

A comprehensive review of literature in empathy indicated that the workshop format was the most appropriate mechanism that could be used to facilitate the students acquisition of empathy skills (Waldo, 1989). In spite of the required time to plan and co-ordinate the workshop this method was adopted because of its effectiveness for interpersonal skills training (Carkhuff and Berenson, 1977).

An examination of research indicated that single skill training, role plays and observation on the videotape are powerful mechanisms for teaching empathy training (Ivey, 1973; Ivey and Authier, 1978). The microtraining approach therefore was used in presenting the empathy skills to the participants. The procedure that was adopted entailed the following action steps:

(a)   A didactic or video presentation of the concepts and skills to be learnt.

(b)   This was followed by in-vivo modelling of the skill. The quality of modelling behaviour was highly monitored by a senior counsellor (Stone and Vance, 1976).

(c)   Finally, the role-playing of the skill in dyads or triads made up of the helper, the helpee and an observer. The participants were encouraged to practice the learned empathy skill several times (Frisz, 1986). The role plays were conducted under individual supervision and guidance from the participating counsellors (Payne, Winter and Perry, 1975).

In completion of the training programme each participant was requested to provide lay counselling to a student peer through which the learned empathy skills could be used and therefore evaluated under realistic circumstances.

40

While it is common knowledge that traditional methods of measuring empathy are inundated with problems of validity and reliability (Barkham and Shapiro, 1986), the Carkhuff Empathy Scale was used for the assessment of empathy levels among the participants. A detailed discussion of the empathy measures, and the Carkhuff Scale in particular is presented in Chapter 4.

CHAPTER 4.

MEASUREMENT OF EMPATHY

4.1. RESEARCH REVIEW

Most of the early measures of empathy were in terms of predictive accuracy but eventually the distinction between cognitive and affective empathy was raised and the content of empathy scales shifted in the direction of emotional empathy for which self-report items were concerned with the respondents' emotional reaction to others' emotions. However, the problem appears to lie on the fact that empathy has been described not as a unitary construct but as a concept comprising several dimensions and arrayed with a wide variety of meanings.

Gladstein (1983) suggested that one could expect confusion in research results when one attempted to reduce a complex phenomenon such a s empathy to quantifiable elements. He also questioned the validity of creating measures that isolate the affective from the cognitive components of empathy. In support of his argument he quoted some of the psychoanalytic writers such as Steward, Greenson, and Kohut (cited in Gladstein, 1983) who agreed that empathy could not be studied by using traditional scientific methods. They had pointed out that much confusion was bound to result by studying only part of a totality that did not lend itself to traditional scientific analysis.

Furthermore, Steward (cited in Gladstein, 1983) postulated that by personal empathic experience, we destroyed what we were trying to measure.

Hickson's survey of the research on empathy had been designed to measure three types of empathy namely, an individual's ability to empathize with another, the ability of two individuals to empathize with each other, and the individual's ability to empathize with a group (Hickson, 1984). She found that, not withstanding a lack of a clear operational definition, researchers have attempted to measure empathy as predictive or situational and they have typically used rating scales and personality tests to do so. However, in considering the nature of empathy, its meaning and use, researchers have failed to treat the concept specifically.

The latter arguments merely highlight the confusion in empathy research as some are saying that a more operationalised definition of empathy is necessary to improve research in this area, while others are maintaining that it is undesirable, if not impossible, to define empathy operationally. It is generally accepted that the ability to empathize accurately is a central therapeutic ingredient, if correct it then becomes important to asses accurately this capability in those who wish to facilitate change in others through a helping relationship.

Kurtz and Grummon (1972) looked at generally used approaches to the measurement of empathy and identified four groups, each having a number of alternative measures. These four groups are referred to as situational ratings, predictive ratings, tape judged ratings and perceived empathy.

The empathy measures used in the situational ratings employ a standardized test situation in which the helper's empathic responses to standardized stimulus statements or situations are elicited.

The responses are then compared to some form of model replies. Empathy is treated as a trait in the sense that the therapists scoring high in the test situation are presumed capable of greater empathy with their clients. An alternative approach focuses on the use of predictive measures. These require the therapist to predict how his client will respond on a personality inventory or other series of descriptive items. The closer the helper's predictions are to the client's actual response, the greater the degree of empathy the helper is presumed to have.

Another somewhat different approach consists of the judged ratings. These scales measure the discrimination and communication of empathy by independent judges rating the level of helper empathy present in the interview between helper and helpee which has been videotaped. Baas and Heck (cited in Authier and Gustafson, 1975) suggested that for such ratings to be accurate the accuracy criterion must be known and made explicit and that the basis of determining accuracy must be from the helpee's perspective. This process may require listening to entire tapes before sampling segments to be rated.

The more comprehensive approach is referred to as 'perceived empathy'. Bared-Lennard (cited in Kurtz and Gammon, 1972) examined various perceptions of empathy at different stages of the counselling process via a standard questionnaire, the Bared- Lennard Relationship Inventory. This scale is composed of sixteen statements about the helper and it yields three measures of perceived empathy, the client's perceptions after the third interview and at the termination and the therapist's perceptions after the third interview. The mean score is regarded as a reflection of the therapist's level of empathy.

Ivey and Authier (1978) reported on the use of frequency counts to measure empathy ratings and suggested that for the micro-counselling paradigms it was the most direct measure of the trainee's ability to use the skills he has been taught. The problems with frequency counts though, is that they do not indicate the appropriateness or accuracy of the response.

While all the scales mentioned in this section were designed to measure empathy, it appears that they may have been tapping different empathic aspects or they may have been assessing some qualities related to but different from empathy. The diversity of research results highlights the inconsistencies between stated empathy definitions and measures.

Thus the confusions regarding the significance of empathy in counselling can be traced to variations in definitions and measures used in empirical studies. As Gladstein (1983) suggested, perhaps we should be looking at which type of measure to use for which type of empathy for what type of desired outcome. Similarly, Barrett-Lennard (1981) argued, each phase of the empathy cycle required its own unique measurement.

4.2. EVALUATION OF MEASURES

Barkham and Shapiro (1986) have specified difficulties with traditional methods of measuring empathy. These include the following :

(a)   Traditional approaches ignore the significance of understanding empathy from the helpee's point of view.

(b)   The variance attributable to non- verbal behaviours is seldom taken into account in the appraisal of empathy.

(c)   The validity of ratings used in the assessment of empathy is often reduced by the raters recourse to global factors as opposed to specific cues that emerged from the assessment itself.

More specifically, the response measures that are used in many empathy ratings generally require the participants to give written responses to written stimulus statements or to respond to audio-taped stimulus statements. Regrettably, although written responses are easy way to use, they lack generalization to real helping situations which limits their use for research.

4.3. CARKHUFF SCALE

The Carkhuff Empathy Scale of Empathic Understanding is the measuring instrument that was used to evaluate the efficacy of the empathy training programme being evaluated in this research, therefore it will be discussed more fully than the other measuring scales.

Carkhuff (1969) reduced the nine point Accurate Empathy Scale which was originally developed by Truax (Truax and Carkhuff, 1967) to five points in an attempt to increase the reliability of the scale. (refer to the manual of the Carkhuff Empathy Scale) The validity of Truax's scale has been reportedly well established (Carkhuff and Berenson, 1977, Truax and Carkhuff, 1967). Carkhuff hoped to reduce the ambiguity and inadequate specification of behaviours when measuring empathy by distinguishing between interchangeable, additive and subtractive counsellor responses. Therefore the key to empathy ratings, according to the Carkhuff scale, is assessing or judging the relation of the helper's response to the helpee's expression, in terms of both the helpee's expressed affect and content.

4.3.1 THE EMPATHY SCALE

Carkhuff and Berenson (1977) remind us that the helper's ability to communicate at high levels of empathic understanding involves the helper's ability to allow him/herself to experience or merge with the experience of the helpee, reflect upon this experience while tolerating any anxieties that this may create within him or her and then communicate this understanding to the helpee. This does however require more than a mere mechanical response or intellectual understanding. The Carkhuff Empathy Scale therefore attempts to measure the level of empathy by systematically focusing and assessing the additive, subtractive or interchangeable aspects of the helper's communication with the helpee.

The Carkhuff Empathy Scale consists of two parts namely, the Communication Index and the Discrimination Index. In the Communication Index the client is presented with the statement and is required to formulate a personal response to it. In the Discrimination Index the client is presented with a list of statements and is required to rate each of these statements according to the level of empathy that they convey. Both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale comprise 8 items each that are rated according to the 5 levels of empathic understanding (Carkhuff, 1969). In describing the various levels of the Carkhuff Empathy Scale an example of a response at each level is given, and the trainee counsellor is evaluated or rated according to the nature of the responses that he or she provides towards statements presented. The details of this evaluation are presented in the manual of Carkhuff Empathy Scale (Carkhuff, 1969).

4.3.2. EVALUATION OF CARKHUFF SCALE

Rappaport and Chinsky (1972) found that the scale lacked discriminative validity and at the same time they questioned the validity of studies demonstrating a positive relationship between Accurate Empathy and therapeutic outcome.

Johnson and McCray (1982) conceded that the criticisms of empathy rating expressed by Rappaport and Chinsky (1972) would be justified, given the assumption that such ratings were measuring a quality of the therapist. But their research findings indicated that empathy ratings actually assessed a relatively independent quality of the therapist client interaction and hence the inter rater reliability seems defensible. They did stress, however that the role of the client in determining therapist empathy should be explored further .

Notwithstanding Carkhuff's attempts to reduce the ambiguity of Truax Accurate Empathy Scale (Truax and Carkhuff, 1967), the Carkhuff Empathy Scale is still considered to lack operational specificity which makes it difficult to maintain objectivity and standardization of the scale used in rating (Gormally and Hill, 1974). If the standardized training of the use of the scales is not provided, the rating scale measurements may vary across studies. Ratings using the Carkhuff Empathy Scale are thus dependant on how, and under what conditions the helpers are trained.

Engram and Vandergroot (1978) maintain that their research findings indicated that the Carkhuff Empathy Scale was essentially a verbal scale but that the validity of their findings was dependent on the definition of empathy. If empathy is seen strictly as a verbal skill then the Carkhuff Empathy Scale may be a reflection of empathy. But, if empathy is viewed as a multimodal skill to communicate understanding and feeling, then it appeared to be inadequate.

Regardless of the above mentioned criticisms of the Carkhuff Empathy Scale it is important to indicate that it is generally recognized as valid and reliable in therapeutic research (Carkhuff and Berenson, 1977; Carkhuff, 1969; Truax and Carkhuff, 1967). Since the Carkhuff Empathy Scale is freely available and widely used, it was therefore identified as the most appropriate mechanism for meeting the objectives of the current research study.

CHAPTER 5.

RESEARCH METHODOLOGY

5.1. STATEMENT OF THE PROBLEM

It has to be acknowledged that the training programme that is described in the current research study, was not designed to provide the proficient counsellors with skills that will enable them to offer the alternative types of empathy that Barrett-Lennard (1981) contemplates for the diverse stages of the therapeutic process. The main objective of the training programme was to prepare academically senior students (that is third and fourth year students) of the University of Natal, Pietermaritzburg campus to be more empathic and skilful in helping the new student peers who may be disillusioned with studies or their social lives during their first year at the university.

Accordingly, the concept empathy has been defined in the current research study as the ability to understand the content and feeling of the helpee's statements from his or her frame of reference and to communicate this understanding to the helpee through explicit verbal and non-verbal expressions that correspond with the helpee's affect and content. Therefore the expectation is that the empathy training programme that is being evaluated will facilitate the development of the above mentioned skill.

Hence, the null hypotheses that were formulated for this research study were the following:

1. That there will be no significant difference between the posttest mean scores of the experimental and control groups on both the Communication Index and the Discrimination index of the Carkhuff Empathy Scale.

2.   There will be no significant difference between the pretest and posttest mean scores of the experimental group on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale.

Accordingly the experimental hypothesis was two fold in that it assumes:

1.   The posttest mean scores of the experimental group will be significantly higher than the posttest mean scores of the control group on both the Communication Index and the Discrimination index of the Carkhuff Empathy Scale.

2.   The posttest mean scores of the experimental group will be significantly higher than the pretest mean score of the same group on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale.

5.2. SAMPLING PROCEDURE

The participants in this study were drawn from senior students (third year and above) who volunteered to attend the Peer Counsellor Training Programme conducted by the Student Counselling Centre at the University of Natal, Pietermaritzburg. The participants were selected from a total of 90 students who responded first, to the advertisements of the Peer Counsellor Training Programme that were placed on various notice boards throughout the university campus. After much consideration of the demands of co ordinating the current training programme, the personal particulars of the potential participants were screened to reduce the number of participants. The basic criteria for selecting this group were the following:

(a)   The student was senior (third year and above).

51

(b)   The student was acquainted with the University of Natal environment (its pressures and demands).

(c)   The student demonstrated to have an interest in the development of other students at the university. Emphasis was placed on involvement on social or academic activities.

A total of 60 students qualified to participate in the current research study. These were randomly divided into the experimental group and the control groups. The experimental group consisted of 30 participants randomly selected from the students who were willing to attend the Basic Counselling Skills Programme that was conducted hy the Student Counselling Centre. It was by chance that a large proportion of the participants in this group consisted of residence house committee members. Similarly, the control group consisted of 30 subjects randomly selected from students that had no intentions of attending the Basic Counselling Skills Programme. Every attempt was made to match this group as closely as possible to the experimental group in terms of age, sex, gender, race.

5.3. METHOD OF RESEARCH

5.3.1. RESEARCH PROCEDURES

While the experimental group was told that they were to attend an empathy training skills programme, the control group was informed that it would attend a different yet comprehensive training programme (placebo) to that attended by the experimental group. They were also requested to complete the pre and post-test evaluation questionnaires and interviews at the same time as the experimental group.

Whilst there were 60 participants at the beginning of the empathy training programme, 20 delegates did not complete the course because of unforeseen academic or social commitments. Consequently, the present discussion focuses on the results of 40 participants who attended the whole programme continuously.

5.3.2. PROCEDURE

(a) **Pre-Testing**: 30 subjects comprising of the experimental group and 30 members of the control group were assessed before undergoing training. Each participant was presented with the Carkhuff Empathy scale to complete (Carkhuff, 1969). More specifically the subjects were requested to formulate helpful responses to various excerpts presented in Carkhuff scale.

(b) **Training** : While the experimental group was taken through a 7 week empathy training programme, the control group attended a 7 week placebo training programme. The training for both groups incorporated 7 group sessions of 2 hours duration. Four additional sessions were also organised to receive feedback from the experimental group.

The total number of hours spent on training alone was 22 hours per training programme. The training method used involved a careful identification of behaviours that had to be learned i.e. non-verbal and verbal attending; listening; reflecting on content and feeling; suspending personal judgement; responding to behaviour; feeling and meaning (Basson,1978). The training programme consisted of teaching, demonstrating and requesting participants to role play or simulate realistic situations.

53

Training was divided into the following topics; Introduction and assessment, Basic empathy, Advanced empathy, Problem solving skills, Crisis intervention, Cross cultural sensitivity training, and Evaluation of training.

Each training session was facilitated by 2 qualified trainers (both counselling psychologists) drawn from the staff members of the Student Counselling Centre. These trainers were assisted by two Masters students from the Psychology Department, University of Natal Pietermaritzburg.

(c)   **Posttesting**: After training was completed an assessment of both the experimental and the control group was undertaken. Once more the Carkhuff Empathy scale was used to measure level of development of empathy.

(d)   **Follow up** : Four sessions of two hours each were set aside for follow up on the effectiveness of training. During the sessions an outside presenter was also requested to conduct a seminar on issues identified before-hand by the participants. The issues that were presented included sexual harassment, counselling people that are HIV positive, conflict management, and dealing with rape victims. During these sessions participants were encouraged to help fellow students (using the skills acquired in counselling skills) and to give feedback to facilitators.

Furthermore, a list of student helpees that had been counselled by the trainee helpers was compiled in order to check with them whether the help that they received was useful and appropriate.

These helpees were requested to complete a questionnaire designed by the counselling psychologists at the Student Counselling Centre, University of Natal, Pietermaritzburg, to evaluate the effectiveness of the helping interaction between the peer counsellors and the student helpees. A further discussion on this matter is presented in section 5.4.

The evaluation of the pre and posttest rating of the participants responses to each of the eight items of the Communication Index and the Discrimination Index was done by three independent psychologists who are familiar with the Carkhuff Empathy Scale (Carkhuff, 1969). These psychologists also rated each of the responses to the questionnaire that was referred to earlier. Vital to the validity of the research was the random presentation of the pretest and posttest responses of the control group and experimental group to the afore mentioned psychologists (Carkhuff, 1969). At no stage were the raters informed which participants were control or experimental group or which responses were pretest or posttest.

5.4. INSTRUMENTATION

Of the available instruments for the measurement of empathy, the Carkhuff Empathy Scale was the preferred instrument because it focuses, not only on the helper's understanding of the helpee, but also on the communication of this understanding to the helpee, thus it also focuses on helper responses rather than upon the helper's attitudes or interventions, as many of the other scales do. Furthermore the Carkhuff Empathy Scale is unique in that it consists of two parts namely, the Communication Index and the Discrimination Index, and each of the these indexes comprises of 8 items that specifically identify different yet important levels of empathic understanding (Carkhuff, 1969).

55

In describing the various levels of the Carkhuff Empathy Scale, an example of a response at each level is given, and the trainee counsellor is evaluated or rated according to the nature of the responses that he or she provides towards a statements presented. The details of this evaluation are presented in the manual of the Carkhuff Empathy Scale (Carkhuff, 1969).

The Carkhuff Empathy Scale also systematically focuses on the additive, subtractive and interchangeable aspects of the helper's attempts at being empathic with the helpee. A further positive characteristic of this scale is the fact that the helper's actual verbal behaviour is evaluated as it occurs. According to Ivey and Authier (1978) not withstanding some of the criticisms levelled at the Carkhuff Scale, it would still appear to be the most generally used empathy measure. The original Truax scale was validated in extensive process and outcome research (Truax and Carkhuff, 1967) although these findings were severely criticised by Chinsky and Rapport (1970). Limited literature documents whether the revised scale does indeed reflect an improvement upon the psychometric properties of the Truax scale. In the one study, conducted by Engram and Vandergroot (1978), that has been done, the overall high correlation ($r=0,89$; $p=0.001$) between the two scales is reassuring.

Furthermore, separate qualitative questionnaires were completed by the experimental group and the helpees to ascertain the participant's subjective assessment of the programme as well as evaluate the effectiveness of the helping encounter. The trends that emerged from the participants' responses were summarized into four dimensions or items that were suggested by a senior research psychologists of the University of Natal, Pietermaritzburg. The following items were identified:

1. **Listening** = The degree to which the client or the helpee felt that the peer counsellor satisfactorily listened or attended to the presenting problems.

2. **Exploration** = The degree to which the client or the helpee felt that the peer counsellor used effective mechanisms to find out or explore the issues regarding the presenting problems.

3. **Understanding** = The degree to which the client felt that the peer counsellor clearly understood the presenting problems and their implications for the client or helpee.

4. **Action** = The degree to which the client felt that the peer counsellor took appropriate steps or action in helping the client to manage his or her problems effectively. The results gathered through the afore mentioned questionnaire are displayed in Table 18, of chapter 6.

5.5. RATER TRAINING

The raters were three independent psychologists who were not involved in the Peer Counsellor Training Programme in any way. The training of the raters in the use of the Carkhuff Empathy Scale took two hours and was conducted immediately prior to the rating of the programme participants.

The first step was to familiarize the raters with the rating scale by discussing each of the five levels of empathy, ensuring that each rater could clearly distinguish and reach consensus on their rating of the responses at the various levels between level one and level five.

5.6. RATING PROCEDURE

After the raters had been adequately trained in the use of the Carkhuff Empathy Scale they were each presented with their own copies of the written pre and posttest responses of the subjects. The lists of responses were coded in such a way that the participants could not be identified by the raters. Their responses were also coded in order to eliminate probabilities for the raters to ascertain whether the responses were pre or posttest and whether they were from the experimental or control group. The raters independently evaluated each of the responses and recorded on a separate form before forwarding them to the next rater for another rating. After all the responses had been rated the ratings were compared and an average score determined. This score was then accepted for each subject.

5.7. DATA ANALYSIS

The experimental and the control groups were compared with regard to pre and post evaluations on the basis of the hypotheses as stated above. The statistical procedures used to analyze the results comprised the Wilcoxon Matched Pairs Signed Ranks Test, the Mann-Whitney U Wilcoxon Sum W Test, the Kruskal Wallis 1 Way ANOVA. The Pearson Correlation the Chi-Square Test were used to determine the level of significance of the gains in the pre and posttest scores. Furthermore, the means and standard deviation were identified for all the pre and posttest scores obtained by the participants on the Communication and Discrimination Index of the Carkhuff Empathy Scale.

The inter-rater reliability was determined separately for the pretest and posttest scores and raters were not told whether they were rating pre or posttest scores for experimental or control group. This was preceded by training the rater to be objective and accurate in rating.

58

5.8. EVALUATION

In an attempt to ascertain how the experimental group subjectively experienced the Peer Counsellor Training Programme, a qualitative questionnaire was issued to the experimental group at the completion of the last session. As the Empathy Training Programme being evaluated was to be offered to students every year, it was considered important to establish whether participants viewed the experience positively or negatively and whether they personally felt that the programme was of benefit to them.

The questionnaire was devised in such a way as to gain feedback from the participants on the merits of having included certain components of the programme, e.g. student developmental needs and listening skills as well as the participants' subjective opinion about the merits and demerits of the programme and whether they felt that any improvements in dealing with students and colleagues could be anticipated.

5.9. PEER-COUNSELLOR TRAINING PROGRAMME

As was mentioned earlier in the current discussion, the Peer Counsellor Training programme was developed at the University of Natal in response to an identified need amongst new students, as well an attempt to enhance the success of the mentoring programmes for first-year students which have been introduced in the last few years. It was decided to include the following dimensions in the programme; listening skills, crisis intervention, and cross cultural awareness. Much the same as most lay training programmes, this programme was basic and aimed at training helpers to effectively relate to persons in need of help and to facilitate their movement towards problem solution.

In the limited time that was available, the focus was on the sensitivity training and the acquisition of interpersonal skills, and on changing the attitudes of the trainees towards others.

The methodology that was adopted in each of the sections of the training process comprised the presentation of theory to the participants. This was followed by helping participants to reflect on issues through the use of examples and intense practise sessions. Simulated exercises were used to facilitate learning of the empathy skills through rigorous practise in dyads, triads experiences. The Peer Counsellor Training Programme differs from the Placebo Training Programme (that was offered to the control group) in that the latter did not incorporate any of the the key aspects of empathy training, such as listening, accurate attending, as well as basic empathy. Instead, the Placebo Training Programme focussed on exposing the control group to in depth introspection and self awareness.

5.9.1. SKILLS TRANSFER

Based on the successful strategies of Goldstein and Sercher (cited in Goldstein and Micheals, 1985) to aid the facilitation of transferring learnt material in a training programme to the work situation, one of the first steps taken was to obtain relevant material for the modelling, role play and written exercises that were used in the programme. In an attempt to make the workshop exercises as representative as possible of the real problems with which the students face during their interaction with their peers and with new students, the participants were encouraged to develop lists of the most common student-staff and staff-staff problems they themselves or their peers had experienced.

The responses that were obtained were used as resources material from which were constructed the pretest and posttest measures of the effects of training, as well as all the exercises included in the training programme.

5.9.2. SKILLS PRACTICE

Wherever possible throughout the programme, the micro-counselling approach of intensive rehearsal of empathy skills was used. Generally trainees were introduced to empathy skills by viewing videotaped demonstrations of the skill. This was then followed either by a discussion or the teaching of the skill. The rigorous practise in the skill tended to follow this sequence:

(a)   Watching a video presentation or observing a simulated exercise.

(b)   The group facilitator requesting participants to identify the skill that was demonstrated and then assisting them in this process.

(c)   The group facilitator providing participants with the appropriate response.

(d)   The group facilitator helping the participants to identify important issues or implications of the skill for the helper and the helpee.

(e)   The facilitator provides a framework for acquiring the skill and encourages the participants to explore their own ways of acquiring the skill.

(f)   Each skill was practised in dyads or triads and the group facilitator ensured that individual attention was maintained.

5.9.3. LISTENING

The inclusion of a module on listening skills in an empathy training programme is imperative. The main aspects of effective listening that were incorporated in the programme comprised:

(a)   Essential attitudes to effective listening, attending behaviour and responding skills.

(b)   Attending was dealt with by means of a didactic presentation and the discussion of the essential attitudes needed for effective listening i.e. acceptance, openness and sincerity.

(c)   This was followed by the observation of silent videotape with a view to sensitizing participants to the non verbal communication. Trainees then practised the use of attending skills in triads. A major resource for this section of the programme was Hopsen and Scally (1980).

(d)   The responding skills focused on were clarification, paraphrasing, reflection and summarization. The format used for the training of these sub-skills was the same as that used in the training in the empathy module which has been elucidated above.

5.9.4. EMPATHY TRAINING

The module on empathy training (See appendix 4) differentiated two sub-skills, reflection of feelings and identification of the content of a message. The procedures adopted were based on the work of Carkhuff and Berenson (1977) and Egan (1982). Once the two skills had been mastered, the full communication of primary level empathy was practised in triads. Each participant had an opportunity to be helper, helpee, observer. The issues dealt with in the practise sessions were actually problems that participants had and which they were prepared to discuss in their triads.

During this exercise attention was given to the interchangeability of the communications of the helper and helpee. The helper was expected to express essentially the same affect and meaning, feeling and content that the helpee had communicated.

5.10. ANTICIPATED PROBLEMS

1. Participants may sometimes fail to complete the training programme. There is realistic possibility that some of the subjects may decide to stop attending the course for various reasons (that is, academic, social, emotional or lack of interest). To manage the problem 30 instead of the required 20 participants have been registered for the training programme.

2. Participants may not return completed questionnaires issued. Ten more participants were included in the programme to limit the problem.

3. The problem of counsellor/rater bias. The training process and results may be distorted by the trainer experience, other pressures, own personality and emotional state. All trainers, were identified carefully and taken through a brief training programme in order to sharpen their skills in group facilitation.

CHAPTER 6.

RESULTS

6.1. BACKGROUND

The research method that was presented in chapter 5 indicates that the students who participated in the current study completed two assessments namely, the pretest and the posttest.

The pretest was completed by both the experimental and the control groups to evaluate the participants level of empathy **prior** to empathy training. During the pretest the students were requested to complete both parts of the Carkhuff Empathy Scale namely, the Communication Index and the Discrimination Index (See the manual of the Carkhuff Empathy Scale). The **posttest** was completed by the afore-mentioned groups **after** they had attended the training programme. The same test that was used in the pretest was applied again. All of these assessments were conducted by the counsellors who facilitated the empathy training programme.

The above mentioned assessments were followed by an **evaluation** of the helping interactions that the trained and untrained **helpers** had organised for their student peers or helpees. These helpees were requested to evaluate the effectiveness of the helping interaction in terms of the dimensions that are explained in section 6.2.3. The results that emerged from each of the afore-mentioned assessments are displayed in Table 1 to 25.

The presentation of these results has been divided into two main sections. The pretest results have been presented first and this is followed by a display of the posttest results.

Each of these sections begin with a series of comparisons of performance scores of the experimental and control groups on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale. The latter presentation is often followed by a series of comparisons of performance scores of different groups such as gender groups, race groups, and a group of third and fourth year of study. The evaluation scores of the group of helpers, as well as the evaluation scores of the raters are presented at the end of this chapter.

6.2. RESEARCH RESULTS

6.2.1. PRETEST RESULTS

6.2.1.1. The pretest mean scores and standard deviations of the experimental group and the control group on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale are presented in Table 1.

TABLE 1.

Pretest Means and Standard Deviations of the Experimental and Control groups on both the Communication and Discrimination Index of the Carkhuff Empathy Scale.

GROUPS	CASES		MEAN		STD. DEV.	
	Comm.	Dicsr.	Comm.	Discr.	Comm.	Discr.
Experimental	19	20	2.28	1.53	0.59	0.15
Control	17	18	2.23	1.55	0.59	0.14
TOTAL	36	38	2.26	1.55	0.58	0.16

KEY:

(a) Cases refers to the number of scores that were included in the analysis of results.

(b) Total cases represents the sum of responses to each item.

(c) In cases where the total number of cases is N<40, this indicates that no responses were made to some of the items as requested.

(d) STD. DEV. represents the standard deviation.

(e) Comm. represents the Communication Index of the Carkhuff Empathy Scale.

(f) Discr. represents the Discrimination Index of the Carkhuff Empathy Scale.

The scores that appear in Table 1 display differences in the pretest scores of the experimental and the control groups on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale. While the experimental group achieved a higher mean score (2.28) than the control group (2.23) on the Communication Index, the standard deviation scores of both groups remained the same at 0.59. On the Discrimination Index the experimental group achieved a lower mean score (1.53) than the control group (1.55) The standard deviation scores of both the experimental and control groups on this index are somewhat different at 0.15 and 0.14, respectively. Although the pretest means and standard deviations of the experimental and control groups on both the Communication and the Discrimination Index may differ, as indicated in Table 1, the significance of these differences is explored further in Table 2 and Table 3.

6.2.1.2. Table 2 presents a series of comparisons of the Pretest scores of the Experimental

and Control groups on the Communication Index of the Carkhuff Empathy Scale.

TABLE 2.
A Mann-Whitney U Wilcoxon Rank Sum W Test comparison of the
Pretest scores of the Experimental and Control groups
on the Communication Index of the Carkhuff Empathy Scale.

ITEMS	TOTAL CASES	MEAN RANKS		Z-SCORE	SIGNIF
		E-Group	C-Group		
1.	40	19.63 (N=20)	21.38 (N=20)	-0.506	0.6124
2.	39	19.05 (N=20)	21.00 (N=19)	-0.559	0.5758
3.	40	21.88 (N=20)	19.13 (N 20)	-0.796	0.4255
4.	40	18.65 (N=20)	22.35 (N=20)	-1.054	0.2917
5.	40	18.70 (N=20)	22.30 (N=20)	-1.026	0.3046
6.	40	19.55 (N=20)	21.45 (N=20)	-0.542	0.5873
7.	37	19.61 (N=19)	18.36 (N=18)	-0.397	0.6913
8.	37	21.21 (N=19)	16.67 (N=18)	-1.312	0.1893
Total	36	19.50 (N=19)	17.38 (N=17)	-0.605	0.5452

* $p < 0.01$
KEY:
(a) Items 1 to 8 represents the items of the Carkhuff Empathy Scale.
(b) Total cases represents the sum of responses to each item.
(c) E Group represents mean ranks of the experimental group.
(d) C-Group represents mean ranks of the control group.
(e) Signif represents level of significance.
(f) In cases where the total number of cases is $N < 40$, this indicates
   that no responses were made to some of the items as requested

67

The scores that are displayed in Table 2 illustrate that while there are differences in performance between the experimental and the control groups, these differences are not significant on each of the eight items of the Communication Index of the Carkhuff Empathy Scale. For example, the total z-score of the afore-mentioned items (0.605) is not significant at $p < 0.01$. Similar observations were made on the Discrimination Index.

6.2.1.3. An examination of the pretest scores of the experimental and control groups on each item on the Discrimination Index of the Carkhuff Empathy Scale is presented in Table 3.

TABLE 3.

A Mann-Whitney U Wilcoxon Rank Sum W Test comparison of the Pretest scores of the Experimental and Control groups on the Discrimination Index of the Carkhuff Empathy Scale.

ITEMS	TOTAL CASES	MEAN RANK		Z-SCORE	SIGNIF
		E-Group	C-Group		
1.	39	16.45 (N=19)	23.38 (N=20)	-1.961	0.0498
2.	40	21.85 (N=20)	19.15 (N=20)	-0.735	0.4620
3.	40	20.10 (N=20)	20.90 (N=20)	0.224	0.8223
4.	39	19.95 (N=19)	20.05 (N=20)	-0.029	0.9769
5.	40	17.35 (N=20)	23.65 (N=20)	-1.743	0.8136
6.	40	22.80 (N=20)	18.20 (N=20)	-1.260	0.2076
7.	40	19.73 (N=20)	21.27 (N=20)	-0.434	0.6638
8.	40	22.30 (N=20)	18.70 (N=20)	-0.995	0.3196
TOTAL	38	18.50 (N=18)	20.40 (N=20)	0.527	0.5976

* $p < 0.01$

KEY:

(a) Items 1 to 8 represents the items of the Carkhuff Empathy Scale.

(b) Total cases represents the sum of responses to each item.

(c) E Group represents mean ranks of the experimental group.

(d) C-Group represents mean ranks of the control group.

(e) Signif represents level of significance.

(f) In cases where the total number of cases is N<40, this indicates that no responses were made to some of the items as requested

The results displayed in Table 3 show that while there may be differences in the pretest scores between the experimental and the control groups, these differences are not significant on each of the eight items of the Discrimination Index of the Carkhuff Empathy Scale. The total z-score of the latter items (-0.527) is not significant at $p < 0.01$.

However different results emerged when the pretest scores of different gender groups were compared with one another.

6.2.1.4. The pretest mean scores and standard deviations of males and females in the experimental group on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale is presented in Table 4.

TABLE 4.

Pretest Means and Standard Deviations of both the Male and Female groups on the Communication Index and the Discrimination Index of the Carkhuff Scale.

GROUPS	CASES		MEAN		STD. DEV.	
	Comm.	Discr.	Comm.	Discr.	Comm.	Discr.
Male	16	18	1.97	1.53	0.46	0.19
Female	20	20	2.49	1.56	0.57	0.13
TOTAL	36	38	2.26	1.55	0.58	0.16

KEY:
(a) Cases refers to the number of scores that were included in the analysis of results.
(b) Total cases represents the sum of responses to each item.
(c) In cases where the total number of cases is N < 40, this indicates
    that no responses were made to some of the items as requested
(d) STD. DEV. represents the standard deviation.
(e) Comm. represents the Communication Index of the Carkhuff Empathy Scale.
(f) Discr. represents the Discrimination Index of the Carkhuff Empathy Scale.

The scores that appear in Table 4 show differences between the mean scores of both males and females on the Communication Index, with the males achieving a lower mean (1.97) than the females (2.49). Alternatively, the differences between the mean scores of these groups on the Discrimination Index indicates that the males achieved a lower mean score (1.53) than the females (1.56). While the males received a higher standard deviation score on the Communication Index (0.19) than the females (0.13), the females obtained a higher standard deviation score (0.57) than the males (0.46) on the Discrimination Index.

Although the pretest means and standard deviations of the experimental and control groups on both the Communication and the Discrimination Index may differ, as indicated in Table 4, the significance of these differences is explored further in Table 5.

TABLE 5.

A Mann-Whitney U Wilcoxon Sum U Test comparison of the Pretest scores of the Male and Females on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale.

INDEXES OF THE CARKHUFF EMPATHY SCALE	TOTAL CASES	MEAN RANKS		CHI-SQUARE	SIGNIF
		Male	Female		
COMM. INDEX	18	9.25 (N=8)	9.70 (N=10)	-0.183	0.8546
DISCR. INDEX	17	8.94 (N=8)	9.95 (N=9)	-0.414	0.6789

* $p < 0.05$

KEY:
(a) Total cases represents the sum of responses to each item.
(b) Male represents mean ranks of the third year students.
(c) Female represents mean ranks of the fourth year students.
(d) Signif represents level of significance.
(e) In cases where the total number of cases is $N < 20$, this indicates that no responses were made to some of the items as requested.

Table 5 indicates that while the pretest mean score of males (1.97) that appear in Table 4 was lower than that of the females (2.49) on the Communication Index, this difference is not significant at $p < 0.05$ level of significance with chi-square score of -0.183 and p=0.8546. Similarly, their pretest means on the Discrimination Index were not significant at $p < 0.05$ with a chi-square score of -0.414 and p=0.6789.

Somewhat different results were observed in the pretest scores of different racial groups.

6.2.1.5. The pretest mean scores and standard deviations of Whites and Non-Whites in the experimental group on the Communication and the Discrimination Index of the Carkhuff Empathy Scale are presented in Table 6.

TABLE 6.
Pretest Means and Standard Deviations of different Racial groups on the Communication Index and the Discrimination Index of the Carkhuff Scale.

GROUPS	CASES		MEAN		STD. DEV.	
	Comm.	Discr.	Comm.	Discr.	Comm.	Discr.
Whites	16	15	2.24	1.61	0.63	0.16
Non Whites	20	23	2.30	1.50	0.62	0.15
TOTAL	36	38	2.26	1.55	0.58	0.16

KEY:
(a) Cases refers to the number of scores that were included in the analysis of results.
(b) Total cases represents the sum of responses to each item.
(c) In cases where the total number of cases is N<40, this indicates
    that no responses were made to some of the items as requested
(d) STD. DEV. represents the standard deviation.
(e) Comm. represents the Communication Index of the Carkhuff Empathy Scale.
(f) Discr. represents the Discrimination Index of the Carkhuff Empathy Scale.

The scores that appear in Table 6 show differences between the mean scores of both Whites and Non-Whites on the Communication Index, with the Whites achieving a lower mean (2.24) than the Non-Whites (2.30). Alternatively, the differences between the mean scores of these groups on the Discrimination Index indicate that the Whites achieved a higher mean score (1.61) than the Non-Whites (1.50). The Whites received a higher standard deviation score on the Communication Index (0.63) than the Non-Whites (0.62). They also obtained a higher standard deviation score (0.16) than the Non-Whites (0.15) on the Discrimination Index.

Although the pretest means and standard deviations of the Whites and Non-Whites groups on both the Communication and the Discrimination Index may differ, as indicated in Table 6, the significance of these differences is explored further in Table 7.

TABLE 7.

A Kruskal Wallis 1-Way ANOVA comparison of the Pretest scores of Whites and Non-Whites on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale.

INDEXES OF THE CARKHUFF EMPATHY SCALE	TOTAL CASES	MEAN RANKS		CHI-SQUARE	SIGNIF
		White	Non-White		
COMM. INDEX	20	9.55 N=10	9.49 (N=10)	2.118	0.5482
DISCR. INDEX	18	10.28 (N=9)	8.43 (N=9)	1.232	0.7452

* p < 0.05

KEY:
(a) Total cases represents the sum of responses to each item.
(b) White represents mean ranks of the White students.
(c) Non-White represents mean ranks of the fourth year students.
(d) Signif represents level of significance.
(e) In cases where the total number of cases is N < 20, this indicates that no responses were made to some of the items as requested.

Table 7 indicates that while the pretest mean score of Whites (2.24) was lower than that of the Non-Whites (2.30) on the Communication Index, this difference is not significant at $p < 0.05$ level of significance with chi-square score of 2.118 and $p = 0.5482$. Similarly, their pretest means on the Discrimination Index were not significant at $p < 0.05$ with a chi-square score of -1.232 and $p = 0.7452$.

73

TABLE 8.

Pretest Means and Standard Deviations of Third and Fourth Year students on the Communication Index and the Discrimination Index of the Carkhuff Scale.

GROUPS	CASES		MEAN		STD. DEV.	
	Comm.	Discr.	Comm.	Discr.	Comm.	Discr.
Third Year	16	15	2.12	1.50	0.60	0.13
Fourth Year	19	22	2.28	1.39	0.59	0.12
TOTAL	36	37	2.22	1.44	0.55	0.13

KEY:
(a) Cases refers to the number of scores that were included in the analysis of results.

(b) Total cases represents the sum of responses to each item.

(c) In cases where the total number of cases is N < 40, this indicates
    that no responses were made to some of the items as requested

(d) STD. DEV. represents the standard deviation.

(e) Comm. represents the Communication Index of the Carkhuff Empathy Scale.

(f) Discr. represents the Discrimination Index of the Carkhuff Empathy Scale.

The scores that appear in Table 8 show differences between the mean scores of both Third and Fourth year students on the Communication Index, with the Third year students achieving a lower mean scores (2.12) than the Fourth year students (2.28). Alternatively, the differences between the mean scores of these groups on the Discrimination Index indicates that the Third years achieved a higher mean score (1.50) than the Fourth years (1.39). Furthermore, the Third years received a higher standard deviation score on the Communication Index (0.60) than the Fourth years (0.59). They also obtained a higher standard deviation score (0.13) than the Fourth years (0.12) on the Discrimination Index.

Although the pretest means and standard deviations of the Third and Fourth year groups on both the Communication and the Discrimination Index may differ, as indicated in Table 8, the significance of these differences is explored further in Table 9.

TABLE 9.

A Kruskal Wallis 1-Way ANOVA comparison of the Pretest scores of Third and Fourth Year students on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale.

INDEXES OF THE CARKHUFF EMPATHY SCALE	TOTAL CASES	MEAN RANKS		CHI-SQUARE	SIGNIF
		Third Year	Fourth Year		
COMM. INDEX	18	9.77 N=10	11.89 N=8	0.3965	0.5289
DISCR. INDEX	17	9.50 N=10	11.72 N=7	0.7355	0.3911

* p<0.05

KEY:

(a) Total cases represents the sum of responses to each item.

(b) White represents mean ranks of the White students.

(c) Non-White represents mean ranks of the fourth year students.

(d) Signif represents level of significance.

(e) In cases where the total number of cases is N<20, this indicates that no responses were made to some of the items as requested.

Table 9 indicates that while the pretest mean score of third year students (2.12) was lower than that of the fourth years (2.28) on the Communication Index, this difference is not significant at $p<0.05$ level of significance with chi- square score of -0.396 and p=0.5289. Similarly, their pretest means on the Discrimination Index were not significant at $p<0.05$ with a chi-square score of 0.735 and p=0.3911.

6.2.2. POSTTEST RESULTS

6.2.2.1. The performance of the experimental group and the control group on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale after training is presented in Table 10.

TABLE 10.

A comparison of the Posttest Means and Standard Deviations of both the Experimental and Control groups on the Communication Index and the Discrimination Index of the Carkhuff Scale.

GROUPS	CASES		MEAN		STD. DEV.	
	Comm.	Discr.	Comm.	Discr.	Comm.	Discr.
Experimental	18	19	2.77	1.50	0.54	0.18
Control	17	20	2.23	1.55	0.59	0.17
TOTAL	35	39	2.50	1.53	0.61	0.18

KEY:
(a) Cases refers to the number of scores that were included in the analysis of results.
(b) Total cases represents the sum of responses to each item.
(c) In cases where the total number of cases is N <40, this indicates
   that no responses were made to some of the items as requested
(d) STD. DEV. represents the standard deviation.
(e) Comm. represents the Communication Index of the Carkhuff Empathy Scale.
(f) Discr. represents the Discrimination Index of the Carkhuff Empathy Scale.

Table 10 illustrates differences in the posttest mean scores between the experimental and the control groups on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale. While the experimental group achieved a higher mean score (2.77) than the control group (2.23) on the Communication Index, the mean score of this group was lower (1.50) than that of the control group (1.55) on the Discrimination Index Similarly, the standard deviation score of the experimental group is lower (0.54) on the Communication Index than that of the control group (0.59), and slightly higher on the Discrimination Index (0.18) than the control group (0.17).

A more detailed comparison of the posttest scores of the experimental and control groups on each item on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale is presented in Table 11 and 12.

6.2.2.2. Table 11 presents a series of comparison of the Posttest scores of the Experimental and Control groups on the Communication Index of the Carkhuff Empathy Scale.

TABLE 11.

A Mann-Whitney U Wilcoxon Sum U Test comparison of the
Posttest scores of the Experimental and Control groups
on the Communication Index of the Carkhuff Empathy Scale.

ITEMS	TOTAL CASES	MEAN RANKS		Z-SCORE	SIGNIF
		E-Group	C-Group		
1.	40	24.42 (N=20)	16.58 (N=20)	-2.274	0.0229*
2.	39	22.52 (N=20)	17.34 (N=19)	-1.489	0.1364
3.	40	23.92 (N=20)	17.08 (N=20)	-1.994	0.0461*
4.	40	21.55 (N=20)	19.45 (N=20)	-0.626	0.5309
5.	40	24.17 (N=20)	16.83 (N=20)	-2.164	0.0304*
6.	40	22.90 (N=20)	18.10 (N=20)	-1.389	0.1646
7.	36	20.92 (N=18)	16.08 (N=18)	-1.447	0.1478
8.	36	23.44 (N=18)	13.56 (N=18	-2.925	0.0034*
TOTAL	35	22.50 (N=18)	13.24 (N=17)	-2.684	0.0073*

* $p < 0.05$

KEY:
(a) Items 1 to 8 represents the items of the Carkhuff Empathy Scale.
(b) Total cases represents the sum of responses to each item.
(c) E-Group represents mean ranks of the experimental group.
(d) C-Group represents mean ranks of the control group.
(e) Signif represents level of significance.
(f) In cases where the total number of cases is N<40, this indicates
that no responses were made to some of the items as requested

Table 11 displays highly significant differences in performance scores of the experimental and

the control groups on the Communication Index of the Carkhuff Empathy Scale.

Particular differences at $p < 0.05$ are observed in item 1 (with the z-score of -2.274 being and $p=0.0229$), item 3 (with the z-score of -1.994 and $p=0.0461$), item 5 (with z score of -2.164 and $p=0.0304$) and item 8 (with z-score -2.925 and $p=0.0034$). The difference between the total score of the experimental and the control groups are significant at $p < 0.05$ with z-score of -2.684 and $p=0.0073$.

6.2.2.3. A comparison of the posttest scores of the experimental and control groups on each item on the Discrimination Index of the Carkhuff Empathy Scale is presented in Table 12.

TABLE 12.

A Mann-Whitney U Wilcoxon Sum U Test comparison of the Posttest scores of the Experimental and Control groups on the Discrimination Index of the Carkhuff Empathy Scale.

ITEMS	TOTAL CASES	MEAN RANKS		Z-SCORE	SIGNIF
		E-Group	C-Group		
1.	39	16.45 (N=19)	23.38 (N=20)	-1.924	0.0542
2.	40	20.98 (N=20)	20.02 (N=20)	-0.259	0.7950
3.	40	19.02 (N=20)	21.98 (N=20)	-0.817	0.4139
4.	40	21.33 (N=20)	19.67 (N=20)	-0.457	0.6474
5.	40	18.40 (N=20)	22.60 (N=20)	-1.160	0.2459
6.	40	22.58 (N=20)	18.42 (N=20)	-1.130	0.2583
7.	40	19.45 (N=20)	21.55 (N=20)	-0.577	0.5638
8.	40	22.00 (N=20)	19.00 (N=20)	-0.833	0.4046
Total	39	18.05 (N=19)	21.85 (N=20)	-1.041	0.2976

* $p < 0.05$

KEY:

(a) Items 1 to 8 represents the items of the Carkhuff Empathy Scale.

(b) Total cases represents the sum of responses to each item.

(c) E-Group represents mean ranks of the experimental group.

(d) C-Group represents mean ranks of the control group.

(e) Signif represents level of significance.

(f) In cases where the total number of cases is $N < 40$, this indicates that no responses were made to some of the items as requested

The posttest scores that are portrayed on Table 12, illustrate that the performance of both the experimental and the control groups is not significantly different from each other on any of the items of the Discrimination Index of the Carkhuff Empathy Scale. Similarly, the total z-score of the eight items of the Discrimination Index (-1.041) is not significant at $p < 0.05$ with $p = 0.2976$.

It is however important to indicate that during the pre and the posttest, significant shifts or changes in performance scores were observed between the experimental and the control groups. These changes are illustrated in section 6.2.2.4.

6.2.2.4. A comparison of the Pre and Posttest Mean changes that the Experimental and the Control group made on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale is displayed in Table 13.

TABLE 13.

Pre and Posttest Mean changes that the Experimental and the Control groups made on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale

GROUPS	CASES		MEAN		STD. DEV.	
	Comm.	Discr.	Comm.	Discr.	Comm.	Discr.
Experimental	18	17	0.49	0.006	0.50	0.178
Control	17	20	0.00	0.000	0.00	0.000
TOTAL	35	37	0.25	-0.003	0.43	0.118

KEY:
(a) Cases refers to the number of scores that were included in the analysis of results.
(b) Total cases represents the sum of responses to each item.
(c) In cases where the total number of cases is N < 40, this indicates
   that no responses were made to some of the items as requested
(d) STD. DEV. represents the standard deviation.
(e) Comm. represents the Communication Index of the Carkhuff Empathy Scale.
(f) Discr. represents the Discrimination Index of the Carkhuff Empathy Scale.

Table 13 displays significant changes in the performance scores of experimental group on

both the Communication Index and the Discrimination

Indexes of the Carkhuff Empathy Scale. According to these results, the mean difference and

the standard deviation between the pre and posttest score of the experimental group on the

Communication Index is 0.49 and 0.50, respectively. Alternatively, no significant changes

were observed in the pre and posttest performance of the control group on this index. The

pre and posttest means and standard deviation of the control group remained the same at 0.00.

The mean changes in the performance of experimental group on the Discrimination Index of

the Carkhuff Empathy Scale is 0.006. No significant changes were observed in the pre and

posttest performance score of the control group. Similarly, the pre and posttest means and

standard deviation of the control group on the Discrimination Index remained the same at

0.00.

It is important to indicate that a further comparison of the pre and posttest scores of the experimental group on the Communication and Discrimination Index was conducted to identify the items in which the significant changes in performance of this particular group occurred. The results have been presented in Table 14 and 15.

6.2.2.5. The comparisons of the pretest and posttest scores of the experimental group on the Communication Index of the Carkhuff Empathy Scale are illustrated in Table 14.

TABLE 14.
A Wilcoxon Matched-Pairs Signed Ranks comparison of the Pre and Posttest scores of the Experimental group on the Communication Index of the Carkhuff Empathy Scale.

ITEMS	TOTAL CASES	MEAN RANKS			Z-SCORE	SIGNIF
		Pretest scores	Posttest scores	Ties		
1.	20	05.50 (N=1)	07.13 (N=12)	(N=7)	-2.795	0.0052 *
2.	20	21.85 (N=3)	19.15 (N=11)	(N=6)	-2.103	0.0355 *
3.	20	20.10 (N=4)	20.90 (N=9)	(N=7)	-1.502	0.1330
4.	20	19.95 (N=5)	20.05 (N=11)	(N=4)	-1.422	0.1550
5.	20	17.35 (N=2)	23.65 (N=12)	(N=6)	-2.354	0.0186 *
6.	20	22.80 (N=3)	18.20 (N=10)	(N=7)	-1.712	0.0869
7.	18	19.73 (N=4)	21.27 (N=8)	(N=6)	-0.941	0.3465
8.	18	22.30 (N=3)	18.70 (N=9)	(N=6)	-1.568	0.1167
Total	18	18.50 (N=3)	20.40 (N=14)	(N=1)	-3.266	0.0011 *

* $p < 0.05$

KEY:

(a) Items 1 to 8 represents the items of the Carkhuff Empathy Scale.

(b) Total cases represents the sum of responses to each item.

(c) Signif represents level of significance.

(d) In cases where the total number of cases is $N < 20$, this indicates that no responses were made to some of the items as requested.

An examination of the scores that are displayed in Table 14 indicates that the posttest score of the experimental group on the Communication Index was significantly different from the pretest score with a total z-score of -3.266 was observed. This score is highly significant at $p < 0.05$ where $p = 0.0011$ was displayed. While no changes in performance were observed in some items, significant differences were again observed in items 1, 2, and 5 with z-scores of -2.795 ($p = 0.0052$), -2.103 ($p = 0.0355$) and (-2.354) $p < 0.0186$, respectively.

6.2.2.6. The posttest performance scores of the individuals within the experimental group on the Discrimination Index of the Carkhuff Empathy Scale are displayed in Table 15.

TABLE 15.

A Wilcoxon Matched-Pairs Signed Ranks comparison of the Pre and
Posttest scores of the Experimental group on the Discrimination
Index of the Carkhuff Empathy Scale.

ITEMS	TOTAL CASES	MEAN RANKS			Z-SCORE	SIGNIF
		Pretest scores	Posttest scores	Ties		
1.	18	05.67 (N=6)	06.40 (N=5)	(N=7)	-0.088	0.9292
2.	20	08.08 (N=6)	06.07 (N=7)	(N=7)	-0.209	0.8339
3.	20	07.89 (N=9)	08.17 (N=6)	(N=5)	-0.624	0.5321
4.	19	06.25 (N=4)	06.63 (N=8)	(N=7)	-1.098	0.2721
5.	20	06.64 (N=7)	09.19 (N=8)	(N=5)	-0.766	0.4432
6.	20	08.33 (N=9)	09.75 (N=8)	(N=3)	-0.071	0.9434
7.	20	07.07 (N=7)	06.92 (N=6)	(N=7)	-0.279	0.7798
8.	20	07.78 (N=9)	09.43 (N=7)	(N=4)	0.103	0.9176
Total	17	09.00 (N=9)	09.00 (N=8)	(N=0)	-0.213	0.8313

* p<0.05

KEY:

(a) Items 1 to 8 represents the items of the Carkhuff Empathy Scale.

(b) Total cases represents the sum of responses to each item.

(c) Signif represents level of significance.

(d) In cases where the total number of cases is N<20, this indicates
that no responses were made to some of the items as requested.

The scores that are presented in Table 15 indicate that after empathy training the individuals within the experimental group obtained somewhat similar scores on each of the eight items of the Discrimination Index. None of their scores appeared to be significantly different from the scores that they obtained during the pretest phase. Their total score on the Discrimination Index (z-score is -0.213 and p=0.8313) was not significant at the $p < 0.05$ level of significance. Different results emerged when the posttest scores of different gender groups were compared with one another.

6.2.2.7. A comparison of posttest performance of the Males and Females on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale.

Table 16 displays comparisons of posttest performance of the Males and Females on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale after training.

TABLE 16.

A comparison of the Posttest Means and Standard Deviations of both the Male and Female groups on the Communication Index and the Discrimination Index of the Carkhuff Scale.

GROUPS	CASES		MEAN		STD. DEV.	
	Comm.	Discr.	Comm.	Discr.	Comm.	Discr.
Male	16	19	2.28	1.54	0.63	1.89
Female	19	20	2.69	1.53	0.55	0.17
TOTAL	35	39	2.50	1.53	0.61	1.77

KEY:

(a) Cases refers to the number of scores that were included in the analysis of results.

(b) Total cases represents the sum of responses to each item.

(c) STD. DEV. represents the standard deviation.

(d) In cases where the total number of cases is N <40, this indicates
    that no responses were made to some of the items as requested.

(e) Comm. represents the Communication Index of the Carkhuff Empathy Scale.

(f) Discr. represents the Discrimination Index of the Carkhuff Empathy Scale.

Table 16 illustrates posttest differences in the performance of males and females on the

Communication Index and the Discrimination Index of the Carkhuff Empathy Scale. The

differences between the mean scores of the male and the female groups on the

Communication Index is approximately 41 points, with the former achieving a lower mean

score (2.28)than the latter group (2.69). The standard deviation score of both experimental

and control group is 0.63 and 0.55, respectively. The differences between the mean scores

of the experimental and the control groups on the Discrimination Index are approximately one

point, with the males achieving a higher mean score than the females. The means for males

and females are on this index is 1.54 and 1.53, respectively. Accordingly, the standard

deviation scores of both experimental and control group on the Discrimination Index is 0.19

and 0.17, respectively.

TABLE 17.
A Kruskal Wallis 1-Way ANOVA comparison of the Posttest scores of the Third and Fourth year students on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale.

INDEXES OF THE CARKHUFF EMPATHY SCALE	TOTAL CASES	MEAN RANKS		CHI-SQ	SIGNIF
		Male	Female		
COMM. INDEX	19	12.78 (N=9)	8.64 (N=11)	-1.672	0.0944
DISCR. INDEX	18	08.94 (N=8)	9.95 (N=10)	-0.414	0.6789

* p<0.05

KEY:

(a) Total cases represents the sum of responses to each item.

(b) Third Year represents mean ranks of the third year students.

(c) Fourth Year represents mean ranks of the fourth year students.

(d) Signif represents level of significance.

(e) In cases where the total number of cases is N<20, this indicates that no responses were made to some of the items as requested.

(f) Chi-SQ represents Chi-Square

Table 17 illustrates after training the performance of fourth year students on the Communication Index was significantly higher than that of third year students at $p<0.05$ level of significance with $p=0.0944$ and Chi-Square of -1.672. Alternatively, their performance on the Discrimination Index was not significant at $p<0.05$ with $p=0.6789$ and Chi Square $=0.414$. It is important to indicate that during the pre and the posttest significant shifts or changes in performance were observed between the males and females. These changes are illustrated in Table 18.

6.2.2.8. A comparison of the Pre and Posttest Mean change that the Male and the Female groups made on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale.

TABLE 18.
Pre and Posttest Mean change that the Male and the Female groups made on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale

GROUPS	CASES		MEAN		STD. DEV.	
	Comm.	Discr.	Comm.	Discr.	Comm.	Discr.
Male	16	18	0.31	0.003	0.54	0.12
Female	19	19	0.20	0.024	0.32	0.11
TOTAL	35	37	0.25	-0.003	0.43	0.12

KEY:
(a) Cases refers to the number of scores that were included in the analysis of results.
(b) Total cases represents the sum of responses to each item.
(c) STD. DEV. represents the standard deviation.
(d) In cases where the total number of cases is N<40, this indicates
   that no responses were made to some of the items as requested.
(e) Comm. represents the Communication Index of the Carkhuff Empathy Scale.
(f) Discr. represents the Discrimination Index of the Carkhuff Empathy Scale.

Table 18 display significant changes in the performance of males and females on the Communication and Discrimination Index of the Carkhuff Empathy Scale. According to these results, the males received a higher mean (0.31) and standard deviation scores (0.54) than the females (mean =0.024 and standard deviation =0.32) on the Communication Index. However their scores (that is, the males) received a lower mean score (0.003) on the Discrimination Index than the females (0.024).

A further comparison of the pre and posttest scores of the Whites and Non-Whites on the Communication and Discrimination Index was conducted to identify the significance of changes made by the latter groups on the Carkhuff Empathy Scale (See Table 19)

6.2.2.9. A comparison of the Posttest Means and Standard Deviations of different Racial groups on the Communication and Discrimination Index of the Carkhuff Scale.

TABLE 19.

Posttest Means and Standard Deviations of Whites and Non-Whites on the Communication and Discrimination Index of the Carkhuff Empathy Scale.

GROUPS	CASES		MEAN		STD. DEV.	
	Comm.	Discr.	Comm.	Discr.	Comm.	Discr.
Whites	15	15	2.44	1.60	0.69	0.20
Non-Whites	20	24	2.63	1.47	0.46	0.11
TOTAL	35	39	2.50	1.53	0.61	0.18

KEY:
(a) Cases refers to the number of scores that were included in the analysis of results.
(b) Total cases represents the sum of responses to each item.
(c) STD. DEV. represents the standard deviation.
(d) In cases where the total number of cases is N<40, this indicates
   that no responses were made to some of the items as requested.
(e) Comm. represents the Communication Index of the Carkhuff Empathy Scale.
(f) Discr. represents the Discrimination Index of the Carkhuff Empathy Scale.

Table 19 displays differences in the performance of the Whites and Non-Whites on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale. The total mean and the standard deviation scores between the posttest scores of the Whites and the Non-Whites is 2.50 and 0.61, respectively with Whites obtaining lower mean scores (2.44) than the Non-Whites (2.63) on the Communication Index. A similar trend was also observed in the performance of the afore mentioned groups on the Discrimination Index. Furthermore, the total mean and the standard deviation score between the pre and posttest score of the Whites and Non-Whites on the Discrimination Index is 1.53 and 0.18, respectively.

Although the pretest means and standard deviations of the Whites and Non-Whites groups on both the Communication and the Discrimination Index may differ, as indicated in Table 19, the significance of these differences is explored further in Table 20.

91

TABLE 20.

A Kruskal Wallis 1-Way ANOVA comparison of the Posttest scores of the Whites and Non-Whites on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale.

INDEXES OF THE CARKHUFF EMPATHY SCALE	TOTAL CASES	MEAN	RANKS	CHI-SQ	SIGNIF
		White	Non-Whites		
COMM. INDEX	20	09.36 N=11	11.85 (N=9)	1.040	0.3077
DISCR. INDEX	18	09.75 N=10	09.19 (N=8)	0.529	0.8181

* $p < 0.05$

KEY:

(a) Total cases represents the sum of responses to each item.

(b) White represents mean ranks of the White students.

(c) Non-White represents mean ranks of the Non-White students.

(d) Signif represents level of significance.

(e) In cases where the total number of cases is N <20, this indicates that no responses were made to some of the items as requested.

(f) Chi-SQ represents chi-square

Table 20 illustrates after training the performance of White students on the Communication Index was significantly higher than that of Non-White students at $p < 0.05$ level of significance with $p = 0.3077$ and Chi-Square $= 1.040$. Alternatively, their performance on the Discrimination Index was not significant at $p < 0.05$ with $p = 0.8181$ and Chi-Square $= 0.529$.

TABLE 21.
Pre and Posttest Mean change that the White and Non-White groups made on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale

GROUPS	CASES		MEAN		STD. DEV.	
	Comm.	Discr.	Comm.	Discr.	Comm.	Discr.
Whites	15	14	0.23	-0.01	0.40	0.13
Non-Whites	20	23	0.33	-0.06	0.50	0.13
TOTAL	35	37	0.25	-0.03	0.43	0.12

KEY:

(a) Cases refers to the number of scores that were included in the analysis of results.

(b) Total cases represents the sum of responses to each item.

(c) STD. DEV. represents the standard deviation.

(d) In cases where the total number of cases is N <40, this indicates
    that no responses were made to some of the items as requested.

(e) Comm. represents the Communication Index of the Carkhuff Empathy Scale.

(f) Discr. represents the Discrimination Index of the Carkhuff Empathy Scale.

Table 21 displays significant changes in the performance of the different racial groups on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale. The total mean and the standard deviation scores between the pre and posttest scores of the Whites and the Non-Whites is 0.25 and 0.43, respectively with Whites obtaining lower mean scores (0.23) than the Non-Whites (0.33) on the Communication Index. A similar trend was also observed in the performance of the afore mentioned groups on the Discrimination Index. Furthermore, the total mean and the standard deviation score between the pre and posttest score of the Whites and Non-Whites on the Discrimination Index is -0.003 and 0.12, respectively.

6.2.2.11. A comparison of the posttest performance scores of the third and fourth year students on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale is displayed in Table 22.

TABLE 22.

Posttest Means and Standard Deviations of Third and Fourth Year students on the Communication Index and the Discrimination Index of the Carkhuff Scale.

GROUPS	CASES		MEAN		STD. DEV.	
	Comm.	Discr.	Comm.	Discr.	Comm.	Discr.
Third Year	18	17	2.22	1.65	0.55	0.15
Fourth Year	17	18	2.38	1.54	0.54	0.14
TOTAL	35	35	2.32	1.59	0.53	0.15

KEY:
(a) Cases refers to the number of scores that were included in the analysis of results.
(b) Total cases represents the sum of responses to each item.
(c) In cases where the total number of cases is $N < 40$, this indicates
    that no responses were made to some of the items as requested
(d) STD. DEV. represents the standard deviation.
(e) Comm. represents the Communication Index of the Carkhuff Empathy Scale.
(f) Discr. represents the Discrimination Index of the Carkhuff Empathy Scale.

The scores that appear in Table 22 show differences between the mean scores of both Third and Fourth year students on the Communication Index, with the Third years achieving a lower mean (2.22) than the Fourth years (2.38). Alternatively, the differences between the mean scores of these groups on the Discrimination Index indicates that the Third years achieved a higher mean score (1.65) than the Fourth years (1.54). The Third years received a higher standard deviation score on the Communication Index (0.55) than the Fourth years (0.54). They also obtained a higher standard deviation score (0.15) than the Fourth years (0.14) on the Discrimination Index.

Although the pretest means and standard deviations of the Whites and Non-Whites groups on both the Communication and the Discrimination Index may differ, as indicated in Table 22, the significance of these differences is explored further in Table 23.

TABLE 23.

A Kruskal Wallis 1-Way ANOVA comparison of the Posttest scores of the Third and Fourth year students on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale.

INDEXES OF THE CARKHUFF EMPATHY SCALE	TOTAL CASES	MEAN RANKS		CHI-SQ	SIGNIF
		Third Year	Fourth Year		
COMM. INDEX	18	07.00 N=10	12.63 (N=8)	5.006	0.0253*
DISCR. INDEX	17	08.06 N=9	10.06 (N=8)	0.675	0.4111

* $p < 0.05$

KEY:
(a) Total cases represents the sum of responses to each item.
(b) Third Year represents mean ranks of the third year students.
(c) Fourth Year represents mean ranks of the fourth year students.
(d) Signif represents level of significance.
(e) In cases where the total number of cases is N < 20, this indicates that no responses were made to some of the items as requested.
(f) Chi-SQ represents chi-square.

Table 23 illustrates that after training the performance of fourth year students on the Communication Index was significantly higher than that of third year students at $p < 0.05$ level of significance with $p = 0.0253$ and Chi-Square $= 5.006$. Alternatively, their performance on the Discrimination Index was not significant at $p < 0.05$ with $p = 0.4111$ and Chi Square $= 0.675$.

6.2.3. An evaluation of the helping interactions between the helpers and their clients or helpees. The evaluation of the helpers and the helping encounters were measured by means of the questionnaire that was completed by the recipients of peer counselling.

The trends that emerged from the participants' responses were summarized into four dimensions or items that were suggested by a senior research psychologists of the University of Natal, Pietermaritzburg. The following items were identified:

1. **Listening** = The degree to which the client or the helpee felt that the peer counsellor satisfactorily listened or attended to the presenting problems.

2. **Exploration** = The degree to which the client or the helpee felt that the peer counsellor used effective mechanisms to find out or explore the issues regarding the presenting problems.

3. **Understanding** = The degree to which the client felt that the peer counsellor clearly understood the presenting problems and their implications for the client or helpee.

4. **Action** = The degree to which the client or helpee felt that the peer counsellor took appropriate steps or action in helping him/her to manage the presenting problems effectively.

The posttest responses of the helpees to each of the above-mentioned items were correlated by means of the Pearson Correlation Coefficient and The results thereof are displayed in Table 24.

TABLE 24.

A Pearson Correlation matrix comparing the posttest performance scores of the Trained and the Untrained Helpers on each of the items that were evaluated during the helping interaction held with the helpee namely, Listening; Exploration; Understanding and Action.

TRAINED HELPER

ITEMS	LIST	EXPL.	UND.	ACT.	TOTAL SCORE
LISTENING	.7095**	.6194**	.8254**	.6273**	.8182**
EXPLORATION	.5404*	.6915**	.6038**	.5386*	.6816**
UNDERSTAND	.7302**	.5805**	.8473**	.6895**	.8443**
ACTION	.5217*	.4820*	.6959**	.8396**	.7670**
TOTAL SCORE	.7474**	.6961**	.8890**	.8063**	.9275**

(left margin label, vertical) UNTRAINED HELPER

* $p < 0.05$

** both $p < 0.05$ and $p < 0.01$

KEY:
(a) LIST. represents - listening.
(b) EXPL. represents exploration.
(c) UND. represents - understanding.
(d) ACT. represents - action.
(e) Total score represents the sum of responses to each item.

The Pearson correlation matrix that appear in Table 24 displays a positive correlation between the ratings of both trained and untrained helpers in all the four dimensions or items that were evaluated in this study namely, listening, exploration, understanding and action. More specifically, these results indicate that the total performance scores of both the trained and the untrained helpers on listening (0.7474 and 0.8182), exploration (0.6161 and 0.6816), understanding (0.8890 and 0.8443), and action (0.8063 and 0.7670) respectively, correlate positively with each other. These scores are significant at $p < 0.05$ and at $p < 0.01$. Furthermore, the above mentioned scores display an almost perfect correlation ($r = 0.9275$) between total scores of both the trained and the untrained helpers during the helping interaction that they had with the helpees.

A particularly high correlation between the scores was observed in the item "understanding" in which of the scores of the trained and the untrained helpers were $r=0.8843$ and $r=0.8890$, respectively.

6.2.4. Evaluation of the reliability of the rating score of each of the two raters or counsellors that participated in the current research study. After all the helpers' scores had been rated by the two the counsellors that participated in the current research study, the ratings were compared with each other in order to assess inter-rater reliability. The results of this comparison are displayed in Table 25.

TABLE 25.
A Mann-Whitney U Wilcoxon Sum W Test comparison of the posttest ratings that the raters (or the participating counselling psychologists) allocated to both the trained and the untrained helpers.

HELPERS	CASES	MEAN RANKS	Z-SCORES	SIGNIFICANCE
Trained Helpers	14	22.15		
Untrained Helpers	15	08.33		
TOTALS	29		-4.3882	$.0000$ *

* $p < 0.05$
KEY:
(a) Totals represents the sum of responses to each item.
(b) Signif represents significance.

The Mann-Whitney U Wilcoxon Sum W Test scores that are presented in Table 25 show highly significant ($p = .0000$) homogeneity in the posttest rating scores (z-score of -4.3882) of the counsellors who rated the helpers on all the items of the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale. The results that have been presented in this chapter will be discussed in detail in chapter 7.

CHAPTER 7   ·

DISCUSSION OF THE RESULTS

7.1. BACKGROUND

The research results that have been presented in Chapter 6 display the mean scores and standard deviation scores that the experimental group and the control group obtained during the assessment of their pretest and posttest performance on the Carkhuff Empathy Scale. These results relate specifically to the effects of a University Based Peer Counsellor Training Programme on levels of empathy and are discussed in section 7.2.

The format for discussion of these results comprise the following steps:

1.   A brief outline of the research hypothesis

2.   This is followed by an analysis of the significant results and a brief explanation of the findings.

7.2. DISCUSSION OF RESULTS

The results have been discussed in terms of the hypotheses that were formulated at the beginning of the research study. Each of these hypotheses are presented in section 7.2.1 and 7.2.2. Additional results on the pretest and posttest performance scores of different students in terms of their gender, race, and year of study are discussed in section 7.2.3., 7.2.4., and 7.2.5. A discussion of the evaluations of the helpers and the raters is presented in section 7.2.6 and 7.2.7 respectively.

7.2.1. Null Hypotheses 1

No significant differences were expected between the posttest mean scores of the experimental and control groups on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale.

The experimental hypothesis that the posttest mean scores of the experimental group would be higher than the posttest mean scores of the control group was true at 5% level of significance. After both the experimental and the control groups had attended their respective training programmes, the experimental group achieved a significantly higher mean score (2.77) than the control group (2.23) on the Communication Index of the Carkhuff Empathy Scale (at $p < 0.05$). Although both of the latter scores are below 3.00 (which is the average level that indicates whether the individual would be an effective helper or not), the mean score of the experimental group (2.77) indicates that this group is likely to be more effective helpers than the control group. It may be argued that the higher mean scores that were obtained by the experimental group 'were due to the effectiveness of the empathy training that this group was exposed to. Furthermore, this could also imply that the experimental group was better equipped to apply the empathy skills that they acquired from the Peer Counsellor Training Programme.

An examination of the differences in the posttest scores of the experimental and control groups on each of the eight items of the Communication Index indicates that the afore mentioned differences in posttest performance between the experimental and the control groups are significant at $p < 0.05$ with a z-score of -2.684 and $p = 0.0073$.

100

Particular differences were observed in item 1 (with the z-score of -2.274 and p=0.0229), item 3 (with the z-score of -1.994 and p=0.0461), item 5 (with z-score of -2.164 and p=0.0304) and item 8 (with z-score -2.925 and p=0.0034). It is highly probable that the differences between the experimental and the control groups are significant in these items because the content and meaning of the latter items (statements) is explicit/clear and this may have enabled the respondents to express/communicate their feelings to these items easily.

In general, the above mentioned results support the research findings reported by Francis (cited in Kremmer and Dietzen, 1991) who indicated that the performance of subjects that have undergone empathy training was better on the communication aspects of empathy than untrained subjects. Furthermore, Francis maintains that the subjects that attended an empathy skills training programme were more effective in communicating empathy to others than those that did not undergo empathy training. These results could therefore imply that the Peer Counsellor Training Programme was successful in improving the levels of communication of empathy among the experimental group.

Contrary to the expectations, the experimental group achieved a lower mean score on the Discrimination Index (1.50) than the control group (1.55). Furthermore, the results indicate that posttest performance scores of both the experimental and the control groups is not significantly different from each other on any of the items of the Discrimination Index of the Carkhuff Empathy Scale. For example, the total z-score of the eight items of the Discrimination Index (-1.041) was not significant at p< 0.05 with p=0.2976.

This may be attributed to the fact that the topics that were covered in the empathy training programme predominantly focused on the communication aspects of empathy rather than on teaching participants specific skills for discriminating between empathic statements, behaviours and responses to others. More specifically, the empathy training programme covered topics such as, basic empathy (Egan, 1975), listening (Ivey and Authier, 1978) and accurate attending (Carkhuff, 1969).

It is interesting however, that the posttest mean scores of the experimental group were significantly different at both the 1% and 5% level of significance. While this situation was not explored in detail, it is probable that the experimental group understood the content and feeling of helpee statements from the helpee's frame of reference, and were able to communicate this understanding to others. It is also likely that they were unable to clearly distinguish the different levels of content and feeling that are expressed in the Discrimination Index of the Carkhuff Empathy Scale.

It is also significant to mention that a comparison of the pretest and the posttest scores indicate that significant shifts or changes in performance scores were observed between the experimental and the control groups. The mean difference and the standard deviation between the pre and posttest score of the experimental group on the Communication Index is 0.49 and 0.50, respectively. No significant changes were observed in the pre and posttest performance of the control group on this index. Instead, the pretest and posttest means and standard deviation of the control group remained the same at 0.00.

The mean changes in the performance of experimental group on the Discrimination Index were 0.006 thus indicating that minimal changes in performance were achieved by the experimental group. No changes were observed in the pretest and posttest performance score of the control group on this index. The control group mean (0.00) and standard deviation (0.00) remained the same. Once more the results confirm that the Peer Counsellor Training Programme played a significant role in improving the levels of empathy among the experimental group than did the placebo training on the control group.

7.2.2. Null Hypotheses 2

No significant differences were expected between the pretest and post-test mean scores of the experimental group on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale.

The experimental hypothesis that the mean of pretest and posttest scores of the experimental group on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale was found to be true in that the posttest score of the experimental group on the Communication Index was significantly different from the pretest score with a total z-score of -3.266. This score is highly significant at $p < 0.05$ where $p = 0.0011$ was displayed. While no changes in performance were observed in some items, significant differences were again observed in items 1, 2, and 5 with z-scores of -2.795 ($p = 0.0052$), -2.103 ($p = 0.0355$) and (-2.354) $p = 0.0186$, respectively. It is probable that the above mentioned scores are significantly different because the content of the latter items is clear enough to allow the respondents to express/communicate their level of empathy.

103

Once Again these results support the research findings reported by Francis (cited in Kremmer and Dietzen, 1991) who indicated that the performance of subjects that have undergone empathy training was better on the communication aspects of empathy than untrained subjects. Similarly, these results could imply that the Peer Counsellor Training Programme used in the current investigation was effective in improving the levels of communication of empathy among the experimental group. This claim is justified in that the training programme placed emphasis on teaching the participants important skills for communicating their understanding of others sufficiently enough for the other to feel understood (Harman, 1986).

Furthermore, the latter observations are supported by extensive research findings reported by Ivey and Authier (1978) on the effectiveness of micro training programmes in raising the subjects' ability to communicate empathy to others.

As indicated in the previous discussion performance scores of the experimental group on the Discrimination Index were inconsistent with the expectations. After training the experimental group obtained somewhat similar pretest and posttest scores on each of the eight items of the Discrimination Index. None of their scores appeared to be significantly different from the scores that they had obtained during the pretest phase. Their total score on the Discrimination Index (z-score is -0.213 and $p=0.8313$) was not significant at the $p < 0.05$ level of significance. The reasons for this situation have already been highlighted in section 7.2.2.

Different results emerged when the posttest scores of different gender groups were compared with one another and they are discussed in section 7.2.3.

7.2.3. A Comparison of Results of Males and females

The expectation that there would be no significant differences in the posttest performance of males and females on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale was not true at 5% level of significance.

The differences observed between the posttest mean scores of the male and the female groups on the Communication Index are 2.28 and 2.69, respectively with the males achieving a lower mean score than the females. The standard deviation score of both males and females was 0.63 and 0.55, respectively. These scores indicate that the females performed better than their male counterparts on the Communication Index but the reasons for these differences were surprising and probably not due to the effects of the empathy training programme that they attended.

The differences between the mean scores of the males and the females on the Discrimination Index were also unexpected. The means for males and females on this index were 1.54 and 1.53, respectively with the males obtaining slightly higher scores than the females. The reasons for these scores are unclear and should be explored further. However it could be argued that the better performance by the males on the Discrimination Index occurred by chance.

It is important to indicate that during the pretest and posttest specific changes in performance scores were observed between the males and females. According to these results, the males received a higher mean change score (0.31) and standard deviation scores (0.54) than the females (mean score =0.024 and standard deviation score =0.32) on the Communication Index. Surprisingly, the males received a lower mean score (0.003) on the Discrimination Index than the females (0.024).Reasons for the changes that the males experienced on this index are unknown and warrant further investigation.

A comparison of the pretest and posttest scores of the different racial groups on the Communication and Discrimination Index was conducted to identify the racial group which made significant changes in performance on the Carkhuff Empathy Scale. A comparison of the Posttest Means and Standard Deviations of different Racial groups on the Communication and Discrimination Index of the Carkhuff Empathy Scale displayed different results and are elaborated in section 7.2.4.

7.2.4. A Comparison of Results of the Different Race Groups.

The expectation that the mean score of the Whites would be higher than the mean score of the group of Non-Whites (which consisted of Blacks, Coloureds and Indians) on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale with the Whites obtaining higher scores is untrue. Instead, the Whites obtained a lower posttest mean score (2.44) on the Communication Index than the Non-Whites (2.63). A different trend was observed in the performance of the afore mentioned group on the Discrimination Index in which the Whites received a higher score than Non-Whites (1.60 and 1.47 respectively). The reasons for these findings are unclear and require further exploration.

106

While the performance scores of Whites students were higher on the Discrimination Index and lower on the Communication Index, these differences were not significant at $p < 0.05$ (Chi-Square $= 1.040$ and $p = 0.3077$ for the Communication Index). The performance on the Discrimination Index was also not significant at $p = 0.05$ with Chi-Square $= 0.529$ and $p = 0.8181$. According to these results, the Whites are better at identifying empathic statements than the other groups. These results could be caused by their ability to master the English language in which the response statements were expressed. This, however is based on speculation. Further investigation on this matter is indicated.

Furthermore, the total standard deviation score between the pre and posttest score of the different racial groups on the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale is -0.003 and 0.12, respectively.

These scores indicate that in general the different racial groups experienced more effective changes in their pre and posttest performance on the accurate identification of the empathic statements. Since the research studies that have been conducted on this subject were unattainable it was difficult to identify some of the variables that could cause the afore mentioned results. It may be assumed that the above mentioned changes were due to other variables other than attending the empathy training programme.

7.2.5. A Comparison of Results of Third and Fourth Year Students

The expectation that there would be significant differences in the posttest performance score of the third and fourth year students on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale with the latter group obtaining higher scores than the former was not true at 5% level of significance.

Instead, the significant the differences were observed between the posttest mean scores of these groups on the Communication Index, in which the fourth year students achieved a significantly higher score than the third year students ($p = 0.0253$ and Chi-Square $= 5.006$). Their posttest performance score was not significant on the Discrimination Index ($p = 0.4111$ and Chi-Square $= 0.675$). These findings are contrary to the expectation that the performance scores of the fourth year students will be higher than that of the third year students who are likely to be less mature and less experienced than the fourth year students. While these results were not expected the reasons for lack of differences in empathy skills are also unclear at this stage and warrant further investigation. It is also unfortunate that research studies that may have been conducted on this subject was unattainable.

7.2.6. Results on the evaluation of helpers

The results that appear in Table 23 indicate that the total performance scores of both the trained and the untrained helpers on listening (0.7474 and 0.8182), exploration (0.6161 and 0.6816), understanding (0.8890 and 0.8443), and action (0.8063 and 0.7670) respectively, correlate positively with each other. These scores are significant at $p < 0.05$ and at $p < 0.01$.

This suggests that as the posttest ratings of the trained helpers on each of the four items increase, the posttest ratings of the untrained helpers increased on each of the above mentioned items or dimensions. Generally, the above mentioned results display an almost perfect correlation (r =0.9275) between total scores of trained and untrained helpers on their performance during the helping interaction with the helpees.

These results also show a high correlation between the scores of the trained and untrained helpers (r=0.8843 and r=0.8890, respectively) in the item "understanding". Furthermore, the results suggest that the higher the rating of the trained helper on listening, exploration, understanding, and action the higher was the rating score obtained by the untrained helpers.

These results were unexpected because the respective helpers attended different training programmes. These findings were probably due to other variables other than the treatment implemented in the current programme. Further exploration of these observations is therefore indicated.

7.2.7. Results on the evaluation of the counsellors

As expected the Mann-Whitney U Wilcoxon Sum W Test scores show highly significant (p = 0.0000) homogeneity in the posttest rating scores (z-score of -4.3882) of the counsellors who rated the helpers on all the items of the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale. The homogeneity of the ratings therefore implies that the scores that were allocated to the helpers are highly valid and reliable and should be perceived as a correct reflection of the helpers level of empathy.

The latter findings contradict the results of similar studies conducted by Hill and King (1976) and Free, et. al , (1985), who found no significant agreement in the ratings among clients, therapists or supervisors, even when they used the same scale.

Hill and King (1976) evaluated the agreement between clients, objective judges and the counsellors on ratings of counsellor empathy. They found moderate correlations between perceptions of clients and judges, but no correlation between clients and counsellors.

7.3. GENERAL DISCUSSION

The results that have been presented and discussed in this chapter uncover some of the findings that were anticipated before the current investigation was undertaken, for example, that the posttest results of the experimental group would be higher than the posttest scores of the control group on both the Communication Index and the Discrimination Index of the Carkhuff Empathy Scale. Sufficient evidence has been provided in this chapter to confirm the latter observations, on the Communication Index. These observations have not been made on the Discrimination Index. This however, is an indication that some of the findings of the current research study were unexpected. It is however significant to indicate that some of these findings have been caused by numerous variables other than those that were controlled in the empathy skills training programme that was implemented in the current research study. These could include the following:

(a)   The trainee helper's ability to apply empathy skills taught during empathy training.

(b)   The degree to which the trainer's teaching or group facilitation style and approach influences the trainees ability to learn the empathy skills.

(c)   The emphasis placed by the training programme on the ability to communicate empathy as opposed to the accuracy in identification of the different levels of empathy.

Nevertherless, some of above mentioned results are consistent with the findings of other researchers, for example studies conducted by Ivey and Authier (1978) and by Francis (cited in Kremmer and Dietzen, 1991) who indicated that the performance of subjects that have undergone empathy training was better on the communication aspects of empathy than untrained subjects. Similarly, the research results confirm findings made by Authier and Gustafson (1975) which reported significant improvement in empathy levels amongst the experimental groups when compared with the control group. It appears that the experimental group acquired effective empathy skills from the training programme and is likely to successfully transfer these skills to their day-to-day interactions with others.

CHAPTER 8

GENERAL CONCLUSIONS

8.1. BACKGROUND

Notwithstanding the encouraging results that have been presented and discussed in chapter 6 and 7, it would be foolhardy to categorically claim that the empathy training programme that is being evaluated in the current investigation was irrefutably successful in the development of empathy skills among the participating students of the University of Natal, Pietermaritzburg. In the light of the prevailing difficulties in understanding the meaning of empathy, the latter claim appears to be premature. It would be more accurate to claim that the programme being evaluated in the current research study was successful in equipping the participants with some of the basic counselling skills which the Carkhuff Empathy Scale measures.

Baas and Heck (cited in Egan, 1975) cautioned about using an empathy rating scale without having sufficient information about the helpee's reaction to an empathic statement. Baas and Heck maintain that this could lead to serious errors in the judgement of the empathic accuracy of a helper. The afore mentioned researchers suggest that an inclusion of the video-taped recording of the participants responses in the process of recording the written responses of helpers could help to overcome this obstacle. Johnson, et.al., (1973) maintains that the Carkhuff Empathy Scale measures helper-helpee interaction rather than a specific quality of the helper, and therefore suggest that the written responses become less valid and the videotaped interviews more valid.

8.2. LIMITATIONS TO THE CURRENT RESEARCH STUDY

8.2.1. Internal validity

Both groups were given the pretest at the same time and the posttest at the same time to control for potential inter-session variations. Therefore any extraneous variables that may have affected the results would have affected both groups equally. Similarly, the effects of maturation that could have influenced the current investigation, were also controlled in that they would have manifested themselves equally in both groups.

The intra-session testing variations were controlled by assigning control group members and experimental group members randomly to testing times and conditions. By so doing extraneous situations which may have influenced the test results were randomly distributed among the groups. Instrument differences were controlled by presenting the pretest and posttest communication and discrimination index responses of both groups randomly to the raters. The raters were thus unaware of whether they were evaluating a member of the experimental or control group or whether it was a pretest or a posttest that they were rating. The random placement of participants into control and experimental group controlled for statistical regression. In general the fact that the participants from both the control and the experimental groups were volunteers may evoke some criticism because this could possibly affect the research findings. While volunteering may have predisposed the participants to be more receptive to the training they received, all future participants in the Carkhuff Empathy Scale will also be volunteers drawn from the same population.

8.2.2. External validity

The possible interaction effects of the pretest with the treatment were difficult to control. That is, if pretesting sensitized the experimental subjects to respond to the treatment differently than if no pretest had taken place, then external validity may have been compromised. In the case of this programme interactional effects were made constant by requiring all participants to undergo the same pretesting.

Since the subjects in the experiment were drawn from the same population to which the research results are able to be generalized, the issue of invalid generalizations is not relevant in this study. To make the transfer of the acquired empathy skills to real life situation easier, all the exercises made use of material directly relevant to assisting students and Student Counselling Centre.

It is acknowledged that the use of a placebo or alternative treatment enhanced the validity of the results, but as Gown, et. al., (1976) point out, the behavioural sciences are constantly faced with the choice of obtaining rigorous laboratory control at the cost of realism or of maintaining realistic experimental situations. The ethical issue of not actually providing the proper empathy training that one had contracted to provide was unavoidable but the control was compensated by being given additional training after attending a placebo training. The purpose of introducing a control group was to make to it possible to measure the effects of the dependant variable. The experiences of the experimental and control groups were generally kept as identical as possible with the exception that the experimental group was exposed to the experimental treatment.

114

Since there was no meaningful difference between the pretest and posttest means of the control group it is assumed that no extraneous variables, other than the experimental treatment accounted for the change in the scores of the experimental group.

8.2.3. Inter-rater reliability

As indicated in chapter 7 the degree of agreement between the raters of the pretest and posttest scores respectively is high. This is probably an indication that the rater training in the use of the Carkhuff Empathy Scale was fairly effective. The significant increase in the reliability coefficient for the posttest scores is to be expected seeing that after empathy training the experimental group scores should be higher thus clearly distinguishing this group from the control group. Similarly, an examination of the Pearson correlation matrix shows a positive correlation between the ratings of both trained and untrained helpers in all the items.

8.2.4. Qualitative evaluation

The subjective evaluation of the empathy training programme conducted by the experimental subjects was highly positive with regard to both the content and presentation. All the participants indicated that the inclusion of the sessions on crisis management and cross cultural awareness was relevant and beneficial in that it placed empathy training in perspective. It also assisted students in developing a better understanding of their developmental needs, and helped them to gain a better understanding of their peers.

8.3. GENERAL CONCLUSION

The participants reported that they found that the programme helped them to be more sensitive to the needs of others, to be more effective communicators, less judgemental and less prone to giving out advice or jumping to premature conclusions. Many felt that they had become more aware of their own shortcomings and inappropriate attitudes which had previously limited their effective communication with others. The criticisms of the programme centred on insufficient time to practise the skills being taught and not enough open discussion. Through some of the suggestions made by the participants, it would appear that they all found it a growth enhancing experience which they felt would help them to deal more confidently with helping relationships. This encouraging reaction to the programme by the participants and the positive research results are certainly sufficient reason to continue offering the programme.

An area of possible criticism of the research results is that during the posttest the control group had a disadvantage in that it attended placebo training which did not expose the participants to the criteria for rating empathy. Although the experimental group was not explicitly taught the specifics of the rating scale during their training, the exposure to the Empathy Training Programme obviously made them to be more aware of how to avoid questions and responses that were non empathic, the advantage which the control group did not have. Perhaps it would have been preferable to make both the control group and the experimental group aware of what the desirable and undesirable empathic responses were by discussing the rating scale with both groups, then superior performance by the experimental subjects during the posttest would clearly be attributable to an improvement of the ability to communicate empathy skills acquired.

116

8.4. FURTHER RESEARCH

Further investigation, is necessary on the transferability of the empathy skills that the participating students acquired during the empathy training programme to the social and academic situation. In devising the programme measures were taken to enhance the transferability of the learnt skills, but it cannot be taken for granted that these measures have been successful.

A review of research indicates that it is difficult to identify a universally accepted definition of empathy. Some researchers have suggested that empathy consists of different aspects, but there is little empirical evidence as to what these aspects might be (Gladstein, 1983). Furthermore, numerous theoretical perspectives investigate empathy in different ways and consequently creates difficulties in deciding whether there actually is one concept, which is being treated differently, or whether there are two or more concepts (Truax and Carkhuff, 1967). The fundamental consideration is whether it is or it is not premature to attempt outcome research on a variable that is so poorly understood.

Similarly, the scales that were used in the measurement of empathy are thought to inadequately assess the construct empathy. If according to literature there are different types of empathy then there is a need to specify the type of empathy and the technique used to measure it. However, the evaluation of the empathy training that is discussed in the current investigation demonstrates the effectiveness of teaching basic counselling skills to university students. Nevertheless, an assessment of the long term effects of the above mentioned empathy training programme should be explored in detail.

117

Specific issues that require consideration include the following: peer helping in a changing South African society; peer helping in the community; transferability of empathy skill to the broader social and academic situations, and maintenance of empathy skills over time. Hickson (1984) reported that the main properties of the object of empathy are problematic in empathy research. For example, she indicated that an individual's ability to empathise was contingent to some extent on the degree of transparency in the object of empathy. She also suggested that it is easier to empathise with individuals who possess a certain openness, or transparency because the behaviour of such individuals is more likely to be accurately predicted. Hickson (1984) maintains that ambiguous stimuli are difficult to perceive and empathise with, and are more likely to be misunderstood and misinterpreted in certain individuals or helpees. According to Hickson, this phenomenon is likely to have confounding effects on the results of the research on empathy.

The difficulty in measuring empathy is underscored by numerous research findings which indicate that different assessments of empathy are unrelated to one another. Given the voluntary nature of empathic relationships, it is understandable that attempting more scientific measurements may also impede rather than facilitate the empathic process. Considering the differing definitions, ambiguous criteria for measuring empathic responses and the lack of a commonly accepted theoretical approach, the question has been raised whether anyone has been able to measure empathy successfully (Hickson, 1984). Thus, the future success of empathy research will depend largely on the ability of researchers to differentiate the core elements of empathy and the underlying components of response empathy. In this regard researchers will need to specify both the type of empathy and the technique used to assess it.

The difficulty at the moment is that although it is apparent that empathy consists of different aspects, there is little empirical evidence as to what those aspects might be and this causes problems in developing effective empathy training programmes.

In conclusion the findings that have been cited in this discussion indicate that the availability of counselling skills to the lay persons in the community is likely to enhance interpersonal effectiveness. Goldstein and Michaels (1985) recommend that more lay counsellor training programmes should be developed in order to provide the communities with experiences that can enhance their development and hence prevent the occurrence of serious emotional problems. Hayes (1987) and Webster (1986) maintain that sharing helping skills to para professionals, teachers, parents and students in the community will help them to function more effectively in helping situations and to move to higher levels of personal and social development (Gown, et. al., 1976). Furthermore, this training may prepare them to deal with diverse concerns and crises that require emergency attention. Similarly, trained communities could also be involved in employment counselling, correctional counselling, rehabilitation counselling, marriage and family counselling. It appears that the potential for teaching empathy skills to lay persons has no limitations. For example, effective empathy training that is outlined in the current investigation can also contribute in producing effective lay counsellors who could play an important role in helping communities to cope with ever-increasing social, political, economic, and educational demands that they encounter on a day-to-day basis.

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129

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A P P E N D I X 1.

A Questionnaire that was completed by the helpees that were counselled by either the Trained or the Untrained peer helpers.

CLIENT (HELPEE) QUESTIONNAIRE: TO EVALUATE THE HELPING INTERACTION

DATE OF INTERVENTION:_____

NAME OF HELPER   :_____

HELPER'S ADDRESS   :_____

NAME OF HELPEE   :_____

1. PRESENTING PROBLEMS:

_____
_____
_____

2. ACTION STEPS TAKEN BY THE HELPER:

_____
_____
_____

3 .   S P E C I F I C   S K I L L S   A P P L I E D   B Y   H E L P E R :

_____
_____
_____

4. SPECIFI CDIFFICULTIES:

_____
_____
_____

5. RESULTS OF THE
   INTERVENTION:

_____
_____
_____

GENERAL COMMENTS:

_____
_____
_____
_____

AN OUTLINE OF THE EMPATHY TRAINING PROGRAMME ATTENDED BY THE EXPERIMENTAL GROUP.

PEER COUNSELLOR TRAINING PROGRAMME

OBJECTIVES OF THE TRAINING PROGRAM.
   The main objective of the programme was two-fold:

(a) To teach senior university students (third year and above) empathy skills that would enable them to offer effective lay counselling to their peers.

(b) To evaluate the effects of the Peer Counsellor Training Programme on levels of empathy.

ADVERTISING THE PROGRAM.
To inform students about the program, posters were developed by the counsellors at the Student Counselling Centre and distributed randomly to all the notice boards at the University of Natal, Pietermaritzburg (See figure 1). Some of the academic staff members were requested to inform students about the program during lectures. Interested students were advised to contact the Student Counselling Centre for further information.

FIGURE 1.

```
THE STUDENT COUNSELLING CENTRE

is running a

BASIC COUNSELLING SKILLS COURSE

(Peer Counsellor Training Programme)

again this year

.............................................................
DATE: April 1991                           VENUE: S.C.C.-U N P


For further information
please contact Betty Skead
at the: 955187 / 955213
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A P P E N D I X 3.

PLACEBO TRAINING
For the Control Group

The training programme that was attended by the control group consisted of the following sessions:

S E S S I O N 1.
1.1. An introduction
1.2. Assessment of empathy levels
1.3. Definition of the concept (self awareness)
1.4. Presentation of video of self awareness
1.5. Homework.

S E S S I O N 2.
1.1. Reviewing homework
1.2. Exploration of issues emerging from the video
1.3. Spontaneous introspection
1.4. Presentation of the conceptual framework

S E S S I O N 3.
1.1. Discussion of the conceptual framework
1.2. Problems with the application of the conceptual framework
1.3. Giving and receiving feedback
1.4. The JOHARI WINDOW

S E S S I O N 4.
1.1. Guided self disclosure
1.2. Self observation
1.3. Self awareness
1.4. Ramifications of Self Awareness

S E S S I O N 5.
1.1. The paradigm of "change"
1.2. Problem solving
1.3. Intra-personal conflict
1.4. Homework

S E S S I O N 6.
1.1. Stress and self awareness
1.2. Stress management
1.3. Self and the other
1.4. Self development.

S E S S I O N 7.
1.1. Self awareness exercises
1.2. Problems with managing self
1.3. Action plans
1.4. Assessment of empathy levels

1.5. Follow up sessions

PEER COUNSELLOR TRAINING PROGRAMME
For the Experimental Group

The training programme that was attended by the control group consisted of the
following sessions:

S E S S I O N   1

TIME	ACTIVITIES	OBJECTIVES	EXERCISE	TOOLS
15min	INTRODUCTION Welcoming students. outline the purposes of the workshop.	To introduce yourself & the programme.	Pillow exercise.	Small Pillow.
50min	ASSESSMENT Discuss confidential nature of testing. Conduct the tests.	To assess participants' current level of empathy.	....	Carkhuf Empathy Scale
10min.	CONFIDENTIALITY Discuss group guidelines & confidential nature of counselling.	Sensitise participants about confidentiality	....	Contract Slips.
05min.	OUTLINE Briefly present & discuss the programme.	To provide delegates an overview of the programme.	....	Programme outline.
15min.	VIDEO Present the video but do-not discuss it. Delegates observe and take notes.	To introduce participants into "SOLDER". S = square O = openness L = leaning D = distance E = eye-cont R = relax	....	Duncan's Video. Handout of SOLDER.

135

LISTENING SKILLS

TIME ACTIVITIES	OBJECTIVES	EXERCISE	TOOLS
10min. BROKEN TELEPHONE	Introduce session on listening skills.	Broken tel. exercise	handout
10min. SPLIT-GROUP EXERCISE	To highlight the importance of listening and attending.	Split-Group exercise	Venues Rooms.
10min. FEEDBACK AND DISCUSSION	To reflect on feelings and perceptions evoked by the exercise. To brain-storm ideas on how the situation can be handled effectively.		
5min. PRESENTATION OF "S O L D E R"	Conceptualize non-verbal attending skills.		
10min. ROLE PLAYS	To demonstrate effectiveness of "SOLDER."		Handout on SOLDER
10min. THEORETICAL	To highlight NB basic empathy skills -paraphrasing; -use of minimal -encouragers; -reflection; -probing skills.		
5min. ROLE PLAY	To demonstrate the application of Basic Empathy skills.	-------	-----

15min. SIMULATION EXERCISE AND DISCUSSION	To provide participants with an opportunity to practice listening and attending skills. (in dyads; triads)
10min. VIDEO Sound/ No Sound	To provide participants with an opportunity to reflect on their initial perception of the case and comparing that with their current feelings about the case. To encourage exploration of the client's feelings and experience.
HOMEWORK	"What is your next step in helping the client-seen in the video."
5min. EVALUATION OF THE SESSION	To evaluate the participants' learning experience.

137

S E S S I O N   3.

ADVANCED EMPATHY

TIME	ACTIVITIES	OBJECTIVES	EXERCISES	TOOLS
10min.	ICE-BREAKER.	Introduction	Hand-outs	
30min.	BASIC EMPATHY.	Teach skills	The relevant case	Video
	LISTENING AND ATTENDING			
	"SOLDER" ROLE PLAY (focus of Skills) and DISCUSSION of "Process Issues"			
30min.	ADVANCED EMPATHY.	Critical Probing and Summarising Skills		Use handout
			Role Play	
15min.	INTEGRATION_ OF EMPATHY SKILLS AND "SOLDER"		Interesting experience.	
5min.	EXPLORE GROUP DIFFICULTIES.			

S E S S I O N   4.

PROBLEM SOLVING

TIME	ACTIVITIES	OBJECTIVES	EXERCISES TOOLS

30min.ADVANCED EMPATHY
   Probing skills.
   Summarising skills

   Discussion of
   Process Issues.

   Please use/refer to
   programme for session
   (use video ifnecessary).

15min.CONFRONTATION
   (asking questions)
   challenge discrepancies
   reflect on statements.
   active listening.

   Use Tree-Trunk
   Model to explain
   "Process Issues."

10min.SUMMARIZE

   Use handout with
   page 75 from No.1
   to 4.

15min.ALTERNATIVES:
   Identify available
   choices.
   Rate them
   Select the most
   appropriate.

   Use handout
   with page
   75-from No.5 to
   No.10.

10min.DECISION
   check whether
   client/helpee
   satisfied or not.

   Use above-mentioned
   handout from No.11
   onwards.

10min.PLAN OF ACTION
   "Realistic "
   action plans

   Use number "List of
   Referrals". Use
   No.12; 13; 14 on the
   handout.

S E S S I O N   5.

CRISIS INTERVENTION

TIME	ACTIVITIES	OBJECTIVES	EXERCISES	TOOLS
20min.	INTRODUCTION:	To review process covered.		You may use the TREE-TRUNK MODEL
		Introduce the CRISIS.		
		Point out that the crisis is compounded by cross-cultural dynamics.		
50min.	ROLE PLAYS: Fishbowl experience Constantly stop the role play in order to highlight the dynamics.			You may use the INTERPERSONAL COMMUNICATION MODEL to explain dynamics
		Encourage participants to use skills learned in the past 4 sessions.		
20min.	THEORETICAL INPUT: Provide basic guidelines on how to deal with crises			Use your notes on crisis Intervention.

S E S S I O N 6.

CROSS-CULTURAL AWARENESS

TIME	ACTIVITIES	OBJECTIVES	EXERCISES TOOLS

20min. INTRODUCTION:
Review the process
covered
in sessions 5.

Introduce the
CROSS-CULTURAL
CRISIS.

Point out that
the crisis is
compounded by
gender dynamics.

You may use
the TREE-TRUNK
MODEL

50min. ROLE PLAYS:
Fishbowl experience
Constantly stop the
role play and order
highlight the
important issues
dynamics (cross-
cultural Issues).

You may use the
INTERPERSONAL
COMMUNICATION
MODEL to explain
the dynamics.

20min. THEORETICAL INPUT:
Provide basic
guidelines on
how to deal with
crises and
cross-cultural
issues.

S E S S I O N   7.

CONCLUSION

This session consisted of numerous role pleys and discussions on the following issues and how they could be handled effectively:

1. ROLE PLAYS:
1.1. Twilight children.
     -Destitute children.

1.2. Drug/Alcohol Abuse.

1.3. Sexuality.

1.4. Aids.

1.5. Cancer.

1.6. Terminal illnesses.

1.7. Child Abuse.

1.8. Trauma - Violence/Death/Rape.

2. DISCUSSING PEER COUNSELLOR CONCERNS.

3. PLANNING FOLLOW-UP SESSIONS.

4. ASSESSMENT AND CONCLUSION

<u>S E S S I O N S 8; 9; 10; 11; 12; 13 & 14.</u>

FOLLOW - UP & EVALUATION

<u>PLEASE NOTE</u> : 1.   FOLLOW - UP SESSIONS

Issues discussed in these sessions are
identified by the participants themselves.

Popular issues include the following:

-A.I.D.S.

-SEX & SEXUAL HARASSMENT.

-ABORTION

-RACIAL TENSION.

Resources (both within as well as outside the University) were used to
facilitate the these sessions.

S E S S I O N   15.

GRADUATION

THE GRADUATION PARTY WAS ORGANISED FOR ALL PARTICIPANTS WHO

HAVE SATISFACTORILY ATTENDED AND COMPLETED THE TRAINING

PROGRAM.

ALL SUCCESSFUL PARTICIPANTS GRADUATED AND WERE THEN

INCORPORATED INTO THE ONGOING PEER - COUNSELLING PROGRAMS

OFFERED BY THE STUDENT COUNSELLING CENTRE.

A P P E N D I X 5.

PROPOSED OUTLINE OF A NEW PROGRAMME

SESSION 1. : INTRODUCTION TO SELF AWARENESS

SESSION 2. : SELF AWARENESS

SESSION 3. : INTRODUCTION TO BASIC EMPATHY

SESSION 4. : LISTENING SKILLS

SESSION 5. : ADVANCED EMPATHY

SESSION 6. : ADVANCED EMPATHY (Cont.)

SESSION 7. : PROBLEM SOLVING

SESSION 8. : CROSS-CULTURAL AWARENESS

SESSION 9. : CRISIS INTERVENTION

SESSION 10. : FOLLOW - UP

SESSION 11. :   "

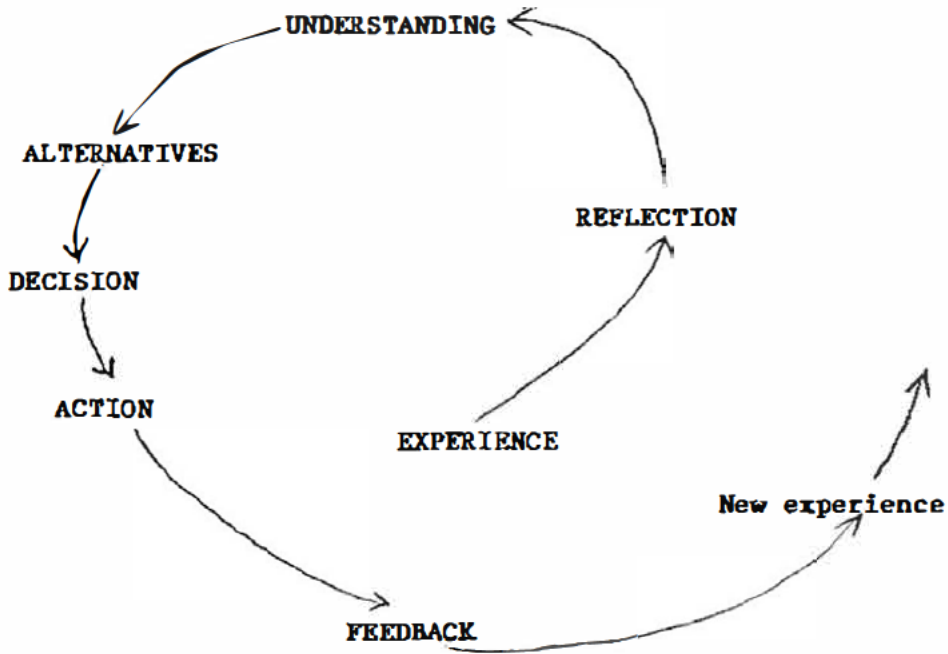SESSION 12. :   "

SESSION 13. :   "

SESSION 14. : EVALUATION

SESSION 15. : GRADUATION

A P P E N D I X   6.

M A T E R I A L S

<u>T R E E - T R U N K   M O D E L</u>

UNDERSTANDING

ALTERNATIVES

REFLECTION

DECISION

ACTION

EXPERIENCE

New experience

FEEDBACK

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S. O. L. D. E. R.

* <u>PLEASE NOTE:</u> S = Square Posture

                O = Open Posture

                L = Leaning Forward

                D = Distance

                E = Eye Contact

                R = Relaxed Posture

1. Always create an atmosphere that is characterised by :

   - TRUST

   - OPENNESS.

   - ACCEPTANCE

   - SUPPORT.

2. Maintain confidentiality.

3. Listen Actively by :

   - Turning your face SQUARELY toward the helpee.

   - Maintaining an OPEN body posture.

   - LEANING forward slightly.

   - Keeping a comfortable DISTANCE between yourself and the helpee.

S P L I T - G R O U P   E X E R C I S E

OBJECTIVE : To highlight the importance of verbal/non-verbal
attending/listening.

PROCEDURE : Divide participants into two groups i.e. GROUP 1
& GROUP 2.

MATERIALS : Request GROUP 2 to leave the room & occupy another venue. Give
different tasks to each group.

GROUP 1 TASK : "Group 2 has been requested to
prepare a topic of their own choice to present to your group. Your task is to
totally ignore group 2 during their presentation. Where possible, pretend to
be pre-occupied with something else."

GROUP 2 TASK : "You are requested to prepare an
interesting topic for presentation to GROUP 1.
Please make sure that your topic in enlightening to GROUP 1. Remember that
GROUP 1 may decide to impress you with a similar task. In your presentation
each group-member has to present some aspects of the topic. You have 5 minutes
to prepare your topic."

TIME   : 20 minutes

SOURCE   : DUNCAN, DUM, & MASTER'S STUDENTS, PSYCH., U.N.P.

148

DEVELOPING A PERSONAL PLAN

01. Clearly define your objectives.

02. Be specific and realistic.

03. Identify ways in which you will measure your success.

04. Stretch your abilities & command your commitment.

05. Try to be content with modest progress.

06. Take risks in unknown situations.

07. Always remember that development is basically self- regulated.

08. Acknowledge that you may disturb others as you change.

09. Be responsive to opportunities.

10. Be open to learning from others.

11. Try to learn from your setbacks and mistakes.

12. Be realistic about time scales.

13. Enjoy your development.

(adapted from WOODCOCK, et,al.1983 - by Dumisani)