

SOME CORRELATES OF EMPATHIC COUNSELING
BEHAVIOR OF EPISCOPAL CLERGYMEN

By

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SOME CORRELATES OF EMPATHIC COUNSELING BEHAVIOR OF
EPISCOPAL CLERGYMEN

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This study investigated the relationship between pastoral counseling behavior and length of training in pastoral counseling and measures of self-actualization in Episcopal clergymen. Segments from tape recorded pastoral counseling interviews were rated for accurate empathy. Accurate empathy scores for the clergy were compared by length of training in pastoral counseling categorized in the following groups:

1. college and seminary education only,
2. college and seminary education and a three-month clinical training experience,
3. college and seminary education and a six- to twelve-month clinical training or professionally supervised counselor training program.

Accurate empathy scores for the clergy were compared by the two major scales of the Personality Orientation Inventory. The relationship of pastoral counseling behavior and selected pastor background variables (age, experience in the ministry and time spent counseling) was examined.

The hypotheses examined were: that in a sample of Episcopal clergymen level of empathic behavior in pastoral counseling interviews would:

1. be positively related to length of training in pastoral counseling skills;
2. be positively related to a measure of self-actualization;
3. be positively related to the two-way interaction of length of training and a measure of self-actualization; and
4. be positively related to the three-way interaction of length of training and a measure of self-actualization with each of the following variables:
 - a. age;
 - b. experience in the ministry; and
 - c. weekly number of hours spent counseling.

A total of 45 Episcopal clergymen, out of 64 who volunteered to make tape recordings of pastoral counseling interviews, submitted tape recordings. The subjects provided tape recordings of one or two pastoral counseling interviews, responses to the Personal Orientation Inventory (POI) and responses to a Personal Data Form. Eight three-minute segments of each pastor's counseling behavior were rated by judges for level of accurate empathy according to "A Tentative Scale for the Measurement of Accurate Empathy." Time Competence (Tc) and Inner-directedness (I) raw scores were procured from the Personal Orientation Inventory (POI). Length of training, age, experience in the ministry and weekly number of hours spent counseling were recorded from the Personal Data Form.

The coefficients of correlation between ratings made by professional judges and ratings made by three judges used in the study were .81, .76

and .89. The independent variables (number of months of training, POI Tc and POI I raw scores, age, years in the ministry and weekly number of hours spent counseling) were submitted to a stepwise multiple regression analysis in which accurate empathy scores formed the dependent variable. Accurate empathy scores were submitted to a one-way analysis of variance by length of training, POI Tc and POI I scores. Accurate empathy scores were submitted to a two-way analysis of variance by length of training and POI Tc scores and by length of training and POI I scores.

Statistical treatment of the data yielded significant results ($p = .05$) only for the POI Tc variable, but the direction of the difference was opposite to that predicted by the hypothesis. Therefore, the results of the study did not support the hypotheses.

On the basis of this study, it appears that clergymen who receive training in clinical pastoral education programs are not more empathic in their counseling behavior than those who do not receive such training.

The major implication is that counseling training programs for clergymen need to be examined to determine whether the trainees function as effective counselors. The study suggests that a need exists for further research on the pastoral counseling process.

CHAPTER I

THE PURPOSE OF THE STUDY

Introduction

Pastoral counseling as a profession has matured in the past twenty years and additional training in pastoral counseling continues to be the primary in-service education requested by clergy (Ergood, 1970; Dittes, 1960). A need exists, however, for empirical research of the pastoral counseling process which will contribute to the knowledge of pastoral counseling and serve as a resource for the improvement of training programs in pastoral counseling.

Additional training in pastoral counseling continues to be an important concern among clergy. A recent survey of 50 percent of all full and part time clergymen in Alachua County, Florida, reported that 95 percent would like to see opportunities offered locally for ministers to improve their pastoral counseling (Ergood, 1970). A survey of several thousand Presbyterian ministers made ten years earlier reported that 80 percent of the pastors want additional training in counseling, counseling was the skill they most want to improve, counseling provides clergy with the most "personal enjoyment and sense of accomplishment" of their pastoral activities, and over one-half of the pastors feel that their seminary training was deficient in counseling (Dittes, 1960, p. 143).

Programs which provide seminary and post graduate training in pastoral counseling and pastoral care have been increasing to meet the need. In 1967 the Association for Clinical Pastoral Education was formed by the union of four diverse groups into one national organization which trains each year about 2,000 seminary students and ministers in its 233 training centers (Johnson, 1963). The past few years have seen the acceptance of clinical pastoral education into the curriculum of seminaries (Thornton, 1968; Hall, 1968).

The church-sponsored counseling center has developed as an institutional response to enlarged demands on clergy for counseling services. By 1964 there were 164 church-sponsored counseling centers in the United States offering counseling services to clergy and lay people and often in-service counselor training for clergy (Hathorne, 1964).

Pastoral counseling, however, is deficient as a discipline in the research function which is important to further development of a new area of human knowledge. Tisdale (1967) in an article titled "Pastoral Counseling, Counseling and Research" noted that, while there is abundant descriptive and theoretical literature on pastoral counseling, empirical studies are extremely rare. The two oldest journals in the field, Pastoral Psychology and The Journal of Pastoral Care, are devoted to reports of clinical experience and discussions of theoretical issues, with only an occasional report of empirical research. Ministry Studies, which began in 1967, is an attempt to communicate serious research on the ministry to interested persons. Menges and Dittes (1965) and Menges (1967), by editing and publishing over 950 abstracts of psychological research on clergymen, provided

the original impetus to organizing the area of pastoral counseling to enable the growth of research. Clinebell (1965), in a discussion of the future of pastoral counseling as a professional specialty within the ministry, sees one of its important contributions as conducting research in the area.

Purpose of the Study

This study was conceived as exploratory research in pastoral counseling employing techniques which have been developed to investigate the process of counseling and psychotherapy. The purpose of the study was to examine the variables of training in counseling and of differences in personality functioning in order to explore the influence of these factors on the behavior of clergy in counseling interviews. Counseling behavior of clergy with various levels of training was compared in an attempt to answer the questions: How does length of training affect the pastor's counseling behavior? How do differences in personality affect the pastor's counseling behavior? How does the combination of training and personality affect the pastor's counseling behavior?

Rationale of the Study

This study combined research and theory from different but related disciplines, drawing primarily on theory from humanistic psychology and on research techniques from counseling and psychotherapy which were applied to pastoral counseling in the effort to provide empirical data on the functioning of pastoral counselors. A holistic outline of

theoretical constructs and empirical techniques that, taken together, provide the rationale of the study is presented first. In the review of the literature section the terms and techniques are discussed in the light of their role in the study.

Pastoral counseling, as a counseling process, is defined by Hiltner (1950, p. 11) as essentially similar to other types of counseling.

In terms of basic attitude, approach and method, pastoral counseling does not differ from effective counseling by other types of counselors. It differs in terms of the setting in which religious counseling is done, the religious resources which are drawn upon, and the dimension at which the pastor must view all human growth.

In one of the few empirical studies on pastoral counseling Hiltner and Colston (1961) examine the distinctiveness of pastoral counseling in terms of the total context in which the counseling is conducted. The unique context of pastoral counseling incorporated the setting (the pastor's study and architecture of church buildings), client expectations of the minister from prior meetings or from hearsay about him, the shift in relationship from more general pastor-parishioner to a more intense counselor-client relationship, and the aims and limitations of the pastor's counseling function (Hiltner and Colston, 1961, p. 29-31). Pastoral counseling is construed as a process which is continuous with the counseling process in other professional areas (psychotherapy and counseling) by Hiltner in both theory and research so that techniques used to examine the counseling process may be employed in research on pastoral counseling.

To say that pastoral counseling as a process is similar to the counseling process in psychotherapy is not to deny the distinct role

of the pastoral counselor when compared to that of the clinical psychologist or psychiatrist. Oates (1962, 1964) presents pastoral counseling in terms of the symbolic role of the pastor and focuses on the uniqueness of the interpersonal relationship between the pastor and an individual or group as the distinctive element in pastoral counseling. An assumption of this research is that the pastoral counselor is distinct in his role from that of a psychologist or psychiatrist, but this is not a hypothesis to be tested here since all subjects were clergymen.

Hiltner's concept of pastoral counseling as a process which ". . . does not differ from effective counseling by other types of counselors (1950, p. 11)" raises the issue of what constitutes "effective counseling."

In research on psychotherapists and counselors which relates counseling process to client outcome, high levels of the counselor-offered conditions of empathic understanding, respect and genuineness have been related to positive client outcome (Truax and Carkhuff, 1967; Carkhuff and Berenson, 1967; Rogers, Gendlin, Keisler and Truax, 1967). "Research seems consistently to find empathy, warmth, and genuineness characteristic of human encounters that change people -- for the better (Truax and Carkhuff, 1967, p. 141)." Research evidence indicates that effective counseling is characterized by counselors who are capable of offering consistently high levels of accurate empathy, non-possessive warmth and genuineness in their interview behavior.

Among the characteristics of counselor conditions accurate empathy seems to be the most regularly identified as the crucial variable

necessary to provide effective outcome in counseling (Truax, 1963). High levels of accurate empathy when communicated to a patient increase the likelihood for the patient's improvement and low levels of accurate empathy from the therapist may actually lead to patient deterioration (Truax, 1963; Bergin, 1963; Rogers et al., 1967). Accurate empathy, as an important element of effective psychotherapy, may also be seen as a relevant and essential ingredient in effective pastoral counseling, as Vesprani (1969, p. 722) comments, "this has relevance for all of the established and accepted forms of the therapeutic encounters from the usual forms of psychotherapy to pastoral counseling."

An encouraging recent development in psychology and education is concern for positive human functioning in addition to the historic interest in mental illness and deficient personality adjustment. Interest in positive human functioning has generated the concepts of the self-actualized person (Maslow, 1962), the adequate personality (Combs, 1962), the fully-functioning person (Rogers, 1961) and the beautiful and noble person (Landsman, 1968). Shostrom (1965) has constructed the Personal Orientation Inventory (POI), a self-report personal attitude inventory, which attempts to identify persons who may be described as self-actualized or fully-functioning. The POI measures personal attitudes along a continuum from self-actualized through normal to non-self-actualized. The POI purports to measure personal attitudes in terms of the attitudes of self-actualized persons, rather than in terms of psychotic or poorly-functioning persons.

This study used methods developed by the behavioral sciences to investigate the functioning of pastoral counselors. The theoretical constructs of Carl Rogers as they have been refined for research

purposes were applied to the interview behavior of pastoral counselors. Personality differences of the clergymen were measured by the Personal Orientation Inventory, a measure based on the concept of positive human functioning. The intent of the study was to expand the knowledge of the process of pastoral counseling using techniques and tools developed in research on counseling and psychotherapy.

CHAPTER II

REVIEW OF RELATED STUDIES

Introduction

Pastoral counseling, an important aspect of the work of Episcopal clergymen, has been the subject of only a limited amount of scientific investigation. Menges and Dittes (1965) and Menges (1967) have compiled abstracts of research on clergymen published from 1930 to 1967, which are an invaluable aid in the psychological study of ministers. In the compilation of over 950 studies on clergymen 53 studies of pastoral counseling were reported, and only three of the studies on pastoral counseling used data from real or simulated counseling interviews.

The education of clergy in pastoral counseling has been accomplished mainly through clinical training programs of the type now administered by the Association for Clinical Pastoral Education. Evaluations and studies on the outcome of clinical training programs provide information on the expectations and outcomes of clerical training in pastoral counseling.

Data on effective counseling and psychotherapy have been increasingly available from counseling psychology and counselor education sources.

Effective counseling and psychotherapy are characterized by counselors who are empathic, warm and genuine persons. Our knowledge about pastoral counseling would be expanded if similar methods could be used to investigate ingredients of effective pastoral counseling. Likewise training programs in pastoral counseling would be improved by findings of studies on effective counseling and personality characteristics of effective counselors.

Current research on the ingredients of effective counseling behavior, especially that inspired by Carl Rogers and carried out by Truax and Carkhuff among others, has provided methods for investigating the process of counseling which have been applied to pastoral counseling in this study.

Research on the Pastoral Counseling Process

In early research on pastoral counseling Hiltner and Colston (1961) addressed the problem of how the pastoral counselor differs from other counselors in the context of pastoral counseling. The unique context of pastoral counseling included a setting, client expectations, a shift in relationship for the client, and the aims and limitations of the pastoral counselor. The Hiltner and Colston study aimed at a comparison of setting and client expectations of two client groups but data were limited to the setting variable. Two matched groups of nine counselees received counseling from the same counselor, one group in a church by the assistant pastor and the other group at a university counseling center where the pastor was known only as a staff counselor. The TAT, Butler-Haigh Q sort for self-concept and three subscales of the Adorno

Authoritarianism Scale were administered to the subjects prior to counseling, post counseling and six months after the termination of counseling. All counseling sessions were tape recorded. Clients were rated at the conclusion of counseling by the counselor for change and outcome and rated themselves on the same dimensions.

The results were not statistically significant. The author nevertheless reported a trend toward the hypothesis that: ". . . people seeking counseling help from a pastor, when other conditions are approximately equal, will tend to progress slightly farther and faster in the same amount of time than they will in another setting, like that of a university counseling center (Hiltner and Colston, 1961, p. 21)." The authors comment on the meaning of their results that:

. . . the findings . . . are mostly not . . . statistically significant. On the other hand, the results suggest that the trend . . . is in the direction of the pastor and not the other way. . . .
 . . . the moral for the pastor to draw is that his being a pastor is certainly no disadvantage to him in counseling with people who are prepared to consult him. . . . if it is results he wants, he has no reason to want to be something other than a pastor in order to help people (Hiltner and Colston, 1961, p. 170).

The strength of Hiltner and Colston's research is found more in the descriptive, clinical material used to illustrate the counseling cases from each setting than in the empirical results. The small sample and incomplete data constitute technical limitations of the research. Using the same person as counselor in two settings does control the counselor factor, but no measures were taken of counselor behavior to establish the equivalence of counselor offered conditions in two settings. In the writer's opinion, results from this research cannot be generalized

to clergymen generally as Hiltner does. Colston was not (and is not) the typical pastor. At the time of the research Colston was completing his study for a Ph.D. in Psychology, which is significantly more education in counseling than is received by the average clergyman. Research is needed which attempts a comparison of pastoral counseling by clergy with different levels of training in counseling.

In an interview survey of 50 Protestant ministers and 50 social caseworkers Hartman (1963) reported that, although both groups dealt with similar problems and employed similar techniques, the goal of ministers was aimed at a harmonious God-man relationship and that of the caseworkers was aimed at achieving stable human relationships. This self-report survey employs no first hand data on counseling process or attitudes of counselors and contributes nothing to the understanding of the pastoral counseling process.

A comparison of 17 Episcopal priests selected by their Bishops as most effective pastors with 17 selected as least effective was conducted by Benton (1964) using the pastors' responses to the Pastoral Problem Response Blank, card 13 of the TAT and three self-reports of their own effective pastoral counseling situations. The pastors' responses were recorded, transcribed and rated by judges on five dimensions. The effective pastors, as compared to the ineffective, saw themselves as more identified with people, saw other persons as more able, tended to relate to others more as persons, saw their role as being more involved with people, and perceived the purpose of their pastoral task more as one of freeing their counselees. Benton's study demonstrates that gross distinctions of effective and ineffective pastors, as selected by their Bishops, can be distinguished by judges on the

basis of their responses to situations at least one step removed from the counseling interview. Perceptual characteristics of the groups tended to polarize at opposite ends of the five dimensions.

Crews (1966), in research on the responses of 105 Methodist ministers to a filmed interview which was rated by judges for unconditional positive regard, found that two-thirds of the ministers did not manifest unconditional positive regard at the midpoint level in the simulated counseling situation. Use of a uniform audio-visual stimulus in counseling research provides added control and is an advance over the purely verbal stimulus of the Benton Pastoral Problem Response Blank. Uniform input, however, may tend to reduce the individuality of responses provided by an actual counseling interview. Crews reported on several other factors which were related to counseling behavior. Age and years of service in the ministry were negatively correlated with unconditional positive regard (UPR). Educational level and time spent counseling were positively related to UPR. Clergy who had received training in counseling manifested higher levels of UPR than clergy who had not received training in counseling.

In summary, the process of pastoral counseling has been the subject of a very limited amount of empirical research and that which has been conducted points to the real need for further research particularly direct study of the pastoral counseling process.

Research and Assessments of Clinical Training Programs

The current goals of clinical training programs for seminarians were presented by Hall (1968, p. 203) on the occasion of the formation of a single national and interdenominational agency, the Association for Clinical Pastoral Education, from four regional or denominational groups. They are as follows:

Clinical pastoral education, by placing a student in a context where he is pastor to persons in crisis, with supervision and educational resources available:

1. Helps the student become aware in depth of the troubled person's human struggle.
2. Enables the student to be open to himself and his own experience in depth.
3. Gives the student opportunity to hammer out a theology based on experience so that he can think theologically about the concrete stuff of life.
4. Helps the student develop and grow toward maturity.
5. Enables the student to become a competent helper to man in his basic struggle in life, whatever the cultural context.

The concern of this study is how well these goals are being met, particularly how pastoral counseling behavior is influenced by the clinical training programs.

A questionnaire survey of 122 persons who had received clinical training at St. Elizabeths Hospital, Washington, D.C., found highly favorable attitudes toward the training (Bruder and Barb, 1956). Clergy indicated that the program had made a significant contribution to their vocational decision, personal development and insight. Subjective responses to questions asked by the supervisory personnel are difficult to evaluate. Bruder (1960, p. 40), recognizing the difficulty of

assessing the impact of clinical training programs on a minister's personality, reported that: ". . . much experience had led us to doubt seriously whether the many students who have reported gains in developing self-awareness have really made such gains." He also notes that until that time there were no "exhaustive and carefully documented studies with students who have been trained (Bruder, 1960, p. 40)."

Studies which assess the impact of clinical training employ three major techniques: self-report questionnaires, pre and post training comparisons and comparisons of clinically trained groups with untrained groups.

In a self-report questionnaire in which 64 supervisors and 365 students and former students were asked about their expectations and realizations of clinical training, Wanberg (1962) found that an understanding of self was the primary expectation of students and supervisors and that, while students ranked learning pastoral skills as high priority, supervisors ranked it low. He also reported that students felt that personal growth and self-insight were the most valuable realized achievements and they felt the amount of change increased with length of the program.

From self-reports of 33 Episcopal seminarians who had completed a three-month clinical training program, Fairbanks (1964) found that students rate in order of importance the supervisor, program and center and students stated that the clinical training program emphasized self-understanding, service to persons and pastoral care skills in that order. Students agreed that the training was helpful, should be required of all seminarians and felt that the supervision was good.

From these studies it may be concluded that students of the program tend to feel it has been helpful but no empirical evidence concerning the impact of the program on the personality of the students or their counseling behavior is reported. Other research seeks answers to these questions.

In two separate studies using the MMPI and the Interpersonal Check List pre and post a three-month clinical training program, Gynther and Kempson (1958, 1962) reported no significant changes of public or underlying personality or in the self-perceptions of students in the program, although the students reported perceiving changes in each other. They concluded that after three months the group seemed to be in the preliminary stages of development.

Results indicating personality change were found by Lucero and Currens (1964) in a study of 37 Lutheran ministers enrolled in the three-month clinical training course. MMPI scales L, K, Hs, D, Pt, Sc and Si showed significant differences in the direction of mental health.

In a similar design in which 13 students were given the Cattell 16 PF, Edwards Personal Preference Schedule, Allport-Vernon Study of Values, and the DAT-verbal reasoning, a self-concept test and Peer perception rating scale, Swanson (1962) found personality shifts during the 12 week program. Significant changes were on the EPPS need for achievement, order, dominance and aggression; a decrease in sociability on A-V Study of Values, an increase in discrepancy between self and social self-perceptions, a progressive increase in peer rejection, and no change in personal insight or insight into past performance. An increase

in usefulness of the student's visits to patients was noted in a subjective rating made by the supervisors.

Pre and post program measures of personality change in students produced conflicting results in three studies in which this design was employed (Gynther and Kempson, 1958, 1962; Lucero and Currens, 1964; Swanson, 1962). Obviously, additional research is needed on the impact of clinical training programs on the personality of the trainees. Studies comparing a group of clergy who have received clinical training with an untrained group also report conflicting results (Smith, 1945; Kim, 1960; Keller, 1961).

In an early questionnaire and interview survey comparing 133 clergy who had received clinical training with a matched group of 130 who were untrained, Smith (1945) reported that, although both groups did equivalent amounts of counseling, the trained clergy showed a clearer conception of their counseling function. Ninety-one percent of the seminary graduates indicated that seminary training should have contained more counseling content.

Seventeen seminary students with clinical training were compared to a matched untrained group on the TAP Social Attitude Battery, Interpersonal Checklist, Religious Attitude Inventory and a Security-Insecurity Inventory in research by Kim (1960). He found that the clinically trained group had less authoritarian attitudes, no difference in self-acceptance, more conservative religious attitudes and significantly more insecurity feelings.

Keller (1961) compared 29 Roman Catholic priests with pastoral counseling training to a matched untrained group on the Religious Apperception Test. Priests with pastoral counseling training were

significantly better than the untrained priests on all dimensions in the following descending order of magnitude; self-insight, adequacy, affect, sensitivity and freedom from defensiveness.

Studies which endeavor to assess clinical training programs, while slightly more numerous than those on pastoral counseling, provide almost no data on the influence of training programs on the counseling behavior of clergymen. As to the influence of clinical training on the personality adjustment or self-concept of trainees, the results are conflicting, although most studies report a growth in self-insight. Clearly, there is a need for more research, especially studies which explore the relation between clinical training experience and pastoral counseling behavior of clergymen.

Research on Effective Counseling and Psychotherapy

Empirical investigation of counseling processes has been extensive in recent years and research techniques have been developed which employ direct investigation of counselor and client interview behavior.

Early research on counseling and psychotherapy indicated that on the average counseling is no more effective than no counseling, although some counseling is effective (Teuber and Powers, 1953; Brill and Beebe, 1955; Barron and Leary, 1955; Rogers and Dymond, 1954; and Cartwright and Vogel, 1960). Changes in behavior of the clients were employed as outcome criteria in the studies by Teuber and Powers (1953), Brill and Beebe (1955) and Barron and Leary (1955) and differences in counselor characteristics were not considered. Changes in client self-concept rather than changes in behavior were used as outcome criteria in studies by Rogers and Dymond (1954) and Cartwright and Vogel (1960).

Improvement rates in patients receiving counseling and psychotherapy were reviewed and summarized by Eysenck (1960). Nineteen evaluations of more than 7,000 cases treated by psychoanalytic or eclectic approaches to psychotherapy were reported and improvement noted in 64 percent of the patients. As Eysenck indicated the 64 percent improvement rate was less than estimates of spontaneous recovery of untreated neurotics which was an average improvement of 66 to 72 percent. Results from research cited above tended to confirm the average ineffectiveness of counseling and psychotherapy, but it should be noted that none of these studies attempted to differentiate counselor characteristics which contribute to client outcome.

Research on the role of the counselor in the therapeutic outcome of counseling and psychotherapy grew out of the work of Whitehorn and Betz (1954). In a comparison of schizophrenic patients assigned to different psychiatrists, it was found that patients of seven doctors had an improvement rate of 75 percent and patients of another seven doctors had an improvement rate of only 27 percent. Differences between the two groups of therapists seemed to lie in their attitude toward the patients. The successful therapists were warm and attempted to understand the patient in a personal, immediate and individualistic manner; while the less successful therapists tended to relate to the patient in a more impersonal way, focusing on the patient's pathology and an external kind of understanding.

Study of the perceptual organization of effective counselors has been reported by Combs and Soper (1963). The perceptual framework of

good counselors contained the following characteristics:

1. With respect to their general orientations, good counselors were more likely to perceive from an internal than from an external frame of reference and in terms of people instead of things.

2. With respect to their perceptions of people, good counselors saw others as able, dependable, friendly and worthy.

3. With respect to their perceptions of self, good counselors perceived themselves as identified with people, adequate and self revealing.

4. With respect to purposes, good counselors saw their purposes as freeing, altruistic and concerned with larger meanings.

The perceptual approach to the study of effective counselors was applied to Episcopal pastors by Benton (1964) as noted above. Effective pastors were distinguishable from ineffective pastors on the basis of their perceptual characteristics.

Carl Rogers (1957) initially proposed the theoretic specification of empathic understanding, unconditional positive regard and congruence as both necessary and sufficient conditions for therapeutic outcome. His students have developed scales for measuring the counselor offered conditions of empathy, warm and genuineness and conducted research which has related the level of counselor conditions to client outcome.

Truax (1963), in research involving both hospitalized and out-patient cases, found a high correlation between mean levels of counselor conditions and personality and behavioral change in the patient. He reports evidence to indicate "a rather strong tendency for therapists of improved patients to be rated at consistently high values of accurate

empathy throughout the course of treatment, while the therapists of patients who showed deterioration had a relatively large frequency of lower levels of accurate empathy throughout the course of treatment (Truax and Carkhuff, 1967, p. 86)." Similar results were found when therapists were rated for non-possessive warmth and genuineness.

Bergin and Solomon (1963), using the accurate empathy scale in rating therapy session of fourth year clinical psychology students, reported that the student's level of empathy was significantly related to his ability to produce outcome as judged by his supervisors.

Further evidence relating high levels of accurate empathy, non-possessive warmth, and genuineness to client improvement has been reported by Truax et al. (1966), Truax, Carkhuff, and Kodman (1965), and Truax, Wargo and Silber (1966).

In the writer's opinion the investigative technique developed by Truax and Carkhuff (1967) and others has two advantages over research on counseling which employs the perceptual approach. Direct ratings of recorded counselor behavior require fewer inferences on the part of the judges than are required in evaluations made in research using the perceptual technique. In that research method the counselor characteristics under observation, counselor perceptions of himself and others, are inferred by judges from counselor verbal behavior. Two estimates are made by the judges; first, an assessment of the counselor's behavior, and second, an inference concerning the counselor's perceptions which motivated his behavior. On the other hand, a direct rating of actual counselor behavior is used to estimate counselor functioning according to rating scales developed by Truax and Carkhuff (1967).

In the research technique developed by Truax and Carkhuff ratings are made directly from recorded counseling interviews. Research on effective counselors, which uses the perceptual approach, has not employed ratings made directly from counseling interview behavior. Ratings were made from self-reports of "Human Relations Incidents" in the study by Combs and Soper (1963). Judgments were made from typescripts of replies of the pastors to The Pastoral Problem Response Blank, Card 13 of the Thematic Apperception Test and three self-reports of pastoral incidents in research by Benton (1964). On the other hand, direct ratings of counselor behavior characteristics (accurate empathy, non-possessive warmth or genuineness) were employed by Truax and Carkhuff (1967) in research on effective counseling and psychotherapy.

In this study the Truax Accurate Empathy Scale was used by judges to rate the interview behavior of pastoral counselors. The scale has been employed in research noted above and found to be a reliable and valid instrument. The counselor characteristic of accurate empathy has been found in the research to be more closely related to outcome and more highly correlated to client improvement (Truax, 1963; Bergin, 1963). The single counselor characteristic of accurate empathy was employed in this study as a measure of effective counselor behavior.

Research on the association of counselor accurate empathy and client improvement has established only an association by correlation; it has not demonstrated a causal relationship and no causative assumption was made in the study. Effective counseling was defined as including a high level of accurate empathy which tends to be associated with client improvement as reported from the results of current research.

Research on the Personality Correlates of Effective Counselors

While the therapeutic relevance of the counselor-offered conditions of accurate empathy, non-possessive warmth and genuineness has been verified in a substantial body of research, the relationship between personality characteristics of counselors and their ability to offer facilitative conditions to their clients has been relatively unexplored. Theorists and researchers have proposed a positive relationship between the counselor's ability to facilitate growth in clients and his own personal adequacy (Combs, 1962), authenticity (Bugental, 1965; Jourard, 1964), self-actualization (Maslow, 1962), fully-functioning (Rogers, 1961) and level of 'wholeness' (Carkhuff and Berenson, 1967). Shostrom (1965, 1966) has developed The Personal Orientation Inventory (POI) as a measure of self-actualization or positive mental health. This inventory attempts to identify the self-actualizing person, the one who is more fully-functioning than the normal or subnormal person from the perspective of the attitudes found in self-actualizing persons. The research conducted employing the POI suggests that the inventory is a valid and reliable measure of psychological well-being, personal adjustment, freedom from neurotic symptoms or self-actualization (Knapp, 1965; Shostrom, 1965, 1966; Shostrom and Knapp, 1966).

In a study of 30 graduate students in a beginning practicum course at the University of Florida, in which the POI was employed to assess personality characteristics of the students, Foulds (1969) found that ability to communicate empathy was significantly related to 6 of 12 POI scales, genuineness to 10 of 12 POI scales and positive regard or respect was not related to any POI scales.

Bergin and Solomon (1963), in a study of 18 post internship psychology students, reported that the D and Pt scales of the MMPI were negatively and significantly correlated with accurate empathy, as were the Consistency, Order and Intraception scales of the EPPS. The Dominance and Change scales of the EPPS were positively and significantly correlated to accurate empathy.

In a replication of the Bergin and Solomon (1963) study on a college companion sample, Vesprani (1969) found that only the MMPI variables had significant negative correlation with accurate empathy scores. The EPPS variables were either nonsignificant or in the direction opposite to the hypothesis.

Although accurate empathy may be correlated with any measure of personality adjustment, the Personal Orientation Inventory (POI) (Shostrom, 1966) was chosen for this study. The subjects in this study were a group of Episcopal clergymen. Since it may be assumed that such a group contained below normal, normal and above normal individuals, the POI seemed to be an appropriate instrument to measure personality differences among the clergymen. The POI was designed to measure psychological well-being rather than defective emotional functioning so that positive correlations with high levels of accurate empathy could be expected. The POI took about 30 minutes to administer and provided two major scores which made it adaptable to this study. An analysis of the POI revealed that its items were appealing to a broad range of normal, mature adults presently functioning in society.

Summary

Careful scrutiny of current research on pastoral counseling indicates that a need exists for study of the process of pastoral counseling and of the relation between training programs in pastoral counseling and actual counseling behavior of clergymen. There are no other studies on the questions examined in this research. However, current investigations on the ingredients of effective counseling and psychotherapy suggest a rationale and a method which may be used in the study of the counseling behavior of clergymen. The use of techniques from behavioral science research in the study of pastoral counseling will help to fill the existing void in communication between these two disciplines. This is the need to which Hiltner (1969, p. 13) refers when he states that: 'With very minor exceptions, however, it is still true that the findings of experimental studies in the behavioral sciences have had very little effect upon pastoral care and counseling.'

CHAPTER III

METHODS AND PROCEDURES OF THE STUDY

Statement of the Problem

The primary purpose of the study was to examine the influence of two variables, training in pastoral counseling and personality functioning, on the counseling behavior of clergymen. A secondary purpose was to explore the relationships between pastoral counseling behavior and selected pastor background factors, namely, age, experience in the ministry and time spent doing counseling.

Accurate empathy as measured on the Truax Accurate Empathy Scale was the aspect of counseling behavior rated by judges from tape recorded pastoral counseling interviews of Episcopal clergymen. Level of training in pastoral counseling was categorized as:

- Level 1. college and seminary education only,
- Level 2. college and seminary education and a three-month clinical training experience, or
- Level 3. college and seminary education and a six- to twelve-month clinical training or professionally supervised counselor training program.

The two major scales of the Personal Orientation Inventory (POI) were employed as measures of self-actualizing or fully-functioning personality behavior.

The primary questions investigated by this research were: Do Episcopal clergymen with more training in pastoral counseling manifest higher levels of accurate empathy in counseling interviews than those with less training? Do Episcopal clergymen who are more self-actualizing manifest higher levels of accurate empathy in counseling interviews than those who are less self-actualizing? Do Episcopal clergymen who are more self-actualizing and have more training in counseling manifest higher levels of accurate empathy than those who are less self-actualizing and have less training?

The secondary question was: What is the relationship between certain clergy background factors like age, length of time in the ministry, hours per week spent counseling and the level of accurate empathy manifested in pastoral counseling interviews?

Theoretical Basis for Hypotheses

Clinical training programs for seminary students are intended to provide clergy with sufficient training in counseling to enable them to develop proficiency in their pastoral counseling function. Clergy report that their counseling tasks provide a great source of personal satisfaction, while at the same time they report feeling inadequate and in need of more training in pastoral counseling (Dittes, 1960). An increasing number of seminaries require or strongly suggest at least one quarter of clinical training for seminary students.

One of the stated goals of clinical pastoral education is to "enable the student to become a competent helper to man in his basic struggle in life, whatever the cultural context (Hall, 1968, p. 203)." A clergyman is a helper in various ways as he relates to people, but one of the most immediate and personal helping roles of the clergyman is that of pastoral counselor. By receiving training in becoming a more competent helper the clergyman ought to become more effective in his pastoral counseling functioning.

One hypothesis of this study was designed to examine the relationship between clinical pastoral education and pastoral counseling functioning. Students of clinical training programs report finding the program helpful to them (Wanberg, 1962; Fairbanks, 1964). A comparison of a clinically trained clergy group with an untrained group indicated that the trained group had a clearer conception of their counseling function (Smith, 1945). While empirical evidence concerning the influence of clinical training programs on pastoral counseling functions of clergymen is limited, one theoretical intention of the program is to train clergy to be more competent helpers to man. Pastoral counseling is one of the more important ways in which a pastor is helper to his parishioners. On the basis of the goals of clinical pastoral education, self-reports of clergy and very limited research data a hypothesis was formulated which relates the amount of clinical training to the pastoral counseling behavior of clergymen.

Several goals of clinical pastoral education are concerned with the student's growth and insight into himself. Clinical pastoral education ". . . enables the student to be open to himself and his own

experience in depth," and "helps the student develop and grow toward maturity (Hall, 1968, p. 203)." An assumption of clinical pastoral educators seems to be that an increase in self-understanding leads to greater competence in pastoral care and pastoral counseling. This assumption was formulated as one hypothesis to be examined in this study.

Gains in self-awareness and personal growth were reported by trainees of clinical training programs in studies by Bruder and Barb (1956), Wanberg (1962) and Fairbanks (1964). Changes in trainee personality variables as measured by psychological tests were found by Lucero and Currens (1964) and Swanson (1962), although Gynther and Kempson (1958, 1962) reported no significant changes in trainee personality or self-perceptions. An association between higher levels of personality function as measured by psychological tests and higher levels of counselor empathic behavior were reported in studies by Foulds (1969), Bergin and Solomon (1963) and Vesprani (1969).

It is a stated goal of clinical pastoral education to increase self-understanding of trainees. An unstated assumption of the program seems to be that increased self-understanding of trainees is conducive to improved pastoral counseling functioning. Research on counselors' other than pastoral counselors provided evidence that increased personality functioning is associated with higher levels of counselor effectiveness. On the basis of the goals of clinical pastoral education, research on trainees of clinical training programs and studies on other counselors a hypothesis was formulated to examine the relationship between personality differences in clergymen and their pastoral counseling behavior.

Formal Statement of Hypotheses

Specifically, this study was designed to test the validity of the following hypotheses:

1. Level of empathic behavior in pastoral counseling interviews is positively related to length of training in pastoral counseling skills in three groups of Episcopal clergymen.

2. Level of empathic behavior in pastoral counseling interviews is positively related to a measure of self-actualization in a sample of Episcopal clergymen.

3. Level of empathic behavior in pastoral counseling interviews is affected by the interaction of length of training and a measure of self-actualization in a sample of Episcopal clergymen. The level of empathy is higher in the groups with longer periods of training and higher scores on self-actualization than in groups with less training and lower self-actualization scores.

4. Level of empathic behavior in pastoral counseling interviews is affected by the interaction of each of the factors of the pastor's age, years of service in the ministry, and the number of hours per week he spends counseling with the two major factors.

a. Level of empathy is higher in groups with longer periods of training, higher self-actualization scores and greater age than in groups with less training, lower self-actualization scores and lesser age.

b. Level of empathy is higher in groups of clergy with longer periods of training, higher self-actualization scores and more years of service in the ministry than in groups with less training, lower self-actualization scores and fewer years of service in the ministry.

c. Level of empathy is higher in groups of clergy with longer periods of training and higher self-actualization scores who spend more time counseling than in groups with less training and lower self-actualization scores who spend less time counseling.

Definitions

Following are definitions of the terms, concepts and variables employed in the study.

Pastoral counseling interview, or pastoral counseling session, is a face to face meeting between a clergyman and an individual, couple or group in a stationary setting (pastor's office or home, or the person's home) in which the pastor and the person or persons consciously explore a problem or concern of the individual, couple or group. This definition includes marital and pre-marital counseling; counseling with persons in developmental crisis, e.g., adolescence, educational decisions, vocation choices and retirement decisions; counseling with people in situational crisis, e.g., death, loss, bereavement, injury and illness; counseling with people experiencing personal problems, e.g., drug and alcohol addiction, sexual and emotional problems; counseling with persons having interpersonal and religious problems. A pastoral counseling interview does not include telephone conversations, sacramental ministrations like confession or unction, brief hospital visits, or casual conversations around the church or community.

Accurate empathy or empathy is the pastor's "sensitivity to current feelings and his verbal facility to communicate this understanding in a

language attuned to the client's current feelings (Truax and Carkhuff, 1967, p. 46)."

Level of empathic behavior is measured on the Truax, "A Tentative Scale for the Measurement of Accurate Empathy" (Appendix C).

Length of Training is determined by the number of months of clinical training or training in counseling received by the subjects as reported on the Personal Data Form administered to each clergyman in the study.

The measures of self-actualization are the raw scores from both the Tc scale and I scale of the Personal Orientation Inventory.

Age is that given by subject on the Personal Data Form.

Years of service in the ministry is defined as the number of years the subject has been a priest in the church. It is calculated by subtracting the date of ordination to the priesthood from 1970.

Hours spent counseling each week is determined from the answer reported on the Personal Data Form. The whole number is used, or the mean number in the case of an estimate spanning several hours.

Sample

From Episcopal clergy in the Dioceses of Southwest Florida and Central Florida a sample of 45 was selected so that there were 15 in each of the three training level groups -- college and seminary training only, three-month clinical pastoral training and six- to twelve-month clinical pastoral training or professionally supervised counseling training. All clergy in each diocese were requested to volunteer for research in pastoral counseling in which they would be asked to make tape recordings of counseling sessions. The sample was selected from

those who were willing to participate in the research. A preliminary survey of 120 clergy from the Diocese of Southwest Florida and the Diocese of Central Florida found 74 who agreed to participate and 46 who would not agree to participate in this research on pastoral counseling.

The final sample of 45 was available from the 64 clergy who agreed to participate in the research. Of these 50 actually made tape recordings of counseling sessions. Five of the interviews could not be rated because of difficulties encountered in the electronic recording process. An additional 35 clergy completed the Personal Data Form and took the Personality Orientation Inventory, but they were not willing to make recordings of counseling interviews.

The clergy sample was limited to active priests currently functioning as rectors, curates or vicars in congregations within the Diocese of Southwest Florida or the Diocese of Central Florida. Deacons and perpetual deacons who have not completed college and seminary were not included. Administrative officers of the Diocese and clergy in non-parochial ministries were eliminated, as were retired clergy even though they were currently assisting in a congregation. The clergy sample of 45 who made tape recordings consisted of Episcopal priests who are currently pastors to a congregation. An additional 50 clergy who met these criteria completed the Personal Data Form and were administered the Personal Orientation Inventory.

Limitation of the sample to Episcopal clergy was intended to provide some control over the factors of denominational affiliation and education other than training in counseling.

Procedures

Three types of data were obtained from each clergyman in the sample: the Personal Data Form (Appendix A), which provided information on the pastor's education, training in counseling and current counseling practices, the Personality Orientation Inventory (POI), and tape recordings of two 45 minute counseling sessions.

The Personal Data Form and POI were administered in groups of ten to fifteen clergymen who live in geographical proximity at the occasion of a clerical deanery meeting. The Personal Data Form was completed first, and then the POI was administered. Clergymen who did not attend the deanery meeting were met by the researcher in their office or home at a later date, where the Personal Data Form and the POI were administered individually.

After the Personal Data Forms were completed and the POI administered, the researcher met with the clergymen who had volunteered to make tape recordings of pastoral counseling sessions. Mimeographed sheets containing "Hints for tape recording counseling interviews" (Appendix B) were distributed and questions raised by the clergymen were answered. Techniques for obtaining clear and audible tape recordings of the sessions were discussed. About one-third of the clergymen used small cassette recorders which they found more convenient to use than larger reel-type tape recorders. On some of these the background noise level was high and voices were hard to hear. Fears and inhibitions about making tape recordings of counseling sessions were discussed and methods suggested which were intended to reduce the recording anxiety of the clergymen. Most clergymen have never made tape recordings of

pastoral counseling sessions. This was not included in seminary training, nor is it a customary procedure in clinical training programs.

Each clergyman was requested to make 45 minute tape recordings of two (2) pastoral counseling interviews. Parishioner clients were to be asked to permit taping while being assured of the confidentiality of the interview. Clergymen were guaranteed anonymity of their counseling behavior. All personal data, POI scores and accurate empathy ratings were coded and handled by the code number. The clergymen-subjects were assured by the researcher that he was not involved personally in judging the tape recorded interviews.

The Personal Data Forms and Personal Orientation Inventories were administered in February and March, 1970. The clergymen were requested to send the tape recordings to the researcher by the end of April. A letter was sent on April 20 reminding those who had not returned tapes. Beginning on May 5 those who had not responded were contacted by telephone.

Tape Recorded Data

The practice of making tape recordings of counseling sessions was unfamiliar to most clergymen and was a source of considerable anxiety to many of them. Rather than allow the difficulties which were being encountered in making tape recordings to negate the research, the researcher suggested alternatives to those clergymen who mentioned the problem. Some clergymen found they were able to record one session but not two. Other clergymen were unable to procure the cooperation of any parishioners in making tape recordings of counseling interviews, so

role play situations were suggested to these men as a means of procuring a sample of their counseling behavior.

The number and type of clients (real or role play) seen by the 45 clergymen who made tape recordings is reported in Table 1. Over two-thirds of the clergymen saw real clients in the pastoral counseling sessions. More than one-third of the clergymen recorded two sessions rather than one session. Distribution of number and type of clients seen was almost identical for the three training level groups.

When a clergyman was able to provide only one pastoral counseling interview, it was strongly urged that the session be at least 60 minutes in length, in order that the eight three-minute segments could be selected from the middle 40 minutes of the interview. Twenty-five of the 29 clergymen who submitted a tape of one session were able to provide an interview 60 minutes long. For five pastoral counseling sessions which were 45 minutes in length the eight segments were selected from the middle 35 minutes of the interview.

An additional five clergymen submitted tape recordings which could not be rated because it was impossible to hear the voices of the counselor or the client.

From the tape recordings of the pastoral counseling interviews of each clergyman eight three-minute segments were randomly selected as the segments to be rated. The first ten minutes and last ten minutes of the interview were excluded for purposes of choosing segments to be rated, to lessen the possibility of opening and closing conversational remarks being selected as a sample of counseling behavior.

The segments were given code numbers and copied onto another tape. After more than one-half of the tapes had been received, the segments

TABLE 1
 NUMBER AND TYPE OF CLIENTS SEEN BY 45 CLERGYMEN WHO
 MADE TAPE RECORDINGS OF COUNSELING INTERVIEWS

	1 client	2 clients	
	<u>Total for Taping Group</u>		
Real	15	16	31
Role play	14		14
	29	16	45
	<u>Training Level I</u>		
Real	5	5	10
Role play	5		5
	10	5	15
	<u>Training Level II</u>		
Real	6	5	11
Role play	4		4
	10	5	15
	<u>Training Level III</u>		
Real	4	6	10
Role play	5		5
	9	6	15

were cut apart and reassembled in random order into the rater tapes. Each rater tape contained 20 three-minute segments from at least ten different subjects arranged in random order and identified by code number only. After the segments were rated, the mean accurate empathy level for each subject was calculated from the scores of the eight segments.

Training of the Judges

The persons selected for training as tape-raters were three female university undergraduates. Part time undergraduate students, given adequate training, are used as judges in the research program of the Arkansas Rehabilitation Research and Training Center (Lawlis, n.d.). A study was conducted by Paré (1970) in which 72 raters, drawn from Junior College, university undergraduate and graduate students, were given a thirty-minute training period on the nine-stage Truax Accurate Empathy Scale. Significant differences in mean rating of segments of psychotherapy were reported only between the undergraduate group and the combined groups of Junior College and graduate students, which was attributed to the mean age difference between these groups (Paré, 1970, p. 70). The ratings of the youngest students (the undergraduates) had a computed Pearson product-moment correlation with the professional judges of $r = .70$. It was implied by Paré (1970, p. 76) that: ". . . the training of raters is not a complicated job requiring many hours or a highly skilled trainer. . . . that almost any college-level group of people can be trained quickly to rate level of accurate empathy and that such ratings more likely can be compared on an absolute as well as a relative basis." The experience of the Arkansas

Rehabilitation Research and Training Center and results of the study by Paré (1970) were considered adequate justification for using university undergraduates as judges in this study.

The three judges were trained according to a method developed at the Arkansas Rehabilitation Research and Training Center (Lawlis, n.d.). After two sessions of training, the judges were tested for reliability by computing the Pearson product-moment coefficients of correlation between their ratings and professional judges' ratings on ten counseling segments recorded and rated at the Arkansas Rehabilitation Research and Training Center (Table 2). Since the computed correlations between the ratings of the judges trained for this study and the professional judges' ratings exceeded 0.75, the judges were permitted to proceed with rating the research segments.

Statistical Treatment of the Data

The hypotheses were tested in a stepwise multiple regression formula to determine the influence of each of the independent variables (training level, POI Tc score, POI I score, age, experience in the ministry and weekly number of hours spent counseling) on the dependent variable (level of empathic behavior) (Li, 1964).

An analysis of variance was calculated for each of the variables by training level groups.

A one-way analysis of variance was calculated for accurate empathy scores by training level groups, POI Tc and POI I groups. A two-way analysis of variance was calculated for accurate empathy scores by

TABLE 2
 JUDGE RATINGS ON TEST

	Arkansas Center Rating	Judge Number		
		1	2	3
1	5	4	5	5
2	4	4	4	4
3	2	2	2	2
4	3	2	2	3
5	5	5	5	4
6	3	3	2	3
7	2	2	3	3
8	4	2	2	4
9	5	4	4	4
10	3	2	2	3

Pearson $r_{T:1} = .8198$
 $r_{T:2} = .7652$
 $r_{T:3} = .8911$

$r_{1:2} = .8975$
 $r_{2:3} = .7621$
 $r_{1:3} = .6794$

training level groups with POI Tc score groups and by training level groups with POI I score groups (Wyatt and Bridges, 1967).

The .05 level of probability was selected as the level of statistical significance for the rejection of the null hypotheses. T tests were calculated between groups where the F ratios from the analysis of variance were significant at the .05 level of probability.

CHAPTER IV

RESULTS AND ANALYSIS OF THE DATA

This study primarily examined the influence of two variables, training in pastoral counseling and differences in personality functioning, on the pastoral counseling behavior of Episcopal clergymen. The study also examined the relationship between pastoral counseling behavior and certain pastor background factors, namely, age, experience in the ministry and time spent doing counseling.

The Training Variable

It was stated in hypothesis 1 that: level of empathic behavior in pastoral counseling interviews is positively related to length of training in pastoral counseling skills in three groups of Episcopal clergymen.

Eight segments of each clergyman's counseling behavior were rated on the Truax nine-point scale (A Tentative Scale for the Measurement of Accurate Empathy, Appendix C) and the mean score was recorded as the accurate empathy score for that subject. Raw score data on level of training (number of months) formed one of the dependent variables in a stepwise multiple regression analysis in which accurate empathy scores were the independent variable. The regression analysis produced Pearson

product-moment correlation coefficients (r) between each of the variables and multiple correlation coefficients (R) the square of which (MR^2) was an indication of the amount each dependent variable contributed to the total variance of accurate empathy scores. In addition, a one-way analysis of variance of accurate empathy scores by training level groups was performed.

The correlation between length of training and accurate empathy score was $-.094$ (Table 4) which indicated a negative relationship. The multiple R^2 was $.0236$ which indicated that the length of training variable contributed 2.3 percent to the variance of the accurate empathy scores (Table 3). Differences of accurate empathy scores by training level groups were not significant at the $.05$ level (Table 5). It may be concluded that hypothesis 1 was not supported by evidence from this study.

The accurate empathy mean score for the 45 clergy was 3.26 (Table 5), which is below the midpoint of the scale (5) and below the level (5) which is considered facilitative in counseling relationships. The group accurate empathy score of 3.26 is comparable to scores reported from research on counselors who have completed master's or doctoral training. In a recent article by Lister (1970), in which he reviewed research conducted by himself and others, the following accurate empathy scores made from ratings of counseling tapes were reported:

28 master's students - 2.46 (Mellon, 1964)

30 master's students - about 4.0 (Blane, 1967)

30 master's students - about 2.0 (Foulds, 1967)

58 master's students - 2.53 (Antenen and Lister, 1968)

18 doctoral students - 2.50 (Bergin and Solomon, 1963).

TABLE 3

THE SQUARE OF THE MULTIPLE COEFFICIENTS OF CORRELATION
BETWEEN ACCURATE EMPATHY SCORES OF CLERGYMEN AND
CLERGYMEN'S TRAINING, PERSONALITY
AND PERSONAL FACTORS

	MR ²
Accurate Empathy with POI Tc	.1416
Accurate Empathy with POI I	.0591
Accurate Empathy with Experience	.0317
Accurate Empathy with Hours	.0188
Accurate Empathy with Training	.0236
Accurate Empathy with Age	.0114
Accurate Empathy with Total	.2863

Total of all variables contributed 28 percent of the variation in accurate empathy scores.

TABLE 4

PEARSON PRODUCT-MOMENT COEFFICIENTS OF CORRELATION
BETWEEN ACCURATE EMPATHY SCORES AND CLERGYMEN'S
TRAINING, PERSONALITY AND PERSONAL FACTORS

Accurate Empathy with POI Tc	r = -.376*
Accurate Empathy with Experience	r = .129
Accurate Empathy with Training	r = -.094
Accurate Empathy with Age	r = .037
Accurate Empathy with Hours	r = .034
Accurate Empathy with POI I	r = -.009

*Significant beyond .05 level, one-tailed test. Critical value (p = .05, one-tailed; N=45) = .2939.

Source: Wyatt and Bridges, 1967, p. 283.

TABLE 5
ACCURATE EMPATHY SCORES OF CLERGYMEN BY LENGTH OF TRAINING

Training Group	Accurate Empathy	
	\bar{x}	S.D.
I (N = 15)	3.44	.681
II (N = 15)	3.16	.745
III (N = 15)	3.17	.900
Total (N = 45)	3.26	.774

Analysis of Variance

Source of Variance	S S	d f	M S	F
Between Group	0.7799	2	0.3899	0.6409 n.s.
Within Group	25.5625	42	0.6086	
Total	26.3424	44		

Counselors are helpful who function at level 5 or above on the accurate empathy scale, counselors are neutral who function at levels 3-4, and counselors who function at level 2 or below are harmful to clients in a counseling relationship according to Truax and Carkhuff (1967). As counselors the clergymen in this study were neutral in their effect, some of the time with some clients they were helpful and at other times the pastoral counselors were not helpful.

Comparison of training level groups reveals that clergy with no formal training in pastoral counseling have slightly higher accurate empathy scores than do those with formal training (Table 5). For the groups with training there is very little difference between the three-month training group and the six- to twelve-month training group. Length of training per se did not improve empathic counseling behavior of clergymen in this sample.

Personality Variables

It was stated in hypothesis 2 that: level of empathic behavior in pastoral counseling interviews is positively related to a measure of self-actualization in a sample of Episcopal clergymen.

The measure of self-actualization employed was the Personal Orientation Inventory (POI) and the scores used were the Time Competence (Tc) and Inner-directedness (I) scales, the two major scales of the inventory (Shostrom, 1966). The Time Competence aspect of self-actualization is defined as follows:

The self-actualized person is primarily Time Competent and thus appears to live more fully in the here-and-now. He is able to tie the past and the future to the present in meaningful continuity.

. . . The self-actualized individual's past and future orientations are depicted as reflecting positive mental health to the extent that his past is used for reflective thought and the future is tied to present goals. His use of time in a competent way is expressed in a Time Ratio score of approximately 1:8, as compared to the non-self-actualized Time Ratio of about 1:3.

The non-self-actualized (person) is comparatively the most time incompetent. This marked time incompetence suggests that the non-self-actualized person does not discriminate well between past or future. . . . The person who is Past-oriented may be characterized by guilt, regret, remorse, blaming or resentments. . . . A person who is Future-oriented is an individual who lives with idealized goals, plans, expectations, predictions, and fears. . . . A Present-oriented person is the individual whose past does not contribute to the present in a meaningful way and who has no future goals tied to present activity (Shostrom, 1966, p. 15-16).

The Tc scale raw scores rather than the ratio score were used for this research according to the following criteria:

Non-self-actualized range	1 - 17
Normal range	18 - 19
Self-actualized range	20 - 22

(Shostrom, 1966, p. 16).

P01 Tc raw scores for an adult male population (N = 66) reported by Shostrom (1966) were: Mean - 17.2, SD - 2.9.

The P01 Tc scores of clergymen in this study were similar to the P01 Tc scores of the adult male sample reported by Shostrom (1966). The P01 Tc scores of the clergymen in this study did not differ significantly by training level groups ($F = 1.8052, p > .05$) (Table 6). All groups and the total group are close to or within the normal range as designated by Shostrom (1966, p. 16).

TABLE 6
 POI Tc SCORES OF CLERGYMEN BY LENGTH OF TRAINING

Training Group	POI Tc Raw Score	
	\bar{x}	S.D.
I (N = 15)	17.60	3.20
II (N = 15)	17.00	2.77
III (N = 15)	19.00	2.87
Total (N = 45)	17.86	3.01

Source of Variance	Analysis of Variance				
	S S	d f	M S	F	
Between Group	31.6001	2	15.80	1.8052	n.s.
Within Group	367.6013	42	8.7524		
Total	399.2012	44			

In the multiple regression analysis the MR^2 indicated that Personal Orientation Inventory Time Competence score (POI Tc) accounted for 14 percent of the variance in accurate empathy (Table 3), which was the largest amount of variation contributed by any of the independent variables. The coefficient of correlation between POI Tc and accurate empathy score was -0.376 (Table 4), the largest coefficient of correlation between any of the independent variables and accurate empathy. The relationship between the POI Tc scores and the accurate empathy scores of clergymen was in a negative direction (Table 4), which was opposite to the direction predicted in hypothesis 2. The analysis of variance of accurate empathy scores categorized by POI Tc groups produced significant differences ($F = 4.1689$, $p < .05$) (Table 7). The negative relation between accurate empathy scores and POI Tc scores of the clergymen was indicated in Table 7.

It may be concluded that hypothesis 2 as measured by the Time Competence factor in self-actualization was not supported by evidence from this study. The evidence suggested a negative relationship, that an increased Time Competence score was associated with a decreased accurate empathy score.

Even though in a negative direction, the POI Tc variable of self-actualization had the greatest influence on accurate empathy scores in counseling behavior of clergymen in this sample. Clergymen who are less time competent, below the self-actualized score and in the normal range, tend to function on a slightly higher level of empathic behavior in counseling interviews than those who are more time competent. This is similar to findings reported by Foulds (1969) in which a negative

TABLE 7

ACCURATE EMPATHY SCORES OF CLERGYMEN BY POI Tc GROUPS

POI Tc	Accurate Empathy	
	\bar{x}	S.D.
I (N = 17)	3.65	.535
II (N = 12)	3.04	.807
III (N = 16)	2.99	.826
Total (N = 45)	3.26	.774

Analysis of Variance

Source of Variance	S S	d f	M S	F
Between Group	4.3632	2	2.1816	4.1689 *
Within Group	21.9791	42	0.5233	
Total ,	26.3423	44		

t Test

POI Tc Groups	t	d f
I vs II	2.2975	27 *
I vs III	2.7154	31 *
II vs III	0.1589	26 n.s.

*Significant beyond .05 level.

correlation between POI Tc score and accurate empathy ratings of counseling behavior was reported.

Personal Orientation Inventory Inner-directedness score (POI I) is a measure of the Support Ratio which is a combination of inner-direction and other-direction in personal motivation. The motivation of the inner-directed person is defined by Shostrom (1966, p. 17) as: "The source of direction for the individual is inner in the sense that he is guided by internal motivations rather than external influences. This source of direction becomes generalized as an inner core of principles and character traits." For the other-directed person the source of motivation appears to be outside of himself in that he ". . . appears to have been motivated to develop a radar system to receive signals from a far wider circle than just his parents. . . . The primary central feeling tends to be fear or anxiety or the fluctuating voices of school authorities or the peer group. . . . Approval by others becomes for him the highest goal (Shostrom, 1960, p. 17)."

The support orientation of the self-actualizing person lies between the extremes of the other-directed or inner-directed person.

He can be characterized as having more of an autonomous self-supportive, or being-orientation. Whereas he is other-directed in that he must be to a degree sensitive to other people's approval, affection, and good will, the source of his actions is essentially inner-directed. He is free; but his freedom is not gained by being a rebel or pushing against others and fighting them. . . . He discovers a mode of living which gives him confidence (Shostrom, 1966 , p. 17).

A support ratio between other-directedness and inner-directedness of 1:3 to 1:6 has been found for a self-actualizing group. A ratio of 1:1 was reported for a non-self-actualizing group (Shostrom, 1966).

For research purposes the Inner-directedness raw score (P01 I) part of the support ratio was utilized according to the following scale:

Non-self-actualized range	below 84
Normal range	85 - 95
Self-actualized range	96 - 110 (Shostrom, 1966, p. 18).

The P01 I raw scores for an adult male population (N = 66) reported by Shostrom (1966) were: Mean - 81.1, SD - 9.9.

On the P01 I scale 45 clergymen had a mean near the norm (91.27) (Table 8), but considerably higher than the other adult male sample (81.1) reported by Shostrom (1966). The training level groups differed in P01 I scores ($F = 3.2362, p < .05$), and the mean scores between groups II and III were significantly different ($t = 2.37, p < .05$) (Table 8). Group III with longer training in counseling was significantly higher than Group II on the Inner-directedness scale of the P01.

In the multiple regression analysis the MR^2 indicated that P01 I accounted for 5.9 percent of the variance in accurate empathy (Table 3). The correlation between P01 I and accurate empathy was $-.009$ (Table 4), which was in the negative direction. An analysis of variance of accurate empathy scores of clergymen by P01 I score did not indicate a difference among the groups ($F = .3968, p > .05$) (Table 9). Accurate empathy scores categorized by P01 I groups indicated a trend in a negative direction (Table 9), as did the accurate empathy scores categorized by P01 Tc (Table 7) and by training level groups (Table 5). It may be concluded that hypothesis 2 as measured by the Inner-directedness factor in self-actualization was not supported by evidence from this study.

The P01 I variable had the second highest MR^2 in the regression analysis. Taken together the two P01 variables accounted for 19.9 percent

TABLE 8

POI I SCORES OF CLERGYMEN BY LENGTH OF TRAINING

Training Group	POI I Raw Score	
	\bar{x}	S.D.
I (N = 15)	92.06	8.42
II (N = 15)	88.33	8.06
III (N = 15)	97.53	12.71
Total (N = 45)	91.27	10.45

Analysis of Variance

Source of Variance	S S	d f	M S	F	
Between group	642.3103	2	321.155	3.2362	*
Within Group	4168.0586	42	99.239		
Total	4810.3672	44			

t Test

Training Level Group	t	d f	
I vs II	1.24	28	n.s.
I vs III	1.39	28	n.s.
II vs III	2.37	28	*

*Significant beyond .05 level.

TABLE 9
ACCURATE EMPATHY SCORES OF CLERGYMEN BY POI I GROUPS

POI I	Accurate Empathy	
	\bar{x}	S.D.
I (N = 10)	3.42	.602
II (N = 17)	3.15	.942
III (N = 18)	3.26	.703
Total (N = 45)	3.26	.774

Analysis of Variance

Source of Variance	S S	d f	M S	F
Between Group	0.4885	2	0.2442	0.3968 n.s.
Within Group	25.8539	42	0.6156	
Total	26.3423	44		

of the variance of accurate empathy scores out of 28 percent which was contributed by all the independent variables.

An association between self-actualization and empathic counseling behavior was not supported by findings from this study. A negative trend was indicated but confirmation of this requires further research.

Interaction of the Training and the Personality Variables

It was stated in hypothesis 3 that: level of empathic behavior in pastoral counseling interviews is affected by the interaction of length of training and a measure of self-actualization in a sample of Episcopal clergymen. The level of empathy is higher in the groups with longer periods of training and higher scores on self-actualization than in groups with less training and lower self-actualization scores.

The correlations of accurate empathy scores with length of training (-.094), P01 Tc (-.376), and P01 I (-.009) raw scores (Table 4) were all negative and the accurate empathy to P01 Tc correlation was significant at the .05 level. (Table 4). An analysis of variance of accurate empathy scores by the P01 Tc variable also produced significant differences (Table 7), although the direction of the differences was opposite to that predicted in the hypothesis. When accurate empathy scores were analyzed in a 2 factor design, training group by P01 Tc, no significant interaction differences resulted ($F = .16, p > .05$) (Table 10). The negative trend of P01 Tc scores was indicated in Table 10. It may be concluded that hypothesis 3 as measured by the interaction of P01 Tc and length of training was not supported by evidence from this study.

TABLE 10

ACCURATE EMPATHY SCORES OF CLERGYMEN BY LENGTH OF
TRAINING AND POI Tc GROUPS

		POI Tc			Totals Training
Training I		1 (6)	11 (4)	111 (5)	T (15)
	\bar{x}	3.85	3.19	3.15	3.44
	S.D.	.620	.665	.621	.681
Training II		1 (8)	11 (4)	111 (3)	T (15)
	\bar{x}	3.45	3.00	2.58	3.16
	S.D.	.500	1.00	.764	.743
Training III		1 (3)	11 (4)	111 (8)	T (15)
	\bar{x}	3.79	2.94	3.05	3.17
	S.D.	.382	.944	.991	.900
		(17)	(12)	(16)	(45)
Totals POI Tc	\bar{x}	3.65	3.04	2.99	3.26
	S.D.	.535	.807	.826	.774

Two-way Analysis of Variance for Accurate
Empathy Scores By Training and POI Tc

Source of Variance	S.S.	D.F.	M.S.	F	
Rows (Training)	1.010	2	0.505	0.88	n.s.
Columns (POI Tc)	4.619	2	2.310	4.04	n.s.
Interaction	0.358	4	0.090	0.16	n.s.
Within	20.574	36	0.571		

When accurate empathy scores were analyzed in a 2 factor design, training groups by P01 I groups, no significant differences resulted ($F = 3.25, p > .05$) (Table 11). The negative trend of P01 I scores categorized by training level groups was indicated in Table 11. It may be concluded that hypothesis 3 as measured by the interaction of P01 I and length of training was not supported by evidence from this study.

Age and Experience

Hypotheses 4a and 4b related age and experience to accurate empathy in conjunction with training and personality variables. Hypotheses 1, 2, and 3 were not supported by the findings of the study and the relationships between accurate empathy scores and training, P01 Tc and P01 I were in a negative direction.

The age variable had a non-significant correlation (.037) with accurate empathy (Table 4). The multiple R^2 for age was .014 which indicates a very small effect on the variance of accurate empathy (Table 3). Mean age of the clergymen when analyzed by training level groups was not significantly different ($F = 1.94, p > .05$) (Table 12).

Hypothesis 4a was not supported by evidence from this study. It may be concluded that age by itself or in combination with training level and personality variables did not influence empathic behavior in this sample of Episcopal clergymen.

The experience of clergymen in terms of years in the ministry was similar to the age variable in its influence on empathic behavior. The coefficient of correlation between age and experience was $r = .867$. The

TABLE 11
 ACCURATE EMPATHY SCORES OF CLERGYMEN BY LENGTH OF
 TRAINING AND POI I GROUPS

		POI i			Totals Training
Training I	\bar{x}	1(3)	11(8)	111(4)	T(15)
	S.D.	3.62	3.58	3.03	3.44
Training II	\bar{x}	1(5)	11(6)	111(4)	T(15)
	S.D.	3.17	3.20	3.06	3.16
Training III	\bar{x}	1(2)	11(3)	111(10)	T(15)
	S.D.	3.75	1.88	3.44	3.17
Totals POI I	\bar{x}	(10)	(17)	(18)	(45)
	S.D.	3.42	3.14	3.26	3.26
		.602	.942	.703	.774

Two-way Analysis of Variance for Accurate
 Empathy Scores by Training and POI i

Source of Variance	S.S.	D.F.	M.S.	F	
Rows (Training)	0.948	2	0.474	0.94	n.s.
Columns (POI I)	2.374	2	1.187	2.35	n.s.
Interaction	6.585	4	1.646	3.25	n.s.
Within	18.167	36	0.505		

TABLE 12
AGE OF CLERGYMEN BY LENGTH OF TRAINING

Training Group	Years	
	\bar{x}	S.D.
I (N = 15)	40.80	8.20
II (N = 15)	36.26	8.05
III (N = 15)	41.26	6.64
Total (N = 45)	39.44	7.83

Analysis of Variance

Source of Variance	S S	d f	M S	F	
Between Group	228.84	2	114.42	1.94	n.s.
Within Group	2470.27	42	58.82		
Total	2699.11	44			

coefficient of correlation between experience and accurate empathy was .129 (Table 4) and the multiple R^2 for experience was .0317 (Table 3). The analysis of variance of experience of clergymen by length of training indicated no differences among the groups ($F = 2.68$, $p > .05$) (Table 13).

Hypothesis 4b was not supported by evidence from this study. It may be concluded that experience alone or in combination with length of training or personality variables did not significantly influence empathic behavior in this sample of Episcopal clergymen.

Weekly Hours Spent Counseling

Hypothesis 4c related weekly number of hours spent counseling in combination with level of training and personality variables to level of accurate empathy.

The coefficient of correlation for weekly number of hours spent counseling with accurate empathy was .034 (Table 4). The multiple R^2 obtained from the regression analysis for hours spent counseling was .018 (Table 3).

Mean number of hours spent counseling was not significantly different among the training level groups ($F = .55$, $p > .05$) (Table 14).

Hypothesis 4c was not supported by evidence from this study. It may be concluded that weekly number of hours spent counseling alone or in combination with length of training or personality variables did not significantly influence the level of empathic behavior of this sample of Episcopal clergymen.

Table 15 reports the percentage of clergymen who spend different amounts of time counseling. Over 50 percent of clergymen spend 1-6

TABLE 13

EXPERIENCE IN THE MINISTRY OF CLERGYMEN BY LENGTH OF TRAINING

Training Group	Years	
	\bar{x}	S.D.
I (N = 15)	10.93	9.29
II (N = 15)	7.00	5.34
III (N = 15)	13.40	7.72
Total (N = 45)	10.44	7.82

Analysis of Variance

Source of Variance	S S	d f	M S	F	
Between Group	312.58	2	156.29	2.68	n.s.
Within Group	2444.53	42	58.20		
Total	2757.11	44			

TABLE 14

WEEKLY NUMBER OF HOURS SPENT COUNSELING OF CLERGYMEN
BY LENGTH OF TRAINING

Training Group	Hours	
	\bar{x}	S.D.
I (N = 15)	8.27	7.02
II (N = 15)	7.00	7.42
III (N = 15)	9.73	7.01
Total (N = 45)	8.33	7.00

Analysis of Variance

Source of Variance	S S	d f	M S	F	
Between Group	15.12	2	28.06	0.55	n.s.
Within Group	2150.82	42	51.21		
Total	2206.94	44			

TABLE 15

WEEKLY NUMBER OF HOURS SPENT COUNSELING OF CLERGYMEN

	Number	Percent
0 - .9	1	2.2
1 - 3	13	28.8
4 - 6	11	24.4
7 - 9	4	8.8
10 - 12	6	13.3
13 - 15	4	8.8
16 - 18	1	2.2
19 - 21	2	4.4
22 - 24	0	0
25 - 27	2	4.4
28 - 30	1	2.2
	<u>45</u>	<u>99.5</u>

$$\bar{x} = 8.33$$

$$S.D. = 7.00$$

hours a week counseling. Of the clergymen 22 percent spend from 7-12 hours a week and 22 percent spend from 13-30 hours.

CHAPTER V

SUMMARY, CONCLUSIONS AND IMPLICATIONS

Summary

This study attempted to examine the relationship between pastoral counseling behavior and length of training in pastoral counseling and a measure of self-actualization in a sample of Episcopal clergymen. Segments from tape recorded pastoral counseling interviews were rated for accurate empathy. Accurate empathy scores for the clergymen were compared by length of training in pastoral counseling categorized in the following groups:

- Level 1. college and seminary education and no clinical training or special pastoral counseling training,
- Level 2. college and seminary education and a three-month clinical training experience,
- Level 3. college and seminary education and a six- to twelve-month clinical training or professionally supervised counselor training program.

Accurate empathy scores for the clergy were compared by the two major scales of the Personality Orientation Inventory, which is an attempt to measure self-actualization. The relationship of pastoral counseling

behavior and selected pastor background variables (age, experience in the ministry and time spent counseling) was also examined in this study.

An empirical approach to the question of the effectiveness of pastoral counselors was selected after a search of the literature revealed a need for research on pastoral counseling which employed data from actual counseling interviews. Furthermore, research was needed which examined the influence of clinical training programs on the pastoral counseling behavior of clergymen functioning in a parochial setting.

The variables of length of clergy training in counseling, personality functioning, age, experience and counseling time were stated in terms of hypotheses related to empathic counseling behavior. These hypotheses were that in a sample of Episcopal clergymen level of empathic behavior in pastoral counseling interviews would:

1. be positively related to length of training in pastoral counseling skills;
2. be positively related to a measure of self-actualization;
3. be positively related to the two-way interaction of length of training and a measure of self-actualization; and
4. be positively related to the three-way interaction of length of training and a measure of self-actualization with each of the following variables:
 - a. age;
 - b. experience in the ministry; and
 - c. weekly number of hours spent counseling.

A total of 45 Episcopal clergymen, out of 64 who volunteered to make tape recordings of pastoral counseling interviews, submitted tape

recordings and became the subjects in the study. The subjects provided data in the form of tape recordings of one or two pastoral counseling interviews, responses to the Personal Orientation Inventory (POI) and responses to a Personal Data Form. Eight three-minute segments of each pastor's counseling behavior were rated by judges for level of accurate empathy according to "A Tentative Scale for the Measurement of Accurate Empathy." Time Competence (Tc) and Inner-directedness (I) raw scores were procured from the Personal Orientation Inventory (POI). Length of training, age, experience in the ministry and weekly number of hours spent counseling were recorded from the Personal Data Form.

The coefficients of correlation between ratings made by professional judges and ratings made by three judges used in the study were .81, .76 and .89. The independent variables (number of months of training, POI Tc and POI I scale raw scores, age, years in the ministry and weekly number of hours spent counseling) were submitted to a stepwise multiple regression analysis in which accurate empathy scores formed the dependent variable. Accurate empathy scores were submitted to a one-way analysis of variance by length of training, POI Tc and POI I scores. Accurate empathy scores were submitted to a two-way analysis of variance by length of training and POI Tc scores and by length of training and POI I scores.

Statistical treatment of the data yielded significant results ($p = .05$) only for the POI Tc variable, but the direction of the difference was opposite to that predicted by the hypothesis. Therefore, the results of the study did not support the hypothesis.

Conclusions

On the basis of the results of the study, the following conclusions may be drawn tentatively concerning counseling behavior of Episcopal clergymen and its relation to their training and personality functioning.

1. Clergymen who receive training in clinical pastoral education programs are not more empathic in their counseling behavior than those who do not receive such training. Additional computations made by the writer indicated that the only statistically significant differences on accurate empathy scores were reported within Level III training group between the clergymen who received training in the program of the Episcopal Counseling Center, Tampa, Florida, and the other clergymen in Level III (Table 16). There is a possibility that the type of training could have some influence on the accurate empathy scores of clergymen who received pastoral counseling training at the Episcopal Counseling Center.

TABLE 16

ACCURATE EMPATHY SCORES OF CLERGYMEN WITHIN
LEVEL III TRAINING GROUP

	Accurate Empathy	
	x	t
Episcopal Counseling Center Group (N = 8)	3.73	3.4075 *
Remainder of III (N = 7)	2.51	
t (p = .05, one-tailed, df 13) = 1.771	

*Significant beyond .05 level, one-tailed test.

2. Clergymen who are more self-actualized in their attitudes are not more empathic counselors than those who are less self-actualized. This is contrary to the results of Foulds (1969) who found a relationship between a measure of self-actualization and accurate empathy scores of counselors.

3. Clergy who are older, more experienced or who spend more time counseling are not more empathic as pastoral counselors than those who are younger, less experienced or spend fewer hours per week in counseling.

The level of accurate empathy offered by the counselors in this study was mostly at levels 2 - 3 (Table 5, 10, 11), which concurred with levels reported in research on counselor education programs reviewed by Lister (1970). For almost all groups in this study the accurate empathy score was within level 3 which is in the neutral range of effectiveness as counselors. Since a level 3 accurate empathy rating is below that considered facilitative in a counseling relationship, it seems that present programs for training pastoral counselors could be examined as to their theory and procedures in order that clergy receiving training could be helped to become effective pastoral counselors.

Implications

A more general concern of this study was the implication of the findings for the training of clergy in pastoral counseling. Since clergy do a large amount of counseling, adequate training should be provided for this important aspect of their ministry. For the past twenty years most of the specific training of clergy in counseling has been provided in clinical training programs rather than by the seminaries.

The question should be raised: Is the clinical training program effective in producing empathic counseling behavior in the clergy trainees? The findings of this study indicate that clergy who have not been to clinical training programs are as empathic as those who have received such training (Table 5). Thirty of the clergymen had received clinical training as offered in programs of the Association for Clinical Pastoral Education, and eight of these thirty had also received training in the Clergy Training Program of the Episcopal Counseling Center, Tampa, Florida.

A comparison within the Level III training group between eight clergy who had received training at the Episcopal Counseling Center, Tampa, Florida, and seven others in Level III showed a difference on accurate empathy of 3.73 to 2.51 ($t = 3.4075$, $p < .05$) (Table 16). The Episcopal Counseling Center Level III training group had an accurate empathy mean score significantly higher than the mean of the total group ($t = 3.079$, $p < .05$) (Table 17). The Episcopal Counseling Center Level III group received training in counseling of a different type than the usual clinical training program which could account for the difference in mean score on accurate empathy within the Level III training group.

Clinical training programs are similar in many aspects which differ from the program of pastoral counseling training offered at the Episcopal Counseling Center, Tampa, Florida. Clinical pastoral education programs and The Clergy Training Program of the Episcopal Counseling Center may be contrasted as to their clients, supervisors, procedures, counseling theory and students.

TABLE 17
ACCURATE EMPATHY SCORES OF CLERGYMEN

	Accurate Empathy	
	\bar{x}	t
Episcopal Counseling Center Group (N = 8)	3.73	3.079 *
Total (N = 45)	3.26	

*Significant beyond .05 level, one-tailed test.

Clients of clergy trainees in clinical training programs are mostly patients or inmates of an institution (state mental hospital, general hospital, or prison) who did not request counseling but are visited by the "chaplain-trainee." In most cases the patients or inmates could be considered to be experiencing an emotional or physical crisis. In the Episcopal Counseling Center Clergy Training Program the clients are teenagers and adults who, although they are experiencing some present difficulty in living, are still capable of functioning in our society. The clients have come to the Center seeking counseling as a source of help for themselves. The problems clergy meet in their regular pastoral counseling tend to be more like those encountered at the Episcopal Counseling Center than those of mental hospital patients or prison inmates.

Supervisors of clinical training programs are typically clergy who have received two to three years training in institutional settings under the aegis of the Association for Clinical Pastoral Education. Their training is not recognized by any degree granting institutions,

universities or seminaries, and there is very little, if any, emphasis on research in the training. The staff of the Episcopal Counseling Center is composed of people with doctoral level professional training (an Episcopal clergyman - Ed.D., a clinical psychologist - Ph.D., and a former professor of counselor education - Ed.D.). The staff members of the Center have experience in teaching, clinical work and in conducting research in counseling and psychology.

The principle technique employed by clinical training programs in teaching counseling process is the verbatim report which a student writes of his meetings with a client and then shares with his peer group and his supervisor for their comment and criticism. The primary technique used in the Episcopal Counseling Center is the audio or video tape recording of counseling interviews which are observed only by the student and his supervisor. In the opinion of the writer the procedure employed by the Episcopal Counseling Center has the advantage of using the empirical data of the interview in a setting which is more conducive to self exploration and personal growth than the procedure of verbatim reports used in clinical training programs.

The theoretical approach usually taken in clinical training programs is the medical-psychiatric model which focuses on diagnosis and treatment of the mentally ill person. The Episcopal Counseling Center employs a humanistic, person-oriented approach which concentrates on providing a relationship in which the client can explore his feelings and perceptions.

Students in clinical training programs are usually seminary students, many of whom are required to take clinical training. They know that the grades and reports will become a part of their academic

record. Students of the Episcopal Counseling Center Program are active clergy who voluntarily seek this training for which there is no academic credit given. The clergy anticipate gains in their professional and personal development.

An integrated didactic and experimental training program for counselors has been developed which enables counselors to offer facilitative levels of accurate empathy after fewer than 100 hours of training (Truax and Carkhuff, 1967). This program employs the accurate empathy scale and other rating scales of counseling process as part of the didactic process in which students learn to use the rating scales on segments of counseling behavior of others and on tapes of their own counseling.

On the basis of research on the counseling process other than this study and the writer's experience in training programs for pastoral counselors, the following suggestions are offered as ways in which educational programs in pastoral counseling could be altered in order to train clergy who will be empathic pastoral counselors.

1. Transfer the administrative base of training programs in pastoral counseling from medical and penal institutions to outpatient counseling centers so that the clients seen by clergy trainees will be representative of the type of person and problem the clergyman will encounter in his parochial ministry. The clinical training movement has been instrumental in getting practical education in counseling recognized as a vital part of seminary experience, but it has jelled into a medical-institutional treatment mold which is isolated from the findings of behavioral science research on the counseling process. The time is ripe for a shift in clergy training programs to outpatient

counseling centers, of which there were at least 164 sponsored by churches in 1964 in the United States (Hathorne, 1964).

2. Make the use of audio and video recording of counseling interviews a primary procedure in the training program. The use of audio and video tape recording of counseling sessions is the standard tool of clinical psychology and counselor education programs. This technique provides primary data for the student and his supervisor. Even in hospitals and penal institutions, where most clinical training programs are presently located, compact cassette recorders could be used by students, although their use has not been customary in those settings in the past.

3. Shift the theoretical emphasis from a model in which the counselor sees his role as one who provides diagnosis and treatment for an emotionally troubled person to a model in which the counselor responds as a person in a warm, empathic and genuine manner to the present feelings of the client. As part of the focus on counseling process, didactic use should be made of scales developed to measure the levels of accurate empathy, warmth and genuineness and level of client self-exploration in the counseling interview. Often, an unanticipated outcome of clinical training programs has been to make amateur psychiatrists of the clergy who in counseling attempt to diagnose the patient's illness and produce a cure. The goal of counselor training, in the opinion of the writer, should be to produce effective counselors, persons who can respond to a client in the counseling interview with accurate empathy, non-possessive warmth and genuineness.

4. Begin to build into pastoral counseling education programs research projects that can be used to evaluate the counseling behavior

of clergy graduates of the program. A design similar to this study could be devised in which a personality inventory and ratings of counseling behavior could be administered to the students pre and post training, and a follow-up one year later. In order to improve pastoral counseling training programs, research should be conducted on the counseling behavior of the pastoral counselor to fill the existing void in the knowledge. This type of research is not easily conducted, but if the research were conducted in conjunction with the counselor training program, it could be accomplished. The results may well prove beneficial to improving the training of clergy in pastoral counseling.

APPENDICES

APPENDIX A

PERSONAL DATA FORM

Name _____ Date _____
(Last) (First) (Middle initial)

Mailing Address _____

Phone: Church _____ Home _____

Deanery _____

Code Number (Social Security or Birth Data) _____

Code No. _____

Birthdate _____ Place birth _____ Age _____

Marital Status _____ No. of Children _____

1. Education:

1. College _____
Degree _____ Date granted _____
Major _____ Minor _____

2. College _____
Degree _____ Date granted _____
Major _____ Minor _____

3. Seminary _____
Degree _____ Date granted _____

4. Post-graduate
 University/Seminary _____
 Degree _____ Date granted _____
 Major _____ Minor _____

II. Experience in Ministry:

Ordained Deacon (Date and Place) _____
 Ordained Priest (Date and Place) _____

Positions held (chronological order)

1. Church _____ City, State _____
 Position (Rector, Curate, Assistant) _____
 Began (Month, Year) _____ Terminated _____

2.

3.

4.

5.

III. Vocational Experience Prior to Ministry (other than part-time or temporary work)

1. Position _____
 Employer _____
 Duties _____
 Began _____ Terminated _____

IV. Training in counseling

1. Clinical training - clinical pastoral education
 Dates began and ended (month and year) _____
 Place _____
 Supervisor _____
2. Additional clinical pastoral education
 Dates began and ended (month and year) _____
 Place _____
 Supervisor _____

3. Graduate Work in Counseling/Psychology
 Dates began and ended (month and year) _____
 Place _____
 Courses _____
 Practicum, supervision experience, hours or
 semesters _____
4. Leadership training, group dynamics training (e.g., LTI,
 Institute Advanced Pastoral Study)
- a. Date and Place _____
 Type training program _____
 Supervisor (leader) _____
 Experience involved (lecture, discussion, intern-
 ship) _____
- b.
- c.
5. Short term in-service training in counseling (up to 3 months)
 (e.g., Benton 10-12 week course/weekly seminar with psychiatrist
 or psychologist)
- Date _____ Hours per week _____
 Place _____
 Supervisor _____
 Theory and discussion (hours) _____
 Counseling with supervision (hours) _____
6. Long term in-service training in counseling (more than three
 months -- e.g., training at Episcopal Counseling Center)
- Date _____ Hours per week _____
 Place _____
 Supervisor _____
 Theory and discussion of cases (hours) _____
 Counseling with supervision (hours) _____
 Group session personal exploration (hours) _____
7. Other types training
- Date _____ Place _____
 Type of program _____
 Supervisor _____
 Experiences involved _____

V. Current pastoral counseling practices

1. Approximate no. hours/week you spend counseling _____
2. Where you normally do most of your counseling _____
3. Number of persons seen for counseling last month _____
4. What problems are brought to you in counseling?

5. What Records do you keep of counseling?

Recordings _____

Verbatim of parts _____

Brief notes _____

None _____

6. If you keep records, what do you report?

Content, problems, themes _____

Feelings and processes of client _____

Feelings and processes of counselor _____

Other _____

7. What resources do you find helpful to your counseling functions?

Journals (specify _____)

Consultants (what type) _____

Previous training _____

Persons (relationship: wife, friend, other clergy, other professionals)

APPENDIX B

HINTS FOR TAPE RECORDING COUNSELING INTERVIEWS

1. Make sure your equipment is working properly before the session.

Check it out, make a test run so that you get a loud and distinct recording of counselor and client.

- Place the mike between the two people.
- Room air conditioners cause electric hum. Turn them off!
- Set up the recording volume, if you can.
- Be sure you have enough tape for a 45 minute session.
- Use 3 3/4 inches per second speed, if your machine has it.

(If you use another speed, write the speed at which you recorded on the reel before you return it to me.)

2. Obtain permission from your parishioner or counselee before you tape.

- Experience has shown that most people will cooperate with taping, if you are confident and casual about doing it!
- Assure them of the complete and absolute confidentiality of the material. You might ask them to tape with the provision that at the end of the session they could withdraw their permission.
- Tell them it is for research in pastoral counseling, which will enable us to learn more about pastoral counseling and help in training clergy in counseling.

- Often it is easier to tape with a beginning counselee. Then it is just part of the routine to them.
- Any type counselee or problem is O.K. The main concern is that this person has come to seek your counsel or guidance.

3. The major problem in taping counseling interviews is counselor (pastor) anxiety about doing it.

- Anxiety and concern about taping is a normal reaction. We all fear judgment or criticism about how we perform!
- Most clergy are good counselors because they are concerned about people.
- We do our best counseling when we are our own selves, not trying someone else's technique.
- Please, be assured of the anonymity of your tapes. I will not be listening to tapes, nor rating them. The raters will be people who do not know you. I am interested in the group rating scores and not in individual measures.
- The only cure for taping anxiety is experience. So, just plunge in and do it! Make recordings of several sessions and send me your two best sessions.

4. Thank you very much for your cooperation. This research is exploring areas of pastoral counseling which I think will be of great benefit to the church and all who train pastoral counselors. Besides, I need your tapes, as soon as possible, to finish the research and get my degree.

- Send completed tapes (2), one on each side of the tape to:
The Rev. William A. Bosbyshell
St. John's Episcopal Church
Route 1,
Newberry, Florida 32669

Home phone: 472-2529

APPENDIX C

A TENTATIVE SCALE FOR THE MEASUREMENT OF ACCURATE EMPATHY

(Truax and Carkhuff, 1967, pp. 46-59)

Accurate empathy involves more than just the ability of the therapist to sense the client or patient's "private world" as if it were his own. It also involves more than just his ability to know what the patient means. Accurate empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings.

Stage 1

Therapist seems completely unaware of even the most conspicuous of the client's feelings; his responses are not appropriate to the mood and content of the client's statements. There is no determinable quality of empathy, and hence no accuracy whatsoever. The therapist may be bored and disinterested or actively offering advice, but he is not communicating an awareness of the client's current feelings.

Stage 2

Therapist shows an almost negligible degree of accuracy in his responses, and that only toward the client's most obvious feelings.

Any emotions which are not clearly defined he tends to ignore altogether. He may be correctly sensitive to obvious feelings and yet misunderstand much of what the client is really trying to say. By his response he may block off or may misdirect the patient. Stage 2 is distinguishable from Stage 3 in that the therapist ignores feelings rather than displaying an inability to understand them.

Stage 3

Therapist often responds accurately to client's more exposed feelings. He also displays concern for the deeper, more hidden feelings, which he seems to sense must be present, though he does not understand their nature or sense their meaning to the patient.

Stage 4

Therapist usually responds accurately to the client's more obvious feelings and occasionally recognizes some that are less apparent. In the process of this tentative probing, however, he may misinterpret some present feelings and anticipate some which are not current. Sensitivity and awareness do exist in the therapist, but he is not entirely 'with' the patient in the current situation or experience. The desire and effort to understand are both present, but his accuracy is low. This stage is distinguishable from Stage 3 in that the therapist does occasionally recognize less apparent feelings. He also may seem to have a theory about the patient and may even know how or why the patient feels a particular way, but he is definitely not 'with' the patient. In short, the therapist may be diagnostically accurate, but not emphatically accurate in his sensitivity to the patient's current feelings.

Stage 5

Therapist accurately responds to all of the client's more readily discernible feelings. He also shows awareness of many less evident feelings and experiences, but he tends to be somewhat inaccurate in his understanding of these. However, when he does not understand completely, this lack of complete understanding is communicated without an anticipatory or jarring note. His misunderstandings are not disruptive by their tentative nature. Sometimes in Stage 5 the therapist simply communicates his awareness of the problem of understanding another person's inner world. This stage is the midpoint of the continuum of accurate empathy.

Stage 6

Therapist recognizes most of the client's present feelings, including those which are not readily apparent. Although he understands their content, he sometimes tends to misjudge the intensity of these veiled feelings, so that his responses are not always accurately suited to the exact mood of the client. The therapist does deal directly with feelings the patient is currently experiencing although he may misjudge the intensity of those less apparent. Although sensing the feelings, he often is unable to communicate meaning to them. In contrast to Stage 7, the therapist's statements contain an almost static quality in the sense that he handles those feelings that the patient offers but does not bring new elements to life. He is 'with' the client but doesn't encourage exploration. His manner of communicating his understanding is such that he makes of it a finished thing.

Stage 7

Therapist responds accurately to most of the client's present feelings and shows awareness of the precise intensity of most of the underlying emotions. However, his responses move only slightly beyond the client's own awareness, so that feelings may be present which neither the client nor therapist recognizes. The therapist initiates moves toward more emotionally laden material, and may communicate simply that he and the patient are moving towards more emotionally significant material. Stage 7 is distinguishable from Stage 6 in that often the therapist's response is a kind of precise pointing of the finger toward emotionally significant material.

Stage 8

Therapist accurately interprets all the client's present, —acknowledged feelings. He also uncovers the most deeply shrouded of the client's feelings, voicing meanings in the client's experience of which the client is scarcely aware. Since the therapist must necessarily utilize a method of trial and error in the new uncharted areas, there are minor flaws in the accuracy of his understanding, but these inaccuracies are held tentatively. With sensitivity and accuracy —he moves into feelings and experiences that the client has only hinted at. The therapist offers specific explanations or additions to the patient's understanding so that underlying emotions are both pointed out and specifically talked about. The content that comes to life may be new but it is not alien.

Although the therapist in Stage 8 makes mistakes, these mistakes are not jarring, because they are covered by the tentative character of

the response. Also, this therapist is sensitive to his mistakes and quickly changes his response in midstream, indicating that he has recognized what is being talked about and what the patient is seeking in his own explorations. The therapist reflects a togetherness with the patient in tentative trial and error exploration. His voice tone reflects the seriousness and depth of his empathic grasp.

Stage 9

The therapist in this stage unerringly responds to the client's full range of feelings in their exact intensity. Without hesitation, he recognizes each emotional nuance and communicates an understanding of every deepest feeling. He is completely attuned to the client's shifting emotional content; he senses each of the client's feelings and reflects them in his words and voice. With sensitive accuracy, he expands the client's hints into a full-scale (though tentative) elaboration of feeling or experience. He shows precision both in understanding and in communication of this understanding, and expresses and experiences them without hesitancy.

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BIOGRAPHICAL SKETCH

William A. BosbysheIl was born October 15, 1933, in Philadelphia, Pennsylvania. He graduated from Springfield High School, Springfield, Pennsylvania. His undergraduate work was done at Swarthmore College, where he received the Bachelor of Arts degree in June, 1955. He attended The General Theological Seminary of the Protestant Episcopal Church in New York City, where he received his Bachelor of Sacred Theology degree in May, 1958. Returning for graduate study to the University of Florida in September, 1966, he received the Master of Education degree in August, 1967. In September, 1967, he began work toward the Doctor of Philosophy in the Department of Counselor Education at the University of Florida.

He was ordained a priest in the Episcopal Church in 1958 and has held the following cures: Curate, Grace Church, Mt. Airy, Philadelphia, 1958-1959; Canon Sacrist, The Cathedral Church of St. Luke, Orlando, Florida, 1959-1962; Rector, St. John's Church, Eau Gallie, Florida, 1962-1966; Locum Tenens, St. John's Church, Newberry, Florida and St. Bartholomew's Church, High Springs, Florida, 1966-1970.

He was a part time counselor to residents with the Division of Housing, University of Florida, Gainesville, Florida during the academic years, 1966-1967 and 1967-1968.

His doctoral internship was fulfilled at the Episcopal Counseling Center, Tampa, Florida in 1968-1969.

He was married to Caroline Thomas in May, 1958. They have a son, William, Jr., and two daughters, Frances and Mary Helen.

This dissertation was prepared under the direction of the chairman of the candidate's supervisory committee and has been approved by all members of that committee. It was submitted to the Dean of the College of Education and to the Graduate Council, and was approved as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

August, 1970

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