Teaching Client-Centered Therapy: A Pilot Analysis of the Empathic Responses of Clinical Psychology Graduate Students

Jerome Wilczynski
Illinois School of Professional Psychology
Argosy University-Chicago

Abstract

This pilot study analyzed the empathic responses recorded on verbatim transcripts of client-centered therapy sessions submitted by graduate clinical psychology students for classes in client-centered therapy. For two groups of transcripts (initial and final), the researcher compared percentages of empathic responses to non-empathic responses as well as assessed empathic response quality. It was found that students delivered fewer non-empathic responses on final transcripts than on initial transcripts. They demonstrated a consistently high percentage of empathic responses on both groups of transcripts. In general, however, the quality of the delivery of these empathic responses remained relatively low.

Literature Review

Carl Rogers, the founder of the psychological theory and practice of client-centered therapy, repeatedly subjected his theory of therapy to intense empirical scrutiny in order to verify its utility and effectiveness (Rogers, 1957, 1959). Although there were always contemporaries of Rogers who disputed the effectiveness of his approach (e.g., Kohut, 1973/1978), Rogers' way of helping others has consistently demonstrated its therapeutic efficacy (Bozarth, Zimring & Tausch, 2002; Cornelius-White, 2002; Bozarth, 1998; Patterson, 1984; Rogers, 1957, 1959; Rogers & Dymond, 1954).

Rogers was the first theorist to build a psychotherapeutic approach upon the use of empathy (Rogers, 1957). Empathy, as a theoretical concept or construct, is prevalent in other theories of psychotherapy (Book, 1988; Miller, 1989); however, no other theory or modality of therapy utilizes the construct of empathy in the same manner as that of Rogers (Bozarth, 1997; Brody, 1991).

According to Rogers' theory, therapists must provide an attitudinal environment—characterized by empathic understanding, unconditional positive regard, and congruence—that is, to some extent, perceived by the client. If a therapist can

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consistently experience these three attitudes, constructive psychological and personality change will occur in the client (Rogers, 1957, 1959). Hence, Rogers (1957) considered the three attitudes to be both "necessary and sufficient" (p. 95) for therapeutic personality change. In essence, no other therapist-provided variables are necessary for healing to occur in a client (Rogers, 1957, 1959).

Rogers never specified how a therapist should convey or communicate the necessary and sufficient attitudes to the client (Brody, 1991). According to Bozarth (1997), this is likely the case because Rogers saw the embodiment of the attitudes as an internal experience for the therapist—hence the choice of the word "attitude"—rather than as an overt, specific way of expressing attitude vis-à-vis manifest behavior. Recent analyses by Brodley and Brody (1993), however, confirmed discussions in the literature (Bohart & Greenberg, 1997) that indicated that most of the responses Rogers made to clients were of an empathic understanding nature. In other words, he primarily checked the accuracy of his understanding with his clients through his verbalizations (Brodley, 1993; Rogers, 1961, 1986).

Brody (1991) and Bozarth (1997) suggest that the empathic understanding response form may convey acceptance (unconditional positive regard) and genuineness (congruence). According to Brodley and Brody's (1993) analyses, Rogers consistently embodied the spirit of the three attitudes in all his responses to clients—even in those responses not classified as empathic understanding responses.

Therefore, according to discussions in the literature (Bohart & Greenberg, 1997; Brodley & Brody, 1993; Brody, 1991; Bozarth, 1997), Rogers' primary mode of response in therapy was that of empathic understanding. In fact, Brodley and Brody (1993) found that nearly all, 92%, of Rogers' verbalizations were of the empathic understanding variety when working with clients. This makes sense since he based his theory of therapy upon empathy (Rogers, 1957), and, it suggests that this type of response best facilitates the appropriate environment whereby therapeutic healing can occur.

In 1951, Carl Rogers chronicled his and his colleagues' experiences of attempting to modify and improve upon their teaching of client-centered theory and therapy to students and seasoned professionals alike. Rogers and his colleagues altered the way in which they taught graduate students over the years based upon their subjective opinions of whether or not students were displaying a capacity for learning and an improvement in their development with regard to the three necessary and sufficient attitudes for therapeutic effectiveness. They did not quantitatively or qualitatively analyze graduate students' abilities to verbalize empathic understanding in a systematic fashion (Rogers, 1951).

Rogers and his colleagues did, however, systematically analyze the attempts at bolstering the empathic understanding abilities of established professionals (i.e., psychologists, physicians, and counselors with considerable training and experience). At the conclusion of intense seminar style courses, the researchers invariably found quantitative and qualitative improvement in participants' empathic understanding abilities (Rogers, 1951).

A review of significant literature written by Rogers (1951, 1961, 1980) demonstrates a lack of quantitative and/or qualitative research that specifically examined graduate students' empathic understanding responses. This pilot study represents a foray into "uncharted territory" within the client-centered literature. It is the first published systematic analysis of the empathic responses of graduate clinical psychology students

who are learning to practice from a client-centered perspective. This investigation into the empathic abilities of novice therapists contributes to the field of clinical and counseling psychology by tentatively answering two unanswered questions in the client-centered literature. Is the rating of verbatim transcripts a good means by which to assess students' empathic response capability? Is requiring students to practice empathic understanding an effective way to teach the client-centered approach to psychotherapy?

The Pilot Study

This pilot investigation analyzed the types of empathic responses made by student therapists on verbatim transcripts of practice client-centered therapy sessions. These three-credit, 12-week courses in client-centered therapy were taught by Dr. Barbara Brodley, from 1983 to 1996 at the Illinois School of Professional Psychology-Chicago.

The researcher rated a sampling of initial and final transcripts with a modified version of Brodley and Brody's (1993) "A Rating System for Studying Client/Person-Centered Interviews." The researcher then drew comparisons between initial and final transcripts with regard to empathic response categorization and quality assessment.

Essentially, this pilot study answered the following two questions:

1. What *types* of responses did the student therapists give in response to volunteers' narratives?

2. Did the responses they gave approximate *adequate* or *less than adequate* levels of true empathic understanding?

The answers to these two questions suggest the ultimate answers to the questions put forth by this pilot investigation. Namely, is the rating of transcripts a good means by which to assess students' empathic capability? And, is requiring students to practice empathic responding an effective way to teach client-centered therapy?

Method

Data Source

Materials for this pilot study were the verbatim transcripts of practice client-centered therapy sessions submitted by graduate clinical psychology students for Dr. Brodley's client-centered therapy courses. It used initial and final practice session transcripts of each student's work. Ten sets of initial and final transcripts comprised the data for analysis, giving a total of 20 transcripts.

Transcripts contained the exact dialogue of both the student therapist and volunteer client selected for sessions by the student therapist. Volunteer clients were typically other members of the class; however, they could have been anyone chosen by a student therapist. Ideally, student therapists did not know these individuals very well (B. Brodley, personal communication, 1998). Students were required to practice empathic understanding with volunteer clients in weekly sessions and to submit a minimum of three verbatim transcripts, with accompanying audio recordings, of these sessions for evaluation of their progress in empathic responding. So they could gain facility with making empathic responses, students were instructed to deliver only empathic understanding

responses in relation to client communication during these practice sessions (B. Brodley, personal communication, 1998).

Prior to audio recording and transcription, both the practice therapist and client signed a release that gave their stated permission for these transcripts to be used for the evaluative purposes of the class as well as for later teaching and research endeavors.

Data Analysis

A modified version of Brodley and Brody's (1993) "A Rating System for Studying Client/Person-Centered Interviews" was used to categorize only the practice therapists' articulate verbal responses according to type. Before responses could be classified and rated, it was necessary to determine criteria for what constituted a distinct articulate therapist response (Brodley & Brody, 1993).

According to Brodley and Brody (1993), the criteria for designating and rating therapist responses are as follows:

> 1. The therapist statement represents a distinct *attitude* in order to be designated as a distinct therapist response. It is an *apparent intention*, which is represented alone, or within a sequence of therapist's statements, that determines a separate response. For example, an apparent intention might be to represent what the client has said, to get an answer to a question, or to tell the client something. Although a series of statements may be grouped together and numbered according to the typed copy as a single response, for the purposes of this system they are considered separate responses if their apparent intentions are different. Sometimes, within a single sentence, or paragraph, of verbalizations, the presence of distinct intentions will constitute more than one response.
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> 2. A fragment of utterance that is not a complete sentence, but gives enough information to convey apparent intention, and thus be able to be specifically categorized, is considered a response.
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> 3. If there is a significant pause between statements, the response is considered distinct, even if the statements before and after the pause are rated within the same category.
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> 4. Verbal gestures such as . . ."[Ah]", "Um hum", "[er]" are not scored as articulate responses.
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> 5. If the client's intervening comment is minimal and the content of the therapist's intervening comment is continuous or repeats the same statement, this is regarded as one response. .
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> 6. Introductions by the therapist, addressed to the client (e.g., "I'd be interested to hear about anything you'd like to talk about."), are not rated as distinct responses, but are omitted from the ratings on the grounds that they are not responses to client statements or other behavior. (pp. 2-4)

This rating system is unique. It is the only client/person-centered rating system that adequately takes into account the *intention* behind therapist responses when making category distinctions (Brodley & Brody, 1993).

This rating system designates empathic understanding responses as empathic following responses (Brodley & Brody, 1993). Under the rubric of empathic following, subcategories of empathic response type are distinguished and response quality is ascertained. These subcategories and quality ratings are modifications of the original rating system. Barbara Brodley, the lead author of the original rating system, suggested these subcategories in order to more specifically describe and analyze the different types of empathic responses possible.

In the original rating system all responses made by client-centered therapists fall into five mutually exclusive and exhaustive categories (Brodley & Brody, 1993). This categorization was not used for this pilot study. Instead, only empathic following or understanding responses were investigated. Ratings of these empathic following/understanding responses occurred for both subtype and level of adequacy (see descriptions below). Responses that did not fall under the rubric of empathic following were collectively deemed "not empathic." The category of "not empathic" was a catchall category for the purposes of this study and included responses such as interpretations, leading questions, as well as any other forms of therapist comments that were not empathic.

A response was rated as being an empathic following response when the therapist's apparent intention was to check his or her understanding of the feeling or experience or point of view immediately expressed by the client. If the client corrected the therapist, indicating that the therapist did not accurately understand, the response was *still* considered an empathic following response when the therapist appeared to have the *intention* of understanding (Brodley & Brody, 1993).

According to Brodley and Brody (1993), an example of an empathic following response is:

Client: I worry, will people find me out? That I'm not really competent or *able*. I'm afraid I'm not up to it.

Therapist: So it's really *frightening*, if people would find out what you're really like. And that you don't measure up. . . Perhaps you *don't* measure up.

Another example of an empathic following response is:

Client: . . .I have a feeling that my sexual part down there is dead, completely dead. I've never had that before. Maybe I've fallen into something new. Never had it before. I've had other problems to contend with, but I've never had this complete dead feeling.

Therapist: So that somehow, at least recently, you feel that you've died sexually. (p. 5)

Subtypes of Empathic Responses

The subtypes of empathic responses contained within this investigation are to be appreciated only as operational categories that have been derived for the purpose of

objective research. They are not intended by the researcher to represent a "new" way to conceptualize or teach the empathic understanding response process or to create the impression that empathic responding is a technique. According to Rogers (1987, 1986), the idea that empathic understanding may be regarded as or reduced to technique is contrary to client-centered theory, even anathema.

Four subcategories of empathic understanding were discriminated for the purpose of categorizing empathic responses. The subcategories include (a) literal true empathic understanding, (b) complex true empathic understanding, (c) informational but not true empathic understanding, and (d) questions for clarification.

A *literal true empathic understanding* response is one that captures the explicit feeling, experience, or point of view expressed by the client by literally repeating what the client communicated. In other words, the therapist's form of response is a parroting or nearly exact replica of the wording of the client, with the intention to understand. Slight alterations in wording made by therapists when responding in this manner thereby acknowledge that their response represents the experience of the client rather than the therapist. An example of a *literal true empathic understanding* response is:

Client: When he said that, I *really* was hurt.

Therapist: When he said that, you *really* were hurt.

Literal true empathic understanding responses are considered to be true empathic following because they capture the essence or meaning conveyed by the client as well as the most significant informational details that provide a rationale for why the client experienced this situation in a particular manner. However, literal responses only convey the explicitly stated or manifest meanings communicated by the client since these types of responses are nearly an exact mirroring of what the client said. The therapist adheres to the wording of the client and does not express implicit meanings that are implied or just outside the client's awareness. Nonetheless, *literal true empathic understanding* responses may convey true empathic understanding of the client's internal frame of reference.

In the preceding example, the therapist captured the explicitly central meaning of the client (the fact that the client was *really* or significantly hurt) as well as the essential detail that gave rise to this experience of hurt (it was caused by what the person said to her or him). Therefore, the therapist experiences and conveys true empathic understanding of the client's internal frame of reference, albeit, in a literal fashion.

Complex true empathic understanding responses fulfill the criteria for an empathic understanding of the client's internal frame of reference. Instead of literally repeating the client, however, the therapist delivers the response in his or her own words. An example would be:

Client: I'm really feeling out-of-sorts today. I got up late, missed my bus, and spilled my coffee on my shoes because I was in a rush. Ah, I really *hate* these days!

Therapist: You really *hate* it and feel off-kilter whenever your day starts off with so many mishaps.

In this example, the therapist communicates that he or she understands how much the client hates it whenever her or his day starts off badly. Closely related to the client's hatred for such days is not feeling quite "right" as a result of how the day began. The therapist accurately understands the two focal sources of affective meaning, along with the significant informational details that provide a rationale for why the client felt this way. Hence, the therapist achieves an accurate understanding of the client's internal frame of reference, and does so in her or his own words.

Expressing understanding in their own words enables therapists to convey their understanding of the explicitly stated *as well as* the implied meanings in clients' communication. According to Rogers (1961), the optimal form that an empathic understanding response may take expresses both an "understanding of what is clearly known to the client and can also voice meanings in the client's experience of which the client is scarcely aware" (p. 284). Therefore, since *complex true empathic understanding* responses may accomplish both these ends, they are the most essential or desirable form of response type for effective therapeutic work (Rogers, 1961).

An *informational but not true empathic understanding* response "tracks" the information provided by the client, but is devoid of an expression of understanding of the significance of the information to the client. Therefore, since this type of response misses the significance or essence of the client's communication, it cannot be scored as a true empathic following response. An example is:

Client: I got up early, went to the grocery store, picked up my shoes from the repair shop, made dinner, ate, and did the dishes. Whoa, I'm really tired!

Therapist: You really did a lot today. You went to the store, got your shoes from the repairman, cooked dinner, ate it, and even did the dishes.

This example demonstrates a following or "tracking" of the informational content of the client's communication. As a result, it falls under the rubric of empathic following. Unfortunately, the therapist misses the way that this information affected the client (i.e., it made the client tired). This response cannot therefore be considered a true empathic understanding response because the client is not provided with the understanding of how this information impacted him or her. Hence, the client is unable to ascertain if she or he has been accurately understood. Nonetheless, the *informational but not true empathic understanding* response is classified as an empathic response since the therapist's intention is simply to understand or follow the client.

Questions for clarification fall under the rubric of empathic following when the intention of the question asked is to explicitly check whether or not the therapist accurately understands the client. These questions do not derive from a desire for more information than that which is provided by the client. If the question did derive from that intention, it would be classified as a leading or probing question. When questions pursue additive information, the intention behind the question shifts from attempting to understand the client's internal frame of reference to gathering information for the purposes of satisfying the curiosity of the therapist or, possibly, leading the client. An example of a *question for clarification* would be:

Client: My boss told me I wasn't working hard enough today. God, you know, I got a flat tire, and, arg.! I really *hate* that, you know?
Therapist: Did you mean you hate the rebuke or the nuisance of a flat tire?

The therapist in this example is merely attempting to ascertain which event is hated, since the client's communication is ambiguous. Otherwise, however, this question fulfills the criteria for an empathic following response—the therapist stays within the internal frame of reference of the client and merely seeks to understand.

Had the therapist asked the client, "Isn't there something else behind your feelings of hate?", the therapist would have expressed a desire for finding information other than that which the client provided. This would clearly deviate from the internal frame of reference of the client. Hence, this type of question could not be considered empathic or a following of the client's communication.

By their very nature, any of the four empathic following responses of any of the four subtypes are intended as tentative representations of the client's internal frame of reference *until* the client corrects, modifies, or validates the accuracy of the therapist's understanding response. The existence of a question mark at the conclusion of a therapist's response does not necessarily identify a *question for clarification* since all empathic understanding responses are intended to check the accuracy of the therapist's understanding. Only responses that *expressly* check the accuracy of the therapist's understanding of the client's communication, or part of it, because the therapist is unsure of his or her understanding, are classified as *questions for clarification*.

Assessing the Quality of Empathic Responses

Dichotomous quality ratings were applied to evaluate the greater or lesser degree of adequacy of each of the therapist's empathic understanding responses. Designations of *adequate* or *less adequate* were applied. These ratings compared therapist responses to client communication, that is, quality was assessed by evaluating the therapist's response in relation to the client's communication.

Literal true empathic understanding responses are *adequate* when they capture, in nearly the exact words of the client, the explicitly stated meanings and the essential informational details that give rise to the client's experience. A rating of *less adequate* is assigned when certain key informational details that cause the client to feel as he or she does are missing from the therapist's response.

A *complex true empathic understanding* response is rated as *adequate* when the therapist captures and conveys, in his or her own words, the expressed and/or implied meanings as well as the crucial informational details that prompt the client's communication. If the therapist delivers this type of response in a disjointed, not readily understandable manner, or, falters in her or his ability to fully grasp the expressly stated or implied meanings and important informational details that give rise to such meaning states, then the response is rated as *less adequate*.

Because *complex true empathic understanding* responses include elements of the client's agency, or the relation to what the client is talking about, they need not always have informational content. For example, "You hate it!" could be a *complex true empathic*

understanding response that receives an *adequate* rating even though it is devoid of informational details. Clients may not always provide informational details. Therefore, the adequacy of *complex true empathic understanding* responses can only be established when judged in relation to the client's immediate communication.

Informational but not true empathic understanding responses that "track" the informational content of a client's communication with specificity are deemed *adequate* if the client does not reveal something about her or his relationship to the information provided. If the client reveals a sense of personal agency and the therapist misses this key source of meaning by focusing upon the informational details of the client's communication, the response is considered *less adequate.*

Questions for clarification expressed with the sole intention of establishing or correcting the accuracy of the therapist's understanding of the client's internal frame of reference are considered *adequate.* Any question that attempts to clarify understanding, but is imbued with an intention to ascertain information clearly outside the frame of reference of the client, is considered to be *less adequate.*

Procedures

Due to the use of archival data and the qualitative nature of this pilot investigation, it did not use traditional quantitative methods of investigation (i.e., true or quasi-experimental designs). Nonetheless, the methods employed to analyze the data were both rigorous and systematic.

Blind rating as well as inter-rater reliability ensured the integrity of the rating process. Mean category percentages of the non-empathic and quality rated empathic response subtypes were used for comparing and analyzing data.

Barbara Brodley derived a convenience sample from the aggregate pool of transcripts she collected. She selected the 10 sets of transcripts on the basis of whether there existed both the initial and the final session of each student's work. Dr. Brodley coded transcripts independently of the 10 raters, which included the researcher, to ensure that these individuals were blind to whether they were rating initial or final transcripts as well as to which transcripts constituted pairings. Raters were trained, in accordance with the Brodley and Brody (1993) rating system, to identify discrete therapist responses, to number responses consecutively, and to rate each response as belonging either to an "empathic following" or "not empathic" category. Individual raters scored anywhere from one to several transcripts. However, unlike the other raters, this rater/researcher rated every transcript and ascribed subcategory and quality ratings to each empathic following response.

To establish inter-rater reliability, the researcher compared his ratings to the ratings of the other nine raters for each therapist response on every transcript. Any disagreement between the researcher's ratings and those of the other raters disqualified a response from being considered for analysis. In other words, when the researcher and another rater did not agree on whether or not a response qualified as "empathic" or "not empathic," those responses were eliminated from the data analysis. Disregarding these non-agreement responses was necessary since the researcher and the other raters were not able to evaluate each response in the presence of each other, thereby mutually resolving differences in rating.

Inter-rater reliability percentages were calculated for each transcript by taking the total number of responses on a transcript and subtracting the number of unmatched responses, taking this result and dividing it by the total number of responses made on the transcript, and then multiplying by 100.

Transcripts were grouped according to initial or final status and assigned sequential alphabetical codes. Those transcripts belonging to the initial group received single, consecutive letters of the alphabet and those corresponding transcripts in the final group were ascribed the same, but doubled, letter. For example, transcript "A" from the initial group corresponded with "AA" in the final group.

Once transcripts were grouped and sequenced according to initial or final status, the category percentages were derived for each quality rated subtype of empathic response. In other words, a percentage was calculated for each *less adequate* and *adequate* subcategory of empathic response. Percentages were also calculated for the *not empathic* category. Mean percentages for each type of response category (i.e., each of the four subtypes of empathic response with corresponding quality rating as well as the *not empathic* category) were derived for both the initial and final groups of transcripts.

The author calculated category percentages by taking the number of responses in each category and dividing that figure by the total number of responses on the transcript. The resulting quotient was multiplied by 100 to obtain a percentage. Mean percentages were calculated by summing the decimal percentage equivalents of each category of response per transcript in an entire group (i.e., initial or final), dividing those respective figures by 10, and multiplying quotients by 100. Comparisons were drawn for discussion purposes between the mean percentages per category of response type for the initial and final groups.

Results

Two percentages were calculated for each empathic understanding response subcategory: one for *less adequate* and another for *adequate* quality ratings. A single percentage was determined for the *not empathic* category since quality was not assessed for these responses. See tables delineating category percentages for each transcript in both the initial and final groups contained within the appendices at the conclusion of this article. At the bottom of these tables, there are mean percentages for each quality rated subcategory of empathic response type. Below the mean percentages are total category percentages for an entire response subtype category (i.e., the sum of the *less adequate* and *adequate* mean percentages that comprise an overall category percentage).

Initial Transcripts

1. *Literal true empathic understanding*
   A 0% *less adequate* and 0.7% *adequate* rating yielded a total of 0.7% for the entire category. Less than 1% of responses in the initial group of transcripts were *literal true empathic understanding* responses.
2. *Complex true empathic understanding*

A 41% *less adequate* and 26% *adequate* rating yielded a total of 67% for the entire category. Nearly 70% of the total responses in the initial group of transcripts were *complex true empathic understanding* responses.

3. *Informational but not true empathic understanding*
   An 8% *less adequate* and 0.6% *adequate* rating yielded a total of 8.6% for the entire category. Nearly 10% of the total responses in the initial group of transcripts were *informational but not true empathic understanding* responses.
4. *Questions for clarification*
   A 3% *less adequate* and 2% *adequate* rating yielded a total of 5% for the entire category. Five percent of the total responses in the initial group of transcripts were *questions for clarification.*
5. *Not empathic*
   A total of 29% of the responses among the initial group of transcripts were rated *not empathic.*

Final Transcripts

1. *Literal true empathic understanding*
   A 0% *less adequate* and 0.9% *adequate* rating yielded a total of 0.9% for the entire category. About one percent of the total responses in the final group of transcripts were *literal true empathic understanding* responses.
2. *Complex true empathic understanding*
   A 47% *less adequate* and 19% *adequate* rating yielded a total of 66% for the entire category. Nearly 70% of the total responses in the final group of transcripts were *complex true empathic understanding* responses.
3. *Informational but not true empathic understanding*
   A 12% *less adequate* and 0.4% *adequate* rating yielded a total of 12.4% for the entire category. Twelve and four-tenths percent of the total responses in the final group of transcripts were *informational but not true empathic understanding* responses.
4. *Questions for clarification*
   A 2.3% *less adequate* and 4% *adequate* rating yielded a total of 6.3% for the entire category. Six and three-tenths percent of the total responses in the final group of transcripts were *questions for clarification.*
5. *Not empathic*
   A total of 14% of the responses among the final group of transcripts were rated as *not empathic.*

Inter-rater Reliability

Inter-rater reliability percentages ranged from 61 to 100% for all transcripts, initial and final groups combined. The mean was 90%.

Discussion

The Categories and Comparisons

On initial transcripts, the very minimal total category percentage of 0.7% *literal true empathic understanding* responses was a positive finding since these types of empathic responses can only capture the explicitly stated meanings of client communication. Since these responses cannot convey implied meanings, because they adhere to nearly the exact wording of the client, a therapist who uses this type of empathic response is unlikely to be perceived as having a deep understanding of the client's material. Additionally, the total category percentage of 0.7% was entirely represented by *adequate* quality ratings. There were no less adequate responses found in the initial group of transcripts. Therefore, these students were highly successful in not providing too many literal responses, and, when they did deliver these types of responses, they did so competently.

There was a slight, negligible increase in the total category percentage of *literal true empathic understanding* responses on the final transcripts. The total category percentage of literal responses on the final transcripts was 0.9% (it was 0.7% on the initial transcripts). As was the case with the initial group of transcripts, no *less adequate* quality ratings were gleaned in the final group of transcripts. Hence, and quite positively, students rather consistently delivered a very low total category percentage of *literal true empathic understanding* responses on both the initial and final groups of transcripts.

There was a consistently high total category percentage of *complex true empathic understanding* responses on both the initial and final groups of transcripts. On the initial transcripts the total category percentage was 67% and on the final group it was 66%. Essentially, nearly 70% of the responses made by these graduate students, on either the initial or final sets of transcripts, were of the type considered by Rogers (1961) to be the exemplar of true empathic understanding. The finding that the total category percentages of *complex true empathic understanding* responses initiated at such a high level and practically maintained that level on the final transcripts may be due to the fact that the students were required to practice empathic understanding weekly with a volunteer client.

More specifically, students practiced empathic understanding with a volunteer client an undetermined number of times before the session that was transcribed and submitted as the "initial" session for the purposes of evaluation. Therefore, it seems students attained a rather high level of empathic understanding response capability before conducting the practice session they transcribed as the "initial" session. Students also appeared to maintain this relatively high level of empathic development throughout their practice sessions, as exemplified by the rather high total category percentages of *complex true empathic understanding* responses on both the initial and final sets of transcripts. This finding seems to suggest that rating transcripts is a good measure of students' empathic response capability and that requiring students to practice empathic understanding is an effective way to teach the client-centered approach to psychotherapy.

On the initial and final transcripts, however, the mean percentages of *complex true empathic understanding* responses rated as *adequate* were 26 and 19%, respectively. An explanation for this decrease was not readily apparent. However, it was conceivable that this finding could be explained through an understanding of the definitions of the empathic response subcategories and quality ratings proposed within this pilot study.

For example, on the initial transcripts, students may have failed to understand client communication because they missed many of the significant informational details that would have completed their *complex true empathic understanding* responses. On the final transcripts, as a remedy, they may have tried to capture more of the significant informational details of client communication, but, in so doing, they failed to include the meaning or impact this information had on clients in their responses. As a result, gains in the mean percentage of *adequate complex true empathic understanding* responses on the final transcripts were lost to increases in the mean percentage of *less adequate informational but not true empathic understanding* responses.

Interestingly, from the initial to final transcripts, there was an increase in the mean percentages, 8 to 12%, of *less adequate informational but not true empathic understanding* responses. There was also a slight decrease in the mean percentage of *adequate informational but not true empathic understanding* responses on the final transcripts. Conceivably, these findings could be explained by the same process that gave rise, at least theoretically, to the decrease in the mean percentage of *adequate complex true empathic understanding* responses on the final transcripts.

More specifically, when students' responses failed to convey an understanding of the clients' meanings along with an understanding of the significant informational details that gave rise to those meanings, the mean *less adequate informational but not true empathic understanding* response percentage in the final group of transcripts necessarily rose. Simultaneously, and as a consequence of this, the mean percentage of *adequate informational but not true empathic understanding* responses decreased on the final transcripts.

There are at least two other ways to understand these findings. First, the differences between the mean percentages of the two categories mentioned in the preceding paragraph from the initial to final transcripts might have, had they been subjected to a statistical *t*-test, been insignificant. In other words, it might be possible that there were *no* real differences between these mean category percentages from the initial to final transcripts. *T*-tests were not utilized for data analysis because it was assumed that the 12 weeks these courses spanned would not have warranted enough time to discern statistically significant levels of change in qualitative empathic response capability. Second, the differences may have been due to higher levels of complexity in client communication as the result of an increased level of trust in student therapists. In other words, the more a volunteer client practiced with a student therapist, the more comfortable they likely became in disclosing deeper and more complicated aspects of their lives. Therefore, the empathic response capabilities of these graduate students may not have been sophisticated enough, with just 12 weeks of practice, to have adequately understood the intricacies of more complex client narratives.

There was a decrease in the mean percentage of *less adequate questions for clarification* from 3 to 2.3% on initial to final transcripts, and an increase in the mean percentage of *adequate questions for clarification*, from 2% on the initial to 4% on the final transcripts. These results suggested that students asked questions that clarified the adequacy of their understanding of the clients' internal frame of reference rather than questions that clearly took clients outside his or her frame of reference or requested more information of clients than was given. Hence, these were positive findings since they indicate that students were *not* directing client communication very frequently on the final transcripts.

There was a decrease in the total category percentage of *not empathic* responses made by students on the final transcripts. In the initial group there was a 21% rate and on the final transcripts, there were only 14% *not empathic* responses. This decrease was a positive finding since these types of responses are inconsistent with the non-directive attitudinal environment of client-centered therapy.

The decline in the total category percentage of *not empathic* responses from initial to final transcripts further suggested an elevation in the total, overall, percentage of empathic responses made on the final versus initial transcripts. In fact, when the mean percentages of all the subtypes of empathic responses for both the initial and final groups of transcripts were summed, an increase from roughly 81% in the initial group to 86% total empathic responses in the final group was found. According to Brodley and Brody (1993), nearly 92% of Rogers' responses to clients were empathic. Therefore, when compared with Rogers' overall percentage of empathic responses, these findings appeared to be very positive.

In general, most of the mean percentages, regardless of initial or final transcript status, of the various empathic response subtypes tended to have higher *less adequate* than *adequate* quality ratings. This finding was not surprising because these graduate students were novices with regard to client-centered therapy. It would not have been reasonable to expect these students to master the delivery of any of these types of empathic responses over the relatively short time span of 12 weeks.

The Reliability and Validity of the Findings

The fact that the ratings were carried out blindly, raters were adequately trained, and the researcher was the only individual ascribing subcategory and quality ratings provided consistency to the rating process. The high concordance rate between the ratings of the other raters and this researcher spanned from 61 to 100%, with a mean of 90%. Hence, the inter-rater reliability of the rating process was excellent.

Responses not agreed upon by raters were eliminated from the ratings. This may have resulted in a lowering of certain overall subcategory percentages. However, the only categories affected by this process were the *complex true empathic understanding* and *not empathic* categories. Regardless, the overall percentages of these responses were relatively high for the *complex true empathic understanding* responses and low for the *not empathic* responses. Hence, any negative effect due to the elimination of these responses was considered negligible.

With some frequency, students transcribed these sessions in ways that made it difficult to ascertain the integrity of an entire therapist response. For example, many transcripts contained portions of dialogue that looked like this:

Client: Well, after he told me to shove it, I turned around and told him to stick it! And then, I just couldn't believe it, he threw the microphone right at me.

Therapist: When he told you to shove it

Client: Umhmm

Therapist: you told him to stick it

Client: Umhmm

Therapist: and you couldn't believe it when he threw the microphone at you.

Client: Yeah. It was really awful!

In this example, raters were left to ascertain whether or not the series of therapist responses numbered 1 through 3 were really one complete response. According to the Brodley and Brody (1993) criteria, when a significant pause exists between therapist verbalizations, responses are considered to be truly separate and distinct. However, it was possible that the transcriber of this session did not know how to transcribe interjections on the part of the client. Had this occurred, the reality of this dialogue may have gone something like the following:

Client: Well, after he told me to shove it, I turned around and told him to stick it! And then, I just couldn't believe it, he threw the microphone right at me.

Therapist: When he told you to shove it (Client: Umhmm) you told him to stick it. (Client: Umhmm) And you couldn't believe it when he threw the microphone at you.

Client: Yeah. It was really awful!

In order to discern issues such as these, raters needed the audio recordings that originally accompanied these transcripts. Unfortunately, these recordings were not available. Their absence may have caused inaccuracies in certain overall percentages of particular types of empathic responses.

For example, in the original sample of dialogue, therapist responses 1 and 2 would have received a rating of a *less adequate informational but not true empathic understanding* response. Therapist response 3 would have been rated as an *adequate*, although incomplete, *complex true empathic understanding* response. In the second example, therapist response 1 would have received an *adequate literal true empathic understanding* rating. As is evident, mistakes in transcription, which cannot be ascertained in the absence of audio recordings, may or may not have resulted in an increase or decrease in certain types of empathic response category percentages.

In the absence of these audio recordings, however, raters strictly adhered to the criterion delineated in the Brodley and Brody (1993) rating system that necessitates resolving these types of transcription difficulties in the direction of assuming that there was indeed a significant pause between these therapist verbalizations. As a result of this consistency, the ratings were considered to be both reliable and valid with regard to the manner in which they were rated.

The non-traditional research design and small sample size were inadequate for the

purposes of making generalizations from the findings of this study. However, given that this sample represented a cross-section of students spanning the years 1983 to 1996, it is likely that similar results would be found among other graduate clinical psychology students who were taught by Dr. Brodley. A larger sample size and a true or quasi-experimental design would be necessary to answer the questions posed in this pilot study with any level of certainty.

Nonetheless, this study was significant in that it suggested that rating transcripts is a good measure of graduate students' empathic response capability. It also suggested that requiring students to practice empathic understanding seems to be a reliable way to teach the client-centered approach to psychotherapy. However, as stated earlier in this study, the teacher of client-centered therapy is strongly cautioned not to think of the categories of empathic responses contained within this investigation as a "new" means by which to teach the empathic understanding response process. According to Rogers (1987, 1986), doing so would suggest that empathic responding is a technique and this is absolutely contrary to client-centered theory. Hence, beyond the purposes of objective research, the utilization of the categories of empathic responses contained within this pilot study is discouraged.

Conclusions

These graduate students consistently demonstrated a very high percentage, nearly 70%, of *complex true empathic understanding* responses on both the initial and final groups of transcripts. This was an extraordinary finding since Rogers (1961) considered this type of response to be the exemplar of true empathic understanding.

Although there was variability in the percentages for the other subcategories of empathic responses, the percentage of the delivery of responses considered *not empathic* from initial to final transcripts decreased. This finding suggested that students were successful in not directing their practice client's communication.

In general, the mean *less adequate* response percentages, regardless of subcategory, were higher than the mean *adequate* response percentages for both sets of transcripts. This suggested that overall response quality tended to be rather low. This finding was not surprising since these students were novices with regard to client-centered therapy. It would not have been reasonable to expect them to master the delivery of any of these empathic response forms over the relatively short time span of 12 weeks.

In spite of the overall low quality ratings, students managed to attain a reasonably high total category percentage of *complex true empathic understanding* responses on both sets of transcripts and they decreased the total category percentages of *not empathic* responses from the initial to final transcripts. These findings in particular suggested that the intentions behind student responses were in the "right" direction, and, that practice may have a positive effect. Hence, rating transcripts may be a good means by which to assess student empathic response capability, and, requiring students to practice the empathic response process appears to be a reliable way to teach the client-centered approach to therapy.

The sample size for this pilot study was rather small and neither a true or quasi-experimental design was used. As such, the findings of this study cannot be generalized to other groups of graduate students. However, given that this sample represented a cross-

section of students spanning the years from 1983 to 1996, it is likely that similar results would be found among other graduate clinical psychology students who were taught by Dr. Brodley. Although this pilot study did not utilize a traditional quantitative design, it is still reasonable to conceive, given the rigors and systematic nature of the analysis, that an empirical research study that used a more traditional experimental design would likely find similar results. It is suggested that future investigators pursue this in an attempt to answer these questions more definitively.

The pilot study was significant in that it suggested that rating transcripts is a good measure of graduate students' empathic response capability. It also suggested that requiring students to practice empathic understanding seems to be a reliable way to teach the client-centered approach to psychotherapy.

However, utilizing the categories of empathic responses contained within this investigation is strongly discouraged, except when doing so for the express purposes of objective research. These categories are not to be understood as a "new" means by which to teach the empathic understanding response process. Any such attempt would be tantamount to conveying the impression that empathic responding is a technique. According to Rogers (1987, 1986), this idea is absolutely contrary to client-centered theory.

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Appendix A

Table 1: Initial Transcripts

TRANSCR	TOTAL # OF RESPONSES	LITERAL TRUE EMPATHIC UNDERSTAND.		COMPLEX TRUE EMPATHIC UNDERSTAND.		INFO. BUT NOT TRUE EMPATHIC UNDERSTAND.		QUESTIONS FOR CLARIFICA.		* NOT EMPATHIC
		LESS ADQ.	ADQ.	LESS ADQ.	ADQ.	LESS ADQ.	ADQ.	LESS ADQ.	ADQ.	
A	N=7	0 %	0 %	29 %	29 %	0 %	0 %	14 %	0 %	29 %
B	N=40	0 %	0 %	23 %	18 %	3 %	3 %	0 %	3 %	53 %
C	N=8	0 %	0 %	38 %	38 %	25 %	0 %	0 %	0 %	0 %
D	N=62	0 %	2 %	40 %	10 %	10 %	0 %	3 %	5 %	31 %
E	N=21	0 %	0 %	52 %	43 %	0 %	0 %	0 %	0 %	5 %
F	N=31	0 %	0 %	19 %	0 %	12 %	3 %	0 %	0 %	65 %
G	N=11	0 %	0 %	55 %	46 %	0 %	0 %	0 %	0 %	0 %
H	N=43	0 %	5 %	51 %	9 %	14 %	0 %	5 %	0 %	16 %
I	N=14	0 %	0 %	29 %	57 %	7 %	0 %	0 %	0 %	7 %
J	N=16	0 %	0 %	75 %	7 %	7 %	0 %	7 %	7 %	0 %
TOTAL MEAN		0 %	0.7 %	41 %	26 %	8 %	0.6 %	3 %	2 %	21 %
TOTAL CATEG.		0.7 % [1]		67 % [2]		8.6 % [3]		5 % [4]		21 % [5]

[1] There were a total of 0.7% *literal true empathic understanding* responses on initial transcripts.
[2] There were a total of 67% *complex true empathic understanding* responses on initial transcripts.
[3] There were a total of 8.6% *informational but not true empathic understanding* responses on initial transcripts.
[4] There were a total of 5% *questions for clarification* on initial transcripts.
[5] There were a total of 21% *not empathic* responses on initial transcripts.
* *Not empathic* = responses such as interpretations, leading questions, etc.

Appendix B

Table 2: Final Transcripts

TRANSCR	TOTAL # OF RESPONSES	LITERAL TRUE EMPATHIC UNDERSTAND.		COMPLEX TRUE EMPATHIC UNDERSTAND.		INFO. BUT NOT TRUE EMPATHIC UNDERSTAND.		QUESTIONS FOR CLARIFICA.		* NOT EMPATHIC
		LESS ADQ.	ADQ.	LESS ADQ.	ADQ.	LESS ADQ.	ADQ.	LESS ADQ.	ADQ.	
AA	N=27	0 %	4 %	48 %	15 %	22 %	0 %	0 %	0 %	11 %
BB	N=57	0 %	0 %	44 %	16 %	0%	2 %	2 %	2 %	37 %
CC	N=18	0 %	0 %	50 %	33 %	16 %	0 %	0 %	0 %	0 %
DD	N=43	0 %	2 %	38 %	12 %	5 %	2 %	2 %	2 %	38 %
EE	N=41	0 %	0 %	30 %	66 %	0 %	0 %	0 %	5 %	0 %
FF	N=85	0 %	1 %	60 %	0 %	20 %	0 %	1 %	0 %	16 %
GG	N=49	0 %	0 %	31 %	18 %	14 %	0 %	49 %	10 %	22 %
HH	N=40	0 %	5 %	58 %	8 %	15 %	0 %	10 %	2.5 %	10 %
II	N=25	0 %	4 %	60 %	4 %	24 %	0 %	4 %	0 %	4 %
JJ	N=27	0 %	0 %	52 %	22 %	7 %	0 %	0 %	15 %	4 %
TOTAL MEAN		0%	0.9%	47%	19%	12%	0.4%	2.3%	4%	14%
TOTAL CATEG.		0.9 %[6]		66 % [7]		12.4 % [8]		6.3 % [9]		14 % [10]

[6] There were a total of 0.9% *literal true empathic understanding* responses on final transcripts.
[7] There were a total of 66% *complex true empathic understanding* responses on final transcripts.
[8] There were a total of 12.4% *informational but not true empathic understanding* responses on final transcripts.
[9] There were a total of 6.3% *questions for clarification* on final transcripts.
[10] There were a total of 14% *not empathic* responses on final transcripts.
* *Not empathic* = responses such as interpretations, leading questions, etc.