Measuring Response Empathy: The Development of a Multicomponent Rating Scale

Robert Elliott, Howard Filipovich, Linda Harrigan, James Gaynor, Cora Reimschuessel, and Judith K. Zapadka
University of Toledo

This article describes the development of and psychometric data on a new approach to the measurement of the empathic quality of counselor behavior. The features of this approach are, first, the division of the empathy construct into a set of components tapping different aspects of empathic behavior; second, greater specification of the construct; and third, focus on the empathic qualities of individual counselor responses. An existing measure, the Lister Empathy Scale, provided the basis for the Response Empathy Rating Scale, which consists of eight components: frame, inference, accuracy, here and now, centrality, words, voice, manner, and impact. Good interrater reliability was found for the whole scale, as well as for all but two of the components. Centrality was the "core" component, and factor analysis suggested two underlying factors, Depth Expressiveness and Empathic Exploration. Evidence for validity was found in correlations with client ratings of feeling understood; however, these correlations were strongest when ratings were averaged to form larger units, such as episodes or sessions.

Empathy is probably the most widely cited and studied process variable in the counseling and psychotherapy literature. However, the history of empathy research is plagued with definitional and methodological controversy (e.g., Bergin & Suinn, 1975; Chinsky & Rappaport, 1970; Gormally & Hill, 1974; Gurman, 1973; Lambert, DeJulio, & Stein, 1978; Parloff, Waskow, & Wolfe, 1978; Rogers, 1975; Truax & Mitchell, 1971).

Barrett-Lennard's (1981) recent work on the three-phase cyclical model of empathy has provided some useful clarification to the area by suggesting that empathy manifests itself in three different sequentially ordered processes: in the counselor's experience of *empathic resonation* with the client's experience (Phase 1 empathy), in the quality of the counselor's communication about the client's experience (*expressed empathy*, Phase 2), and in the client's experience of being understood by the counselor (*received empathy*, Phase 3). Interestingly, Barrett-Lennard's cyclical model contains a generally overlooked implication: Barrett-Lennard appears to be describing a process that involves specific moments and counselor responses within counseling sessions, in contrast to the fact that empathy has generally been measured globally (Barrett-Lennard, 1962; Truax & Carkhuff, 1967).

The major purpose of the present research was to begin to examine aspects of this cylical model of empathy: (a) by developing an adequate measure of the empathic qualities expressed in particular counselor verbal responses, (b) by comparing these empathic qualities to one another, and (c) by comparing these qualities to clients' experiences of being understood by the particular counselor responses (Phase 3 empathy).

Process measures of empathic counselor behavior (Phase 2 empathy) have been the focus of much research over the past 20 years. The bulk of this research has used 7-, 5-, or 9-point versions of the anchored rating scale developed by Truax (Rogers, Gendlin, Kiesler, & Truax, 1967; Truax & Carkhuff,

1967; see reviews by Lambert et al., 1978; Mitchell, Bozarth, & Krauft, 1977; Parloff et al., 1978; Truax & Mitchell, 1971). Other, more recently developed measures of expressed empathy include those described by Hargrove (1973, 1974; the "Lister Empathy Scale"), Cochrane (1974), Hanson (1979), and Scibetta (1980). However, these scales were all developed to measure empathy in 2–5 minute (or longer) segments of counseling sessions, which means that they require some revision before being applied to particular counselor interventions. Nevertheless, two of these scales (Cochrane, 1974; Hargrove, 1974) involve an intermediate step of rating particular responses, although they have not been adequately tested at the response level.

The widely used Truax scale might be adapted for rating single counselor responses (cf. Truax, 1966); however, this scale has been faulted on numerous grounds, including inadequate specification of the empathy construct in terms of specific counselor behaviors (Cochrane, 1974; Wenegrat, 1974; Zimmer & Anderson, 1968). A further problem with the Truax scale is its multidimensionality—that is, the scale seems to be measuring more than one thing (Lambert et al., 1978; Zimmer & Anderson, 1968). In short, no adequately tested measure of response empathy was found.

The criticisms mentioned above, as well as Barrett-Lennard's analysis of the different meanings of the empathy construct, suggest that empathic responding is actually composed of multiple components. Two scales that measure component aspects of empathy were located: Lister's scale (Hargrove, 1973, 1974) divides empathy into eight aspects: internal frame of reference, perceptual inference, accurate perceptual inference, immediacy, emphasis on personal perceptions, use of fresh words, appropriate voice, and pointing to exploration. Cochrane's (1974) scale scores empathy in terms of six elements: internal frame, emotional separation, accuracy, concreteness, energy, and caring manner. In addition, research on empirical correlates of the Truax scale (Phase 2) or client-received (Phase 3) empathy suggest other processes that might properly belong to the empathy construct: counselor verbal activity and noninterrup-

tion (see review by Matarazzo & Wiens, 1977), voice quality (e.g., Brown, 1981), and facial expression (e.g., Tepper & Haase, 1978).

Unfortunately, the research literature leaves open the question of how these various possible aspects of empathy might be related. Existing factor analytic research on expressed empathy (Wenegrat, 1974; Zimmer & Anderson, 1968) has not addressed the question of relations among empathy components or their underlying factors. In addition, previous factor analytic work on client-received empathy (e.g., Walker & Little, 1969) is not particularly relevant, because it does not involve description of specific behavioral cues. In other words, it is apparent that empathy consists of different aspects, but there is little or no empirical data as to what those aspects might be.

Finally, Barrett-Lennard's cyclical empathy model throws into sharp relief questions about the relationship between expressed empathy (Phase 2) and client-perceived empathy (Phase 3). A review by Gurman (1977) found inconsistent but generally disappointing results comparing these two types of empathy (correlations ranged from .00 to .88 with a mean value of .24). Although this weak or inconsistent relationship supports the importance of distinguishing between expressed empathy and client-received empathy, it may also be the case that current measures of expressed empathy obscure or fail to measure components of empathy that do predict client perceptions. The sparse literature suggests the possible importance of particular counselor behaviors, including counselor facial expression, noninterruption, voice quality, activity, inference, and questions (e.g., Brown, 1981; Ford, 1978; Pierce, 1971). Of these studies, only Brown (1981) and Barkham (Note 1) have measured client-perceived empathy associated with particular counselor responses. In both cases, the researchers compared clients' experiences of being understood at particular moments in counseling sessions with an array of process variables relevant to, but not specifically measuring, empathy.

In sum, then, there is a need for research that (a) measures expressed and client-received empathy (Barrett-Lennard's Phases

2 and 3) associated with particular counselor responses (response empathy); (b) divides empathy into a number of aspects or components; and (c) examines the relationship between empathic components and client-received empathy. These three features converge in the present study, where they also provide the basis for three sets of organizing questions: (a) Can raters reliably rate the empathic quality of particular counselor responses, including particular components of empathy? (b) What is the structure of the empathy construct as measured in this way? In other words, what are the core elements of empathy and what are the underlying components of response empathy? (c) How valid is this scale as a correlate clients' evaluations of being understood by particular counselor responses? Which components relate most strongly to clients' experiences of being understood?

Method

Participants

Twenty-eight pairs of counselors and clients participated in this study. The 15 counselors consisted of 12 internship-level graduate students and three faculty members in clinical psychology. All but four counselors saw two clients each (the three faculty members each saw one client and one other counselor saw three clients). Counselors described their orientation as primarily client-centered or psychodynamic. The 28 clients were undergraduate volunteers from the psychology department subject pool, who signed up with the understanding that they were to discuss a genuine personal concern with a counselor. Most clients appeared to want help with actual personal problems, and a number were subsequently referred to the campus counseling center. According to later ratings by counselors and observers, 50% of the clients were highly motivated ("definitely wants to work on problems"), and another 39% were rated as generally motivated but having some reservations. (For a more complete description of the study sample, see Elliott, 1979a, 1979b.)

Procedure

Interview. Clients were instructed to discuss a personal concern for 30 minutes, and counselors were instructed to do whatever they thought would be helpful. Counselors were not aware that their behavior would be rated for empathy. Three samples of four to seven counselor responses, defined as episodes, were videotaped at the 5-, 15-, and 25-minute points in the interview.

Client-received empathy ratings. Measures of clients' perceptions of being understood (Phase 3 empathy) through particular counselor responses were obtained by a procedure adapted from Kagan's (Note 2) "Interpersonal Process Recall" technique, using video recordings to assist the client in recalling experiences during the interview. (The procedure is described more thoroughly in Elliott, 1979a.) Immediately after the session, clients viewed the videotaped episodes and used a 6-point scale ranging from 1 ("not at all understood") to 6 ("extremely understood") to rate their responses to the question, "When the helper said that, how understood did you feel (at that time)?" Clients rated an average of 18 counselor responses per session.

Response Empathy Rating Scale. After reviewing existing measures we selected the Lister Empathy Scale (Hargrove, 1973, 1974) as the best candidate for a multicomponent response empathy scale, even though it was not originally used in this way and several of its dimensions were not adequately defined in terms of specific counselor interventions. The original Lister scale consisted of eight components: internal frame of reference, perceptual inference, accurate perceptual inference, immediacy, emphasis on personal perceptions, use of fresh words, appropriate voice, and pointing to exploration. However, in piloting the scale, it proved necessary to further define these components. Most of these refinements concerned wording and specification of scale anchor points. However, one component was added, accuracy–plausibility, which attempted to measure the accuracy of the therapist's response from the context preceding the response, rather than from the client's response to it. The revised Response Empathy Rating Scale consisted of the following nine components:

1. *Intention to enter client's frame of reference.* Does the counselor try to perceive the world as it appears to the client (e.g., by gathering information about the client's experiences and feelings)?

2. *Perceptual inference and clarification.* Does the counselor make inferences to tell the client something the client hasn't said yet, in order to add to the client's frame of reference or to bring out implications?

3. *Accuracy–plausibility.* To the extent that inference or clarification is present, how likely to be true is what the counselor said, given what the client has said so far?

4. *Here and now.* Does the counselor refer to what the client is experiencing at the current moment?

5. *Topic centrality.* Does the counselor refer to what is most important to the client? Does the counselor's response relate to the client's basic complaint or problem?

6. *Choice of words.* Does the counselor use rich, vivid, metaphorical language in a way consistent with the client's discourse?

7. *Voice quality.* Is the counselor's voice expressive or empathic and appropriate to what the client is expressing?

8. *Exploratory manner.* Does the counselor communicate a sense that the counselor and client are working together in a process of exploration?

9. *Impact (facilitation vs. blocking, distraction).* Does the response facilitate the client's exploring further or bringing up new material, or does it block or distract the client?

All components were rated on 5-point behaviorally

anchored rating scales. For example, the anchors that applied to the client frame scale (i.e., "Does the counselor try to perceive the world as it appears to the client?") were as follows:

4: Yes, definitely. (Raters should look for questions intended to gather information about client's experiences and feelings; reflections, except "quote" reflections; "inside" interpretations.)

2: Perhaps, not sure. (Raters should look for "uh-huhs"; questions intended to gather information about facts of situation.)

0: No, definitely. (Raters should look for pure advisement; social talk; opening, closing, or structuring session; process advisements or reassurance.)

Raters. The five raters were selected on the basis of their performance in an advanced undergraduate interpersonal process analysis course, Training consisted of reading the rating manual, discussing practice ratings, and rating pilot data. Raters worked with pilot data until reliability (Cronbach's alpha) on all but one component met the criterion. (Although below the .70 criterion, voice quality was retained for the study for exploratory purposes.) Training took approximately 6 weeks. Raters rated from audiotapes using transcripts to identify and utilize the counselor responses to be rated. (Videotapes were not used for ratings, both for reasons of practicality and because the focus was on verbal signs of empathy.) Raters rated each counselor response on all nine component aspects of empathy before going on to rate the next response; this was an attempt to minimize carry-over effects and attendant nonindependence problems, although it may be expected to contribute some degree of halo effect to the intercomponent correlations. Raters received regular feedback on their reliability during rating process.

Results

Reliability

Interrater reliabilities (Cronbach's alpha; Nunnally, 1978) for all but two components were very good, with most in the .80–.90 range (see Table 1). Only two components failed to reach the .70 criterion—voice (.52) and manner (.54). Interrater reliability for total empathy (raters summed across components) was .91. Interitem reliability (alpha) for total empathy (components summed across raters) was .82, indicating a high degree of internal consistency for the scale.

Structure of Empathy

Analysis of the structure of the Response Empathy Rating Scale was carried out in three ways: First, intercorrelations among pairs of components were calculated (see Table 2). The most striking result was the

confounding of the inference and accuracy dimensions ($r = .98$). In addition, we found a triad of components that were all strongly correlated with each other: centrality–frame (.68); centrality–inference (.59); and frame–inference (.50). Finally, several other pairs of components were also strongly correlated: centrality–words (.65); frame–accuracy (.52); and words–here and now (.52).

Next, we factor analyzed the empathy components. Because the inference and accuracy components were redundant, one of them had to be dropped for the factor analysis. The inference component was conceptually simpler than the accuracy component; therefore, we invoked the principle of parsimony and dropped accuracy from the factor analysis. Using a principal components method (using squared multiple correlations as initial communality estimates), two factors with eigenvalues greater than one were extracted, accounting for 62% of the total variance. The first of these unrotated factors was a general empathy factor, accounting for 44% of the total variance, with factor loadings greater than .50 for all but two components (here and now, impact), and with centrality loading most heavily (.92). Varimax rotation of these two factors led to a more interesting solution (see Table 1):

Factor 1 shows strong (>.50) loadings for words, centrality, and here and now; it is probably best described as a Depth-Expressiveness factor. Factor 2 is loaded on strongly by frame, centrality, manner, and impact; it can be described as an Empathic Exploration factor.

Finally, the communality values from the factor analysis (see Table 1) provided a measure of which components were most central to empathy as measured by the scale. Centrality emerged as clearly the most central component, with frame and words also substantially more central than all the other empathy components. Two components, voice and impact, appeared to be rather peripheral to the scale.

Validity

Correlation with client ratings. Next, we examined the association between ratings on the empathy components, as well as total

Table 1
Reliability, Structural, and Validity Coefficients for Empathy Components and Total Scale

	α^a	M	SD	Commu-nality	Factor loading Factor 1	Factor loading Factor 2	Correlations with clients' ratings[c] Response level[d]	Correlations with clients' ratings[c] Episode level[e]	Correlations with clients' ratings[c] Dyad level[f]
Frame	.83	2.50	.96	.68	.23	.79	.12*	.23*	.50**
Inference	.90	1.22	1.18	.36	.45	.39	.25**	.35**	.49**
Accuracy	.91	1.30	1.25	—[b]	—[b]	—[b]	.27**	.37**	.53**
Here & now	.85	1.97	.73	.44	.66	−.09	.12**	.24*	.21
Centrality	.88	2.05	.92	.85	.67	.63	.16**	.28**	.37
Words	.81	1.99	.34	.67	.80	.18	.11*	.32**	.42*
Voice	.52	2.34	.34	.30	.48	.25	.15**	.32**	.28
Manner	.54	2.17	.45	.42	.20	.61	.15**	.11	.06
Impact	.75	2.24	.55	.25	−.03	.50	.10*	.17	.31
Total	.91	17.78	4.70				.26**	.42**	.53**

Note. Unless otherwise noted, $n = 504$; note that significance levels may be slightly inflated for response level analyses due to nonindependence of observations.
[a] Cronbach's alpha for five raters. [b] Accuracy dimension dropped from analyses due to redundancy with inference.
[c] ns reduced due to missing client ratings. [d] $n = 487$. [e] $n = 84$. [f] $n = 28$.
* $p < .05$. ** $p < .01$.

empathy, and clients' perceptions of feeling understood, rated by means of video-assisted recall (see Table 1). Correlations were performed at three levels of analysis: individual counselor responses, episodes (series of 4–7 counselor responses), and sessions (as represented by three episodes).

At the response level, correlations between the two sets of ratings showed statistically significant but small effect sizes ($rs = .10–.27$). The inference and accuracy scales were the strongest correlates of client-received empathy ($rs = .25$ and $.27$, respectively) and showed the same level of association as total empathy ($r = .26$).

Next, because we suspected that temporal inconsistency (unpredictable response-to-response fluctuations) in the client ratings might be attenuating correlations with observer empathy ratings, we averaged both sets of ratings across the 4–7 responses within each episode. This resulted in an increase in correlation coefficients for all but one dimension (the exception was manner). Consequently, medium-sized effects (Cohen, 1969) were apparent for total empathy ($r = .42$) and three individual dimensions: inference (.35), words (.32), and voice (.32). At the episode level, only manner and impact did not attain statistical significance.

Table 2
Intercorrelations for Empathy Components

Empathy component	1	2	3	4	5	6	7	8	9
1. Frame									
2. Inference	.50**								
3. Accuracy	.52**	.98**							
4. Here & now	.06	.17**	.18**						
5. Centrality	.68**	.59**	.40**	.40**					
6. Words	.31**	.46**	.46**	.52**	.65**				
7. Voice	.26**	.33**	.33**	.33**	.44**	.42**			
8. Manner	.50**	.27**	.29**	.13**	.48**	.25**	.37**		
9. Impact	.36**	.04	.05	−.06	.30**	.13**	.10*	.41**	

Note. $n = 504$; significance levels may be slightly inflated due to nonindependence of observations.
* $p < .05$. ** $p < .01$.

Table 3
Correlations Between Empathy Components and Response Modes

Empathy component	Response mode					
	Advisement	Acknowledg-ment	Reflection	Interpre-tation	Question	Self-disclosure
Frame	−.40**	−.19**	.38**	.24**	.14**	−.30**
Inference	−.06	−.29**	.47**	.61**	−.53**	.06
Accuracy	−.07	−.29**	.54**	.57**	−.54**	.03
Here & now	.14**	−.66**	.11*	.21**	.11*	.28**
Centrality	−.03	−.60**	.36**	.33**	.10*	.01
Words	.15**	−.71**	.27**	.31**	.04	.19**
Voice	.14**	−.25**	.04	.24**	−.08	.22**
Manner	−.03	−.10*	.21**	.05	.02	.08
Impact	−.09	−.12**	.08	−.09*	.22**	−.16**
Total	−.09	−.50**	.48**	.49**	−.19**	.02

Note. $n = 504$.
* $p < .05$. ** $p < .01$.

Finally, we averaged ratings across the three episodes sampled per session and again found that the correlations increased, resulting in large-sized effects for total empathy ($r = .53$), and for the components inference (.49) and frame (.50). In addition, words were also significantly correlated (.42), surviving the attrition in statistical power due to drastic decreases in n.

Correlation with response modes. As a last check on what this empathy scale is measuring, correlations were run with response mode ratings obtained in an earlier study (Elliott, 1979a, and see Table 3). Using response level ratings, total empathy was found to be strongly correlated with the presence of interpretation ($r = .49$) and reflection (.48), and with the absence of "Uh-huh" responses (−.50). Small but statistically significant negative associations were also found with question (−.19) and advisement (−.09). Thus, the Response Empathy Rating Scale appears to be measuring the skill with which verbal empathy is conveyed using reflection and interpretation, a result that is consistent with the behavioral anchors for the individual component scales.

Discussion

Reliability

Good interrater reliability can be obtained for a measure of the empathic quality of individual counselor responses, as well as for

most of its components. The reliability of the empathy components means that the scale can be used to generate profiles of the specific empathic qualities of counselor responses. Two components did not reach adequate reliability. In the case of voice, we suspect that the cues were too subtle; as a result, raters used their global impressions of the counselor. However, with manner, it was discovered that the original definition, taken from Lister's scale, confounds two distinct variables: collaboration (giving the client a sense of "working together") and exploration (trying to get the client to "dig deeper"). Further analyses suggested that when these two aspects of manner were teased apart, the reliability of each improved substantially.

Structure

Three results regarding the structure of this empathy scale are worth discussing: First, the confounding of accuracy (i.e., plausibility based on previous responses) with inference suggests we failed in our attempt to measure accuracy without reference to the client's reaction to the counselor's response. In hindsight, the problem's source is clear: accuracy is relevant only when inference is present; however, many responses (e.g., questions, uh-huhs, advisements) contain no inference. Such responses can either be assigned zero ratings (as is done with this scale) or treated as outside the

sample. In the former case, accuracy will overlap excessively with inference (as occurred in this study); in the latter case, statistical problems will arise due to the large proportion of missing data. We are not pleased with either alternative and suggest part of the problem may be traced to unresolved conceptual problems involving the accuracy concept.

Second, the most central component (i.e., with the largest communality) was centrality, the extent to which the counselor referred to issues that seemed to be important to the client (i.e., feelings, presenting problems, conflicts, basic relationships). This suggests that not enough attention has been given to this clinically relevant concept, which is probably related to what Luborsky (1977) refers to as the "core conflictual relationship theme." In fact, the correlations among the three most central components suggest a picture of the empathy construct as involving an attempt to enter the client's perspective (frame) by using fresh language (words) to address core issues (centrality).

Third, the two factors that emerged out of the factor analysis parallel to two major lines of process research: Depth Expressiveness is similar to variables developed by Rice and her colleagues (Rice, 1965; Rice & Wagstaff, 1967; Wexler & Butler, 1976). Empathic Exploration relates to the work of Klein and her colleagues on client and therapist experiencing (Klein, Mathieu, Gendlin, & Kiesler, 1969; Klein & Mathieu-Coughlan, in press).

Validity

There are several likely explanations for the small size of the correlations between empathy and clients' feeling understood after particular counselor responses (cf. Elliott, Barker, Caskey, & Pistrang, 1982). Qualitative data (clients' explanations of their ratings) often revealed unmeasured factors, including nuance of word chosen, points given for "good intentions," points taken off for inadvertent stepping on idiosyncratic "sore points," and cumulative effects of being understood or misunderstood. In addition, the unit of analysis (particular responses) may be too small; interventions such as advisement and inter-

pretation may generally consist of whole sequences of linked responses. Breaking up such response chains may lead to overrefinement in client ratings.

The latter point is supported by the striking increases in the validity coefficients that result from aggregating responses into episodes or sessions. In fact, this result supports the traditional measurement approach of rating 2- to 5-minute segments (e.g., Hargrove, 1974; Rogers et al., 1967). However, this scale does have several advantages over previous scales, in particular, greater conceptual clarity and behavioral specificity.

Nevertheless, a larger issue regarding Barrett-Lennard's empathy cycle model remains: On the one hand, the model may operate at the response level, as seems to be implied. However, if this is the case, then it may be quite difficult for observers to know much about the extent of client-received empathy. Alternatively, if expressed empathy influences client-received empathy at a more global level (i.e., across episodes or sessions), then the empathy cycle model may require revision or, at least, a specification of the level of analysis being referred to.

Recommendations

We recommend the following modifications of the Response Empathy Rating Scale: First, the accuracy and voice components should be dropped. Second, manner should be split into two separate components, collaboration and exploration. Third, several components should be added or modified to make them more consistent with the literature. These might include the following: reference to client feelings (cf. Truax & Carkhuff, 1967), expressiveness (cf. Rice & Wagstaff, 1967), and verbal allowing (cf. Matarazzo & Wiens, 1977). The scale, as revised along these lines, is the subject of continuing research (Elliott et al., Note 3). Finally, the scale should be applied to actual counseling relationships and related to outcome; in addition, it should be compared with nonverbal cues of empathy (e.g., Dooley, 1978; Tepper & Haase, 1978). Furthermore, all three phases of the empathy cycle should be measured at the response level and compared.

Reference Notes

1. Barkham, M. *A proposed methodology for the investigation of significant moments in the helping process.* Unpublished manuscript, University of Brighton, England, 1981.
2. Kagan, N. *Interpersonal process recall: A method of influencing human interaction.* 1975. (Available from N. Kagan, 434 Erickson Hall, College of Education, Michigan State University, East Lansing, Michigan 48824.
3. Elliott, R., Zapadka, J., Harrigan, L., Gaynor, J., Filipovich, H., & Reimschuessel, C. *Response empathy rating scale.* Unpublished manuscript. Department of Psychology, University of Toledo, 1980.

References

Barrett-Lennard, G. T. Dimensions of therapist response as causal factors in therapeutic change. *Psychological Monographs*, 1962, 76 (43, Whole No. 562).
Barrett-Lennard, G. T. The empathy cycle: Refinement of a nuclear concept. *Journal of Counseling Psychology*, 1981, 28, 91–100.
Bergin, A. E., & Suinn, R. M. Individual psychotherapy and behavior change. *Annual Review of Psychology*, 1975, 26, 509–556.
Brown, J. T. S. Communication of empathy in individual psychotherapy: An analogue study of client perceived empathy (Doctoral dissertation, University of Texas at Austin, 1980). *Dissertation Abstracts International*, 1981, 41, 2748-B (University Microfilms No. 81-008,79).
Chinsky, J. M., & Rappaport, J. A brief critique of the "accurate empathy" ratings. *Psychological Bulletin*, 1970, 73, 379–382.
Cochrane, C. T. Development of a measure of empathic communication. *Psychotherapy: Theory, Research and Practice*, 1974, 11, 41–47.
Cohen, J. *Statistical power analysis for the behavioral sciences.* New York: Academic Press, 1969.
Dooley, D. Preliminary validation of a nonverbal description form for help-intended interactions. *Psychotherapy: Theory, Research and Practice*, 1978, 15, 140–144.
Elliott, R. K. How clients perceive helper behaviors (Doctoral dissertation University of California, Los Angeles, 1978). *Dissertation Abstracts International*, 1979, 39, 3506B-3507B. (University Microfilms No. 79-1355) (a)
Elliott, R. How clients perceive helper behaviors. *Journal of Counseling Psychology*, 1979, 26, 285–294. (b)
Elliott, R., Barker, C. B., Caskey, N., & Pistrang, N. Differential helpfulness of counselor verbal response modes. *Journal of Counseling Psychology*, 1982, 29, 354–361.
Ford, J. D. Therapeutic relationship in behavior therapy: An empirical analysis. *Journal of Consulting and Clinical Psychology*, 1978, 46, 1302–1314.
Gormally, J., & Hill, C. E. Guidelines for research in

Carkhuff's training model. *Journal of Counseling Psychology*, 1974, 21, 539–547.
Gurman, A. S. Instability of therapeutic conditions in psychotherapy. *Journal of Counseling Psychology*, 1973, 20, 16–24.
Gurman, A. S. The patient's perception of the therapeutic relationship. In A. S. Gurman & A. M. Razin (Eds.), *Effective psychotherapy: A handbook of research.* New York: Pergamon, 1977.
Hanson, C. E. Measuring empathy as an outcome of training in help-intended communication (Doctoral dissertation, University of California, Los Angeles, 1979). *Dissertation Abstracts International*, 1979, 40, 3931B. (University Microfilms No. 80-024,80)
Hargrove, D. S. Verbal interaction analysis of empathic responses by experienced counselors (Doctoral dissertation, University of Georgia, 1972). *Dissertation Abstracts International*, 1973, 33A, 3289. (University Microfilms No. 73-566)
Hargrove, D. S. Verbal interaction analysis of empathic and nonempathic responses of therapists. *Journal of Consulting and Clinical Psychology*, 1974, 42, 305.
Klein, M., & Mathieu-Coughlan, P. The Client and Therapist Experiencing Scales. In L. Greenberg & W. Pinsoff (Eds.), *The Psychotherapeutic Process.* New York: Guilford, in press.
Klein, M. H., Mathieu, P. L. Gendlin, E. T., & Kiesler, D. J. *The Experiencing Scale: A research and training manual* (Vol. 1). Madison: Wisconsin Psychiatric Institute, 1969.
Lambert, M. J., DeJulio, S. J. & Stein, D. M. Therapist interpersonal skills: Process, outcome, methodological considerations, and recommendations for future research. *Psychological Bulletin*, 1978, 85, 467–489.
Luborsky, L. Measuring a pervasive psychic structure in psychotherapy: The core conflictual relationship theme. In N. Freedman (Ed.), *Communicative structures and psychic structures.* New York: Plenum Press, 1977.
Matarazzo, J. D., & Wiens, A. N. Speech behavior as an objective correlate of empathy and outcome in interview and psychotherapy research. *Behavior Modification*, 1977, 1, 453–480.
Mitchell, K. M., Bozarth, J. D., & Krauft, C. C. A reappraisal of the therapeutic effectiveness of accurate empathy, nonpossessive warmth and genuineness. In A. S. Gurman & A. N. Razin (Eds.), *Effective psychotherapy: A handbook of research.* New York: Pergamon, 1977.
Nunnally, J. C. *Psychometric theory.* New York: McGraw-Hill, 1978.
Parloff, M. B., Waskow, I. E., & Wolfe, B. E. Research on therapist variables in relation to process and outcome. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change: An empirical analysis* (2nd ed.). New York: Wiley, 1978.
Pierce, W. D. Anxiety about the act of communicating and perceived empathy. *Psychotherapy: Theory, Research and Practice*, 1971, 8, 120–123.
Rice, L. N. Therapist's style of participation and case outcome. *Journal of Consulting Psychology*, 1965, 29, 155–150.
Rice, L. N., & Wagstaff, A. K. Client voice quality and

expressive style as indexes of productive psychotherapy. *Journal of Consulting Psychology*, 1967, *31*, 557–563.

Rogers, C. R. Empathic: An unappreciated way of being. *Counseling Psychologist*, 1975, *5*(2), 2–10.

Rogers, C. R., Gendlin, E. T., Kiesler, D. J., & Truax, C. B. *The therapeutic relationship and its impact.* Madison: University of Wisconsin Press, 1967.

Scibetta, L. R. An exploration of verbal responses and the communication of empathy during videotaped doctor-patient interviews: A descriptive study (Doctoral dissertation, State University of New York at Buffalo, 1980). *Dissertation Abstracts International*, 1980, *41*, 333B. (University Microfilms No. 80-162,44)

Tepper, D. T., & Haase, R. F. Verbal and nonverbal communication of facilitative conditions. *Journal of Counseling Psychology*, 1978, *25*, 35–44.

Truax, C. B. Reinforcement and nonreinforcement in Rogerian psychotherapy. *Journal of Abnormal Psychology*, 1966, *71*, 1–9.

Truax, C. B., & Carkhuff, R. R. *Toward effective counseling and psychotherapy: Training and practice.* Chicago: Aldine, 1967.

Truax, C. B., & Mitchell, K. M. Research on certain therapist interpersonal skills in relation to process and outcome. In A. E. Bergin & S. L. Garfield (Eds.), *Handbook of psychotherapy and behavior change.* New York: Wiley, 1971.

Walker, B. S., & Little, D. F. Factor analysis of the Barrett-Lennard relationship inventory. *Journal of Counseling Psychology*, 1969, *16*, 516–521.

Wenegrat, A. A factor analytic study of the Truax Accurate Empathy Scale. *Psychotherapy: Theory, Research and Practice*, 1974, *11*, 48–51.

Wexler, D. A., & Butler, J. M. Therapist modification of client expressiveness in Client-Centered Therapy. *Journal of Consulting and Clinical Psychology*, 1976, *44*, 261–265.

Zimmer, J. M., & Anderson, S. Dimensions of positive regard and empathy. *Journal of Counseling Psychology*, 1968, *15*, 417–426.