EMPATHY: A COMPARITIVE STUDY OF PROFESSIONALS AND TRAINED LAY COUNSELLORS USING HYPOTHETICAL SITUATIONS

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SUMMARY

The study was conducted on 12 professionals and 12 trained lay counsellors. The two groups were matched for sex (7 males and 5 females) and their mean age was 27.5 and 32.25 years respectively. Ten hypothetical problem situationts were given and empathy was assessed using, accurate empathy rating scale by two independent raters. The inter rater reliability was found to be quite high (.61 significant at .01 level). There was no significant difference between the two groups and the sex groups. On comparing the results with the scores on audiotaped interview, there was no significant correlations obtained between the two methods. Problems involved in assessing empathy from questionnaire and suggestions for further research are also discussed.

Empathy is defined in different ways by different theorists (Manickam and Kapur, 1985). Miller and Eisenberg (1988) defined empathy as an emotional response evoked by the affective state or situation of the other person. Truax (Truax and Carkhuff, 1967) defined empathy as both therapists sensitivity to current feelings and his verbal facility to communicate the feelings in a language attuned to the clients current feelings.

Rating scales (Bachrach et al., 1971; Carkhuff, 1971; Dymond, 1950; Hogan, 1969; Truax and Carkhuff, 1967), inventories (Byrant, 1982; Mehrabian and Epstein, 1972) and Adjuctive check lists (Mathews, et al. 1981) are used by researchers to assess empathy. For the purpose of assessing empathy, audiotaped interviews (Garfield and Bergin, 1977; Yenawine Arbuckle, 1971) simulated audiotape interviews (Manickam and Kapur, 1985) videotape-simulated clients statement (Engram & Vandergoot, 1978) Tape Except Response Procedure (TERP) (Wallston & Weitz, 1975) slides (Feshbach, 1978) and written responses (Hyaness and Avery, 1979) had been subjected to study. Hypothetical problem situations had also been used by researchers to assess styles of resolving interpersonal conflicts. (Sternberg and Soriano, 1984) and to assess counselling skills (Kapur et al., 1983).

The Mental health needs of India are vast (Prabhu, 1983; Verghese, 1979) and there is a great need to train paraprofessionals to meet such need (Kapur and Cariappa, 1978). A vast amount of research literature indicates that paraprofessionals can function as effectively as professionals in the helping role (Carkhuff and Truax, 1965; Carkhuff, 1968; Berman and Norton, 1985).

In India lay counsellors (Fuster, 1974; Welsch, 1979; Prasantham, 1975) and teachers (Kapur and Cariappa, 1975) are trained with the objective of imparting counselling skills. But there has been no attempt to study the effectives of these trained lay counsellors. The present study is an exploratory attempt to assess empathy using the written responses to hypothetical problem situations. Second aim is to compare the empathy of Trained Lay Counsellors to that of the professionals. The third objective is to correlate the findings of this study with that of the study of Manickam and Kapur (1985).

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MATERIAL AND METHOD Sample

The subjects were taken based on purposive sampling and it consisted of two groups, viz. professional group and trained lay counsellors group.

Professional group (P Group) consisted of 9 senior residents in psychiatry, 2 clinical psychologists and 1 psychiatric social worker of the National Institute of Mental Health and Neuro Sciences (NIMHANS). Bangalore. Their age range was between 25-34 yrs and mean age was 27.25. It included 7 males and 5 females and all had 2-4 years of experience.

Trained Lay Counsellors Group-(TLC Group) was matched to P Group in number and sex. Their age range was between 26-48 and the mean age was 35,25. Of the twelve, eight were employed in different vocation unrelated to counselling and psychotherapy and the rest were unemployed-Five were postgraduates, six were graduates and one studied upto P.U.G. All the subjects in this group underwent a six months training in counselling organized by the Hindu Seva Prathisthana, Bangalore. The training course was conducted by the Community Psychiatry Unit of NIMHANS, Bangalore. At the time of study, three had no previous experience, four had one month experience and five had more than 3 years of experience in counselling. This they were doing voluntarily at their place of work-

Tools

The Problem Solving Questionnaire:

After consultations with an experienced clinical psychologist, 20 problem situations which require counselling were pooled. Out of these 10 items were selected as agreed by the expert and the experimenter. Each item had a specific theme. The themes of the itemes were—

- 1. difficulty in work situation
- 2. frustration in love affair

- 3. economic difficulties
- 4. Joneliness following retirement
- 5. alcoholism
- 6. marital disharmony
- 7. guilt over masturbation
- 8. problems of an adopted child
- 9. social anxiety and
- 10. behavioural problems of the child

The themes were presented in a descriptive manner, so as to make feel, as if, a client would report his problems. Under each item 4" by 6" space was provided for the subjects to write their responses. A sample of the item is provided in appendix A.

Instructions

In the following pages, 10 problem situations are given for which the people concerned seek your help. Please write down how you would deal with each of the situation in the space provided (try to limit your description in the space given). Do not try to impose your attitude to the person coming for help. Try to see the situation objectively and deal with it.

There is no time limit, but it is better to write more spontaneously than thinking over it for a long time. You can write in the language you prefer.

Administration

The subjects were administered the questionnaire individually and it took about 30 to 60 minutes for each subject to complete it.

Rating and Unit of analysis

The written responses of the subjects were rated using the revised version of Accurate Empathy Scale (AE Scale), (Truax and Carkhuff, 1967). Each item was taken as the unit of analysis. The mean of the scroes on 10 items was considered as the empathy score of each subject. For comparison with the other group, the mean of the scores assigned by the two raters was taken as the empathy score of each subject. A senior

resident in psychiatry and the experimenter served as the rater and rated the items independently.

The Pilot Study: The pilot study was conducted on a group of six trained lay counsellors of age range 28-45 with the following aims—

- 1. To test out the face validity of the problem solving questionnaire.
- 2. To train the raters in rating the written responses using the AE scale.
- 3. To establish an inter-rater reliability. The result of the pilot study showed that the questionnaire has fair amount of face validity. One of the items in the questionnaire was modified. Both the raters studied the AE scale descriptions for each stage and drew up guidelines to rate the written responses. The raters independently rated the written responses and the inter-rater reliability was found to be .70 (significant at .001 level).

The study of Manickam and Kapur, 1985 (M & K study, 1985)

In Manickam and Kapur's study empathy of the P group and TLC group was found to be 6.7 end 5.00 respectively. The 't' value was found to be significant at .02 level suggesting the professionals to be more empathic when compared to the TLC group. For comparison of the present study with that of M and K study 1985, the mean E score of each subject was correlated to the mean E score of the segments of the audiotaped interview.

RESULTS

The inter-rater reliability between the two raters, found using person's for each item is shown in table 1. For items no 10 (significant at .001 level) and 1,2,3,5,7 and 9 (significant at .01 level) the reliability was high. For items 4 and 6, reliability was low (less than .05 level). The reliability coefficient for the mean score was found to be

.61 (significant at .01 level). The mean E score of the two groups are shown in table 2. The mean score of the P group was found to be 5.37 and that of the TLC was found to be 5.34 (table 2). The student 't' test does not show any significant difference between the two groups.

TABLE 1. Inter-rater reliability of the questionnaire

Item No	Item description	r
1.	Difficulty in work situation	0.64**
2.	Frustration in love affair	0.57**
3.	Economic difficulties	0.55**
4.	Loneliness following retirement	0.19
5.	Alcoholism	0.56**
6.	Marital disharmony	0.14
7.	Guilt over masturbation	0.58**
8.	Problems of an adopted child	0.52*
9.	Social anxiety	0.65**
10.	Behaviour problems of the child	0.68***
	Total	0.61*

*--p<.02, **--p<0.01, ***--p<.001

TABLE 2. Comparison of Empathy Scores on Questionnaire

Group	Mean	sd.
Lay Counsellors (N=12)	5.34	1.72
Professionals (N=12)	5.37	1.43

t=0.06, d.f. = 22, N. S.

Comparison of the present study with that of M & K, 1985 study: Pearsons 'r' was found for the two groups separately and for the combined groups (Tables 3, 4 & 5). None of the correlations coefficient was found to be significant.

TABLE 3. Correlation coefficient of empathy scores from two methods of the lay counsellors group

Source	Mean	SD
Questionnaire	5.34	1.72
Simulated interview	5.00	2.09
Corre. Coeff. (r)	-0.01 (N. S.)	

Table 4. Correlation coefficient of empathy scores from two methods of the professional's group

Source	Mean	SD
Questionnaire	5.37	1.43
Simulated interview. Corre. Coeff. (r)0.16(N. S.)	6.7	.9 5

Table. 5. Correlation coefficient of empathy scores from two methods of the combined group

Mean	SD
5.36	1.62
5.85	1.57
-0.11 (N. S.)	
	5.36 5.85

^{**} Not Significant.

DISCUSSION

The inter-rater reliability coefficient achieved in rating the written responses using the AE scale was quite high (.61). When compared to the earlier studies, (Truax, 1960) this is appreciable, But several other researches (Engram and Vandergoot, 1978; Fischer et al., 1975 and Perry, 1975) have obtained higher inter-rater reliability coefficient. Chinsky and Rapaport (1970) in reviewing the reliability coefficient have noted that there is an inverse relationship between the number of therapists and reliability of AE scale. They found that only one of the five studies in which more than 15 therapists were rated, the reliability exceeded .70. If one goes by this contention, had the number of therapists/counseflors in the present study been low, the reliability coefficient would have become higher.

The Lay counsellors were found to be as empathic as professionals. This finding is supported by the finding of other researches also (Bergin and Jasper, 1969 and Berman and Norton, 1985).

Carkhuff (1968) had noted that lay persons have the same level of empathy as that of professionals and patients of lay counsel-

lers do as well as or better than the patients of professionals. But our finding goes against the finding of Truax and Carkhuff (1967) who noted that the kind of training matters with regard to empathy. Manickam and Kapur (1985) also noted that the professionals are more empathic than the lay counsellors. But the study has several methodological limitations which the authors themselves have pointed out.

On correlating the results of the present study with the study of Manickam and Kapur (1985) no significant positive correlation was obtained. This might be because of the methodological weakness of the M & K study as pointed out earlier. The interrater reliability in M & K study was only .37 and it is quite low. Also in their study the ratings of only one rater was taken into consideration. Another possibility is the use of AE scale for written responses in the present study. Carkhuff (1971) has noted that AE scale is not suitable for rating verbal responses. And the use of AE scale in assessing empathy itself had been questioned, (Chinsky and Rappaport, 1970.; Rappaport and Chinsky, 1972).

Though there are many limitations of the present study, few suggestions can be made for further research in assessing the therapist/counsellor variable. Along with the hypothetical problem situations two or three specific questions related to the problem situation could be given and the subjects can be asked to respond to these questions. The responses to the specific questions can be rated using rating scales. This would avoid responses like ".....refer to behaviour therapy" ".....ask him to practice yoga"as obtained in the study.

Along with that the subjects may be asked to rate their responses on a point scale, with respect to the empathy expressed, as done in assessing style of resloving interpersonal conflicts (Sternberg and Soriano, 1984). Or, multiple-choice responses which range

from low empathy to high empathy can be provided from which the subjects may be asked either to choose the best suitable or they rank all the responses. But one of the problems is that the above suggestion might make the test similar to other standardized psychometric tests.

Instead of giving hypothetical situation, another possibility is to ask the subjects write down situation which they have actually experienced, and how they have responded to such situations. The subjects themselves can rate it (Sternberg and Dobson, 1987) and it can be rated objectively using rating scales which are used to assess the written responses (Hayness and Avery, 1979; Kagan and Krathwohl, 1967). As there has been an increasing trend in training lay counsellers in our country (Kapur and Cariappa, 1978; Kapur et al., 1988., Manickam, 1988), there is a need to evaluate their therapeutic qualities and there is much scope for further research in this area.

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Appendix A

9. 23 years old young man who is doing his post graduation tells you that, when questions are asked to him in the class, he can not answer them though he knows the answers. When he stands up to answer he feels his legs tremble and he starts perspiring. Later he states that he feels inferior to his classmates. He comes from a low socio-economic background, when compared to his classmates. He is the eldest of four siblings and he has the responsibility of looking after his parents and younger ones.