The effects of meta-model questioning and empathic responding on concreteness in client statements and client ratings of anxiety and counselor attractiveness, expertness, and trustworthiness

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THE EFFECTS OF META-MODEL QUESTIONING AND EMPATHIC RESPONDING ON CONCRETENESS IN CLIENT STATEMENTS AND CLIENT RATINGS OF ANXIETY AND COUNSELOR ATTRACTIVENESS, EXPERTNESS, AND TRUSTWORTHINESS

Iowa State University

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The effects of meta-model questioning and empathic responding on concreteness in client statements and client ratings of anxiety and counselor attractiveness, expertness, and trustworthiness

by

Eldon Lee Vander Zyl

A Dissertation Submitted to the Graduate Faculty in Partial Fulfillment of the Requirements for the Degree of DOCTOR OF PHILOSOPHY

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CHAPTER I. INTRODUCTION

Neuro-Linguistic Programming

Bandler and Grinder (1975, 1976) introduced the basis for what was to be titled Neuro-Linguistic Programming (NLP) in their books The Structure of Magic, I & II. Their ideas were further explained in Frogs into Princes (1979) and in Neuro-Linguistic Programming (Dilts, Grinder, Bandler, Bandler, and DeLozier, 1980). NLP is defined as a "new model of human communication and behavior that has been developed by Richard Bandler, John Grinder, Leslie Cameron-Bandler, and Judith DeLozier" (Bandler & Grinder, 1979, p. 3). Dilts et al. (1980) define NLP by examining the root words:

Neuro, derived from the Greek "neuron" for nerve, stands for the fundamental tenet that all behavior is the result of neurological processes. Linguistic, derived from the Latin "lingua" for language, indicates that neural processes are represented, ordered, and sequenced into models and strategies through language and communication systems. Programming refers to the process of organizing the components of a system, sensory representations in this case, to achieve specific outcomes (p. 2).

Dilts et al. (1980) further hold that Neuro-Linguistic Programming is the basic process used by all human beings to encode, transfer, guide, and modify behavior.

Virginia Satir, Milton H. Erickson, Fritz Perls, and other outstanding therapists were used as models for the development of NLP. Bandler and Grinder undertook a
systematic study of those therapists' almost magical ability to effect change in their clients. In NLP, Bandler and Grinder (1975, 1976, 1979) attempt to package the techniques used by these model therapists in a form that can be learned by other counselors and therapists. They do not propose a new theory of counseling, but rather a model that can be used by persons with varied theoretical beliefs. According to Bandler and Grinder:

Our approach to this was to distill and formalize the patterns of therapeutic interaction which are common to some of the leading clinicians of the many schools of psychotherapy. By formalizing these patterns, our belief is that they will become available as a tool for people-helpers to have access to the resources of these therapeutic wizards. (1975, preface).

It is important here to note the difference in the meaning of the terms model and theory. English and English (1958) define a model as, "that which is to be copied, esp. and ideal or perfect form of something" (p. 326). The term theory, on the other hand, is defined as "a general principle, supported by considerable data, proposed as an explanation of a group of phenomena" (p. 551). According to Lankton (1980), in his translation of NLP into clinical psychology, a theory is "a tentative statement that attempts to explain or interpret why things relate as they do" (p. 13). He further states, "A model, however, is a pattern or copy of an already existing phenomenon which, as designated, can be
imitated or recreated" (p. 14).

As a model then, NLP is intended to provide a set of behaviors or techniques that can be learned and used in counseling. The model is designed to be specific and is based on what we see, hear, feel, etc. The model provides very specific criteria for making therapeutic interventions with clients (Bandler & Grinder, 1975; Lankton, 1980). Who and what then, is to be modeled?

Most counselors would admit to having modeled or copied certain behaviors, skills, or techniques in their counseling. Common subjects for this modeling are instructors, colleagues, workshop presenters, and others. Bandler and Grinder identified some widely recognized therapeutic "wizards" and the specific behaviors which they exhibit when helping clients. Further, they provide a structure or framework whereby these behaviors can be understood, organized, and more directly learned by others (Bandler & Grinder, 1975, 1979; Lankton, 1980).

The therapists which were identified as models, Fritz Perls, Virginia Satir, Milton H. Erickson, and others, are described by Bandler and Grinder:

Out of the ranks of modern psychotherapy have emerged a number of charismatic superstars. These people seemingly perform the task of clinical psychology with the ease and wonder of a therapeutic magician. They reach into suffering, pain, and deadness of others, transforming their hopelessness into joy,
life, and renewed hope. Though the approaches they bring to this task seem varied, and as different as night and day, they all seem to share a unique wonder and potency (1975, p. 5).

They emphasize that we should not label this capacity as talent, intuition, or genius. Rather, they compare this magic to painting, composing music, landing a man on the moon, or any other complex human activity. These activities, including counseling have structure and are therefore learnable.

Through the analysis of the work of these model therapists, specific behaviors have been identified which they share. These behaviors have been presented as techniques or tools for others to learn and use (Bandler & Grinder, 1975, 1976, 1979; Dilts et al., 1980; Lankton, 1980). Bandler and Grinder call themselves modelers. They pay very close attention to what people say they do, and even more attention to what they do. They do not claim to be psychologists. Their emphasis is on identification of what is useful (1979). As such, NLP can be viewed as process-oriented and pragmatic.

In Structure of Magic (1975), Bandler and Grinder explain the meta-model. When humans communicate, we form a complete linguistic representation of our experience. This complete, unconscious representation is called the deep structure. Only portions of this representation are communicated when we speak. This communicated representation is called the
surface structure. Thus, what we communicate is a model of a model or a meta-model. Lankton (1980) defined the metamodel as "a specific set of linguistic tools and categories that rest upon the premise that words only have meaning insofar as they are associated to internal representations or sensory experience" (p. 50).

In counseling, a series of verbal transactions occur between the counselor and the client. In this exchange, generally the counselor is attempting to pinpoint the client's concern or identify the desired change. In NLP terms, the counselor tries to comprehend the client's model of the world. The transformation of deep structure to surface structure is generally an unconscious process. Most often, it is also an imperfect transformation. As clients communicate their model, they do so in surface structures which are imperfect representations, or models. Therefore, the counselor's understanding of the client is imperfect. Additionally, and perhaps more importantly, the client's conscious model is an imperfect representation of the deep structure (Bandler & Grinder, 1975; Dilts et al., 1980; Lankton, 1980). Bandler and Grinder describe the client's conscious model as "impoverished" and as such, allowing limited options for behavior (1975). Ivey and Simek-Downing (1980) state that the language used by counselors and clients "can only be an approximation of reality" (p. 177).
Three categories of inadequate or inaccurate communication are identified: **deletions, distortions, and generalizations.** In a deletion, pieces of the experience are missing from the communication. Early in the counseling process, the counselor attempts to determine the client's purpose in coming and what he or she is experiencing. However, when clients communicate, they do so in surface structures which may contain deletions. "Thus, parts of the deep structure are missing for the counselor and also may be missing from the client's conscious model. As missing pieces are recovered, the process of change in that person begins" (Handler & Grinder, 1975, p. 41).

The counselor needs to determine if the client's surface structure is complete. A client may say, "I'm really angry." An argument or noun phrase is deleted; angry with whom or about what? Faced with the deletion, the counselor has three options. He or she may accept the impoverished model, ask for the missing pieces, or guess. The proponents of NLP recommend asking for the missing pieces.

There are three special cases of deletion. The first case involves the use of comparatives or superlatives in which one of the things being compared is deleted. The second special case is the use of **ly** adverbs like **clearly** and **obviously**. The person to whom it is obvious is often
deleted. The third special case of deletion is the use of modal operators like can't, must, and necessary. An example would be, "I just can't make friends." The deleted material is that which is stopping the person from making friends.

"By distortion, we refer to things which are represented in the client's model but are twisted in some way which limits his ability to act and increases his potential for pain" (Bandler & Grinder, 1975, p. 51). One type of distortion is a nominalization. "Words like pride, respect, love, confidence, harmony, are introduced as nouns in the sentence but they represent activity and process in the person's deeper understanding and not static nouns" (Lankton, 1980, pp. 51-52). The statement, "Love is the most important thing" is a nominalization. Who's love for whom, and how? Distortions also come in the form of presupposition and mind reading. These lead to assumptions on the part of the client which limit his or her choices and potential for change and growth.

The third type of inaccurate representation of experience is the generalization. The use of words like everyone, never, always, and of incompletely specified verbs is common in generalizations. "She doesn't show me that she loves me" is a generalization. The client needs to specify what she does or doesn't do, in what way, and in what specific situations.

The concept of incomplete or imperfect communication in
clients is not new. Beck (1976) deals with types of client statements which require the attention of the counselor. He categorizes these client statements in a fashion that parallels NLP's deletion, distortion, and generalization. The terms Beck uses are: selective abstraction, over-generalization, arbitrary inference, magnification, minimization, and inexact labeling. An equivalent form of deletion, distortion, or generalization in NLP can be found for each of Beck's categories.

Bandler and Grinder (1975) describe interventions that counselors can use in response to deletion, distortion, and generalization. Specifically, a question can be formed to help the client fill in a deletion, untwist a distortion, or get specific about a generalization. This technique is called meta-model questioning. The goal of this questioning technique is to bring a fuller and more accurate representation of the deep structure into the surface structure. Specific examples of meta-model questions are included in the chapter on procedures.

Meta-model questioning is designed to bridge the gap between the client's verbal communication and sensory experience (Lankton, 1980). The first step is for the counselor to determine whether the client's surface structure is a complete and accurate representation of the full linguistic representation from which it was derived (Bandler & Grinder,
1975). To do this, the counselor must be trained to recognize deletions, distortions, and generalizations in all of their various forms (Bandler & Grinder, 1975; Lankton, 1980) (see Appendix D).

When the impoverished model is recognized the counselor can then form a meta-model question to help the client fill in a deletion, untwist a distortion, or be specific on a generalization. As the client does so, the conscious model becomes more and more an accurate and complete representation of the deep structure. Thus, the process of change in that person begins (Bandler & Grinder, 1976). According to Lankton (1980), meta-model questions insure sensory based answers. "When you have sensory based information, you can easily identify a client's presenting limitations as well as the resources that he needs to evolve beyond those limits" (p. 52). The term resources is used in NLP to represent experiential assets used to help an individual move to the desired state, or outcome. One can draw from experience in areas of strength for use in a problem area (Dilts et al., 1980).

Empathic Responding

Empathic responding is a helping strategy in which the counselor attempts to form a verbal response which captures both the feeling and content of the client's verbal expression (Carkhuff, Pierce, & Cannon, 1980). "The emphasis, then,
is upon movement to levels of feeling and experience deeper than those communicated by the helpee, yet within a range of expression that the client can constructively employ for his or her own purposes" (Carkhuff & Berenson, 1977, p. 9). The strategy has its roots in the client-centered therapy of Rogers (1951, 1957).

Empathy, along with respect, genuineness, and concreteness, has been described as one of four core helping dimensions (Truax & Carkhuff, 1967; Carkhuff & Berenson, 1977; Rogers, Gendlin, Kiessler, & Truax, 1967). Clients of persons functioning at high levels of these dimensions improve on a variety of criteria (Rogers et al., 1967; Truax & Carkhuff, 1967). Five-point scales have been developed to assess the counselor on each core dimension (Carkhuff, 1969). On each scale, level 3 is defined as the minimally facilitative or effective level of counselor functioning.

Empathy is defined as "apprehension of the state of mind of another person. . . . While the empathic process is primarily intellectual, emotion is not precluded" (English & English, 1958, p. 178). Patterson (1973) describes empathy as "the state of perceiving the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto, but without ever losing the 'as if' condition" (p. 384). Egan (1975) discusses two kinds of empathy. "Primary empathy" is one, and is empathy
basically as defined above. The second kind is "advanced accurate empathy" where the counselor is more influencing and includes the use of counselor self-disclosure, directive, and interpretation.

Carkhuff & Berenson (1977) indicate that through communicated empathy, the client is helped to clear up distorted perceptions, his or her underlying assumptions, and to effect constructive change. Empathy then, as used by counselors, is intended to help clients become fully conscious of the content and feeling of their experience and thereby allow them to change and grow. One must then look at the process by which a counselor communicates empathy to the client.

Carkhuff & Berenson (1977) categorize helping skills under the areas of attending, responding, personalizing, and initiating. The primary means for communicating empathy is the use of responding. The attending behaviors are considered a pre-requisite for responding and for most any other counseling technique. These attending skills include at least three subsets; physical posturing, listening, and observing (Carkhuff, 1972). Through these skills, some empathy as well as respect and genuineness can be communicated.

The responding skills involve verbal expression of the content, feeling, and meaning of the client's experience
(Carkhuff, 1972; Carkhuff et al., 1980). A counselor should be trained in the responding skills (Carkhuff & Berenson, 1977). The counselor must first respond to the content of the client's message. When the expression is short, the counselor may repeat verbatim. When it is too lengthy, a paraphrase may be formed in the following format:

You say ________________________________.

The content lays the basis for responding to feeling. Carkhuff and Berenson (1977) suggest that the helper ask the question, "If I had said what he said, how would it make me feel?" (p. 261). A response could then be formed using the feeling-reflection format:

You feel ________________________________.

A complete response, however, adds meaning to client's content and feeling in the format:

You feel _______ because _______. This helper responsiveness leads the way for helpee exploration and self-understanding (Carkhuff & Berenson, 1977).

Cormier and Cormier (1979) label this type of responding as "listening responses". They further subcategorize these responses into clarifications, paraphrases, reflections, and summarizations. Clarification and paraphrasing are used to respond to and highlight content. Reflection is used to respond to and clarify feeling. Identification of meaning or common themes is done through summarization.
Statement of Problem

The study was designed to test the meta-model questioning strategy against the empathic responding strategy of Rogers (1957) as further developed by Carkhuff (1972). The purpose was to determine whether these two strategies would elicit concrete client responses in the counseling interview. It was also the purpose of the study to test the effects of the two strategies on client self-reported change in anxiety. Further, the study was to determine and compare client ratings of counselor attractiveness, expertness, and trustworthiness for the two strategies. Specifically, the following questions were to be answered:

1. Does meta-model questioning elicit a different level of concreteness in client statements than the empathic responding strategies?
2. Does client self-reported change in anxiety level differ when comparing the two strategies?
3. Do client ratings of counselor attractiveness differ when comparing the two strategies?
4. Do client ratings of counselor expertness differ when comparing the two strategies?
5. Do client ratings of counselor trustworthiness differ when comparing the two strategies?

Variables

Two independent variables (treatments) and five dependent variables (outcomes) were identified for the investigation. The two treatments are:
1. The counseling strategy used.
   \( q = \text{meta-model questioning} \)
   \( r = \text{empathic responding} \)

2. The counselor.
   Counselor A
   Counselor B

The five outcomes are:

1. \( C = \) level of concreteness in client statements
2. \( X = \) client reported change in level of anxiety
3. \( A = \) client rating of counselor attractiveness
4. \( E = \) client rating of counselor expertness
5. \( T = \) client rating of counselor trustworthiness

Definitions

1. Meta-model Questioning: A technique in counseling whereby the counselor forms a question intended to elicit a more complete and accurate communication of the client's experience.

2. Empathic Responding: A technique in counseling whereby the counselor forms a response designed to focus and clarify both the content and feeling of the client's experience.

3. Concreteness: The fluent, direct, and complete expression of specific feelings and experiences.

4. Attractiveness: A client's positive feelings about, liking and admiration for, desire to gain approval of, and desire to become similar to the counselor.

5. Expertness: The counselor's skill and knowledge achieved through training and experience, as perceived by the client.
6. Trustworthiness: The degree of confidence the client has that the counselor is concerned for his welfare, and will insure confidentiality.

Hypotheses

Given the two strategies to be compared, and the above stated questions, five hypotheses were formulated. These hypotheses, stated in null form, are as follows:

1. There is no significant difference in the level of concreteness of client statements elicited by counselors using the two strategies.

2. There is no significant difference in client self-reported anxiety change when comparing clients treated with the two strategies.

3. There is no significant difference in client ratings of counselor attractiveness when analyzed on the basis of the counseling strategy used.

4. There is no significant difference in client ratings of counselor expertness when analyzed on the basis of the counseling strategy used.

5. There is no significant difference in client ratings of counselor trustworthiness when analyzed on the basis of the counseling strategy used.

Expressed symbolically, these hypotheses are:

\[
\begin{align*}
H_0 (1) & \quad C_q = C_r \\
H_0 (2) & \quad X_q = X_r \\
H_0 (3) & \quad A_q = A_r \\
H_0 (4) & \quad E_q = E_r \\
H_0 (5) & \quad T_q = T_r 
\end{align*}
\]
Basic assumptions

The first and most critical assumption made is that the dimension of concreteness is equivalent to, or at least a measure of the desired transformation of deep structure to surface structure obtained in meta-model questioning. Second, it is assumed that the measurement instruments later described are valid and reliable measures of the specified constructs. Third, through random assignment, the sample subsets are assumed to be equivalent on variables other than the treatment. Finally, it is assumed that the design of this study provides adequate testing grounds for the stated hypotheses.

Delimitations or scope of the investigation

The study did not test the relative merits of meta-model questioning against all possible strategies of counseling. Rather, it was designed as a comparison of meta-model questioning with one commonly used and accepted technique, that of empathic responding. Further, the numerous other tools proffered by NLP were not addressed. The proponents of NLP would have, no doubt, encouraged the integrated use of other techniques along with meta-model questioning in order to effect maximum growth in clients.

The reader should use discretion when generalizing the results of this investigation. Factors inherent in the
academic setting may have affected the applicability of the results. Specifically, both clients and counselors received academic credit for their involvement in the study. Further, no assumption is made by the researcher that client and counselor samples are representative of clients or counselors in general. Specific descriptions of the subject clients and counselors used in the study are found in Chapter III.
CHAPTER II. LITERATURE REVIEW

Empathy

Several studies have been conducted to assess the effects of empathy in counseling and therapy. Barrett-Lennard (1962) studied tapes of twenty-one counselors in a university counseling center. For each counselor, two clients were included who had seen the counselor for a minimum of five sessions each. He found that those clients who received high levels of empathic understanding perceived more positive self-change. Further, counselor ratings of client adjustment and change were higher in cases where the level of empathy was high. Truax (1970) studied the effects of empathy on hospitalized schizophrenic patients. Those patients who received high levels of empathy were released from the hospital sooner and stayed out longer than those who received lower levels. Hasse and Teeper (1972) found empathy correlated positively with nonverbal components of attending behavior such as eye contact, body posture, and physical closeness.

Two studies were conducted to investigate the relationship between empathy and facilitation of learning. The results may be applied to counseling when counseling is viewed as a learning process. Vitalo (1970) conducted an investigation using fourteen male and fourteen female college
undergraduates as subjects. Four male graduate students served as interviewers and were divided into pairs based on the level of the facilitative conditions exhibited. The two high-facilitative interviewers had mean empathy ratings of 2.73 and 2.99. The two low-facilitative interviewers had mean empathy ratings of 1.49 and 1.69. Even though the high-empathy interviewers were below the minimum facilitative level of 3.00 (Carkhuff, 1969), their subjects scored higher on written learning tasks than those who received the lower conditions. In another study (Aspy & Roebuck, 1975), it was found that teacher empathy was positively related to student involvement. Twenty-five high and twenty-five low empathy teachers were studied in grades one through five. Student involvement was measured by the amount of classroom verbal interaction.

Not all of the literature concerning empathy is positive. Chinsky and Rappaport (1970) and Rappaport and Chinsky (1972) conducted an evaluation of the empathy rating scale of Truax (1963). Their results questioned the reliability of the Truax empathy scale. Further, they found empathy to be equivalent to a simple measure of the client's "liking" of the counselor. The above mentioned results were contradicted by Bozarth and Krauft (1972). They studied seventy-five therapists and twelve hundred three-minute tape segments of
interviews with one hundred and twenty clients. They found that accurate empathy could be reliably measured and was a separate construct from "liking". Also, on the negative side, Hadley and Strupp (1976) found that too much, as well as too little empathy correlated with negative effects in psychotherapy.

Many more studies show positive effects of empathy in helping relationships. Anthony (1971) studied thirteen counselors each of whom conducted one session with a physically disabled client. Trained raters of empathy divided the counselors into a high and a moderate empathy group. The mean empathy rating for the high group was 3.18 on the Carkhuff (1969) scale. The mean empathy for the moderate group was 2.74. The high empathy was found higher \( (p = .034) \) on client depth of self-exploration as judged by expert raters. The study also helped to verify level 3 as the minimally facilitative level of empathy (Carkhuff, 1969).

Kurtz and Grummon (1972) conducted a study of twenty-five counselors in a university counseling center. One self-referred client was included for each counselor. Clients saw their counselor for between four and twenty-seven one hour interviews. Client perceived empathy was assessed using the Barrett-Lennard Relationship Inventory (1964) after the third and last session for each client. Audio tapes were also rated for empathy on the Carkhuff (1969) scale. The
ratings from both instruments were found to positively relate to lack of disturbance and positive self-esteem in the clients as assessed by the Tennessee Self-Concept Scale (Fitts, 1965).

Mullen and Abeles (1972) studied 396 recorded samples from thirty-six counselor-client diads in a university counseling center. Each client had a minimum of three sessions with the counselor. Experienced counselors were found to be more empathic. The MMPI was administered pre and post to determine successful or unsuccessful outcomes of the therapy. Empathy was found to positively relate to successful outcome. In addition, they, like Bozarth and Krauft (1972), found that empathy did not correlate with client "liking" of the counselor.

Murphy and Rowe (1977) investigated the possible relationship between counselor empathy and client suggestibility. Two groups of counselors were studied. One group of counselors had high levels of empathy ($\bar{X}=3.00$) on the Carkhuff (1969) scale. The other group of counselors exhibited lower ($\bar{X}=1.50$) levels of empathy. A positive correlation ($p = .005$) was found between counselor empathy and client suggestibility. Client suggestability was assessed using the Barber Suggestability Scale (Barber & Calverly, 1976).

A study by Freeman (1980) was found to be particularly
applicable to this investigation. Both empathy and concreteness (Carkhuff, 1969) were studied in relation to attractiveness, expertness, and trustworthiness as assessed by the Counselor Rating Form (Barak & LaCrosse, 1975). One-hundred sixty-one undergraduate psychology students were asked to read a transcript of a counseling session. One group read transcripts where the counselor was high in empathy and concreteness, while the other group read transcripts of counselors exhibiting low levels of empathy and concreteness. After reading the transcript, each subject completed the counselor rating form for the counselor in the transcript. The counselors in the high facilitative conditions transcripts were rated as more attractive, trustworthy, and expert (p = .005).

Questioning vs. Responding

To date, no studies have been conducted specifically to determine the effects of meta-model questioning as a counseling strategy. The literature does contain, however, several investigations which attempt to assess the relative effects of probing or open-ended questioning and empathic responding. One such study (Cormier & Nye, 1974) compared four different treatments: reflection of feeling, confrontation (indication of discrepancy), probe, and freestyle
(counselor choice). The probe treatment used open ended questions beginning with what, how, why, or when. Twenty female college sophomores served as subjects. Two male and two female graduate students in counseling were trained to serve as counselors. Each subject met with a counselor for one forty-two minute interview. During each interview the counselor attempted to deliver a ten minute segment of each treatment. The dependent variables assessed from tapes of the client responses were the frequency of client affect words, the number of self-reference pronouns, and the number of present tense verbs (time orientation). The investigation was unable to show any difference in the treatments on any of the dependent measures. The lack of conclusive results could be attributed to the small sample size and to the design. It is possible that a ten minute segment of any treatment is insufficient in length for significant impact. It is also possible that one treatment may have been contaminated by the others due to the frequent shifting from one counseling procedure to another.

Another study (Hill & Gormally, 1977) compared reflection and probe. Reflections were in the form, "You feel _____ because ______." The probes were open-ended questions beginning with how or what. Two counseling psychologists with one year postdoctoral experience served as the counselors. The subject clients were twenty-four female and twenty-
four male undergraduate psychology student volunteers. Like Cormier and Nye (1974), Hill and Gormally (1977) used the number of affective self-referents made by the client as the dependent variable. The self-referents were counted if in the form "I feel ___." Probes were found to elicit a significantly higher (p = .05) number of self-reference affect statements by clients than did reflections of feeling.

Lavelle (1977) compared the effects of affective and behavioral counseling styles on client interview behavior. Sample tapes of two male counselors were analyzed to determine their style. In the selected sample, the behavioral counselor used ten probes, two focusing commands, four interpretations, and two formal explications (analyses of goals or strategies). The affective counselor used ten reflections, two restatements, four summarizations, and two affective sets (invitations to discuss affect). Twenty-four female student teachers met with each counselor for two twenty-five minute interviews. The two interviews were conducted one week apart. The behavioral style was found to elicit a higher number of goal statements, action statements and environmental statements (situation descriptions). No difference was found on the number of self-reference affect statements.

Highlen and Baccus (1977) trained two female counselors
to deliver reflections of feeling and probes. Forty female clients were randomly assigned to one of the two counselors and one of the two treatment methods. They also were unable to show a significant difference in the number of self-reference affect statements made by the clients.

Greenberg and Clarke (1979) studied the differential effects of the Gestalt two-chair intervention and the use of empathic reflection. The two-chair intervention strategy was "directing clients attention to particular aspects of their present functioning . . . making actual and specific that which is intellectual or abstract". This strategy is similar to that of meta-model questioning which attempts to deal with generalization, deletion, and distortion. The Experiencing Scale (Klein, Mathieu, Gendlin, & Kiesler, 1969), a seven-point Likert-type scale, was used to measure the client depth of experiencing. The two-chair intervention strategy was found to elicit a significantly higher (p = .05) level of experiencing than the empathic reflection strategy.

Ehrlich, D'Augelli, and Danish (1979) studied the comparative effectiveness of six counselor verbal responses. Ninety female undergraduate volunteers served as subjects and met with a female graduate student in counseling. The six counselor verbal responses studied were: reflection of content,
reflection of affect, closed questioning, open questioning, influencing statements, and advice. The dependent variables were counselor attractiveness, expertness, and trustworthiness as assessed by the Counselor Rating Form (Barak & LaCrosse, 1975) which was completed by the clients. The reflection of affect and giving of advice yielded higher ratings of expertness and trustworthiness than did the use of closed questions. No other significant differences were found. Specifically, no differences were found between the use of open questions and reflection of affect.

The most recent study reported was conducted by Elliott, Barker, Casky, and Pistrang (1982). Audio tapes of twenty-eight counselor-client diads were studied. Counselor responses were rated and classified as one of six response modes: advisement, interpretation, questioning, reassurance, reflection, or self-disclosure. Clients then listened to particular counselor responses and rated each response on a helpfulness scale. The helpfulness scale called for a client response to the question, "When your helper said that, to what extent did it help you?" The clients responded on a six-point scale. A significant negative correlation was shown between questioning and helpfulness. No significant relationship was found between reflection and helpfulness.

The results of the above described studies comparing questioning and other types of responding are mixed. Three
studies were unable to show significant difference between responding and questioning. Three showed more positive effects of questioning than responding. One study showed questioning not to be helpful in counseling. These mixed and inconclusive findings indicate a need for further study in this area.

Concreteness

Concreteness has been identified, along with empathy, respect, and genuineness, as a core helping dimension (Carkhuff, 1972; Egan, 1975). Concreteness, which is used interchangeably with the term specificity, is described as "a variable that is largely under the therapist's control, and involves the fluent, direct, and complete expression of specific feelings and experiences, regardless of their emotional content, by both helper and helpee" (Carkhuff & Berenson, 1977, p. 13). "Concreteness refers to a helper's responses that enable a client to express feelings and experiences in specific and concise terms" (Turock, 1979, p. 80). Egan (1975) states that concreteness means "dealing with specific feelings, specific experiences, and specific behaviors in specific situations" (p. 104).
**Effects of concreteness**

The literature contains very few studies dealing with concreteness or specificity. Those that have been conducted deal with counselor concreteness as opposed to client concreteness.

Truax and Carkhuff (1964) conducted an investigation to assess the relationship between therapist concreteness and depth of patient interpersonal exploration. They studied over one hundred three-minute tape samples of thirty-nine hospitalized mental patients who were in group therapy. Concreteness was defined as a condition relatively under the therapist's control and:

A low level of concreteness or specificity is when there is a discussion of anonymous generalities; when the discussion is on an abstract intellectual level. A high level of concreteness of specificity is when specific feelings or experiences are expressed; when expressions deal with specific situations, events, or feelings, regardless of emotional content (p. 266).

Thirteen judges were used to determine therapist specificity on a nine-point scale. Interpersonal exploration was measured by three separate measurement instruments. The first was an adaptation of the Process Scale designed to assess change in psychotherapy, especially the depth or extent to which a client explores self. The second was an Insight Scale designed to assess occurrence of new perceptions of relationships between old experiences or feelings.
The last was the Personal Reference Scale designed to assess the number of personal references per word emitted, a crude but objective assessment of the self-orientation of the client's statements (Truax & Carkhuff, 1964). In the study, concreteness yielded correlations ranging from .47 to .63. The other therapeutic conditions were also studied and only one, genuineness, approached correlations in this range. They concluded that concreteness or specificity would seem to serve at least three important functions. First, concreteness in the counselor ensures that interventions do not become too abstract and intellectual and more emotionally removed from the client's feelings and experiences. Second, concreteness encourages the counselor to be more accurate in understanding the client. Third, and perhaps most important, the client is directly influenced to attend with specificity to the feeling and content that is presented.

Pope and Siegman (1962) investigated the relationship between specificity in therapist remarks and client productivity and anxiety. They studied transcripts of the initial interview with twelve hospitalized mental patients. Client anxiety was measured by speech disturbance (Mahl, 1956) and was found to negatively correlate with therapist specificity. They concluded that "the more specific a therapist's remark is, the more it reduces the patient's uncertainty, and therefore his anxiety" (Pope & Siegman, 1962, p. 489). These
findings were supportive of Lennard, Bernstein, Palmore, and Hendin (1960). In addition, Pope and Siegman (1962) found that therapist specificity and patient productivity had a negative relationship. Patient productivity was defined by the number of clause units in the patient responses. They concluded that "low therapist specificity implies less restriction on the range of patient response (Pope & Siegman, 1962, p. 489). The study would seem to indicate that counselors should not be concrete if their clients are to be allowed a full range of responses. However, the dependent measure, simply the quantity of clause units used by the patient, may not be a true assessment of client productivity or growth.

Two follow-up studies supported the findings of Pope & Siegman (1962). Siegman & Bradford (1971) and Siegman & Pope (1965), in two reports of the same study again, found a negative correlation between therapist specificity and patient anxiety and productivity (clause units). This study was based on data generated by twenty-four psychiatric patients each meeting for three interviews with one of two therapists. Pope, Nudler, Vonkorff, and McGhee (1974) compared sixteen novice counselors and again found an inverse correlation between interviewer specificity and interviewee productivity.
A more recent study (Freeman, 1980) compared ratings of counselors high in use of concreteness with counselor low in use of concreteness. One hundred and sixty-one subjects read transcripts of a counselor either high or low in concreteness on the Carkhuff (1969) scale. Counselors high in concreteness were perceived to be significantly more attractive, expert, and trustworthy than were counselors low in concreteness. Attractiveness, expertness, and trustworthiness were assessed by the Counselor Rating Form (Barak & LaCrosse, 1975) which was completed by the subject after reading the transcript.

A body of literature closely related to concreteness is found surrounding the work of Kagan (Kagan, Krathwohl, & Miller, 1963; Kagan & Schauble, 1969) and his Interpersonal Process Recall (IPR). IPR is a learning or helping process used by counselors, teachers, and other helping professionals. The process involves a helper (inquirer) and a helpee. The role of the inquirer is to assist helpees to become more aware of thoughts, feelings, and other aspects of their experience. The inquirer is nonjudgmental, confronting, and assertive and makes use of probes and encouragement. A parallel can easily be seen between IPR and meta-model questioning. The goal of both techniques is a complete and accurate representation of experience for the helpee. Although the term concreteness is not used as such, IPR attempts to
help the helpee deal more directly and completely with feelings and experiences, in other words, to be more concrete.

Most of the research concerning IPR centers on counselor supervision techniques. Goldberg (1967) compared IPR with traditional counselor supervision. The traditional supervision consisted of the supervisor observing sessions through a one-way mirror and then reviewing with the supervisee immediately after the sessions. Independent judges found significantly better counseling skills as well as greater client satisfaction in the IPR group. Spivack and Kagan (1972) compared an IPR model with a traditional seminar approach to a pre-practicum course. In the traditional approach, videotape, audiotape and film demonstrations, small group discussions and lectures on theory were used. Significant differences in favor of the IPR model were found on interview behavior after fifteen hours of training. The findings were replicated during the second half of the course.

Dendy (1967) provided a fifty-hour program to undergraduate students, most of whom were sophomores. The program was conducted over a six-month period. He found significant improvement in interviewing skills, significant growth on an affective sensitivity scale, and no loss of skills during a three-month no-training period. Before the program was undertaken, independent judges rated the sophomores'
interview skills lower than tapes of Ph.D's, but, after training, independent judges found no significant differences between the groups on scales of empathy and other basic therapeutic communication skills. Archer and Kagan (1973) then used these same undergraduates to train other undergraduates. The peer-instructed students scored significantly higher than other students who experienced an encounter group of similar duration. They also scored higher than a comparable no-treatment group on measures of affective sensitivity and self-actualization, and on scales given to roommates and other peers not in the study. When given lists of all participants, dormitory residents selected the IPR trained students as the ones they "would be willing to talk to about a personal problem," significantly more frequently than they rated either the encounter trained student or the control group member. It should be noted that the undergraduates used in both the Dendy and the Archer studies were carefully selected and all were highly motivated. Heiserman (1971) applied a sixteen-hour variation of the model to a population of court caseworkers. No significant gains were found. They did not seem to perceive their role as requiring or including counseling skills.

Schauble (1970) studied IPR used with clients at a university counseling center. Other clients of the same counselor did not receive IPR. All clients were seen a
comparable amount of time. Significant differences were found favoring the IPR clients on several process measures.

Assessment of concreteness

Instruments used in the assessment of concreteness have concentrated on concreteness in counselors and therapists. Truax and Carkhuff (1964) rated therapist concreteness on a nine-point scale continuum. The extremes of the scale were defined as:

- low when there is a discussion of anonymous generalities: when the discussion is on an abstract intellectual level. This includes discussions of real feelings that are expressed on an abstract level.

- high when specific feelings and experiences are expressed -- "I hated my mother!" or "... then he would blow up and start throwing things"; when expressions deal with specific situations, events, or feelings regardless of emotional content (p. 266).

Siegman & Pope (1962) provide a scale for measurement of specificity in therapist remarks. It is an application of the specificity scale of Lennard et al. (1960). The unit to be rated is that portion of a dialogue occurring between any two successive client responses. Their eleven-point scale is included as Appendix A.

As mentioned earlier, Carkhuff (1969) has developed five-point scales for each of the four core helping dimensions. The scale for concreteness, including examples is included as Appendix B.
This scale, although written for assessment in counselors, is quite easily translated for client assessment since the levels are described in terms of helpee behavior. The scale for this study is an adaptation of the Carkhuff Scale (see Appendix C). Level 3 is the pivotal point on this scale. Below level 3, varying degrees of vagueness and abstractness dominate the conversations. Above that point "specificity and concreteness dominate the problem solving activities" (Carkhuff & Berenson, 1977, p. 14).

Anxiety

The topic of anxiety has received much attention in the field of counseling and psychotherapy. Many investigations have been conducted and the literature is extensive on the definition, theory, causes, measurement, and treatment of anxiety. This review is not intended to be exhaustive of the topic. Rather, it will concentrate on anxiety in clients of counseling: its assessment, relation to treatment strategies, and effects on client change and progress in counseling.

Anxiety defined

In Webster's New Collegiate Dictionary (1976), anxiety is "a painful or apprehensive ill . . . " (p. 51). English and English (1958) define anxiety as "an unpleasant emotional state . . . marked and continued fear . . . a feeling of uneasiness of mind usually over an impending or anticipation
of threat" (p. 35). Levitt (1977) holds that the number of possible definitions is unlimited. Each experimenter selects a definition based on theory preference, experience, or particular need.

As an emotional state, anxiety is a construct which is difficult to specifically define. Terms like fear and stress are often used interchangeably with anxiety. May (1977) distinguishes fear from anxiety. He says that anxiety is a diffuse apprehension, and that "the central difference between fear and anxiety is that fear is a reaction to a specific danger while anxiety is unspecific, 'vague', 'objectless'" (p. 205). Lazarus (1966) identifies stress as the stimulus that provokes the emotional reaction of anxiety. Lader (1975) stated that anxiety is difficult to define since it deals with overt behavioral characteristics and introspective feelings. It can be "a mood, a feeling, an emotional response, a symptom, a syndrome . . . what is common is its generally unpleasant nature, its projection to the future, its similarity to fear, and its lack of referents" (p. 6).

In this study, anxiety was not defined for the subjects, leaving the interpretation of the term to each individual. Therefore, no one definition will be singled out here.
Assessment of anxiety

In a review of the assessment of anxiety, Borkovec, Weerts, and Bernstein (1977) referenced 191 different instruments for the rating of anxiety. Anxiety rating scales are generally of two types. One type is self-rating scales which are filled out by the client, and the second type of anxiety scales are filled out by an interviewer through questioning or observation. Zung and Cavenar (1980) feel that self-rating scales are appropriate since anxiety is a feeling experienced by the client. They state that self-rating anxiety scales have the following advantages:

1. They provide information that only the subject can provide.
2. They do not involve the use of trained personnel to administer.
3. They take a short time for the patient to complete.
4. They are easy to score.
5. They provide objective data.
6. They can be used as a separate measurement to document change over time.
7. They can be used in any clinical setting, including mail returns by subjects.
8. They are inexpensive.

(Zung and Cavenar, 1980, p. 2)

More objective physiological measures of anxiety also have been developed. These include the use of the electroencephalogram (EEG) for the central nervous system, the electrocardiogram (EKG) for the cardiovascular system,
measures of respiration rate and depth, measures of stomach motility and pH, and skin sweat response (Zung & Cavenar, 1980). Tyrer (1976) conducted a study to measure the relationship of physiological measures of anxiety to self-reports. He found a positive correlation between self-reports and anxiety as measured by finger tremor.

**Anxiety and counseling strategies**

As reported earlier, Pope and Siegman (1960) and Lennard et al. (1960) found that counselor specificity or concreteness had a negative correlation with client anxiety, as measured by speech disturbance. The implication is that those strategies that achieve concreteness in counseling will also lower the client's level of anxiety.

Truax, Carkhuff, and Kodman (1965) conducted a study of forty hospitalized mental patients, who were in group therapy sessions. They studied the effects of accurate empathy on patient improvement. They found that patients who received high levels of accurate empathy scored better on the Welsch Anxiety Index obtained from the MMPI. The difference was significant at the .05 level. Truax (1963) found similar results in a study of fourteen schizophrenics receiving individual therapy and fourteen carefully matched control patients. Patients who received low levels of empathy, warmth, and genuineness showed a marked increase in anxiety.
levels while the controls showed no change. Both patients and controls receiving high levels of empathy, warmth, and genuineness showed a significant drop in level of anxiety.

Many counseling strategies are aimed at the reduction or elimination of anxiety. The psychoanalytic view, originating in Freud's (1926/1959) theory of anxiety, has as its goal the elimination of the patient's life stress or anxiety. In the behavioral camp, Meichenbaum (1972) offers a strategy using anxiety-reducing self-statements. Systematic desensitization is widely known as a strategy used for anxiety reduction. These are but three examples. Some strategies treat anxiety as a blocking or destructive variable in counseling. This negative view on the effects of anxiety in counseling is not unanimously shared.

**Effects of anxiety in counseling**

The behavior of clients and their progress in counseling is often viewed as a process of learning. A number of studies in psychology concerning the effects of anxiety on learning support this viewpoint. Levitt (1977) outlines two theories of anxiety and learning. The Iowa Theory (Spence, 1960) views anxiety as a drive which ought to increase the speed of learning and facilitate performance. The Yale Theory (Mandler & Sarason, 1952) is summarized by Levitt (1977):
1. Anxiety is a strong learned drive that is situationally evoked. A particular circumstance or class of circumstances may be stressful for a person, although he is not made anxious by other situations. Individuals may react differently to the same circumstances.

2. The individual has learned or developed characteristic responses to anxiety that he brings with him to the current situation. The reactions may be task-irrelevant—that is, tending to disrupt performance. Examples are feelings of inadequacy, fear of failure, desire to quit the situation. Or they may be task-relevant—facilitative of performance, because they move the person to reduce anxiety by completing the task successfully.

3. The effect of anxiety is also a function of such aspects of the situation as the attitude of the experimenter or teacher and the meaning of the task as perceived by the individual. These factors are of greater significance than the complexity or difficulty of the task per se.

4. Because of the "nebulous character of the concept of general anxiety" and because of the intrinsic value of studying more specific anxiety traits, attention should be focused on the latter rather than the former. (p. 92).

Some early studies exist that attempt to measure the effects of anxiety on subject's behavior or learning. Westrope (1953) conducted a study of the effects of anxiety on performance. The subjects were divided into anxious and nonanxious groups by the Taylor (1951) Anxiety Scale. Behavioral performance was then measured by the Wechsler-Bellevue Digit Symbols Test. She found that induced stress or anxiety resulted in significantly poorer performance.

The findings of Eriksen and Wechsler (1955) indicate, however,
that there is no difference in discrimination accuracy between anxious and nonanxious groups. Mednick (1957) found that moderately anxious subjects showed better stimulus generalization than either high or low anxious subjects.

More recent studies also show mixed results on the effects of anxiety. Gaudry and Spielberger (1971) found that for different tasks, anxiety may enhance, impair, or not affect learning at all. Other factors like intelligence, learning measurement, and environmental factors and their interaction may have a stronger effect on performance than anxiety (Spielberger & Smith, 1966). Levitt (1977) concludes that the relationship between anxiety and learning is influenced by the complexity of the task, intelligence, muscular tension, and experimental conditions.

Four other studies, not related to learning theory, show that clients with high anxiety in the initial interview are more likely to benefit from counseling. Gottschalk, Mayerson, and Gottlieb (1967) found that high anxiety patients of an emergency brief psychotherapy clinic showed more progress than did low-anxious patients. Anxiety was assessed from a tape recorded speech sample. Hamburg, Bibring, Fisher, Stanton, Wallerstein, Weinstock, and Haggard (1967) in the report of the Ad Hoc Committee on central fact-gathering data of the American Psychoanalytical Association also found that highly anxious patients, as judged by therapists, are more likely
to show progress. These findings are supportive of those of Kirtner and Cartwright (1958) and Luborsky (1962).

Interpersonal Influence Factors

Strong (1968) reviewed research to show that opinion change is controlled by, among other factors, the perceived trustworthiness, expertness, and attractiveness of a communicator (counselor). He outlines a two-phase model of counseling in which the counselor manipulates these factors to generate counseling "power". This power is then used to achieve client change. The model is known as the interpersonal or social influence model. He concludes that the counselor's influencing power over the client is increased by enhancing his/her perceived credibility (expertness and trustworthiness) and attractiveness.

Barak and LaCrosse (1975) conducted an investigation to determine the existence of the three dimensions of perceived counselor behavior: expertness, attractiveness, and trustworthiness. Their findings supported the existence of the factors as defined by Strong (1968). Based on the results, they created the Counselor Rating Form (see Appendix D) for the assessment of these factors. In a later study, LaCrosse and Barak (1976) assessed the reliability of the instrument at .91 using the split-half method. The instrument
contains three scales of twelve bi-polar adjectives each. LaCrosse (1980) conducted a study to test the predictive validity of the Counselor Rating Form (CRF) and to test Strong's model of social influence. Thirty-six clients of a midwestern out-patient drug treatment program completed the CRF both precounseling and postcounseling. Goal Attainment Scaling (GAS) was also completed both precounseling and postcounseling. The relationship between initial client perceptions and postcounseling outcomes was significant at the .001 level. The CRF variables accounted for thirty-five percent of the outcome variance.

Attractiveness is defined as a client's positive feelings about, liking and admiration for, desire to gain approval of, and desire to become similar to the counselor (Schmidt & Strong, 1971). They found that counselors can be highly successful in controlling clients' attraction to them. They also found that interviewers who were rated as more attractive had considerable influencing power on the subjects (clients). Heppner and Heesacker (1982) studied client perceptions, counselor experience level, and counselor power over time. They found that counselors who were rated as highly attractive indicated that they had more power of influence. Results concerning expertness and trustworthiness were not significant.
Expertness is defined as the counselor's skill and knowledge, achieved through training and experience, as perceived by the client. Strong and Schmidt (1970a) found that client ratings of counselor expertness were increased by professional titles and counselor behavior during the interview. Counselors who were viewed as more expert were able to influence clients to a greater degree than those who were rated lower. Heppner and Pew (1977), in a study of the effects of diplomas, awards, and counselor sex on perceived expertness, found that diplomas and awards did have a significant effect on the initial perception of expertness. The sex of the counselor was not found to be significant. Siegel (1980) studied the effects of objective evidence of specialized training, expert nonverbal behaviors, and subject sex on perceived counselor expertness in a counseling analogue setting. Eighty undergraduate students viewed tapes of a standardized counseling interview and then rated the counselor. Both objective evidence of training and nonverbal behavior significantly affected perceived expertness in the positive direction. There was no difference in ratings between male and female subjects.

Strong and Schmidt (1970b) conducted a similar study of trustworthiness. Trustworthiness is defined as the degree of confidence the client has that the counselor is concerned for his welfare and will insure confidentiality. Again, it
was found that the perceived level of trustworthiness could be manipulated and that interviewers perceived to be high in this factor demonstrated more influencing power. Rothmeier and Dixon (1980) conducted an extended counseling analogue interview study designed to evaluate the effects of counselor trustworthiness on counselor influence. Thirty-six college males rated their achievement motivation at three points in time: one week before, immediately after, and one week after the second of two interviews. The interviews ended with an attempt by the interviewer to influence the achievement motivation of the client. Interviewer trustworthiness had no immediate effect on interviewer influence but did have a significant effect at the one-week followup.

LaCrosse (1977) investigated comparative perceptions of counselor behavior. Forty counseling interviews from a community mental health center were studied. The interviews were rated by participating clients, counselors, and observers using the Counselor Rating Form and the Barrett-Lennard Relationship Inventory. Clients rated their counselors highest on each variable relative to counselor self-ratings and observers' ratings of counselors. The greatest agreement was found between clients and observers.

Merluzzi, Banikotes, and Missbach (1978) studied the contributions of counselor sex, experience, and disclosure level on client perceptions of counselor characteristics.
They found that more experienced counselors were rated higher on expertness. High-disclosing counselors were perceived as more attractive but low-disclosing counselors were perceived to be more trustworthy.

Zamostny, Corrigan, and Eggert (1981) studied two hundred and fifty clients of a university counseling center. They assessed preference for counselor attributes on the CRF at both pre and postcounseling. The factors of the CRF accounted forty-eight percent of the variance ($p = .01$) in client satisfaction. Barak, Patking, and Dell (1982) found that the nonverbal behavior of the counselor accounted for fifty-four percent of the variance in expertness and sixty-one percent of the variance in attractiveness on the CRF. Feldstein (1982) studied the effects of client and counselor sex in counseling. Two hundred ninety-one and 246 female subjects viewed a videotape of a same sex client with either a male or female counselor. Male counselors were rated significantly higher on all three variables of the CRF.
CHAPTER III. PROCEDURES

As stated in Chapter I, the purpose of the study was to compare the two treatment strategies, meta-model questioning and empathic responding. The procedures explained in this chapter were designed to identify any differing effects of those treatments on concreteness in client statements, client self-reported anxiety change, and client perceptions of counselor attractiveness, expertness, and trustworthiness.

Sample Selection

Several studies have been conducted to determine the effects of sex in counseling. Brooks (1974) in a study of forty male and forty female college students, found that clients disclosed more to opposite sex counselors. Feldstein (1979) also found support for opposite sex pairing. Thirty-five male and thirty-nine female college undergraduates said they were more satisfied with and had higher regard for counselors of the opposite sex. These findings are contradicted by Hill (1975) in a study of twelve male and twelve female counselors. More discussion of feelings was found in interviews where the client and counselor were the same sex. Two other studies (Petro & Hansen, 1977; Johnson, 1978) found no significant differences between same sex and opposite sex pairs. Lee, Hallberg, Jones, and Hasse (1980) in a study of
two hundred sixty-two secondary students found a preference for male counselors on "vocational" concerns and for female counselors on "child rearing" concerns by students of both sexes. They found no difference between male and female counselors on student ratings of credibility. Other studies have concentrated on the andrology (Bem, 1974) rather than the sex of the subjects. Stokes, Childs, and Fuehrer (1981) found that clients with both masculine and feminine characteristics are most likely to disclose. Banikiotes and Merluzzi (1981), however, found females had more "comfort in disclosing". In a study of eighty-four females who read transcripts of counseling interviews, Highlen and Russell (1980) found a preference for feminine and androgynous counselors over masculine counselors, regardless of the andrology of the subjects. Due to these varied and conflicting results, only female subjects were included in this study in order to reduce the variance due to sex difference.

Clients for this study were obtained from the university psychology pool of undergraduate research volunteers. Permission to conduct the study using these volunteers was obtained from the university Human Subjects Committee. A sign-up sheet was hung on the psychology research bulletin board. Students volunteered by signing their name for a particular interview appointment. Each volunteer was informed, via the sign-up sheet, that she would meet with a counselor in a
thirty minute interview to discuss her concerns or interests. A copy of the sign-up sheet is included as Appendix E. All volunteers received forty-five minutes of experiment time credited toward the course in which they were enrolled.

One hundred and twenty-four students signed for an appointment. Of those, ninety actually attended an interview, three cancelled their appointment, and there were thirty-one no-shows. The no-show rate was twenty-five percent. Eight subjects were used in a pilot study and seventy-two were included in the actual study. The interviews of ten other subjects could not be used because of poor audio tapes.

Counselors

Selection

A presentation was made by this researcher in a master's level counseling methods class. The presentation included a brief overview of NLP, meta-model questioning and the proposed design of the study. Afterward, students were asked to volunteer, if interested, to be trained to serve as counselors for the study. They were told that they would receive university credit in return for their participation.

Three students volunteered to participate. All three were in Master of Science programs in Counselor Education and had completed courses in both theories and techniques of
counseling. All three volunteers were female. Following the training, two of the volunteers were chosen to serve as counselors for the study. The two were chosen by this researcher in conjunction with two professors of Counselor Education and based on demonstrated ability to form appropriate meta-model questions and empathic responses.

Training

The counselors were trained by this researcher with the assistance of the two university professors. The training was conducted in three phases. Mastery learning was used whereby the accepted level of proficiency was reached on each skill before moving to the next.

In phase one, the counselors were trained to correctly identify client deletions, distortions, and generalizations. Tapes and transcripts of counseling interviews were used in this phase. The counselors were required to reach a minimum of 80% accuracy in identification before they could move to phase two.

In phases two and three, the counselors were trained in the empathic responding and meta-model questioning strategies, respectively. In each of these two phases, the training progressed through practice on written client statements, to taped client statements, and finally to actual practice interviews conducted by the counselor trainees. The training
was conducted in five weekly sessions lasting three hours each. Additional practice was accomplished individually between the sessions.

The training materials for meta-model questioning were developed by this researcher. They were based on material presented by Bandler and Grinder (1975, Chapter 4) and Lankton (1980, Chapter 2). The training on empathic responding was based on *The Art of Helping* (Carkhuff, 1972) and on a Manual for Human Relations Training (Hopper, 1970) (see Appendix F, Sample Training Materials).

**Design of Study**

A posttest-only four-group design was used in the study (Borg & Gall, 1979). The design is detailed in Figure 1. A pretest would have been appropriate for only one of the five dependent variables, that of client level of anxiety, "X". Rather than a pretest on that variable a client reported change in level of anxiety was used.

The four cell design was used to test the stated hypotheses (see Figure 2). Random assignment was used to place eighteen clients in each cell. Clients in cell 1 were treated with the meta-model questioning strategy by Counselor B. Clients in cell 2 were also treated with meta-model questioning but by Counselor A. The clients in cells 3 and
\[
\begin{align*}
R & \quad X_1 & 0 \\
\hline
R & \quad X_2 & 0 \\
\hline
R & \quad X_3 & 0 \\
\hline
R & \quad X_4 & 0
\end{align*}
\]

\( R \) = Random assignment

\( X_1 \) = Treatment of meta-model questioning by Counselor B

\( X_2 \) = Treatment of meta-model questioning by Counselor A

\( X_3 \) = Treatment of empathic responding by Counselor A

\( X_4 \) = Treatment of empathic responding by Counselor B

\( 0 \) = Measurement of all dependent variables

**Figure 1.** Experimental design
<table>
<thead>
<tr>
<th>Counselor</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>B</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Meta-model</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Questioning</td>
<td>Cell 2</td>
<td>Cell 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Empathic</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Responding</td>
<td>Cell 3</td>
<td>Cell 4</td>
</tr>
</tbody>
</table>

Figure 2. Design model
4 were treated with the empathic responding technique by Counselor A and Counselor B, respectively.

Pilot Study

A pilot study was conducted prior to the investigation. The pilot study served two main purposes. First, it provided a test of the design and procedures proposed for the investigation. Second, the training of the counselors was verified through their delivery of the two treatments.

Eight client volunteers were used in the pilot study. Two clients were scheduled at each appointment time. Clients were randomly assigned to either Counselor A or Counselor B by the flip of a coin. The treatment method for each client was determined by an additional flip of the coin. This random assignment procedure was used to place two clients in each cell of the design for use in the pilot study.

The procedure described above for assigning clients to counselor and treatment led to some problems. The counselors had difficulty changing treatments from one interview to the next. The result was a contamination of each treatment by the other. In the subsequent investigation, in an effort to avoid this problem, the counselors used one treatment for all clients on any given day. Treatment methods were then used on alternate days of the investigation. The procedure for
randomly assigning clients to counselors was continued.

Each interview in the pilot study was audio taped. These tapes were heard by the two university professors of Counselor Education. They verified the proficiency of each counselor on each of the treatment methods. The tapes also provided feedback and guidance to completing the counselor training. Any weaknesses in the counselor's delivery of the treatments were corrected in the remainder of the training.

All other procedures described in this chapter were tested in the pilot study. All five dependent variables were assessed as in the main investigation. The procedures and instruments were deemed appropriate and were not changed for the investigation.

**Treatment**

As each client volunteer arrived for her appointment, she was greeted by this researcher. She was asked to complete an information card in order to receive credit for participation. Each volunteer was asked to read and sign the consent form which is included as Appendix G. The client was then escorted to one of two counseling rooms and introduced to the assigned counselor.

Each client was treated by either the meta-model questioning or the empathic responding strategy. Each met
with the counselor for one thirty-minute interview. During the interview, the counselors listened for generalizations, deletions, and distortions in the client's communication. The counselors then attempted to respond with either empathic responses or meta-model questions in an attempt to achieve client concreteness. The counselors were instructed to hold all other verbal and nonverbal attending behaviors as constant as possible over all interviews. All interviews were audio taped.

Examples of the two types of intervention for given client statements are as follows.

1. Client: I just can't speak in front of a group. (Distortion)

   Empathic response: You feel trapped because you have been asked to speak and you don't feel you can.

   Meta-model Question: What is it that stops you from speaking?

2. Client: (Sobbing) Nobody likes me. (Generalization)

   Meta-model Question: Who specifically, do you wish would like you? What does that person do that indicates dislike for you?

   Empathic response: You feel sad because you haven't developed the kind of relationships that you want.

At the completion of each interview, the client was directed to meet with this researcher to complete the necessary instruments. This was followed by an individual
debriefing. The debriefings included information on the design and purpose of the study as well as an opportunity for client questions to be answered. When, during the course of the interview or the debriefing, there appeared to be a need or a desire for further counseling, the client was referred to the university Student Counseling Service.

It is the opinion of this researcher that the clients generally viewed the interview as an actual counseling session rather than a role play experiment. This judgment was made after reviewing the audio tapes of all seventy-two interviews. The material discussed was judged to be comparable to that heard by the researcher during a practicum at the university Student Counseling Service.

Instruments Used

At the completion of each session, the client was asked by this researcher to complete the Counselor Rating Form (Barak & LaCrosse, 1975). To retain anonymity, and insure free and honest responding, only the design cell number was recorded on the form; the client's name was not recorded. This instrument provided a quantitative measure of each client's rating of the counselor on the variables attractiveness "A", expertness "E", and trustworthiness "T". The instrument required thirty-six responses, twelve keyed to each of the variables.
Each response was scored on a seven-point scale. A score of one was assigned to the lowest rating on a given trait and a score of seven to the highest possible rating. This scoring procedure yielded a numeric score range for each of the three variables from twelve to eighty-four.

To measure the change in client anxiety \( (X) \), a separate item was constructed by this researcher. The item was designed to measure the client's self-reported change in level of anxiety as a result of the thirty-minute counseling interview. The item was added to the bottom of the Counselor Rating Form for the client's ease in responding. (The form, with the addition, is included as Appendix D.) It should be noted that the term "anxiety" is not defined for the respondent. Therefore, the meaning of the term was that assumed by each of the subjects individually.

The item provided a score on a scale from one to ten for change in level of anxiety. If the subject checked the box indicating that her level of anxiety had been lowered, the score ranged from one (very much) to five (somewhat). When the box was checked for a raised level, the score ranged from six (somewhat) to ten (very much). With the item constructed that way, it was not possible for the respondent to indicate that her level of anxiety had been neither raised nor lowered (certainty method, Warren, R., Klonglan, & Sabri, 1969).
Audio tapes of sessions were used to obtain a measure of concreteness in the client statements (C). A five-minute segment of each interview was transcribed. The five-minute segment was begun at the twentieth minute of each interview. Individual client statements from all of the interviews were then listed at random for rating. Each statement was rated by two raters for concreteness. Each client's mean concreteness score was computed using the ratings of both raters on each client statement made during the five minute segment.

The instrument used for rating concreteness was developed by this researcher and is an adaptation of the levels of concreteness developed by Carkhuff and Berenson (1977, p. 14). (The scale is included as Appendix C.) The scale, as originally developed, was intended for rating concreteness in counselors rather than clients. The original levels, however, were defined more specifically in terms of client behaviors which were to be elicited by the counselor. This fact made the adaption of the scale for use in rating client concreteness relatively easy and seemingly valid.

The two raters of concreteness were volunteer graduate students in Counselor Education. The inter-rater reliability was computed for the two raters. Pearson's Correlation was computed on a sample of fifteen statements rated by both raters.
and yielded an inter-rater correlation of $r = .7736$ with a significance of $p = .001$.

**Statistical Procedures**

The mean and standard deviation were computed in each cell of the design model for the five dependent variables. An analysis of variance (ANOVA) was computed for concreteness in client statements ($C$) and client reported change in level of anxiety ($X$). These two ANOVAs provided a test of the first two stated hypotheses: $H_0$ (1) $C_q = C_r$ and $H_0$ (2) $X_q = X_r$. The client ratings on the Counselor Rating Form were grouped under the three remaining dependent variables of counselor attractiveness ($A$), expertness ($E$), and trustworthiness ($T$). A multivariate analysis of variance (MANOVA) was conducted to identify any differences and thereby, test the final three hypotheses: $H_0$ (3) $A_q = A_r$, $H_0$ (4) $E_q = E_r$, and $H_0$ (5) $T_q = T_r$.

The above described tests also provided the ability to identify any differences between Counselor A and Counselor B on the five dependent variables as well as any interaction of the two independent variables, treatment strategy, and counselor (Hinkle, Wiersma, & Jurs, 1979). The level of significance was established at $p = .05$ for all statistical tests. The results of all statistical computations are provided in Chapter IV (Results).
CHAPTER IV. RESULTS

This study was designed to test the effects of the meta-model questioning strategy compared to the effects of the empathic responding strategy. The researcher's purpose was to attempt to answer the following questions:

1. Does meta-model questioning elicit a different level of concreteness in client statements than the empathic responding strategy?
2. Does client self-reported change in anxiety level differ when comparing the two strategies.
3. Do client ratings of counselor attractiveness differ when comparing the two strategies.
4. Do client ratings of counselor expertness differ when comparing the two strategies.
5. Do client ratings of counselor trustworthiness differ when comparing the two strategies.

These five research questions generated five null hypotheses to be tested. To illustrate the findings relevant to each null hypothesis, textual and tabular data of these statistical analyses will be presented. A significance at or beyond the .05 level of confidence was necessary for rejection of a null hypothesis.

Results of Statistical Analyses

Hypothesis 1: \( H_0 (1) \) - There is no significant difference in the level of concreteness of client statements elicited by counselors using the two strategies, empathic responding and meta-model questioning.
The client concreteness scores were obtained from the trained raters of concreteness using the Concreteness Scale (See Appendix C). The individual client concreteness scores are shown in Table 1 by design cell. It should be noted that the mean of the concreteness scores falls below 3.00, the minimally facilitative level, in all four cells. Only five of the seventy-two clients had a concreteness score which exceeded 3.00.

In order to test Hypothesis 1, an analysis of variance (ANOVA) was calculated using the scores reported in Table 1. The results of this ANOVA are shown in Table 2. The level of significance of $F$ for the main effect of treatment method was .122. Therefore, Hypothesis 2 failed to be rejected. Further, no difference in client concreteness scores could be shown between the two counselors and no interaction of counselor and treatment method was shown.

Inspection of these data showed a greater difference in client concreteness scores for Counselor A than Counselor B when comparing meta-model questioning with empathic responding. Therefore, a second ANOVA was calculated using the client concreteness scores for Counselor A only. The results of this ANOVA are reported in Table 3. The .064 level of significance, although very close, did not meet the established level of significance ($p = .05$).
Table 1. Client concreteness scores by design cell

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Counselor A</th>
<th>Counselor B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathic Responding</td>
<td>2.38  2.36</td>
<td>1.66  2.69</td>
</tr>
<tr>
<td></td>
<td>3.31  1.87</td>
<td>2.50  1.93</td>
</tr>
<tr>
<td></td>
<td>2.37  2.30</td>
<td>2.48  2.53</td>
</tr>
<tr>
<td></td>
<td>2.35  2.42</td>
<td>2.50  2.37</td>
</tr>
<tr>
<td></td>
<td>3.15  2.43</td>
<td>2.24  2.12</td>
</tr>
<tr>
<td></td>
<td>2.06  2.12</td>
<td>2.46  2.53</td>
</tr>
<tr>
<td></td>
<td>2.16  2.08</td>
<td>2.21  2.12</td>
</tr>
<tr>
<td></td>
<td>2.24  2.13</td>
<td>2.03  3.65</td>
</tr>
<tr>
<td></td>
<td>2.14  -a</td>
<td>1.87  2.49</td>
</tr>
<tr>
<td>( \bar{X} = 2.35 )</td>
<td>( \bar{X} = 2.35 )</td>
<td></td>
</tr>
<tr>
<td>( s = 0.37 )</td>
<td>( s = 0.43 )</td>
<td></td>
</tr>
<tr>
<td>Meta-Model Questioning</td>
<td>2.33  2.78</td>
<td>1.78  2.43</td>
</tr>
<tr>
<td></td>
<td>2.74  2.03</td>
<td>2.58  2.42</td>
</tr>
<tr>
<td></td>
<td>2.66  2.46</td>
<td>2.18  3.15</td>
</tr>
<tr>
<td></td>
<td>2.94  3.03</td>
<td>2.61  2.68</td>
</tr>
<tr>
<td></td>
<td>2.78  2.99</td>
<td>2.26  2.32</td>
</tr>
<tr>
<td></td>
<td>2.50  2.49</td>
<td>2.43  2.63</td>
</tr>
<tr>
<td></td>
<td>2.07  2.41</td>
<td>2.32  2.24</td>
</tr>
<tr>
<td></td>
<td>2.38  2.19</td>
<td>2.42  2.03</td>
</tr>
<tr>
<td></td>
<td>2.89  2.38</td>
<td>2.35  2.35</td>
</tr>
<tr>
<td>( \bar{X} = 2.56 )</td>
<td>( \bar{X} = 2.40 )</td>
<td></td>
</tr>
<tr>
<td>( s = 0.31 )</td>
<td>( s = 0.29 )</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\)Indicates an inaudible tape.
Table 2. Analysis of variance, concreteness by counselor and treatment

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of squares</th>
<th>DF</th>
<th>Mean square</th>
<th>F</th>
<th>Significance of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td>.400</td>
<td>2</td>
<td>.200</td>
<td>1.644</td>
<td>.201</td>
</tr>
<tr>
<td>Counselor</td>
<td>.102</td>
<td>1</td>
<td>.102</td>
<td>.839</td>
<td>.363</td>
</tr>
<tr>
<td>Treatment</td>
<td>.298</td>
<td>1</td>
<td>.298</td>
<td>2.450</td>
<td>.122</td>
</tr>
<tr>
<td>2-Way Interaction</td>
<td>.128</td>
<td>1</td>
<td>.128</td>
<td>1.049</td>
<td>.309</td>
</tr>
<tr>
<td>Explained</td>
<td>.527</td>
<td>3</td>
<td>.176</td>
<td>1.446</td>
<td>.237</td>
</tr>
<tr>
<td>Residual</td>
<td>8.265</td>
<td>68</td>
<td>.122</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>8.792</td>
<td>71</td>
<td>.124</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Analysis of variance, concreteness by treatment (Counselor A only)

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of squares</th>
<th>DF</th>
<th>Mean square</th>
<th>F</th>
<th>Significance of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effect</td>
<td>.407</td>
<td>1</td>
<td>.407</td>
<td>3.673</td>
<td>.064</td>
</tr>
<tr>
<td>Treatment</td>
<td>.407</td>
<td>1</td>
<td>.407</td>
<td>3.673</td>
<td>.064</td>
</tr>
<tr>
<td>Explained</td>
<td>3.772</td>
<td>34</td>
<td>.111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residual</td>
<td>4.180</td>
<td>35</td>
<td>.119</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Hypothesis 2: $H_0^2$ - There is no significant difference in client self-reported anxiety change when comparing clients treated with the two strategies, meta-model questioning and empathic responding.

Anxiety change was assessed using a client self-report item to reflect any change in anxiety during the client's thirty-minute counseling session. This item is included in Appendix A. The item yielded a transformed score from 1 to 10 on the following continuum:

- 10 - Raised very much
- 9 -
- 8 -
- 7 -
- 6 - Raised somewhat
- 5 - Lowered somewhat
- 4 -
- 3 -
- 2 -
- 1 - Lowered very much

Each client's self-reported anxiety score is shown in Table 4 by design cell.

An inspection of these data shows that six clients reported a considerable increase in anxiety (score of 8 or above) and that all six of those were treated with meta-model questioning. Of those six, five were seen by Counselor A.
Table 4. Client self-reported change in anxiety level by design cell

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Counselor A</th>
<th>Counselor B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meta-Model</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Questioning</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>X = 5.22</td>
<td>X = 3.53</td>
</tr>
<tr>
<td></td>
<td>s = 2.76</td>
<td>s = 2.33</td>
</tr>
<tr>
<td>Empathic</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Responding</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>X = 3.28</td>
<td>X = 4.00</td>
</tr>
<tr>
<td></td>
<td>s = 1.78</td>
<td>s = 1.64</td>
</tr>
</tbody>
</table>

\(^a\)Indicates client failed to respond.
Twenty others reported a considerable decrease in anxiety (score of 1 or 2). Of those, eleven were treated with meta-model questioning and nine with empathic responding.

To test Hypothesis 2, an ANOVA was conducted using the client-reported change in anxiety scores. The results of that ANOVA are shown in Table 5.

The significance of F for the main effect of treatment method was .384. Therefore, the F value was not of sufficient magnitude to reject Hypothesis 2. Thus, these data failed to show a significant difference in self-reported anxiety change between clients treated by the two strategies.

Table 5. Analysis of variance, self-reported change in anxiety by treatment and counselor

<table>
<thead>
<tr>
<th>Source of variation</th>
<th>Sum of squares</th>
<th>DF</th>
<th>Mean square</th>
<th>F</th>
<th>Significance of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td>14.444</td>
<td>2</td>
<td>7.222</td>
<td>1.559</td>
<td>.218</td>
</tr>
<tr>
<td>Treatment</td>
<td>3.556</td>
<td>1</td>
<td>3.556</td>
<td>.768</td>
<td>.384</td>
</tr>
<tr>
<td>Counselor</td>
<td>10.889</td>
<td>1</td>
<td>10.889</td>
<td>2.351</td>
<td>.130</td>
</tr>
<tr>
<td>2-Way Interaction</td>
<td>24.500</td>
<td>1</td>
<td>24.500</td>
<td>5.289</td>
<td>.025</td>
</tr>
<tr>
<td>Explained</td>
<td>38.944</td>
<td>3</td>
<td>12.981</td>
<td>2.803</td>
<td>.046</td>
</tr>
<tr>
<td>Residual</td>
<td>315.000</td>
<td>68</td>
<td>4.632</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>353.944</td>
<td>71</td>
<td>4.985</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Further, the significance of F for the main effect of counselor was .130. No significant difference in anxiety change could be shown between clients treated by the two counselors.

The interaction of the treatment method and counselor, however, was significant ($p = .025$). An inspection of data reported in Table 4 explains this interaction. For Counselor A, the mean anxiety change was 5.22 for meta-model questioning and 3.28 for empathic responding. For Counselor B, this relationship was reversed, 3.53 for meta-model questioning and 4.00 for empathic responding. In other words, with Counselor A, client anxiety was lowered more by empathic responding but with Counselor B, client anxiety was lowered more by meta-model questioning.

**Interpersonal influence factors**

The final three hypotheses were designed to determine whether client perceptions of the counselor would be different between the two treatment strategies, meta-model questioning and empathic responding. The client perceptions of counselor attractiveness, expertness, and trustworthiness were assessed using the Counselor Rating Form (CRF) (See Appendix D), which was completed immediately following the counseling session.
Hypothesis 3: $H_0(3)$ - There is no significant difference in client ratings of counselor attractiveness when analyzed on the basis of the counseling strategy used.

The client perception scores for counselor attractiveness are reported in Table 6. The CRF gives a possible range of 12 to 84 for attractiveness ratings. The attractiveness scores were generally high with the mean for Counselor A of 72.14 and the mean for Counselor B of 74.62.

Hypothesis 4: $H_0(4)$ - There is no significant difference in client ratings of counselor expertness when analyzed on the basis of the counseling strategy used.

The counselor expertness scores for each client are reported in Table 7 by design cell. Again, the possible range in scores was 12 to 84. The expertness scores were also generally high with the mean for Counselor A of 69.48 and the mean for Counselor B of 71.94.

Hypothesis 5: $H_0(5)$ - There is no significant difference in client ratings of counselor trustworthiness when analyzed on the basis of the counseling strategy used.

The client ratings of counselor trustworthiness are reported in Table 8 by design cell. Again, the possible range in trustworthiness scores was 12 to 84. Like the attractiveness and expertness scores, the trustworthiness scores were also generally high with the mean for Counselor A of 72.93 and the mean for Counselor B of 74.22.
<table>
<thead>
<tr>
<th>Treatment</th>
<th>Counselor A</th>
<th>Counselor B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meta-Model</td>
<td>67 74</td>
<td>72 70</td>
</tr>
<tr>
<td>Questioning</td>
<td>68 78</td>
<td>71 78</td>
</tr>
<tr>
<td></td>
<td>70 64</td>
<td>81 83</td>
</tr>
<tr>
<td></td>
<td>76 84</td>
<td>77 78</td>
</tr>
<tr>
<td></td>
<td>77 75</td>
<td>83 70</td>
</tr>
<tr>
<td></td>
<td>69 69</td>
<td>73 77</td>
</tr>
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<td></td>
<td>74 72</td>
<td>72 77</td>
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<td>69 75</td>
<td>71 70</td>
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<tr>
<td></td>
<td>66 77</td>
<td>73 66</td>
</tr>
<tr>
<td>( \bar{X} = 72.44 )</td>
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<td>78 82</td>
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<td>75 82</td>
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<td>75 82</td>
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Table 7. Client ratings of counselor expertness by design cell

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<th>Treatment</th>
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<th>Counselor B</th>
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<tr>
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<td>75 74</td>
</tr>
<tr>
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Table 8. Client ratings of counselor trustworthiness by design cell

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To test Hypotheses 3, 4, and 5, a multivariate analysis of variance (MANOVA) was conducted using the data from the CRF (Tables 6, 7, and 8). The results of this MANOVA are shown in Table 9. The significant value for the main effect of treatment method was .481 which fails to meet the test (p = .05). The MANOVA was computed using the Pillais, Hotellings, Wilks, and Roys tests of significance. Therefore, the magnitude of F was not sufficient to reject Hypotheses 3, 4, and 5, and failed to show a difference in client perceived counselor attractiveness, expertise, or trustworthiness between the two strategies. Further, the MANOVA indicates that there were no differences in the two counselors or an interaction of treatment method and counselor when considering the interpersonal influence factors. Since the MANOVA was not significant, the subsequent ANOVA's were not conducted for each variable.
CHAPTER V. SUMMARY AND CONCLUSIONS

Summary

Bandler and Grinder (1975) introduced Neuro-Linguistic Programming (NLP) as a package of counseling techniques modeled after outstanding therapists such as Virginia Satir, Milton H. Erickson, and Fritz Perls. One of those techniques, meta-model questioning, was the focus of this investigation. Meta-model questions can be formed by counselors and therapists to help clients form a complete and accurate (concrete) representation of their experience. The counselor first identifies any deletion, distortion, or generalization in the client's communication and then forms a meta-model question to help the client be more specific, complete, or accurate. Once the client has formed a concrete representation of the experience, the process of change and growth can begin.

A second counseling strategy, empathic responding (Rogers, 1951, 1957; Carkhuff, 1969, 1972), was used for comparison in this investigation. Empathic responding is a helping technique where the counselor attempts to form a verbal response which captures both the content and feeling of the client's communication. Empathic responding, like meta-model questioning, is intended to help clients become fully conscious of the content and feeling in their
experience and thereby begin the process of change and growth.

This study was designed to compare the effects of the two counseling strategies, meta-model questioning and empathic responding. The first question posed was whether the two strategies would elicit concrete client responses in an initial counseling interview. This question generated the first hypothesis:

\( H_o(1) \) - There is no significant difference in the level of concreteness of client statements elicited by counselors using the two strategies.

Second, it was questioned whether one or the other of the strategies would cause the level of client anxiety to be raised or lowered during the course of the interview. This question generated the second hypothesis:

\( H_o(2) \) - There is no significant difference in client self-reported change in anxiety when comparing clients treated with the two strategies.

Three final questions were raised to determine whether client perceptions of the counselor would be different when comparing the two different strategies. To answer these questions, three final hypotheses were formed,

\( H_o(3) \) - There is no significant difference in client ratings of counselor attractiveness when analyzed on the basis of the counseling strategy used.

\( H_o(4) \) - There is no significant difference in client ratings of counselor expertness when analyzed on the basis of the counseling strategy used.
H₀(5) - There is no significant difference in client ratings of counselor trustworthiness when analyzed on the basis of the counseling strategy used.

Previous studies have investigated the effects of questioning and responding used by counselors. Many show positive effects of counselor empathy (Anthony, 1971; Aspy & Roebuck, 1975; Barrett-Lennard, 1962; Freeman, 1980; Kurtz & Grummon, 1972; Mullen & Abeles, 1972; Murphy & Rowe, 1977; Truax, 1970; Vitalo, 1970). Others have studied the comparative effects of responding and questioning. Three studies found more positive effects of questioning than responding (Greenberg & Clarke, 1979; Hill & Gormally, 1977; Lavelle, 1977). Three others could show no difference (Cormier & Nye, 1974; Ehrlich et al., 1979; Highlen & Baccus, 1977). One found negative effects of questioning and no significant effect of responding (Elliott et al., 1982).

The literature also holds reports on the effects of concreteness or specificity. Truax and Carkhuff (1964) found that therapist concreteness correlated with depth of patient interpersonal exploration. Pope and Siegman (1962) found that high therapist specificity was associated with low patient anxiety. Freeman (1980) found that concrete counselors were perceived to be more attractive, expert, and trustworthy by clients. Three other studies found a negative correlation between therapist specificity and client
productivity (Pope et al., 1974; Pope & Siegman, 1962; Siegman & Bradford, 1971). Client productivity, however, was measured simply as the number of clause units spoken.

The literature also reports the effects of client anxiety in counseling. Two early studies (Taylor, 1951; Westrope, 1953) found that anxiety had a negative effect on subject learning. Mednick (1957), however, found that moderately anxious subjects learned better than low anxious subjects. Four studies (Gottschalk et al., 1967; Hamburg et al., 1967; Kirtner & Cartwright, 1958; Luborsky, 1962) found that clients who were anxious in the initial interview were more likely to benefit from counseling.

A final area of literature reviewed surrounds Strong's (1968) interpersonal influence process. Client perceptions of counselor attractiveness, expertness, and trustworthiness have been shown to relate to the counselor's influencing power over the client (Heppner & Hessacker, 1982; Rothmeier & Dixon, 1980; Schmidt & Strong, 1971; Strong & Schmidt, 1970b). Zamostny et al. (1981) found that the factors of perceived attractiveness, expertness, and trustworthiness accounted for 48% of the variance in client satisfaction with counseling.

Seventy-two undergraduate student volunteers served as subject client for this investigation. Only female clients were included. Two female masters level graduate students in
counselor education were selected as counselors. The counselors were trained in the meta-model questioning and empathic responding techniques.

A four group design was used for the study. The four groups represented the combinations of the two treatment strategies and the two counselors. Clients were assigned to the groups at random, 18 in each. Each client met with the assigned counselor for one 30-minute interview. Each was treated with only one of the two strategies. Each session was audio taped.

Following the interview, each client completed the Counselor Rating Form (Appendix D) which yielded client perceived attractiveness, expertness, and trustworthiness of the counselor. Client self-reported change in anxiety was also immediately assessed. The final dependent variable, client concreteness, was assessed from the audio tapes. Two trained raters of concreteness rated statements from a 5-minute segment of each tape using the concreteness scale (Appendix C).

Hypothesis 1 was tested with an ANOVA run on the rated concreteness scores of the 72 subjects. The hypothesis was not rejected and no difference in client concreteness could be shown either between treatment strategies or between counselors. No interaction of treatment strategy and coun-
Hypothesis 2 was tested with an ANOVA computed on the client self-reported anxiety change scores. Again, the hypothesis failed to be rejected and no differences in client anxiety change could be shown. An interaction, however, of counselor and treatment strategy was found in client anxiety change. Specifically, with Counselor A, client anxiety was lowered more with empathic responding but with counselor B, client anxiety was lowered more with meta-model questioning.

The final three hypotheses concerning client perceptions of counselor attractiveness, expertness, and trustworthiness were tested with a MANOVA. None of these hypotheses could be rejected and no difference in client perceptions could be shown. The perception scores in all four treatment groups were notably high.

Discussion

The first question raised for this study was whether meta-model questioning and empathic responding would elicit concrete client responses in an initial counseling interview. The literature generally shows that concreteness in counseling is associated with positive outcomes (Carkhuff, 1969; Pope & Siegman, 1962; Freeman, 1980). Therefore, it was held that if these counseling strategies yielded
concreteness, they also could be associated with positive outcomes. The ANOVA computed on client concreteness scores gave inconclusive results. Hence, it could not be shown that one strategy had more positive effects on client concreteness than the other. This result, by itself, does not fully answer the question posed. It is possible that both strategies either do or do not elicit concrete client responses to a like degree. Three other studies, using different dependent variables, also failed to show a significant difference between questioning and responding (Cormier & Nye, 1974; Ehrlich et al., 1979; Highlen & Baccus, 1977).

An examination of the mean client concreteness scores can provide some additional information. The mean concreteness score for clients treated with meta-model questioning was 2.48. The mean for those treated with empathic responding was 2.35. Since these means are below 3.00, one might conclude that they are below the minimum facilitative level and that neither strategy elicited concrete client responses. The 3.00 level, however, has only been established as the minimum facilitative level for counselor concreteness. No studies were found relating to concreteness in client statements. This leaves the basic question concerning client concreteness unanswered. More study is needed in the area of concreteness, in both counselors and clients, and
its effects.

The second question posed was whether the two strategies would cause a difference in client anxiety level. To answer this question, each client was asked to report whether their level of anxiety was raised or lowered during the interview and to what extent. Since the meta-model questioning strategy appears to be more confrontive than the empathic responding strategy, one might assume that it would cause more of an increase in client anxiety. The results of the ANOVA did not show this to be true. No difference in client self-reported anxiety change could be shown between the two strategies. The mean anxiety change score for meta-model questioning was 4.38 and for empathic responding was 3.64. This indicates that both strategies tended to lower client anxiety somewhat.

One other question concerning client anxiety could be raised. Is the fact that client anxiety was lowered good or bad in counseling? Some studies show that clients who are anxious in the initial interview are more likely to benefit from counseling (Gottschalk et al., 1967; Hamburg et al., 1967; Kirtner & Cartwright, 1958; Luborsky, 1962). These studies, however, simply measured the initial level of client anxiety, not the change in level. The area of client anxiety and its effects in counseling needs more
The study also questioned whether clients treated with meta-model questioning would perceive the counselor differently than those treated with empathic responding. The MANOVA failed to show a difference in client perception of counselor attractiveness, expertness, or trustworthiness. As stated earlier, the CRF scores were high, indicating that clients gave positive reports of counselor characteristics, regardless of the treatment strategy used. This would indicate that the counselors had considerable influence on the clients when using each of the treatment strategies.

When selecting the dependent variables, particular attention was given to concreteness. This was due to the fact that it appeared to yield an accurate assessment of the intended results of both the meta-model questioning and empathic responding strategies.

There are several possible explanations for the fact that no difference could be shown between the two treatment strategies on any of the dependent variables. It is possible that two strategies had equally positive effects in the counseling interviews. The client perceptions of the counselor, as reported on the CRF, would indicate that both treatments were very effective. It is also possible that this study had some flaw in design or
execution and therefore, was not an accurate test of the stated hypotheses. Specifically, after transcribing each of the interview tapes, it was the observation of this researcher that the two treatment strategies were not delivered in pure form; questioning was heard in the responding tapes and responding in the questioning tapes. Although they were well-trained to deliver each treatment, the counselors were unable to keep from mixing the two treatments in any given interview. The tapes, therefore, would have to be categorized as either predominantly questioning or predominantly responding. It is possible that the two treatments were not significantly different and therefore the outcomes not significantly different.

Recommendations

This study pointed out the need for further study in several areas. First, meta-model questioning and many of the other techniques proffered by Neuro-Linguistic Programming remain virtually untested. This area should prove to be lucrative for further investigation. Truax and Carkhuff (1964) wrote an article entitled, "Concreteness: a neglected variable in research and psychotherapy". Nearly twenty years later, concreteness remains generally neglected in the
literature. More study on the effects of counselor and client concreteness is badly needed. Finally, more information is needed on the effects of anxiety in clients. Much literature is available concerning anxiety in counselors and also on the measurement of elimination of anxiety in clients but very little on the positive or negative effects of client anxiety in counseling.

It is possible that a replication study or study similar to this one could show conclusive results. Some modifications could be made in that regard. A very small increase in sample size could lead to significant results. A test run ANOVA was conducted with a sample size of 20 rather than 18 per cell. The two additional concreteness scores used in each cell were equal to the mean in that cell. This test ANOVA found a significant difference in client concreteness between treatment strategies.

As stated earlier, it is the opinion of this researcher that the delivery of the treatment strategies, each contaminated by the other, may be the cause of inconclusive results. Several remedies to this problem exist. The counselor training could be intensified and increased. Instead of training graduate students as counselors, practicing counselors could be used, especially ones with experience in the two treatments. It would also be possible to have experts judge the
tapes for adequacy of treatment delivery and to eliminate those which are inappropriate.

Finally, other dependent variables could be used to measure the effects of the treatment strategies. The number of client self-reference affect statements could be counted. Clients could also be asked to rate their satisfaction or the extent to which they felt they would be helped by the counseling.
REFERENCES


## APPENDIX A: SIEGMAN AND POPE SPECIFICITY SCALE

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<tr>
<th>Rating</th>
<th>Category of Therapist Statement</th>
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<tbody>
<tr>
<td>1.7</td>
<td>Th uses a single word or syllable to indicate that he is listening and accepting.</td>
</tr>
<tr>
<td>3.0</td>
<td>Th makes a brief remark to encourage pt to proceed.</td>
</tr>
<tr>
<td>3.6</td>
<td>Th repeats a key word or phrase from the pt's previous response as an invitation to pt to continue.</td>
</tr>
<tr>
<td>4.1</td>
<td>Th asks pt to speak about a broad, as yet unexplored area, i.e., &quot;your troubles&quot;.</td>
</tr>
<tr>
<td>6.3</td>
<td>Th asks pt to speak about a more limited area.</td>
</tr>
<tr>
<td>6.9</td>
<td>Th labels or specifies the feeling implicit in the preceding pt remark, or makes some other limited inference regarding it.</td>
</tr>
<tr>
<td>7.6</td>
<td>Th asks pt to explain or elaborate on a specific proposition, phrase or word included in his previous response.</td>
</tr>
<tr>
<td>8.6</td>
<td>Th makes an interpretation which is more than a limited inference.</td>
</tr>
<tr>
<td>9.0</td>
<td>Th responds to pt remark, either by discouraging the pt from any further talk in the topical area concerned or by raising challenging questions about the remark.</td>
</tr>
<tr>
<td>10.9</td>
<td>Th asks for specific factual information.</td>
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</tbody>
</table>
APPENDIX B: CARKHUFF CONCRETENESS SCALE

**Level 1:** The helper appears to lead or allow all discussions with the helpee(s) to deal only with vague and anonymous generalities. Example: The helper and the helpee discuss everything on strictly an abstract and intellectual level. In summary, the helper makes no attempt to lead the discussion into the realm of personally relevant specific situations and feelings.

**Level 2:** The helper frequently appears to lead or allow even discussions of material personally relevant to the helpee(s) to be dealt with on a vague and abstract level. Example: The helper and the helpee may discuss "real" feelings but they do so at an abstract, intellectual level. In summary, the helper does not elicit discussion of most personally relevant feelings and experiences in specific and concrete terms.

**Level 3:** The helper is open and at times facilitative of the helpee(s) discussion of personally relevant material in specific and concrete terminology. Example: The helper will help to make it possible for the discussion with the helpee(s) to center directly around most things that are personally important to the helpee(s), although there will continue to be areas not dealt with concretely and areas that the helpee does not develop fully and specifically. In summary, the helper is open to consideration of personally relevant specific and concrete instances, but these are not always fully developed. Level 3 constitutes the minimal level of facilitative functioning.

**Level 4:** The helpee appears frequently helpful in enabling the helpee(s) to fully develop in concrete and specific terms almost all instances of concern. Example: The helper is able on many occasions to guide the discussion to specific feelings and experiences of personally relevant material. In summary, the helper is very helpful in enabling the discussion to center around specific and concrete instances of most important personally relevant feelings and experiences.
Level 5: The helper appears always helpful in guiding the discussion so that the helpee(s) may discuss fluently, directly, and completely specific feelings and experiences. Example: The helper involves the helpee in discussions of specific feelings, situations, and events regardless of their emotional content. In summary, the helper facilitates a direct expression of all personally relevant feelings and experiences in concrete and specific terms.
APPENDIX C: CLIENT CONCRETENESS SCALE

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<th>Rating Level</th>
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<td>Discussions involving only vague and anonymous generalities.</td>
</tr>
<tr>
<td>Level 2</td>
<td>Discussions involving material personally relevant to the helpee but dealt with on a somewhat vague and abstract level.</td>
</tr>
<tr>
<td>Level 3</td>
<td>Discussions which center directly around most things that are personally important to the helpee, although there continues to be areas not dealt with concretely and areas that the helpee does not develop fully and specifically.</td>
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<tr>
<td>Level 4</td>
<td>The helpee develops fully in concrete and specific terms almost all instances of concern.</td>
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<td>Level 5</td>
<td>The helpee discusses fluently, directly, and completely specific feelings and experiences.</td>
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APPENDIX D: COUNSELOR RATING FORM

Please rate the counselor on the following dimensions. Circle one number on each line. Do not sign this form. It will be kept anonymous.

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Please indicate whether your thirty-minute counseling session raised or lowered your level of anxiety and how much.

Raised or lowered:

- Somewhat: 1 2 3 4 5
- Very much: 6 7
APPENDIX E: VOLUNTEER SIGN-UP SHEET

PSYCHOLOGY RESEARCH SUBJECT PARTICIPATION
EXTRA CREDIT SCHEDULING SHEET

EXPERIMENT No. 29

TITLE: The Effects of Meta-Model Questioning

EXPERIMENTER'S NAME: T. Vander Zy
Phone: 294-6530 Office Rm #: N221

BRIEF DESCRIPTION: Each volunteer will meet with a counselor for a thirty-minute counseling interview. Volunteers may discuss any items of interest or concern. Immediately following the interview, the volunteer will complete a short questionnaire. Audio tapes of the interviews and completed questionnaires will be kept anonymous and confidential.

RESTRICTED TO: Female volunteers only.

PROBABLE TIME NEEDED TO PARTICIPATE: 40 minutes

be present at N221 Quad (Day, Date and Time)

AT THE APPOINTMENT TIMES LISTED BELOW

CAUTION: YOUR VOLUNTEERING HERE IS AN AGREEMENT TO APPEAR. FAILURE TO APPEAR AS AGREED MAY RESULT IN A REDUCTION OF YOUR EXTRA CREDIT POINTS BY THE SAME AMOUNT YOU WOULD HAVE EARNED.

EXPERIMENTER: 1. Attach here any form necessary to fit your particular situation (i.e., single appointments, varying times, and allocations, etc.); not specified above.

2. Include exact times and locations as to where students report.

3. Have space for students to fill in the following information:

   Print full name _______ Phone _______ Course # ______ Section ______

4. Remove this sheet from the board whenever it is filled or experiment is over.
### Thursday, May 6

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DELETION

The purpose of recognizing deletions is to assist the client in restoring a fuller representation of his experiences. Deletion is a process which removes portions of the original experience (the world) or full linguistic representation (Deep Structure). The representation of this representation in the Surface Structure. By comparing the Surface Structure and the Deep Structure, the counselor can determine what is missing. Example:

(1) I'm confused.

The basic process word is the verb confuse. The verb confuse has the potential of occurring in sentences with two arguments or noun phrases - in sentences such as:

(2) I'm confused by people.

Since the verb confuse occurs in sentence (2) with two argument nouns (I and people), the counselor can conclude that Surface Structure (1) is not a full representation of the Deep Structure from which it was derived. In step-by-step format, the procedure can be outlined as follows:

STEP 1: Listen to the Surface Structure the client presents.

STEP 2: Identify the verbs in that Surface Structure.

STEP 3: Determine whether the verbs can occur in a sentence which is fuller - that is, has more arguments or noun phrases in it than the original. If the second sentence has more argument nouns than the original Surface Structure presented by the client, a portion of the Deep Structure has been deleted.

SPECIAL CASES OF DELETION:

CLASS 1: Real Compared to What?

The first special class of deletion involves comparatives and superlatives. Comparatives and superlatives can be recognized by an adjective ending in er or est or by the words more, less, most, and least. These involve a comparison of at least two things. For example, the Surface Structure:

(3) She is better for us than my mother.

includes both of the things compared (she and my mother). The Surface Structure.

(4) More aggressive men get what they want.

contains a deletion, more aggressive compared to what?
CLASS 2: Clearly and obviously

The second class of special deletion can be identified by *ly* adverbs. For example, the client says:

(5) Obviously, my parents dislike me.

The client statement can be paraphrased:

(6) It is obvious that my parents dislike me.

To whom is it obvious?

CLASS 3: Modal Operators

These Surface Structures can be identified by the presence of what logicians call modal operators of necessity. These have the Surface forms of: have to, necessary, must, should, can't, etc. The counselor may use these cue words to recognize this special class of deletion. For example:

(7) I must not get involved too deeply, the counselor might ask what would happen if the client did get involved too deeply.
DISTORTION

NOMINALIZATIONS

The linguistic process of nominalization is a complex transformational process whereby a process word or verb in the Deep Structure appears as an event word, or noun, in the surface structure. For example, in the Surface Structure:

(1) I regret my decision to return home.
the event word or noun decision is a nominalization. This means that in the Deep Structure representation, there appears a process word or verb, in this case the verb decide.

(2) I regret that I am deciding to return home.
True nouns will not fit in the blank in the phrase, an ongoing ______, in a well-formed way. True nouns such as chair do not fit in a well-formed way - an ongoing chair. If a noun fits in a well-formed way in this test phrase, it is a nominalization.

PRESUPPOSITIONS

The counselor's purpose in recognizing presuppositions is to assist the client in identifying those basic assumptions which impoverish his model and limit his options in coping. For example, to make sense out of the Surface Structure:

(3) I'm afraid that my son is turning out to be as lazy as my husband.
the counselor has to accept as true the sentence.

(4) My husband is lazy.
In another example:

(5) If Fred had enjoyed my company, he wouldn't have left so early.
presupposes

(6) Fred didn't enjoy my company.

MIND READING

Mind reading involves the belief that one person can know what another person is thinking and feeling without a direct communication. For example, the client says:

(7) Everybody in the group thinks that I'm taking up too much time.
Notice that the speaker is claiming to know the contents of the minds of all the people in the group. In other cases, the client assumes that others can read his mind.

(8) If she loved me, she would always do what I like her to do.
Generalization may impoverish the client's model by causing loss of the detail and richness of the original experiences. Thus, generalization prevents them from making distinctions which would give them a fuller set of choices in coping with any particular situation. At the same time, the generalization expands the specific painful experience to the level of being persecuted by the universe (an insurmountable obstacle in coping). For example, the specific painful experience

1. Mary doesn't like me.

generalizes to

2. Women don't like me.

Often generalizations can be identified by words like, everyone, nobody, never, and always, as in

3. Nobody pays attention to what I say.

In other generalizations, nouns are present which do not identify a specific person, place or thing. For example:

4. People push me around.

The noun people fails to identify anything specific in the client's experience. The statement

5. One should respect others' feelings.

contains two non-specific nouns, one and others.

A second form of generalization which occurs in that of verbs that are not completely specified. For example:

6. My mother hurt me.

The verb hurt is not completely specified. The counselor must ask whether the verb presented is clear enough to visualize the actual sequence of events being described. If it cannot, the Surface contains a generalization.
Meta-Model Questioning

A. Deletion. Ask for the deleted material.

1. (Deleted argument)
   Client: I'm upset.
   Counselor: About whom/what?

2. (Comparatives)
   Client: She is better for me.
   Counselor: Better compared to whom/what?

3. (ly adverb)
   Client: Obviously, my parents dislike me.
   Counselor: To whom is it obvious?

4. (Modal operator)
   Client: I must not get involved too deeply.
   Counselor: What would happen if you did get involved too deeply?

B. Distortion. Ask for clarification.

1. (Nominalization)
   Client: I have hope.
   Counselor: What are you hoping for?

2. (Nominalization)
   Client: My decision to quit school bothers me.
   Counselor: What would happen if you reconsidered and decided to return to school?

3. (Mind reading)
   Client: John never considers my feelings.
   Counselor: How do you know that he never considers your feelings?

C. Generalization. Ask the client to be specific.

1. Client: Everybody feels that way sometimes.
   Counselor: What way, specifically? or who, specifically? Or when, specifically?

2. Client: Nobody pays attention to what I say.
   Counselor: Do you mean to tell me that NOBODY EVER pays attention to you AT ALL?
Instructions: Identify any deletion, distortion, and/or generalization in each of the following client statements.

1. I need to have more fun. (Del)
2. People push me around. (Gen)
3. My fear is just too big. (Dis)
4. When she sulks, I get angry with her. (O.K.)
5. The tension bothers me. (Dis)
6. Everybody needs love. (Gen, Dis)
7. This exercise is boring for me. (O.K.)
8. I just can't see his side. (Del)
9. If you cared, you would help. (Del, Dis)
10. He doesn't think I can do anything. (Dis, Gen)
11. I've got to get more rest. (Del)
12. I'm afraid to ask her out. (O.K.)
13. Her singing to me relaxes me. (O.K.)
14. This is my toughest test. (Del)
15. He does the opposite of what I want him to do. (Dis)
16. Walking my dog is fun for me. (O.K.)
17. People are strange. (Gen)
18. I just can't talk to him. (Del)
19. I have hope. (Dis)
20. I tell her what she wants to hear. (Dis)
The Reflective Paradigm. Initially you will use a technique called structured responding or the reflective paradigm. This technique offers two benefits: (1) It assists you in developing empathy by encouraging you to focus on the two basic features of the other person's experience—namely, the content of that experience and the other person's FEELINGS about that experience, (2) By providing you with a basic formula for responding, the structured response technique frees your attention to function solely on attempting to grasp what the other person is expressing.

The reflective paradigm (structured response formula) is as follows:

"You feel _______ *because _________________."

As the helper you would add the feeling from the feeling list (later page) and the reason from the content of what the helpee related to you.

Examples.

1. Housewife: "I'm only 30 and my husband shouldn't expect me to sit in the house every night."

Responder: "You feel angry because you want to get out of the house in the evening but your husband doesn't want you to."

2. Student: "I just got the best marks I've ever had in school and I just met the most fantastic person."

Responder: "You feel happy because a number of things are going so well for you!"

Notice in these examples how the responder lets the other person know that he understands what each has been talking about. He has done this by commenting on how that person feels and why he feels as he does.

In developing your ability to be empathic, let's begin with expanding your awareness of feelings. While the emotions we experience constitute the most important aspect of our experience, few of us have more than a limited awareness of the variety of feelings we experience. Take out a sheet of lined paper and divide the sheet into five vertical columns. Head each of the columns with one of the five basic feelings:
anger, sadness, fear, love, and happiness. Now place the initial three variations of each of these feelings provided on this page in their respective columns. Now, on your own,

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list out as many additional variations for each of the primary emotions as you can. As you discover new variations, try expressing the feeling by recalling some experience in your life which provoked it. You should be able to discover ten variants for each primary feeling. When you have completed this practice, turn to the appendix at the end of this unit and inspect a full list of feeling words.

Now we will begin to utilize this feeling awareness. The following are a list of statements, each uttered by a different person. Read each statement trying to get a feeling for the emotion being expressed. On a separate page write your response. Phrase your responses in the following way:

"You feel __________."  

This time just focus upon the feeling and don't worry about the content. After you have done this for the first five, check your answers for the first five on the next page. If you had trouble, go over the answers and try to generate alternate feeling words. Once you feel comfortable with your ability to pick up the feeling, focus on the last 10 statements (6-15 inclusive). This time try to pick up both the feeling and the reason why from the other person's communication. Phrase your response according to the structured reflective paradigm:

"You feel _______ because__________."  

When you have finished, check your answers with the answers given for numbers 6-15 on the next page.

1. "Some days nothing seems to go right. Nothing has gone right for me in a long time. There doesn't seem to be much point in trying anymore."

2. "No one ever comes to visit me. I may as well be dead."

3. "It makes my heart break to see the child treated like that."
4. "Guess what, my dad is coming to take me home tomorrow. Boy, will it ever be great to see him again."

5. "Who the hell do these people think they are!!"

6. "I'm really looking forward to our new home. It's been so long since we've been alone together."

7. "He was supposed to be home a half hour ago. I hope he hasn't had an accident."

8. "Geez dad, you know Christmas is only one month away!"

9. "I never realized I would miss him so much when he was gone."

10. "But I've never given a speech before. What will I do?"

11. "I don't really think I should ask him for a raise."

12. "She's got so much to offer; she's warm, talented, interesting; she's just got everything."

13. "You can talk and talk all day long but it's impossible to reach him."

14. "I never thought I would ever stoop to doing such a thing before."

15. "That's the last straw. I'll never let him hurt you again."

Responses for 1-5:

1. "You feel sad."

2. "You feel lonely and hurt."

3. "You feel sad and concerned."

4. "You feel happy."

5. "You feel angry."
APPENDIX G: CLIENT CONSENT FORM
CONSENT FORM

I hereby give my consent for audio taping of a counseling interview between myself,

__________________________
(printed name)

and,

__________________________
(counselor)

Further, I understand that this tape will be used by a graduate student in Counselor Education for research purposes. I am informed that the tape will be kept anonymous and will be erased at the completion of the research study.

__________________________
(signature)