

EMPATHY IN PROFESSIONALS AND TRAINED LAY COUNSELLORS: A COMPARISON*

L. S. S. MANICKAM¹

MALAVIKA KAPUR²

SUMMARY

The study was conducted on a group of 12 lay counsellors and 12 professionals in order to compare the empathy of the two groups. The lay counsellors underwent six months, biweekly training and the professionals were senior students belonging to mental health professions. A 15 minutes simulated interview with an acting client was recorded and three 2 minute segments were coded, randomized and rated. The 72 segments were rated by one rater, trained sufficiently in rating using the Accurate Empathy scale. The inter rater reliability for 30 segments was found to be .36 (significant at 0.05 level). The results showed that the empathy of the professionals group (mean score 6.7) was superior to lay counsellors group (mean score 5) which was statistically significant at 0.02 level.

Introduction

The term empathy has been widely used in different contexts and so it runs the risk of losing its meaning. The word empathy originated in aesthetics, the science of perception (Klein 1977). Rather than a strict translation, empathy is rendering into English of the German word, 'Einführung', coined by the German psychologist, Theodor Lipps in 1855 (Szalita 1981). The literal meaning of the word is 'feeling into'. The term empathy had been used by later workers in different contexts. In psychoanalytic perspective, Freud (1949) suggested that, "empathy... plays the largest part in our understanding of what is inherently foreign to our ego."

In psychotherapeutic context Rogers (1978) wrote, "to serve client's inner world of private personal meanings as if it were your own, but without ever losing the *as if* quality, this is empathy, and this seems essential to a growth-promoting relationship". Truax (Truax & Carkhuff 1967) defined accurate empathy as both the therapists sensitivity to current feelings and his verbal facility to communicate the feelings in a language attuned to the client's current feelings.

In order to assess empathy several tools

have been developed and used extensively by different research workers. One of the developments in the area of assessment of empathy has been the construction of rating scales. The important ones are: the measurement of empathic ability rating test - A (Dymond 1948), the measurement of empathic ability rating test - B (Dymond 1950), Hogan's Empathy Scale (Hogan 1969), Accurate Empathy Scale (Truax and Carkhuff 1967), Revision of Accurate Empathy Scale by Bergin and Solomon (cited in Truax and Carkhuff 1967) and Carkhuff's five point scale (Carkhuff 1977).

Various measures have been used by different workers to collect the material from which empathy can be rated. Written responses to specific questions had been used by some (Hayness and Avery 1979, Manickam 1982). But majority of the researchers have used segments or sessions of audio-taped or videotaped interviews. Both simulated interviews and live psychotherapy sessions were subjected for the study (Wolston 1975, Engram and Vandergoot 1978 and Gant et al 1980).

The studies reported from our country on psychotherapy and personal counselling are centred around its status, the suitable

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1. Lecturer in Clinical Psychology, Department of Psychiatry, Christian Medical College, Vellore. 632 002.

2. Associate Professor, Department of Clinical Psychology, NIMHANS, BANGALORE 560 027.

kind of approach in our cultural setting and its applicability (Varma and Ghosh 1976, Neki 1977, Kapur and Cariappa 1979, Shamsunder 1979). The present investigation was an exploratory attempt to compare the empathy of professionals and trained lay counsellors.

Material and Methods

Sample : For the present study subjects were taken based on purposive sampling. The subjects consisted of two groups – the professional group and the trained lay counsellor group.

1. The professional group (P-Group) consisted of 9 senior residents in Psychiatry, 2 Clinical Psychologists and 1 Psychiatric Social Worker, belonging to the departments of Psychiatry, Clinical Psychology and Psychiatric Social Work, respectively, of the National Institute of Mental Health & Neuro Sciences (NIMHANS), Bangalore. Their age range was between 25-34 and the mean was 27.25. Out of the 12, seven were males and five were females. All the subjects had 2-4 years clinical experience.

2. The trained lay counsellors group (TLC Group) consisted of 12 subjects and was matched for sex. Their age range was between 26-48 and the mean age was 32.35. One studied upto Pre-University, 6 were graduates and five were post graduates. Eight of them were employed in different professions unrelated to counselling and psychotherapy. The remaining 4 were unemployed. All the subjects in the group underwent a training course in counselling organised by the Hindu Seva Prathishtana, Bangalore. The training course was conducted by a Clinical Psychologist and two Psychiatrists of the Community Psychiatry Unit of NIMHANS. All the subjects volunteered themselves to undergo the training. The course was organised in two phases. In the first phase, two classes, each of one and half hours duration in a

week was conducted for six months. The curriculum included basic psychology, some of the clinical syndromes, counselling and different approaches to counselling. In the second phase, all the trainees were assigned the task of working with a client and presenting their helping role to the group which met once in a week. During this presentation, the group members evaluated the process and the techniques used by presentee and the supervisors gave guidelines for further course of action. Out of the 12, 3 had no previous experience in counselling, 4 had 1 month experience, and the rest had more than 1 year experience.

Procedure : All the subjects in both groups were informed that they have to interview an 'acting client', for 15 minutes, but they need not wind up the interview within 15 minutes. The acting client played the role of a client who had interpersonal difficulty with his wife. He was asked to give the same facts to all interviewers. The acting client was trained in role playing by an experienced counsellor. One of the authors (LSSM) acted the role of the client. While all the members of P group knew the acting client before the simulated interview was conducted, none in the TLC group knew him before.

The simulated interview by the P group was conducted in one of the interview rooms at the Department of Clinical Psychology, NIMHANS and that by the TLC group was conducted at their training centre. For all the members of each group, the settings were same. The interview was done according to the appointments made by the subjects with the acting client.

Recording and Unit of Analysis : Initial 15 minutes interview was recorded using a microphone built-in cassette recorder, which was kept on the interview table. But measures were taken so that the presence of the recorder was not conspicuous. The

occurrence of extraneous noise in the recorded interview was unavoidable as the recordings were done in a non-sound proof room.

From the 15 minutes interview, three 2 minute segments were taken. The 2 minute segments fall in the second minute (2-4) sixth minute (6-8) and tenth minute (10-12). The 2 minute segment was considered as a unit and was rated. The mean of the three 2 minute segments score was taken as the empathy score (E Score) of a subject. The total 72 segments were coded and randomized using random table (Fischer and Yates 1963) and were presented to the raters.

Rating: Out of the 72 segments, 30 random segments were rated independently by 2 raters using the revised Accurate Empathy Scale (Truax and Carkhuff 1967). One of the authors served as a rater. The second rater was a senior resident in psychiatry, who was not included in the sample of the study. Both the raters got familiarised with the scale and before rating the present data, 9 segments collected from pilot study were rated and the interrater reliability was found to be 0.70 which was significant at 0.001 level. In the present study, both raters rated only 30 segments and the inter rater reliability was found to be 0.37 and it was found to be significant at 0.05 level. The empathy scores of one rater was taken to compare the groups.

Results

The mean empathy scores of the two groups are shown in Table 1.

The mean E Score of the P group was found to be 6.7. The mean E score of the TLC group was found to be 5.0. The mean E score of the former was found to be above the middle point of the AE Scale, whereas, the latter's was exactly at the middle point. The 't' value obtained using the student 't' test, was found to be 2.61, and it was significant 0.02 point level.

Table 1
Mean E Scores of the P Group and the TLC Group

	N	Mean	S.D.	df	t	p
P Group	12	6.7	.95	22	2.61	0.02
TLC Group	12	5	2.09			

Discussion

The results of the present study show that the level of empathy of the Professionals is higher when compared to Trained Lay Counsellors. Our finding is in agreement with the earlier studies which showed that the kind of training matters with regard to empathy (Truax and Carkhuff 1967). But this finding does not go in the same direction as shown by some other workers. Bergin and Jasper (1969) found no significant relationship between empathy and indices of academic and intellectual competitiveness. Carkhuff (1968) had noted that the lay counsellors do have the same level of empathy as that of the professionals.

Though the P group was found to be having higher level of empathy than the TLC group, when the scores were interpreted in terms of its scale value description, it lead to more provoking thoughts regarding the type of training. The P group's E Score was 6.7, which can be taken as 7. The scale describes the 7th point as 'Always accurate toward the content but not the intensity of deeper feelings' (Truax and Carkhuff 1967). The therapists of P group were able to perceive and reflect accurately to the present obvious feeling and veiled feelings of the client. But they ignored the pre-conscious feeling of the client. The therapists have not reached a level wherein they will be unerringly accurate and unhesitant toward deep feelings with regard to both content and intensity.

In the TLC group, the mean E score was 5 and the members were found to be often accurate toward the obvious feelings of the clients. Though they showed concern with

deeper feelings, they tend to involve in inaccurate probing. The counsellors, though were able to perceive the client's feelings they have not achieved the level, wherein they will be unerringly accurate. This would throw light on the fact that, the counsellors need more supervised training, in order to attain high level of empathy (Hodge et al 1978).

The present study has few disadvantages, some of which we could not avoid. The fact that a variable like experience has not been controlled can have an important bearing as Mullen and Abeles (1971) had observed. Also the E scores compared were that of one rater. The results would have been more reliable, if the ratings of two or more than two raters were considered.

Also, the fact that one group of subjects knew the client who role played, can be advantageous to the particular group. But, assessing empathy, using simulated interviews were used by earlier workers (Hajiback & Parker 1969, Hoffnug 1969, Perry 1975).

In conclusion, the professionals, who are trained in the field of mental health, tend to show more empathy when compared to trained lay counsellors. Also, further analysis, of the scores, imply a need to incorporate programme which would assist in the acquisition and communication of empathy. When studies in future in this area are conducted, one has to be more cautious of controlling the variables and make use of the advanced technology, in order to obtain more valid and reliable results. We tried to venture into this area, in our Indian set up, when the words of Rogers (1978) was resonant in us, "Men can work freely and creatively toward discovering the significant relationship between humanly important variables, in the psychological realm. There is a demanding need to study the variables in psychotherapy. Future research should focus on the process and outcome of psychotherapy.

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Rating Scale :

The Accuracy Empathy scale revised by Bergin and Soloman (Truax and Carkhuff 1967) was used in the present investigation. The points and the related description for each point are given below :

1. Inaccurate responses to obvious feeling.

2. Slight accuracy toward obvious feeling. Ignores the deeper feelings.
3. Slight accuracy toward obvious feelings. Concern with deeper feeling but inaccurate with regard to them.
4. Often accurate toward obvious feelings. Concern with deeper feelings and occasionally accurate with regard to them.
5. Often accurate toward obvious feelings. Concern with deeper feelings and fairly often accurate with regard to them although spotted by inaccurate probing.
6. Always accurate toward obvious feelings. Frequently accurate toward deeper feelings although occasionally misinterpreting them.
7. Always accurate toward obvious feelings. Frequently accurate toward the content but not the intensity of deeper feelings.
8. Always accurate toward obvious feelings. Frequently accurate toward deeper feelings with regard to both content and intensity, but occasionally misses the mark of depth of intensity. May go too far in direction of depth.
9. Always accurate toward obvious feelings. Almost always accurate toward deeper feelings with respect to both content and intensity. May occasionally hesitate or err but correct quickly and accurately.
10. Always accurate toward obvious feelings and unerringly accurate and unhesitant toward deep feelings with regard to both content and intensity.

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