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THE USE OF A PHOTOTHERAPY INTERVENTION TO FOSTER EMPATHY, SELF-
AWARENESS, AND SELF-DISCLOSURE IN COUNSELORS-IN-TRAINING USING THE
PERSONAL GROWTH GROUP

by

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A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
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ABSTRACT

The researcher set out to investigate the effectiveness of a specific phototherapy intervention on counselor-in-training's empathy, self-awareness, and self-disclosure development through participation in a personal growth group using Davis' (1980) Interpersonal Reactivity Index (IRI) Govern and Marsch's (2001) Situational Self-Awareness Scale, and behavioral observations. The study also explored the relationship between the three factors. The study looked to see if there was a difference in the change over time between the group receiving the phototherapy intervention and those participants who did not receive the intervention. The data was collected and measured through a (a) repeated measures MANOVA, (b) independent samples t-test, and (c) Pearson product correlation. The study used 41 participants who were currently enrolled in a group counseling course at a CACREP-accredited master's program in the Southeast. The students were either on a marriage and family, mental health, or school track.

Both the treatment and the comparison group consisted of four groups and met weekly for a total of 10 meetings. Each group used a manualized treatment developed by the researcher with the treatment group incorporating the use of images. The findings showed that the phototherapy intervention did not have a significant impact on affective empathy or self-awareness when compared to the comparison group. Cognitive empathy showed a significant difference between the two groups over the course of the study. There was no difference between the observations of self-disclosure for the treatment and comparison groups, and the factors of empathy, self-awareness, and self-disclosure were not correlated. The results did show a significant change for both groups when looking at self-awareness. As a whole the study

attempted to fill a gap in the literature surrounding how the factors of empathy, self-awareness, and self-disclosure are taught in counselor training programs and proposed next steps for future studies.

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I believe that we are shaped and molded by the interactions we have with others. As I reflect over my journey, I am overwhelmed by the amount of people who have helped me become the man that I am today. If I attempted to list each and their impact, I could easily double the number of pages of this document. There are however, a handful of people that significantly helped me through this process, and I would like to take a few moments to thank them. I can assure you that the words that follow will fail to fully capture the importance of these people and the gratitude I feel towards them.

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CHAPTER ONE

THE PROBLEM AND THE UNDERLYING FRAMEWORK

The question, “what makes an effective counselor?” has been debated by many educators, practitioners, and researcher, but there is still a great deal of uncertainty as to what factors contribute to client change (Jorgensen, 2004) and even more uncertainty when it comes to how to best teach those factors to counselors in training. In the past, therapeutic effectiveness, or non-effectiveness, had been attributed solely to the technical expertise of the counselor (Farber & Lane, 2001). However, recent findings suggest that client outcomes, or the change in client symptomology over the course of treatment, are the most widely used determinant of counseling effectiveness and can be attributed to four main areas: (a) extratherapeutic factors, (b) client expectancy, (c) specific therapeutic techniques, and (d) common factors (Lambert & Barley, 2001). Extratherapeutic factors account for roughly 40% of the change in a client and for the most part, are completely out of the counselor’s control. These are experiences and interactions that take place outside of the therapeutic setting. Similar to extratherapeutic factors, client expectancy has little way of being controlled by the therapist. These perceptions that the client has going into the therapeutic relationship accounts for approximately 15% of client change.

The final two areas that affect client outcomes, specific therapeutic techniques and common factors, are largely provided by the counselor and according to Lambert and Barley (2001) and account for about 15% and 30% of client outcomes respectively. Research supporting specific therapeutic techniques is inconsistent and variable (i.e., poor reliability, accounting for extraneous variables, validity; Luborsky, 1987; Sexton & Whiston, 1991). The sheer number of therapeutic techniques and theoretical orientations further shows the difficulty

of determining the effectiveness of specific techniques, particularly when attempting to decide which of these to teach to counselors in training.

The problem in deciding which techniques to teach beginning counselors and which theoretical orientations to adopt is that it is difficult to justify them empirically. The empirical research endorsing particular techniques and theories is plagued with a multitude of problems (Luborsky, 1987). Yet, the field of counseling continues to call for beginning practitioners to be skilled in specific techniques and modalities that lack empirical support (Hauser & Hays, 2006). Although researchers, practitioners, and educators note the need to incorporate the research on counseling effectiveness into counselor education programs, there is little research being done on how these skills are being implemented in education programs and their effectiveness (Sexton & Whiston, 1991). Instruction methods tend to lack a clear empirical backing. An example of this can be seen in the group requirement for programs accredited through the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2009). Programs are required to have students participate in a group experience, but there is a lack of direction beyond the simple requirement. Without empirically proven approaches the accrediting body can do little more than address the need for the approach but not the content that is necessary to make it effective.

While researchers continue to debate which approach or technique is the most beneficial to clients, a significant effect on treatment outcomes still occurs as a result of what Lambert (1986) noted as “common factors” that occur across approaches. If the literature suggests that there are common factors that lead to change, regardless of the approach, it would seem logical that counselor education programs should design courses and curriculum in order to teach these

factors yet CACREP and other certifications are not aligned with research or evidence based practice. Thus, there is a lack of literature regarding the implementation of these factors in counseling programs and as a result further exploration in this area is needed.

The literature's response to the effectiveness of common factors ranges from it playing an important role in client outcomes (Lambert & Ogles, 2003) to their serving as the driving force for therapeutic effectiveness (Wampold, 2001). Research has provided strong support for common factors (Armstrong, 2003; Feller & Cottone, 2003; Norcross & Grencavage, 1989; Lambert & Ogles, 2003; Wampold, 2001). Furthermore, based on the findings of a meta-analysis by Grencavage and Norcross (1990), the therapeutic alliance, or the relationship between the client and the therapist, has been identified as one of the strongest common factors in the therapeutic setting.

Patterson (1984) went on to discuss the therapeutic relationship by stating that, "The magnitude of the evidence is nothing short of amazing. There are few things in the field of psychology for which the evidence is so strong. The evidence for the necessity, if not the sufficiency, of the therapist conditions of accurate empathy, respect, or warmth, and therapeutic genuineness is incontrovertible" (p. 437). The research that supports the positive correlation between the relationship and client success is strong (Dew & Bickman, 2005; Horvath & Bedi, 2002; Lambert & Barley, 2001). Findings suggest that the therapeutic relationship accounts for about twice as much success as specific techniques or theories (Lambert, 1986). Specific factors have been found to foster a strong therapeutic relationship. Rogers (1957) noted the ability to empathize with a client, while the counselor's self-awareness and self-disclosure have all been found to strengthen the relationship (Curtis, 1982; Jennings & Skovholt, 1999; Skovholt &

Rønnestad, 1992.) Even with the clear importance of these factors, there is still a dearth of research that indicates the most appropriate way to teach these factors to students in such a way that they can accurately employ them with their clients. As a result, this study will further expand on the therapeutic relationship and what factors are necessary to formulate an effective therapeutic relationship in an attempt to further show the need for more empirical support for how these skills are taught.

Three of the strongest factors used for strengthening the relationship include empathy, self-awareness, and self-disclosure. Although empathy is not a central component of every theory, the literature strongly suggests that the use of empathy by counselors contributes significantly to therapeutic outcomes (Feller & Cottone, 2003). Self-awareness is also found to be a strong component of the therapeutic relationship (Gelso & Hayes, 1998; Faut & Williams, 2005) as well as providing the ability to understand how one's own perspective influences others, which is integral to empathy (Connor-Green, Young, Paul, & Murdoch, 2008). Finally, self-disclosure is used as a means to bond with the client, thus further strengthening the therapeutic relationship (Curtis, 1982). Even though authors suggest the need for these factors to be taught in counselor education programs, there is still a lack of program support for teaching these common factors (Armstrong, 2003; Leibert, 2011).

Due to the importance of effectively training future counselors, this study attempts to fill a gap in the literature by exploring a specific intervention, using photography and images, and its effects on the common factors of empathy, self-awareness, and self-disclosure in counselors-in-training. The use of photography in a therapeutic setting has been around for some time now, but has only come under the eye of researchers over the past few decades (Gladding, 1992). The use

of images in a counseling session as well as the act of taking the images is a viable intervention that can be used to foster the factors that lead to a strong therapeutic relationship. First off, images and photography have become ingrained in our society. Every major phone provider offers numerous devices with a camera. We see images almost everywhere we turn, whether it's on the side of a road, in a magazine, or through some piece of technology, images are everywhere.

The interesting notion is that when an image, although static, is being viewed, the meaning behind the image is constantly changing (Merrill & Anderson, 1993). The power comes not from the image, but rather from the interpretation of the image given by those that are looking at it. This allows for images to change meaning depending on the time and the person viewing it. Not only do images give us insight into the person viewing the image, they also serve as a safe place for individuals to share thoughts and feelings that might be difficult to share otherwise (Stevens & Spears, 2009). The use of images allows individuals to disclose personal information and connect to others by experiencing both their own reactions and the expressions of the other person. Each of these factors serves to foster the therapeutic relationship. The remainder of this chapter will briefly introduce the rationale for the study including an explanation of (a) training programs, (b) counselor empathy, (c) counselor self-awareness, (d) counselor self-disclosure, and (e) photography in counseling

Background of the Study

Discussions of the importance of the relationship in counseling stem back to the impact of Rogers' (1957) person centered movement and have gained strength over time due to

significant findings across a wide range of populations (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). In fact, the relationship between counselor and therapist has been shown to account for almost twice as much success as specific techniques (Lambert, 1986). One reason for this might be the prevalence of the therapeutic relationship through counseling sessions: unlike specific skills and interventions the therapeutic relationship is present anytime the counselor and the client are present.

The therapeutic alliance begins working towards facilitating change in the client from the first session. Young (2009) stated several ideas regarding the impact of the therapeutic alliance. Young noted that one of the primary reasons clients often drop out in the early stages of therapy is a result of feeling uncomfortable with the counselor. The client might not feel that there is a connection with the counselor, might have negative feelings towards the counselor, or might feel as though the counselor is not capable of helping them. The relationship between the counselor and the client is established immediately and it is the job of the counselor to communicate warmth and acceptance of the client as well as instilling confidence in the helper. By fostering a positive relationship in the first few sessions, the client is more likely to continue with counseling and overcome the time frame in which the majority of clients drop out of counseling.

Because the relationship is necessary from the first session on, it serves a vital role in the counseling session. The remainder of this section will highlight the impact of three of the factors that serve to strengthen the therapeutic relationship. This will be done by first glancing at how training programs approach the acquisition of the factors of empathy, self-awareness, and self-disclosure and finally showing the impact of phototherapy as an intervention that could be applied to foster the development of all three. A brief background of the three constructs is also

included in order to lay a foundation for the prevalence of each of the constructs within the therapeutic setting.

Training Programs

Although the skills necessary to be an effective counselor, such as active listening, reflections of content, and reflections of meaning (all of which foster empathy) have been researched and reported by multiple sources through the years, there is still a large discrepancy as to how to most effectively teach those skills in a training program (Ohrt, 2010). In a meta-analysis conducted by Alberts and Edelstein (1990) they found that for both the simple and complex skills that are necessary for effective counseling, the use of modeling, rehearsal, and feedback were found to be effective. However, there were also noticeable limitations to the studies examined in regards to research methodology. Other studies suggest that in order to effectively obtain the skills necessary to be an effective counselor, there must be multiple opportunities for the students to practice and use those skills (Young, 2009).

Currently, counseling programs use a wide range of methods to attempt to teach skills and techniques including such things as classroom lectures, modeling (Perry, 1975), role plays (Paladino, Barrio-Minton, & Kern, 2011), experiential activities (Hagedorn, 2011), and growth group experiences (Ieva, Ohrt, Swank, & Young 2009; Lennie, 2007; Ohrt, 2010). Although the impact of experiential groups on counselors-in-training has received a considerable amount of attention in regards to its effectiveness compared to other methods of instruction, there is still a need for further exploration of the group process. This is particularly true when it comes to the application of specific interventions within the group. Currently there is a lack of literature as to

how to best facilitate the group experience in order to maximize the students' learning and skill acquisition. This leads counselor education programs to make decisions about the group process without a solid empirically supported platform.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) requires all students in an accredited counseling program to participate in 10 hours of group experience. Whereas outside of the required 10 hours, CACREP does little to specify how this experience should take place, the standards do note that the student can either serve as a participant or as a member. One of the rationales for the inclusion of a group process is that students will be able to empathize with future group members as well as gaining insight and awareness in regards to themselves (ASGW, 1989; Ieva et al., 2009). By being group members and experiencing the various group stages, the counselors will have a better understanding of the struggles and experiences of future group members (Kline, Falbaum, Pope, Hargraves, & Hundley, 1997). It has been documented in the literature that having students participate in a group experience as a member is a way in which the requirement of group participation is met (Corey, 2011; Yalom & Leszcz, 2005). By participating as a member in a group, the counselor-in-training is able to take information that has been understood at an intellectual level and experience it at an emotional level. The words and skills discussed in textbooks now take a real and emotional place in the counselor-in-trainings' learning process. Yalom and Leszcz (2005) furthered the discussion by saying that group participation allows for the counselors-in-training to fully experience the power of the group. Counselors-in-training have an opportunity to experience the power that a group has to heal participants and also the power that a group has to wound members. This understanding, known as empathy, is a fundamental factor in counselor

success. Counselors-in-training are also able to develop a deeper understanding of the importance of acceptance and the difficulties of disclosing personal information in a group setting.

Another factor that an experiential group helps to foster is appropriate self-disclosure. Researchers argue that student self-disclosure poses multiple ethical concerns including confidentiality, privacy, and dual relationships (Anderson & Price, 2001). In an attempt to account for these ethical concerns, researchers have posed alternative models in which students are not asked to fully explore issues that might be personal (Romano, 1998; Toth, Stockton, & Erwin, 1998). However, these approaches prevent students from the emotional experiences of groups that Yalom and Leszcz (2005) identified as being a vital component to counselor training. The group experience further allows for students to explore their own feelings and thoughts and how those feelings and thoughts affect the other members of the group. The emotional experiences of the group allow for students to gain further awareness of themselves in terms of how they view themselves as well as how they are being viewed by others.

Given the lack of consensus among researchers in the helping professions regarding the most effective use of the small group experience in fostering empathy self-disclosure, and self-awareness, a new approach appears warranted. An approach that has been proven to foster factors that strengthen the therapeutic relationship is needed to fill the current void of empirically supported practices in counselor education programs. One possible intervention could be the use of an expressive art such as art therapy, play therapy, or phototherapy with counselors-in-training. Expressive arts, particularly phototherapy, have been shown to increase all three

constructs with clients but have not yet to be applied to counselors-in-training regarding empathy, self-disclosure, and self-awareness.

Counselor Empathy

Both self-disclosure and self-awareness help the counselor relate and connect with the client, or the ability for the counselor to show empathy. Empathy has been found to correlate with client outcomes (Lambert & Barley, 2001). Empathy, according to Young (2009), “means that you grasp the facts, the feelings, and the significance of another person’s story; more important, empathy involves the ability to convey your accurate perceptions to the other person” (p. 59). The definition is further expanded in the literature as a multidimensional process that involves an initial response or a feeling that leads to a cognitive response or an action (Greason & Cashwell, 2009). Both of these responses are facilitated in either an emotional or cognitive perspective. From a cognitive perspective, empathy refers to an individual’s ability to take the perspective of another person and understand it intellectually. Such as a client discussing hatred towards an individual and the counselor understanding why the client might feel that way. The counselor does not feel and resonate with the anger of the client, but because of the client’s experiences the counselor is able to intellectually understand how those feelings arose in the client. Emotional empathy is where the feelings of another’s emotions are felt by the other person. An example of emotional empathy can be seen when a client shares about the loss of a child and the counselor is moved to tears over the experiences of the client (Ohrt, Foster, Hutchinson, & Ieva, 2009). When empathy is expressed accurately, it serves to facilitate the

therapeutic collaboration, lower feelings of judgment by the counselor, and help to make sense of unproductive behaviors (Feller & Cottone, 2003).

Learning how to show and express empathy is necessary to becoming an effective counselor. Currently, counselor education programs attempt to address the topic of empathy in multiple ways. Cook and colleagues (Cook et al., 2008) used a creative role-play assignment in order to foster empathy. Jordan (1968) and Ohrt (2010) both used groups to explore empathy training. While both studies failed to find a difference between different types of groups, both researchers found that the group process significantly increased empathy development. Other researchers suggest that modeling is an effective way to teach the skill of empathy (Perry, 1975). With limited research suggesting the ability to model and experience empathy through the group process, more focus in this area is warranted.

One of the overarching themes to these studies is that as counselors-in-training have the opportunity to experience roles similar to that of a client, the trainee's level of empathy increases. Students who originally were unable to understand what would lead someone to contemplate suicide left a role play assignment with a world view that gave them insight in to what drives people to feel death is the only option (Cook et al., 2008). Students who participated in an experiential growth group left the experience stating that they had a better understanding of what it felt like to be a group member and that they were able to see how difficult disclosing to a group could be (Ieva et al., 2009). The ability for students to participate in experiences that elicit responses that are deeper than simple knowledge allow for a deeper understanding of their role as a counselor and the ability to empathize with the experiences of their future clients.

Counselor Self-Awareness

According to CACREP (2009: Section II,G,2,E; Doctoral Standard D3; School Counseling expectation D1) counselor self-awareness is critical to the therapeutic relationship and has even been termed a fundamental principle for the fitness of a counselor (Hansen, 2009). The ability to be self-aware further facilitates the opportunity for counselors to relate to clients (Faut & Williams, 2005). Individuals experience self-awareness in two parts, there is an awareness that one is an object for themselves and that an individual is an object to be viewed by others (Auerbach & Blatt, 1996). This awareness can be highly useful in a therapeutic setting. Williams (2003) identified counselor self-awareness as a recognition of and attention to their own thoughts, emotions, behaviors, and physiological responses while in a therapeutic setting. Like anything, too much self-awareness can have a negative impact on the therapeutic relationship by distracting the counselor from being fully present with the client (Fauth & Williams, 2005). However, when used within reason, self-awareness can increase the therapeutic relationship. Self-awareness has already been addressed, and the importance of it identified in multiple branches of counseling, including: mental health (Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005), multicultural (Richardson & Molinaro, 1996), group work (Donigian, 1993), career (Bernhardt, Cole, & Ryan, 1993), and school (Varhely & Cowles, 1991). Even though self-awareness has been studied and supported across a wide range of counseling branches, there is still a lack of literature suggesting how to best train counselors-in-training to be appropriately self-aware. In the 2009 CACREP standards, self-awareness is seen as a fundamental prerequisite for counselor competency by being included in criteria and objectives for multiple areas of counseling programs ranging from admissions criteria to course objectives.

Although CACREP standards (Section II,G,2,E; Doctoral Standard D3; School Counseling expectation D1) and empirical data suggest the importance of self-awareness, there are few studies that look at how self-awareness is taught in training programs. Ohrt (2010) set out to determine the difference of two group approaches in the development of self-awareness and found that although there was not a significant difference between the groups, self-awareness did increase through the group process. Another study by Lennie (2007) explored students' perceptions of self-awareness through one-on-one counseling and personal development groups, but various design flaws and limitations limited the study's findings. Another group study showed that self-awareness was increased through treatment (Orlinsky, Grawe, & Parks, 1994). Although there are a few studies that show how self-awareness is increased in counseling training programs, there is still an overall lack of research in the field of counselor training.

Counselor Self-Disclosure

The concept of counselor self-disclosure has been present in discussions in the field since the emergence of counseling. Freud (1912) first brought self-disclosure to the forefront in 1912 by claiming that the counselor should be like a mirror to his client and only reflect back what the client shows him, thus condemning the notion of self-disclosure. It was not until the early 1960's when self-disclosure began to take hold. Jourard (1964) challenged the notions set forth by Freud by claiming that self-disclosure by the counselor, if used properly, could serve as an appropriate form of modeling for clients. It was at this time that term 'self-disclosure' was coined and became the common language for psychotherapists. Self-disclosure can be defined according to

Haynes and Avery (1979) as, “the process whereby individuals allow themselves to be known to another through open, honest expression of feelings, thoughts, and ideas” (p. 527).

Not long after Jourard coined the term ‘self-disclosure’ he revised his initial publication and added, what he called, the “dyadic effect” of self-disclosure. He believed that as one party self-disclosed it gave permission to and elicited a response of self-disclosure from the other member of the dyad (Jourard, 1971). When counselors reveal pieces of themselves, it serves to add a human factor to the counselor. They are viewed as being more real or more human. In a lot of ways, counselor self-disclosure is viewed as a gift to the client. Clients often view counselor self-disclosure as a sign that the counselor trusts the client enough to give them information about themselves (Knox & Hill, 2003). Self-disclosure is used as a means to develop a bond between the counselor and the client and as a result, strengthens the therapeutic relationship. The client is able to sense and see the emotions of the counselor and increases favorable feelings towards the necessity to develop a strong relationship with the counselor (Curtis, 1982). If done appropriately, this serves as an appropriate form of modeling for the client and clears the way for the counselor to have a clear authentic analysis of the client (Billow, 2000).

One of the primary concerns with self-disclosure is that many counselors, especially beginning counselors, do not self-disclose properly. Beginning counselors believe that they must self-disclose in order to connect and build rapport with a client. Because of such beliefs and given the fact that many beginning counselors view the skills and their application in very concrete terms, self-disclosure is often misused (Borders & Brown, 2005). Self-disclosure can be misused in multiple ways such as self-disclosing in order to use the session to work through personal issues, or not using self-disclosure at all for the fear of focusing on the counselor.

While there is literature that supports the use of self-disclosure in counseling sessions (Barrett & Berman, 2001; Hill & Knox, 2002; McCarthy, 2001), there is a significant gap in the literature as to how self-disclosure is taught in training programs. The literature on implementing self-disclosure training in counselor education programs seems to be minimal at best. The topic is mentioned by several researchers, but has not been empirically evaluated. Yalom and Leszcz (2005) noted that personal growth groups help individuals to learn how to self-disclose and Young (2009) notes the importance of self-disclosure in his textbook on the techniques of counseling, but again there is little insight into how to properly teach counselors-in-training how to self-disclose.

In order to observe the implementation of self-disclosure in training programs in the literature, readers have to make inferential assumptions based on other factors. Because empathy is increased through self-disclosure, a reader can assume that experiential activities that foster empathy do so through elements of self-disclosure. The group experiences that counselors-in-training are required to participate in has the opportunity to foster self-disclosure. Exploratory studies focused on the group experience show that students were able to see the impact of sharing about themselves in a group setting and were able to see how those experiences were helpful to them and the group (Ieva et al., 2009). Although the group opportunity provides an opportunity for self-disclosure, there is still little research in the application of groups for self-disclosure in counseling training programs.

Photography in Counseling

Photography falls under the umbrella of expressive arts, where clients are encouraged to use creative means to express themselves. The use of expressive arts allow for individuals to convey thoughts and feelings that might be difficult to express in words alone (Gladding, 1992). The use of expressive activities such as photography also allows for a sense of safety for the client through the ability to self-direct their expressions (Stevens & Spears, 2009). The use of expressive arts has been present in therapeutic settings for decades, but has only recent began to receive significant attention by researchers (Gladding, 1992).

When looking at a photograph, the focus is not on the actual product, but rather on the meaning assigned by the observer of the image (Merrill & Anderson, 1993). Whereas the image is static, the meaning is fluid: the meaning changes with each person that looks at the image and even changes when the same person looks at the image over time. Craig (2009) captured this idea by saying, “Our natural response when we look at a photograph is to make sense of what we see. We gaze at the image, seeking out the story it tells and the meaning it contains. Yet we view the picture through the filter of our own lives, seeing it from our own unique perspective, superimposing our experiences, our fears, our hopes and values. Herein lies the power of the photograph as a tool for personal exploration” (p. 20). These observations lead to an internal reflection of the individual gazing at the image. In a way the picture serves not as an image captured by someone else, but rather as a mirror cutting through the surface towards inward reflection (Broom, 2009). While sharing an image with others allows for unique and individual interpretations of the image, sharing what an individual sees in an image allows for a deeper understanding of other’s thoughts and feelings.

Some of the literature surrounding the use of photography has produced encouraging results. Broom (2009) found that the use of photographs allows for clients to self-explore, thus leading to a greater sense of self-awareness. The use of photography also allows for clients to express concepts, ideas, and feelings that they might have been hesitant to express without the use of a photograph, further increasing their self-disclosure (Merrill & Anderson, 1993). Photographs also have the potential to elicit empathic responses from individuals who are present during the sharing of an image (Ohrt et al., 2009).

With the group requirement being set at only 10 hours, the use of an intervention that has the potential to elicit feelings and emotions sooner than not using the intervention deserves consideration. The use of photography in a counselors-in-training group is likely to afford counselors-in-training the opportunity to experience factors such as empathy, self-awareness, and self-disclosure in ways that a traditional group format might not allow. Although other expressive arts might help to facilitate the same factors, phototherapy was chosen because of the availability of cameras in today's society and for the fact that phototherapy does not require the type of training and resources that other forms of expressive arts might require.

Access to cameras in today's society has become easier and easier. A study in the UK found that 80 percent of the families had and used a camera (Cronin, 1998). The rise of the digital age has allowed individuals to take photographs without the concern and cost of using film. Within an instant the image can be viewed and either accepted or deleted. Cronin's study was conducted over a decade ago. Since that time, the addition of cameras to cellular phones has expanded dramatically. Apple's phone, the iPhone, currently comes with an 8 megapixel camera that rivals or is of greater quality than many digital cameras. A recent survey of subscribers to

PCMag (Horn, 2011) found that 43 percent of the people surveyed now use their cell phone as their primary camera. One of the leading web based photograph storage sites, flickr noted that the iphone 4 had become the most popular camera on the site in 2009 (www.flickr.com). As a result, the assumption can be made that access to a camera is a norm in the current society, thus making it a logical choice for this study. A prior knowledge or experience with photography is not a pre-requisite to be able to participate in photographic encounters (Weiser & Krauss, 2009). As a result of the accessibility and ease of use of photography, coupled with the findings that phototherapy can foster factors that lead to strengthening the therapeutic relationship, phototherapy is a viable choice for a group intervention with counselors-in-training.

While the use of phototherapy has received some attention and produced significant findings in regards to its effectiveness with clients, the intervention has yet to be applied to counselors-in-training. There is a need to explore the impact of phototherapy on a population of counselors-in-training with the hopes of increasing their empathy, self-awareness, and self-disclosure.

Statement of the Problem

Participation in a personal growth group has been proposed to be beneficial for counselors-in-training by fostering increased empathy in the future counselors. Additionally, the ability to effectively self-disclose as well as being self-aware leads to greater amounts of empathy for counselors. However, the research that explores the effects of such groups on counselors-in-training is limited. The major accrediting body for counselors notes the importance of these factors, empirical research confirms the benefit of counselors displaying these factors on client outcomes, yet training programs still fall short of teaching these factors in a way that is

proven to be effective. Knowing that certain factors lead to client outcomes is simply not enough if the field of counseling is to continue to grow and improve. The way in which future counselors are trained is a vital piece to the success of the counseling profession as well as creating positive client outcomes.

Although the research supporting the way counselors-in-training are taught is sparse, the literature that is there gives clues as to further directions for researchers. One of the areas that have shown to possibly impact counselor development is the use of experiential groups. However, the literature on the use of groups in counselor education programs has little continuity. Studies have looked at the use of personal growth groups (Ieva et al., 2009; Ohrt, 2010), psychoeducation groups (Ohrt, 2010), and group role plays. Most of the research conducted has been exploratory in nature, still warranting the need for a more controlled exploration of specific interventions in the educational process.

Similar to research concerning groups, the use of expressive arts such as photography has also been shown to increase self-disclosure and self-awareness but also lacks a strong research base as it relates to counselors-in-training. Although there have been studies that have addressed each of these areas, the use of photography in a personal growth group for counselors-in-training has never been explored. While the use of such groups is mandated by accrediting bodies (CACREP, 2009), there is little direction as to how the groups should be structured and what content should be addressed. This results in programs developing group procedures with little insight as to how a group can most effectively enhance the skills necessary for the counselors-in-training to become effective counselors (Ohrt, 2010). In order to fully prepare counselors-in-training, counselor education programs have an obligation to use methods of instruction that are

empirically supported to increase the traits that make a counselor successful. Currently counselor education programs fall short in this regard.

Purpose of the Study

The purpose of this study is to explore the effects of a phototherapy intervention on counselors-in-training participating in a personal growth group. The study will focus on the constructs that have been shown to be necessary for effective counselors. These constructs include empathy, self-awareness, and self-disclosure. Because CACREP programs are already required to incorporate 10 hours of a group experience (CACREP, 2009); this study will look at the differences between a group that uses a phototherapy intervention and a group that does not. Change in the constructs previously mentioned will be monitored over the course of a 10-week group experience and changes will be evaluated.

The hope is that through this study, the literature surrounding the use of experiential groups in counseling training programs will be enhanced. This study hopes to provide the field of counselor education with information regarding a specific intervention and empirical back for its effect on empathy, self-awareness, and self-disclosure. This information could prove useful for CACREP programs who are required to have students participate in a group experience by moving closer to an empirically supported group experience. The findings could also be applied outside of counselors in training to individuals who are participating in any form of personal growth group.

Research Questions & Hypotheses

This study is designed to determine the effects of a phototherapy intervention on counselor-in-training's development of empathy, self-awareness, and self-disclosure.

Acknowledging that the group itself will have an effect on the change, the study will compare students receiving the intervention and students in a personal growth group with no intervention.

As a result, three research questions will guide this study.

Research Question One: What is the impact of an experiential counseling group employing phototherapy on counselor education student's level of cognitive and affective empathy as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980) as compared to groups that do not employ this intervention?

Null Hypothesis 1a: There is no significant difference in students' level of cognitive empathy over time between groups participating in a phototherapy intervention as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980) as compared to groups that do not employ this intervention.

Null Hypothesis 1b: There is no significant difference in students' level of affective empathy over time between groups participating in a phototherapy intervention as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980) as compared to groups that do not employ this intervention.

Research Question Two: What is the impact of an experiential counseling group employing phototherapy on counselor education students' level of self-awareness as measured by the Situational Self-Awareness Scale ([SSAS]; Govern & Marsch, 2001) as compared to groups that do not employ this intervention?

Null Hypothesis 2: There is no significant difference in students' level of self-awareness over time between groups participating in a phototherapy intervention as measured by the Situational Self-Awareness Scale ([SSAS]; Govern & Marsch, 2001) as compared to groups that do not employ this intervention.

Research Question Three: What is the impact of an experiential counseling group employing phototherapy on counselor education students' amount of self-disclosure as measured by behavioral observations compared to groups that do not employ this intervention?

Null Hypothesis 3: There is no significant difference between students' amount of self-disclosure after participating in a phototherapy intervention as measured by behavioral observations compared to groups that do not employ this intervention.

Research Question Four: Is there a correlation between empathy, self-awareness, and self-disclosure?

Null Hypothesis 4a: There is no correlation between empathy and self-awareness.

Null Hypothesis 4b: There is no correlation between empathy and self-disclosure.

Null Hypothesis 4c: There is no correlation between self-awareness and self-disclosure.

Definition of Terms

Counselors-in-Training – For this study, the participants will be master's level students currently enrolled in a counselor education program pursuing a degree in either mental health, school, or marriage and family counseling. All the students will be enrolled in a group experience course during the semester in which the study is conducted.

Empathy – This study uses the definition of empathy as noted by Davis (1980). Empathy is composed of two distinct areas, cognitive and affective empathy. Cognitive empathy refers to the ability to take another individual's perspective (Gibson, 2007) while affective empathy refers to the ability to emotionally connect with another person.

Experiential Group – This term refers to the group experience in which students are required to participate in as noted through the CACREP standards (CACREP, 2009). For the sake of this study, these groups will have a here and now focus that encourages self-discovery, self-development, and interpersonal interactions (Gladding, 2008).

Phototherapy - Phototherapy is defined as the use of photography in a therapeutic setting. This can be the individual observing photographs, taking photographs, or having photographs taken of themselves, under the direction of a trained therapist, as a method of facilitating growth and change (Stewart, 1979)

Self-Awareness – This study uses the definition of self-awareness defined by Williams (2003) that is the recognition of and attention to one's own thoughts, emotions, physiological responses, and behaviors while interacting with others. This also includes awareness as to how the self is being perceived both publicly and privately (Govern & Marsch, 2001).

Self-Disclosure – Self-disclosure will be defined in this study as the process by which individuals allow themselves to be known to other individuals through open, honest expression of feelings, thoughts, and ideas (Haynes & Avery, 1979).

Chapter Summary

The use of experiential groups in the counselor education programs has been a suggested or mandatory feature since the inception of CACREP. However, there is little empirical support as to what the group process should look like. This study seeks to implement a phototherapy treatment into the experiential group process in an attempt to further increase traits necessary for counselors to be effective. The remainder of this study will include a review of the relevant literature, including the topics of: experiential groups, empathy, self-awareness, self-disclosure, and phototherapy. The literature review will be followed by a clear outlining of the methodology to be used for the study. The methodology will include the research design, sample, and instrumentation to be used. This section will also discuss the phototherapy intervention to be used in this study.

CHAPTER TWO REVIEW OF THE LITERATURE

Introduction

What makes an effective counselor? What are the skills and traits that lead to successful client outcomes? The qualities that make up an effective counselor have been researched but not as extensively as one might think. Although psychotherapy is generally accepted as an approach that works in a positive manner for the majority of psychopathology, there is still a great deal of uncertainty as to what factors contribute to client change (Jorgensen, 2004). It can be argued that one of the most appropriate ways to measure counselor effectiveness is through client outcomes.

Originally the technical expertise of the counselor, which included the timing and choice of specific interventions, has largely been attributed as the cause of effective therapy (Farber & Lane, 2001). If the therapist is able to implement the appropriate interventions at the appropriate time, then change in client outcomes would be visible. Another early view was that specific interventions served as the catalyst for change in client outcomes, yet Lambert and Barley (2001) found that specific therapeutic techniques account for only a small portion of client outcomes and thus a small portion of what makes an effective counselor. The other areas that attribute to client outcomes include: (a) extratherapeutic factors, (b) client expectancy, (c) specific therapeutic techniques, and (d) common factors (Lambert & Barley, 2001).

Extratherapeutic factors are described as any factor that contributes to change in the client that is not associated with the therapeutic setting and accounts for roughly 40% of the change in client outcomes (Lambert & Barley, 2001). Extratherapeutic factors have the ability to both help and hinder the progress of the client. Extratherapeutic factors are found to be the largest influencer of change in client outcomes but the counselor has little control over these

factors. Along with extratherapeutic factors, client expectancy is largely out of the influence of the counselor.

Clients enter counseling with preconceived notions regarding the therapeutic process. Each individual has a unique perception of how he or she views counseling and what he or she expects to gain from the process. These perceptions, often called client expectancies, will naturally influence the direction, pace, and outcome of the counseling process. Nock and Kazdin (2001) defined client expectancies as the, “anticipatory beliefs that clients bring to treatment and can encompass beliefs about procedures, outcomes, therapists, or any other facet of the intervention and its delivery” (p. 155). Similar to a placebo effect in medical studies, client outcomes can be influenced by the client’s own thoughts and expectations (Rosenthal & Frank, 1956). The combination of extratherapeutic factors and client expectancies account for 55% of the change in client outcomes.

The remaining 45% of change in client outcomes are directly influenced by the counselor; 15% of change is attributed to specific therapeutic techniques while the remaining 30% of change is attributed to common factors. With the massive amount of techniques and theoretical orientations, there seems to be little consensus as to the efficacy of one approach over another (Smith, Glass, & Miller, 1980). In a meta-analysis by Smith and Glass (1977), only about 10 percent of the variance in effect sizes was due to the specific type of therapy used. A second meta-analysis conducted by Lambert and Bergin (1994) also found little difference between specific techniques in the amount of change produced. Finally, in a more rigorous meta-analysis conducted by Wampold and colleagues (1997) it was determined that there was not an

effect that even “vaguely approached the heterogeneity expected if there were true differences among bona fide psychotherapies” (p. 209).

While there is little support for one approach over another, change in client outcomes is evident across orientations. The notion that multiple techniques and theories produce similar results with vastly different elements leads one to believe that there must be common traits that extend across the various theories and techniques. Lambert (1986) postulated that these common factors may be responsible for therapeutic success. While specific therapeutic techniques are tied directly to various theories and approaches to counseling, common factors are skills and techniques that are seen across the spectrum of therapeutic approaches. Common factors, and their impact, are viewed across a spectrum of effectiveness ranging from being important to therapy outcomes at the very least (Lambert & Ogles, 2003) all the way to being the driving force for therapeutic effectiveness (Wampold, 2001).

The disparity among researchers’ idea of common factors and their effectiveness varied widely until Grencavage and Norcross’ (1990) meta-analysis in which they distributed the 29 common factors mentioned in 50 studies into five categories: (a) client characteristics, (b) therapist qualities, (c) change process, (d) treatment structure, and (e) the therapeutic relationship. Out of these five categories, change process was noted as the most frequently addressed category with 80 percent of authors proposing at least one common factor in this category, while client characteristics was the least proposed category with only 6 percent of authors identifying a common factor in this category. Taking this a step further, the specific factors that were identified were the therapeutic alliance (reported by 56% of the authors), opportunities for catharsis (reported by 38% of the authors), the ability to practice and acquire

new behaviors (reported by 32 % of the authors), positive expectancies by the client (reported by 26% of the authors), qualities of the therapist that are beneficial (reported by 24% of the authors), and the provision of a rationale as a process of change (reported by 24% of the authors). Based on the findings of Grencavage and Norcross, the therapeutic alliance, or the relationship between the client and the therapist, is one of the strongest common factors in the therapeutic setting. Given these findings, it would behoove us to know how to best train future counselors in this important domain.

One of the ways in which common factors are taught to counselors-in-training is through a group experience. Students are required to participate in some form of a group activity within a CACREP accredited counselor education programs with the hopes of developing the factors (ie., empathy, self-awareness, & self-disclosure) necessary to be an effective counselor. Although the group experience is a requirement, there is still little data that supports the most effective structure and content during the group experience to facilitate these processes. This study is designed to evaluate the effectiveness of a specific intervention using photography in the group experience to address counselor-in-training's ability to show empathy, to be self-aware, and to appropriately self-disclose. This chapter will address (a) common factors, (b) empathy, (c) self-awareness, (d) self-disclosure, (e) how skills are taught in counselor education programs, (f) experiential groups, (g) expressive arts, and (h) phototherapy.

Common Factors

One of the questions that continue to plague the field of counseling is why counseling works? Various meta-analyses show that out of the numerous approaches to counseling, the

majority of presenting problems can be treated just as successfully by multiple approaches (Shapiro & Shapiro, 1982; Smith et al., 1980). This leaves one to ponder what are the qualities of the various approaches that lead to change in client outcomes? One explanation postulates that there are similarities among the various approaches and it is those similarities that effectively lead to change in client outcomes (Leibert, 2011). The similarities among approaches are referred to as common factors.

Lambert's (1986) exploration of the factors that lead to mental health outcomes led him to conclude that there are four overarching categories that lead to effective outcomes in clients. Those categories include: (a) extratherapeutic change, (b) expectancy or the placebo effect, (c) specific techniques, and (d) common factors. As mentioned previously, Lambert found that the largest contributor to client outcomes were extratherapeutic factors, accounting for approximately 40% of outcome change. The client's expectancy of change accounted for another 15 percent. Both of these sets of factors Lambert noted were not attributed to the counselor. Within the counselor's influence, the largest factors of influence included common factors at 30%, while specific therapeutic techniques accounted for only 15% of client outcomes.

One of the more notable common factors is the therapeutic relationship, which is considered essential in the major schools of therapy treatment, and in turn is one of the most studied common factors (Constantino, Arnow, Blasey, & Argas, 2005). The therapeutic relationship spans a wide range of activities in a counseling setting. According to Hatcher and Barends (2006), the therapeutic relationship includes, "any and all motivations and activities of client and therapist, including hostility, seductiveness, humor, ingratiation, guild, and so forth" (p. 298). In essence, the therapeutic relationship includes any interaction between the client and

the counselor, making the therapeutic relationship ever present and a strong predictor of client outcomes.

In an attempt to understand the therapeutic relationship and the strength of the alliance between the counselor and the client, Bedi (2006) used concept mapping with 40 clients who received individual counseling. Clients were asked to recall observable occurrences that contributed to their experiences of establishing a strong relationship and alliance with their counselor. The researchers found 74 statements identifying common factor among the participants. Content mapping further revealed 11 categories that led to the formation of the alliance and within those categories, empathy and self-disclosure were identified as contributing factors. While the study shows that more research is warranted in this area, inferences can be made to the use of empathy and self-disclosure in their effectiveness towards establishing a strong therapeutic relationship, thus making the case for the current study.

The impact of the relationship is not limited to nor did it originate in a therapeutic setting. Our world is a constant juggling of positive and negative relationships that are ever changing and impossible to avoid, for good or bad (Nuttall, 2002). Clarkson (1995) goes on to state that the relationship is the first condition that is present in being human. With the prevalence of relationships in our lives, it is quite possible that the relationship had simply been overlooked in therapeutic settings. The relationship was so ingrained in our everyday lives that researchers failed to realize the presence and power of the relationship until the last few decades. This does not mean that the relationship has not been addressed until recent years, but rather there is an increase in the amount of client outcomes that are attributed to the therapeutic relationship (Clarkson, 1995)

The recognition of the significance of the relationship in a therapeutic setting can be seen as early as, and as notably as with Carl Rogers in the late 1950's. He believed that in order to facilitate change in a client, the counselor needed to show the client unconditional positive regard, have an empathic understanding of the client's frame of reference, and communicate his or her empathic understanding to the client (Rogers, 1957). Rogers' person-centered movement served as a trailblazer for the impact of the relationship in counseling. By applying a rigorous empirical method to the lens of the therapeutic relationship, the alliance between the counselor and the client was thrust into the center of the psychotherapy research agenda (Horvath, Del Re, Fluckiger, & Symonds, 2011). But perhaps what has managed to keep the therapeutic relationship a steadily growing trend in psychotherapy even more than the support of Rogers is the consistent findings of the relationship between the therapeutic alliance and client outcomes across a broad array of both treatments and clients (Horvath & Symonds, 1991; Martin et al., 2000).

With any relationship there is an interaction between the parties involved. The lens in which each individual views the relationship is different and has a different impact both on their perceptions and their actions. In the therapeutic relationship, the client's view of the therapeutic relationship gives insight into the success of the counseling process. Bedi and colleagues (Bedi, Davis, & Williams, 2005) found that the client's judgment of the strength of the relationship was a better predictor of outcomes than that of the counselor. Participants in the study noted specific things that the counselor did that helped strengthen the relationship. Some of those items included: the counselor self-disclosed similar experiences, the counselor was intuitive and listened, and the counselor was honest. With an understanding of what the client views as

important we can focus on the things that the counselor can do to help create a strong therapeutic relationship. The way in which the counselor approaches and understands both the client and his or herself can strengthen or weaken the therapeutic alliance. Current literature shows multiple factors that help foster a strong alliance. Those factors include (a) empathy, (b) counselor self-awareness, and (c) counselor self-disclosure, with both self-awareness and self-disclosure serving as catalysts to increasing and fostering empathy. The findings mentioned further strength the need for a strong look at the factors mentioned and how those factors are taught to future counselors.

Empathy

One of the strongest influencers of the therapeutic relationship is the counselor's ability to show empathy (Bedi et al., 2005). Although empathy is a vast construct that spans multiple disciplines, this current review of the literature is limited to literature that is relevant to the present study. The review will begin with exploring the evolution of empathy in the field of counseling. This is done in hopes of providing an initial understanding and framework for empathy. Once the foundation has been set, the review will shift to the empirical literature that is deemed pertinent to the current study. The review of the literature is not limited to studies evaluating empathy in counseling, but also includes studies that investigate the development of empathy as well. While the study is primarily concerned with how empathy is taught to counselors-in-training, this section focuses on empathy and its importance in the therapeutic setting. Literature supporting how empathy is seen in counselor education programs will be addressed in a later section.

History of Empathy

Empathy is said to have its origins in the German aesthetics. Late in the 19th century, German aesthetics moved away from the objective world and began to focus on the workings of the mind. The shift from beauty being defined externally to highlighting the thought process itself was the first step towards the development of empathy. As a result, the term *Einfühlung* was coined by Robert Vischer in 1873 (Listowel, 1934), which meant the spontaneous projection of a human's real psychic feelings onto both the people and the things that he/she saw (Duan & Hill, 1996). Shortly after Vischer's coining of the term, it was adopted for psychology. The belief was that as individuals identified and responded to others through *Einfühlung*, it was then preceded by both imitation and projection, which in turn increased *Einfühlung*. The term *empathy* was derived from *Einfühlung* and coined by Titchener in 1909. According to Titchener (1924) empathy was defined as a "process of humanizing objects, of reading or feeling ourselves into them" (p. 417).

Titchener's perspective of empathy could be categorized as a reactive-projective perspective in which the awareness of the other person's effect of sharing feelings was the primary focus. This perspective largely drove the field of psychotherapy for the next decade before a cognitive component was added to the understanding of empathy (Duan & Hill, 1996). With the addition of a cognitive piece by Mead (1934), there was now a movement to not only recognize the interaction itself, but to also be able to understand the interaction between the client and the therapist. Although Rogers mentioned empathy in one of his earlier works, the concept of empathy quickly took root with psychotherapists with the inclusion of empathy in

Rogers' (1957) list of skills necessary to be an effective psychotherapist. Rogers' call for empathy expanded past the humanistic perspective, in which it was seen as a necessary agent for change, and spread into almost all theoretical perspectives and various sub-disciplines of psychology (Duan & Hill, 1996). It was during this time that empathy became a focal point for empirically based research. The extensive use of empathy further solidifies Rogers' and other theorists (i.e., Kohut, 1959) belief that empathy is an essential component of basic interactions.

Over time, the definition of empathy has been expanded upon and changed by numerous researchers. As a result, there is not a universal definition of empathy (Duan & Hill, 1996). The growth that empathy experienced may have also contributed to the ambiguity of how it is defined. Without a clearly defined foundation, the research on empathy was destined to be inconsistent and confusing at best. As empathy has expanded and been interpreted by various researchers and theorists, three different constructs of empathy have evolved. Empathy is referred to as (a) a personality trait or general ability, (b) a situation-specific cognitive-affective state, and (c) a multistage experiential process (Barone et al., 2005).

Empathy, when viewed as a personality trait or general ability is conceptualized as the ability to identify or know the feelings and inner experiences of others (Sawyer, 1975). The view of empathy as a personality trait or general ability can be seen in the works of psychoanalytic theorists, psychotherapy researchers, and social and developmental psychologists. Each of these schools believes that empathy is a trait that individuals possess, and that some people naturally have more empathy than others (Duan & Hill, 1996).

The second school of thought believes that empathy is a situation-specific cognitive-affective state. Rogers (1957) viewed this as the ability to sense the private world of another

individual as one's own and can be seen as a matching of the affect or cognition of the client. Both the matching of affect or cognition of the client and the degree in which the therapist understands and feels the client's experiences are ways in which empathy is measured among the situation-cognitive perspective. Followers of this approach believe that regardless of the innate or developed ability to display empathy, empathy is dependent on the current situation (Feller & Cottone, 2003). One of the inherent benefits of viewing empathy as situation-specific is it allows for research to address situational factors. If empathy is described in the context of the specific situation then the effects of empathy can be compared across situations and areas such as altruism (Batson & Coke, 1981) and attribution (Gould & Sigall, 1977).

The third perspective of how empathy is experienced is when empathy is experienced as a multistage experiential process. In this regard, empathy is viewed as a developmental process in which empathy is experienced in various stages and levels. Such a view of empathy can be seen in Barrett-Lennard's (1981) cyclical model, Kohut's (1984) two-step empathy process, and Gladstein's (1983) theory of multistage interpersonal process (Duan & Hill, 1996). By stating that empathy requires experiences that follow some sort of a sequence has clear implications for counselors in training. However, there has been little success in operationalizing empathy in a multistage manner.

Currently the single term of empathy is being used in multiple constructs that display some similarities but as a whole are drastically different. By using empathy in such unique constructs, the result is confusion in the current literature. Duan and Hill (1996) proposed the use of specific terms to represent different forms of empathy (i.e., dispositional empathy, empathic experience, and empathic process). To further expand on the confusion in the literature regarding

empathy, current literature has identified empathy as having two distinct pieces, a cognitive and an affective process (Barone et al., 2005; Duan & Hill, 1996)

Gladstein (1983) defined cognitive empathy as “intellectually taking the role or perspective of another person” (p. 468). Individuals who fall into the cognitive camp believe that one must understand their own perspective before they are able to process the emotions of another individual. The focus of cognitive empathy is centered on taking the perspective of the other individual and decentering. According to Davis (1994), decentering is the ability to step outside of one’s own outlook in order to capture a glimpse of how others view the world. Overall, the cognitive school of thought leaves little room for emotionally understanding empathy.

On the other hand, affective empathy focuses on the emotional response elicited by someone else. Sticking with Gladstein’s (1983) definitions, affective empathy can be defined as, “responding with the same emotion to another person’s emotion” (p. 468). An affective view of empathy puts a focus on the emotional reaction that results from witnessing someone else experiencing an emotion. An example of this would be when a counselor feels concern or compassion for a client that is suffering. The affective response of concern and compassion are considered empathy from those who view empathy as an affective process (Ohrt, 2010). The two areas of empathy laid out by Gladstein have been supported by other researchers as evidence by Bachelor’s (1988) further exploration of affective and cognitive empathy into counselor styles and Smither’s (1977) division of empathy as “empathy via contagion” and “empathy via role-taking”

From a theoretical standpoint, the idea of clearly breaking empathy into two distinct areas makes sense. However, when practically exploring the concept of empathy, the distinction between the two forms of empathy is much hazier and has been argued by multiple researchers and practitioners (Davis, 1980; Duan & Hill, 1996; Feshbach, 1975; Greenberg, Rice, & Elliot, 1993; Strayer, 1987). Although there might be some distinction between the two forms of empathy, both forms influence each other and are necessary in a therapeutic setting. Davis (1980) goes on to describe empathy as a multidimensional concept and even though cognitive and affective empathy are distinct concepts, they are also interdependent. In order to fully understand empathy both the cognitive perspective-taking of the individual and the emotional reactivity should be included. But in order to fully measure empathy, the two areas should be measured independently of each other in order to fully understand both their separate and combined effects. As a result, Davis developed the Interpersonal Reactivity Index (IRI; Davis, 1980) to measure both the affective and cognitive constructs of empathy as well as the interaction between the two.

In reviewing the history of empathy, the concept of empathy was solidified in the counseling field through Rogers (1957) when he listed empathy as one of the six traits that he considered both necessary and sufficient for change to occur in the therapeutic setting. The process of empathy firmly took root in the field of psychotherapy. Research on empathy and therapeutic outcomes quickly emerged shortly after Rogers' theory where empathy was found to be tied to positive therapeutic outcomes (Traux & Mitchell, 1971). Since that time, empathy research has come in waves, with periods of highly active research and other periods with little activity, and the research that was being produced many feel was confusing at best (Feller &

Cottone, 2003). In 1996, Duan and Hill released their review of empathy research concluding that empathy and other facilitative qualities as constructs are much more complex than originally believed. Instead of viewing this as a lack of scientific rigor on the part of the researchers, Duan and Hill took this as a glimpse to the vastness of empathy by stating, “We believe that the confusion reflects the diversity of the ways in which empathy is conceptualized and suggest that such diversity needs to be understood but not discouraged” (p. 261). It was from this study that the terms “intellectual empathy,” “the cognitive process,” “empathic emotions,” and “the affect aspect” of empathy were introduced.

While empathy involves the counselor understanding the client on multiple levels, it does not mean that the counselor loses the understanding of who they are. Rogers (1957) explained this as sensing the client’s private world as if it was not the clients world, but rather experiencing the client’s world as your own all while still hanging on to the ‘as if’ quality and recognizing that it is the client’s private world and not your own. The ability to strategically control one’s own attention and incorporate both cognitive and emotional responses to the client, all while still maintaining the self, is an essential skill necessary for developing empathy with a client (Greason & Cashwell, 2009). Although empathy is seen in multiple approaches that span the history of counseling, there is currently little research suggesting how the instruction of empathy should be implemented in the training process even though there is considerable evidence as to the effectiveness of empathy in therapeutic settings. Some of those findings will be discussed in the following section.

Empirical Support

One of the best ways to get a clear picture of large amounts of literature concerning a single topic is through a meta-analysis. Elliott, Bohart, Watson, and Greenberg (2011) conducted a meta-analysis of empathy in regards to psychotherapy outcome. Their study sought to address four questions, “(a) What is the overall association between therapist empathy and client outcome? (b) Do different forms of psychotherapy yield different levels of association between empathy and outcome? (c) Does the type of empathy measure predict the level of association between empathy and outcome? (d) What other study and sample characteristics predict an association between empathy and outcome?” (p. 45). To be included in their review, the studies had to meet the following criteria: (a) empathy was related to a form of outcome, (b) empathy was specifically measured, (c) the study lasted more than three sessions, (d) clients had actual clinical problems, (e) there were at least five clients, and (f) there was enough information to calculate a Pearson correlation. Fifty-nine sets of clients taken from 57 total studies, totaling 3,599 clients, were used. Overall, the researchers found that empathy accounts for roughly 9% of the variance in therapy outcomes. This finding shows the significant role that empathy plays in the therapeutic relationship and in turn the need for concentrated efforts to develop empathy in counselors-in-training.

Elliot and colleague’s meta-analysis also compared the relations between specific types of empathy and outcome, noting through the significance found in comparing confidence intervals that client-perceived empathy significantly predicted outcomes better than accuracy measures. Empathy was also found to have slightly more influence on predicting positive group outcomes. Limitations for the study include the incomplete reporting of methods and results by

multiple studies and the questionable validity of some outcome measures. Even with limitations, the authors conclude that an empathic stance is an essential trait and goal for all psychotherapists, further reinforcing the need to teach empathy in counselor training programs and increasing the support for the current study.

In another study, Ridgway and Sharpley (1990) analyzed 12 audiotaped interviews in order to determine counselor effectiveness. Two scales were used, the Counselor Description Form (CDF; McLennan, 1986) and the Client Satisfaction Scale (CSS; McLennan, 1986). The empathic interaction was measured by identifying statements by the counselor within a specific sequence. Each counselor response was judged and identified when it met any of the following six criteria: (a) repeating the same words, (b) paraphrasing the previous statement, (c) words that show agreement, (d) a completion of the other individual's sense, (e) inferring the other individual's words, or (f) it described the state the other individual is presenting. Counselors were rated on both the CDF and the CSS during a 40-50 minute simulated counseling interview. Findings suggest that the high effectiveness in counselor training was associated with four distinct situations. The first involved the counselor speaking first and a sequence that was empathy – diverging. The following three situations involved the client speaking first and the sequences included empathy-enhancing, empathy-diverging, and empathy-commencing. This study shows that the interaction is important in the training process for future counselors.

Feller and Cottone (2003) explored the literature and concluded that empathy or a related interpersonal factor can be seen in all counseling theories to some extent. The use of empathy contributes significantly to therapeutic outcomes in clients. While empathy may not be a central component to every theory, literature strongly supports the benefits of empathy in facilitating a

positive therapeutic relationship between the client and the counselor. Although Feller and Cottone pulled from a large body of empathy literature the article lacked a rigorous scientific methodology and thus should be examined with some caution but still supports the case for more studies regarding empathy and how it is taught.

As a whole, the body of literature surrounding the therapeutic factor of empathy suggests that empathy is a necessary factor for positive client outcomes. Empathy has been recognized by both the counselor and the client as a strong piece of the therapeutic relationship. The wide spread use of empathy in the field of counseling further validates the importance of the factor as well as the necessity to focus on the factor and factors closely related to empathy in training programs.

Self-Awareness

One factor closely tied to empathy is self-awareness. Self-awareness is a factor that is necessary to be an effective counselor (Coster & Schwebel, 1997; Jennings & Skovholt, 1999; Williams & Fauth, 2005). Although the factor has been noted by scholars as well as by the accrediting body for counseling programs (CACREP, 2009), there is still little information in regards to empirical support for the construct (Hansen, 2009). The current literature on self-awareness is mixed in its findings. Some researchers point out the positive effect (Coster & Schwebel, 1997; Fauth & Williams, 2005; Goffman, 1967) that self-awareness has on counseling while others attempt to show how certain amounts of self-awareness can have a negative effect (Ingram, 1990; Smith & Greenberg, 1981) on the counseling sessions. Part of the lack of support for self-awareness could be due to the difficulty with measuring the construct as well as a lack of

consensus on terminology and definitions (Williams, 2008). It appears that the majority of the research focused on self-awareness uses recall methods to gather data, which inevitably fails to capture the true process in the here-and-now: here-and-now questioning of self-awareness inevitably brings more awareness, thus skewing findings. The mixed findings for self-awareness further the need for more research regarding the factor. The following section includes a brief overview of the history of self-awareness followed by a review of the current literature surrounding self-awareness.

History of Self-Awareness

Self-awareness emerged in psychotherapy literature in the mid 1980's. In order to fully grasp the history of the construct, we must look outside the field of psychotherapy and borrow from social and cognitive psychology. Self-awareness came about as an extension of self-consciousness research. Fenigstein (1979) used the term "self-consciousness" as an overall trait that was described as directing attention towards one's self. The changing states back and forth between self-focus and external-focus was then termed "self-awareness". Fenigstein's work led to one of the current definitions of self-awareness, which refers to a counselor's momentary attention to and recognition of their thoughts, physiological responses, behaviors, and emotions (Williams & Fauth, 2005).

The same self-directed awareness described by Fenigstein (1979) and Williams and Fauth (2005) is also referred to as self-focused attention in the literature (Ingram, 1990; Mor & Winquist, 2002). A broad definition of self-focus is noted as the ability to focus attention on one's self as an object (Carver, 2003; Silvia & O'Brien, 2004). By identifying an individual as an

object we acknowledge that we are able to be manipulated and affected by other objects around us. It further serves to highlight our boundaries and flaws (May, 1967). It is this thought process that some researchers believe has led to the negative research trail for self-awareness (Silvia & O'Brien, 2004). However, the opposite of an objective view of the self is equally detrimental. By not being constrained by society we are just as likely to do as much harm as if we were viewing ourselves as a pure object. This notion posits that there needs to be a balance between the two. Both modes can be beneficial and are necessary, but they can also both be detrimental. When exploring self-focused attention, the literature goes back to the early 1930's when Wolff studied individuals' reactions to their own physical features (Silvia & Gendolla, 2001). As a result, the review of the literature also included searches for self-focus.

Empirical Support

Self-awareness is widely recognized, encouraged, and used in the field of counseling. The surprising fact is that although it is widely used, there is little empirical support for the effectiveness of self-awareness in the therapeutic setting for either the client or the counselor (Hansen, 2009). In one of the few empirical studies on self-awareness, Fauth and Williams (2005) investigated counseling student's degree of self-awareness while working with a volunteer client and the effects of self-awareness on the therapeutic process. The study used a hierarchical multiple regression with 17 volunteer clients and 17 counselors-in-training each enrolled in one of two academic institutions. The specific data collection instruments used to identify the impact of self-awareness on the therapeutic process included the In-Session Self-Awareness Scale (ISSA; Fauth & Williams, 2005), the Management Strategies List (MSL; Fauth

& Williams, 2005), the Helpfulness Rating Scale (HRS; Elliott, 1985), the Client Reactions System (CRS; Hill et al., 1988), and the Session Impacts Scale (SIS; Elliott & Wexler, 1994). The findings identified a statistically significant relationship between the volunteer client's helpfulness ratings and the trainees' level and experience of self-awareness. The trainees' level of self-awareness accounted for approximately 6% of the variance. Although there were significant findings, the results should be interpreted with some caution due to a small sample size and the lack of a long-term intervention (the study used one 30-minute session). Nevertheless, the findings support the benefit of self-awareness for both the counselor and the client. Their findings suggest that overall self-awareness was generally linked to change in the therapeutic setting. One possible reason for the correlation can be seen in the finding that the clients felt closer to and more supported by the counselors who reported being more self-aware. Also, the counselors reported that overall, the more self-awareness that was reported by the counselors, the more helpful the counselors believed the self-awareness was.

In a set of studies, conducted by Coster and Schwebel (1997), the researchers explored the factors that psychologists associated with well-functioning practitioners. In their first study, psychology faculty members identified practitioners who were deemed well-functioning and had spent the majority of their time in direct service to clients for at least the past 10 years. Six participants were interviewed concerning what they believed made for a well-functioning practitioner. Ten themes emerged from the interviews and included: (a) peer support, (b) stable personal relationships, (c) supervision, (d) a balanced life, (e) graduate department or school, (f) personal psychotherapy, (g) continuing education, (h) family of origin, (i) the costs of being impaired, and (j) coping mechanisms. An overarching factor that was common to a majority of

the themes reported was the supportive relationship, stating that these relationships helped to make them fully aware of themselves.

The second study by Coster and Schwebel explored the notion of well-functioning practitioners using a random sample of practicing psychologists. Questionnaire packets were sent out to 950 practitioners and 432 returned the surveys. Out of the 432, 339 met the researchers' requirements (more than 50% of time in direct service). Individuals were administered the Impairment Questionnaire and the Well-Functioning Questionnaire. Responses to this survey showed that psychologists believed that self-awareness/self-monitoring was the most important trait to a well-functioning practitioner. These studies further validate the notion that self-awareness is a valuable and necessary trait for practitioners to possess.

In a study conducted by MacDevitt (1987), 185 psychologists were studied regarding personal therapy and their professional self-awareness. Six hundred copies of the Therapy Vignette Questionnaire (TVQ; MacDevitt, 1987) were distributed to randomly selected psychologists. Out of the 600, 185 questionnaires were completed and returned. The TVQ is a 25 item questionnaire that gives a vignette of a psychotherapy situation followed by five choices. Respondents were also asked about their own experiences with counseling through a demographics questionnaire. Findings suggest that the majority of psychologists (82%) who received personal counseling viewed the experiences as important to their own work with clients. The personal counseling also seemed to heighten the self-awareness of the psychologists and was found to be highly valuable in personal therapy.

Another article that looked at the effects of counselor self-care and well-being on self-awareness was conducted by Richards, Campenni, and Muse-Burke (2010). For this study, 148

mental health professionals were issued the Self-Reflection and Insight Scale (SRIS: Grant, Franklin, & Langford, 2002), the Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003), and the Schwartz Outcome Scale-10 (SOS-10; Blais et al., 1999). The surveys were mailed to over 400 counselors in northern Pennsylvania with 148 completed and returned. The findings suggest that self-care actions have a positive effect on counselor well-being and that well-being leads to stronger self-awareness, thus making a stronger counselor.

In a review of the literature, Silvia and O'Brien (2004) highlighted both the benefits and concerns surrounding the concept of self-awareness. From a negative standpoint, the authors highlighted how self-awareness can potentially decrease intrinsic motivation and lead to feelings of depression. From a constructive approach, four themes emerged including: (a) perspective-taking, (b) self-control, (c) creative achievement, and (d) pride and high self-esteem. The authors found that perspective-taking is essential for negotiating social interactions and serves to promote the empathic response. Self-awareness also allows for individuals to internalize standards of conduct and measure how they align themselves with those standards. Creative achievement is obtained through the use of self-awareness by allowing individuals to identify good ideas and weed through bad ideas. While one of the strongest negatives for self-awareness is individual's inability to measure up to perceived standards, research also supports that self-awareness is critical to feelings of pride and high self-esteem. The authors highlighted the strengths of self-awareness that are beneficial for counselors, including its ability to foster empathy.

Self-awareness, while a relative newcomer to the counseling profession, has already shown its benefit for counselors (MacDevitt, 1987; Silvia & O'Brien, 2004). Without an

extensive body of literature, there is bound to be questions surrounding the significance of the factor of self-awareness in a counseling setting, but the literature that is currently present suggests that self-awareness is an important part of being an effective counselor. As a result, more studies need to be conducted that further explore self-awareness in a counseling setting as well as how counselors are trained to be self-aware.

Self-Disclosure

Another factor that is closely tied with empathy and self-awareness is self-disclosure. Ranging from Freud's work in the early 1900's to the present day, self-disclosure has been noted as a technique that is effective in a therapeutic setting (Knox & Hill, 2003). Researchers, such as Jourard (1971), believe that as counselors self-disclose information that is relevant to the counseling relationship, the counselor's disclosure serves as an example and permission for the client to be more open. Therapist self-disclosure also adds a human effect to the counselor that allows for the client to feel more comfortable and connect with the counselor (Knox & Hill, 2003). Self-disclosure, if done appropriately, can serve as a spring board for the therapeutic sessions (Billow, 2000). As a result of the potential impact of self-disclosure, it has been identified as a skill necessary for effective counselors (Borders & Brown, 2005). The following section will briefly address the history of self-disclosure followed by a review of the literature supporting self-disclosure in a counseling setting.

History of Self-Disclosure

The use of self-disclosure was first met with resistance by the leading theories of psychotherapy. Counselors aligned with the psychoanalytic or psychodynamic approaches believed that in order to be effective, the counselor should be neutral and anonymous. It was believed that the more a counselor disclosed the less the client would reveal (Goldstein, 1997). Freud believed that the counselor should serve as a mirror to the client and reflect only what the client demonstrated (Petersen, 2002). However, counselors quickly acknowledged that the ability to be totally anonymous was impossible. As a result, many counselors have embraced the notion of disclosing their emotions believing that sharing information about their selves might be the only way in which a counselor might be able to get a clear picture of the client (Knox & Hill, 2003).

As the humanistic movement began to emerge in the early 50's, the early humanists believed that the authenticity of the counselor led to a client's trust, openness, and ultimately change (Rogers, 1957). It was not until 1971 that Jourard brought self-disclosure to the forefront of the counseling field. He noted that the genuineness of the counselor sharing his or her own feelings and thoughts helped to establish a positive regard with the client as well as making the therapeutic process more open for the client. Humanists also believed that counselor self-disclosure made the counselor more humane in the eyes of the client and helped to normalize the thoughts and feelings of the client (Lane & Hull, 1990). Similar to humanists, cognitive behaviorists followed after the humanist movement, believing that self-disclosure was beneficial in modeling how to self-disclose and helped to show clients the impact their actions make on others (Knox & Hill, 2003). Currently self-disclosure is noted and welcomed in the majority of

therapeutic approaches, even those aligned with a psychodynamic orientation (Goldfried, Burckell, & Eubanks-Carter, 2003). As long as the self-disclosure is relevant to the counseling session, it provides an environment of trust with the client as well as an example of appropriate disclosure (Henretty & Levitt, 2010).

Empirical Support

Yalom (1999) believes that self-disclosure further facilitates the genuineness and authenticity that is necessary for the therapeutic relationship to flourish. However, there are some cautions as to how and when to use self-disclosure. Even though an estimated 90% of counselors in a study by Henretty and Levitt (2010) reported using self-disclosure in some capacity, the rate at which counselors use self-disclosure make it one of the rarest skills used by counselors in session. Hill and colleagues (1988) believe that the sparse use of self-disclosure is due in large part to the potentially potent impact that the technique has when being used along with a lack of extensive empirical data noting the effectiveness of self-disclosure. Even though self-disclosure is seen in almost all counselors, it only comprises between zero and two percent of counselor interventions. There is a gap in the literature as to why the factor is rarely seen in sessions, but when self-disclosure is being used, research supports its positive effects. In one study in which former clients were surveyed in a follow up multiple years after receiving therapy, one of the techniques that stood out to counselors as being impactful was self-disclosure by the counselor (Ramsdell & Ramsdell, 1993).

Wade and colleagues (Wade, Post, Cornish, Vogel, & Tucker, 2011) conducted a study that used counselor self-disclosure in an attempt to predict change in the self-stigma of attending

a group counseling session. One session of group counseling was evaluated to determine the session's effect on self-stigma for seeking help and the desire to continue group counseling. The sample consisted of 263 undergraduate students in an entry-level psychology course. Forty-one total groups were filled and each group was randomly assigned either the self-disclosure treatment or a counselor who did not self-disclose. The treatment and the control group had 155 and 108 participants respectively. The instructor in the self-disclosure group disclosed thoughts and feelings regarding the here-and-now as well as previous experiences that were relevant. The amount of counselor self-disclosure was evaluated by raters who observed recorded group sessions and identified the number of self-disclosure statements made by the counselor and found it to be significantly more than the control group. Although self-disclosure did not show a significant effect on the student outcomes, self-disclosure could have attributed to the increase in the bond between the students and the counselor which did lead to a significant effect on client outcomes. With only using one session as a treatment it would be beneficial to continue to look at self-disclosure in a group format for a more sustained period of time. The results lend support to the need for more research focused on self-disclosure, thus making a case for the current study.

In a phenomenological study, Audet and Overall (2011) explored counselor self-disclosure from a client perspective. The researchers used a purposeful sample and acquired nine participants out of 16 respondents from an ad placed in a local paper. Each participant was asked a series of open-ended questions about previous counseling experiences in which the counselor disclosed. Three themes emerged from the interviews and included (a) early connection with the therapist, (b) the therapist presence, and finally (c) engagement in therapy. The findings suggest

that therapist self-disclosure led to an early connect for the clients with their therapist as well as a greater sense of balance. Self-disclosure by the counselors also led to the clients feeling understood and a willingness for clients to take greater chances. Adverse effects of self-disclosure were also presented and included role confusion, and feeling overwhelmed. This study shows the importance of appropriate self-disclosure and its potential benefits, as well as the possible negative effects of inappropriate self-disclosure.

Barrett and Berman (2001) set out to determine if self-disclosure made counseling more effective. The researchers used 36 clients seeking treatment at a university based outpatient clinic. Eighteen counselors, who were all doctoral students in a counseling psychology program, were used as the counselors for the study. Each counselor received training on self-disclosure as well as practice vignettes in which they were able to practice self-disclosing. Each counselor treated two clients with one receiving more self-disclosure statements and the other session focusing strictly on the client. Clients were given an expectation for disclosure and improvement handout prior to receiving services, an assessment of how much the therapist disclosed during the sessions, a symptom distress checklist, and a liking the therapist scale created by the researchers. An external observer also counted the number of self-disclosures made by the therapist and the client during the treatment. Results showed that first and foremost there was a difference in the amount of self-disclosure displayed by the counselors between the two clients and then that the amount of self-disclosure used impacted the treatment. The clients that experienced the self-disclosure treatment showed less symptom distress and had a strong positive reaction to their therapist, supporting the notion that self-disclosure is an important tool for counselors to possess and use.

In a study by Cash and Salzbach (1978) the attractiveness and self-disclosure of nonprofessional counselors were observed through initial counseling interviews. Using a 3 x 3 factorial design, 144 female undergraduate students participated in the study. Groups of participants were greeted by the male experimenter and shown a picture of the counselor and asked to listen to an audio recording of one of the counselor's initial sessions. The audio recordings were categorized as non-disclosing, demographic-disclosing, and personal-disclosing. Each of those recordings were combined with either a picture of an attractive male, unattractive male, or no image at all. At the conclusion of the study, participants were given a relationship inventory as well as two scales that measured the participant's degree of optimism about working with the counselor and their willingness to return. Findings suggest that physical attractiveness biased the observers' early reactions and expectations. However, the use of self-disclosure neutralized the attractive biases that were seen by the participants. This leads the researchers to believe that connecting with a client through self-disclosure is significantly more important to counseling sessions than appearance and early perceptions.

Another study found that when clients experienced a counselor who appropriately self-disclosed reported lower levels of symptom distress. The clients also described therapy and their perceptions of the counselor as more positive than individuals who experienced a counselor who did not self-disclose. Clients were also seen to self-disclose more as a result of counselor self-disclosure futhering the support and need for self-disclosure (Barrett & Berman, 2001).

In reviewing the literature, Watkins (1990) also found that a moderate level of self-disclosure was viewed more favorable by the clients and also elicited more self-disclosure by the client. However, it was noted that too much or too little self-disclosure had a negative effect on

both the therapeutic relationship and client outcomes. Knowing the potential impact that self-disclosure has in the therapeutic setting; it is necessary for counselor educators to properly explore the construct and how it is best taught throughout the training process.

Henretty and Levitt (2010) conducted a review of the qualitative literature on self-disclosure. The researchers found that current self-disclosure research is lacking in multiple areas. One of these areas include the fact that most studies rely on an analogue methodology which fails to resemble the unique context of an actual client, counselor session. The researchers also identify the lack of training in self-disclosure. While self-disclosure seems to have a positive effect on clients when used within the context of the therapeutic setting, the review of the literature further validated the need for future researchers to explore how self-disclosure is used and taught in training programs.

Counselor Education Programs

Training programs use a variety of ways to teach counselors-in-training the factors necessary to become effective counselors. Approaches used to teach specific factors to counselors-in-training range from teaching and modeling to experiential activities. The remainder of this section will look at some of the approaches in which various factors have been taught in counselor training programs. The way in which counselor educators attempt to teach the factors necessary to be an effective counselor include the use of experiential groups, modeling, experiential activities, lectures, and discussions. Literature surrounding attempts to foster (a) empathy, (b) self-awareness, and (c) self-disclosure in training programs will be addressed following a brief look at experiential learning activities.

Experiential Learning

Current research suggests that the use of experiential activities increases the development of factors deemed necessary to be an effective counselor. Experiential activities can range from small role plays to actual counseling groups. One example of an experiential activity is a study conducted by Armstrong (2003) where the researcher explored the personal accounts of 12 members who participated in a three module educational process that took place over the course of eight weeks. Each of the three modules was focused on experiential learning. Each of the modules included short lectures, guided readings, group discussions, role-play exercises, and videos of counseling sessions. The participants filled out a pre and post training questionnaire that served to measure the impact of the training on each individual as well as the Counseling Self-Esteem Inventory (COSE; Larson et al., 1992). The researcher found that four themes emerged through the questionnaires: (a) intrapersonal impact of the training, (b) importance of the learning environment, (c) impact of the philosophy and content of the training, and (d) the development of factors and competences. Out of all of the experiences, the participants reported the positive benefits of experiential activities, and working in groups as most beneficial. Armstrong's findings suggest that training programs should emphasize opportunities for experiential learning and the use of groups, further validating the need for the current study.

Role plays are also identified as means in which counselors-in-training obtain factors necessary to be an effective counselor. Paladino et al. (2011) used a full class role play experience in an attempt to develop counseling skills and self-awareness. The researchers developed the Interactive Training Model (ITM) as a full class role-play in order to have a more

realistic setting in which more honest and accurate feedback could be given to students as well as the opportunity for students to develop and master skills and awareness. Forty-five master's level counseling students enrolled in one of four counseling skills courses were used for this study. Out of the four skills courses, two of the courses implemented the ITM. All participants were given the Supervisee Levels Questionnaire-Revised (SLQ-R; McNeill et al., 1992) before and after the intervention as well as a narrative feedback form following the intervention. Results showed that there were significant differences between the two groups on the self and other awareness scale as well as the dependency-autonomy scale. Feedback from participants suggested that the experience was positive and the opportunity to receive immediate feedback was beneficial. While this section only addresses a few studies that focus on experiential learning the remaining sections will address various approaches, including experiential learning, as the directly relate to the factors of empathy, self-awareness, and self-disclosure.

Empathy

Empathy has been identified as a strong factor in determining client outcomes, and as a result, deserves considerable attention in counselor training programs. The ways in which empathy is taught varies across programs and courses. The following section includes an overview of the literature surrounding how empathy is taught in counselor education programs.

One way that empathy is taught to counselors-in-training is through modeling. The use of modeling in a counseling course was first investigated by Perry (1975). Perry explored the use of modeling to increase counseling skills in 66 students enrolled in a counseling course. The participants were randomly assigned to one of six treatment groups. The study used a 2 x 3

factorial design with instructional conditions consisting of instruction and no instruction and three modeling conditions consisting of high empathy model, low empathy model, and no model. Each participant listened to an audiotape designed specifically for his or her treatment condition. The audiotapes of the instruction groups pointed out the importance of empathy in counseling. Throughout each of the tapes were interruptions in which the participants were asked to record what their response would be during that moment. Responses were rated for empathic understanding. Findings suggest that the groups that had empathy modeled responded with higher forms of empathy than groups that did not show higher forms of empathy regardless of the type of instruction received, leading to the conclusion that examples of empathy are more powerful than simple instruction. This furthers the case for teaching empathy in an experiential approach and validates the need for the current study.

In an attempt to show the power of experiential activities on empathy, Barak (1990) conducted a study of nine counseling psychology students. Each of the students were enrolled in their first semester of graduate school. The researcher created a hypothetical client in narrative form from which the students were asked to select answers from a list of responses. Students also had the ability to select emotions or potential solutions for the client. The students were broken into different groups where each group had the chance to respond to the client. Once the students had completed their responses, they were asked to share and discuss their answers with the rest of the participants. The activity of selecting responses was designed to increase empathy in the students. Each of the students role-played in an interview before and after the hypothetical client narrative. After each of their role-plays, the participants also completed the Empathy Rating Scale ($p < .01$). A simple comparison of mean differences showed that the group experienced a

significant increase in empathy. Although the study lacked a control group and had a sample size that was relatively small, the results point towards the potential benefits of using experiential activities to foster empathy in counselors in training.

In another study by Cook and colleagues (Cook et al., 2007), a creative activity was designed to help foster empathy in counselors-in-training towards individuals with suicidal ideations. During the course, students were asked to create a fictitious scenario related to their personal suicide. Students enrolled in the course were asked to describe things such as the location of their suicides, who they wanted to discover the body, and how they would kill themselves. The second part of the assignment had the students describe how the counselor would “foil” their plans and how they could counter the counselor’s attempts. Students were asked to report the feelings and cognitions that their fictitious person would feel. Although the assignment was designed in a way that did not harm the students’ mental health, the overall assignment was perceived as beneficial from a knowledge standpoint and students also reported a greater sense of empathy for clients that have suicidal ideations. By assuming the role of the client, even in a role-play format, the counselors-in-training displayed a stronger sense of empathy towards potential clients, furthering the case for the current study.

Students also learn empathy through supervision. Hodge, Payne, and Wheeler (1978) explored the use of supervision on the fostering of empathy. The study used eight supervisors and 72 undergraduate students to explore the impact of supervision on empathy training. Participants were split into two groups and asked to listen to six recorded client statements in which the participants were asked to respond as a counselor. Supervisors gave the participants individual training following the questions that focused on the concept of empathy and its value

in counseling as well as the participant's effectiveness in offering empathy. The researchers found that individuals receiving actual supervision showed significantly stronger increases in empathy gains than those students who did not receive actual supervision.

In another study conducted by Greason and Cashwell (2009), empathy was explored in relationship with counselors-in-training. The authors also sought out to determine the relationship between mindfulness and empathy. Participants for this study included master's level interns (completed two semesters of internship) and doctoral students. The researchers mailed 421 instrument packets and had a 44% return rate resulting in a sample size of 187 participants from 10 schools. After removing incomplete packets, the researchers had 179 participants, 129 master's level students and 50 doctoral students. Participants were administered the Five Factor Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006), the Counselor Attention Scale (CAS; Greason, 2006), the Interpersonal Reactivity Index (IRI; Davis, 1980), the Counselor Activity Self-Efficacy Scales (CASES; Lent, Hill, & Hoffman, 2003), and a demographics questionnaire. Because of the relevance to the current study, the use of the IRI will be the only assessment discussed. The researchers combined the scores on both the Perspective Taking and Empathic Concern subscales to get an overall empathy score, and found a composite estimate of reliability to be .96. The researchers used standard regression techniques through path analysis to explore the predictive relationships between variables. The researchers found that the FFMQ significantly predicted empathy. IRI scores were not found to have a direct effect on CASES scores. What can be determined from the study is the prevalence of empathy. Almost all of the participants noted the importance of the use of empathy in practice.

In an exploratory study by Connor-Green et al. (2008), the researchers explored the use of an art therapy tool, poetry, as a means of promoting creative thinking in order to communicate accurate information and empathy. The researchers believed that the higher level thinking fostered by the art therapy technique of poetry would lead to informed empathy. Students were given the assignment to write a poem from any perspective related to mental illness or the treatment of mental illness. Students were given the opportunity to write two separate poems with the hopes of having students make a decision to attempt creativity. Out of the 53 students, 42 elected to attempt both poems. For the purpose of the study, the teacher then conducted a content analysis of the first set of poems in order to determine if the poems met the goal of being able to convey informed empathy. Seventy-nine percent of the poems conveyed empathy ($k=.97$). The researchers also looked to determine not only if the students were able to convey empathy but also if the students were accurate in the information being conveyed. By combining the two areas, 71% conveyed both information and empathy. The students' writings were also coded to determine if the students felt empathy even if the poems did not convey empathy. The researchers found the 33% of students described the process of writing the poems as a process that encouraged empathy while no one responded that the process discouraged empathy. The authors conclude that the use of an art therapy technique, such as poetry, can increase both understanding and empathy. The current study pulls from these findings and uses another form of art therapy, phototherapy, to foster empathy in counselors-in-training.

In another study using an art therapy approach to increase empathy, Bodenhorn and Starkey (2005) used role-plays and theater exercises to increase empathy in counselors-in-training. The researchers believe that one of the key ingredients to develop empathy is to engage

in both role- and perspective-taking activities. Eighteen first year master's level counseling students from a CACREP accredited program were used in the study. All the students were enrolled in a Counseling Techniques course. The participants completed the Davis Empathy Scale and the Emotional Intelligence Scale before and after a five-hour course administered by a theater arts professor. For both scales, there was not a significant difference found after completing the theater training. The researchers had a five-month follow-up in which participants were asked to respond in writing to their experiences. The qualitative follow-up showed that the class had an impact on the students. Limitations of this study should be noted, the researchers lacked a control group and thus a difference between groups was not able to be determined, also, the qualitative component of the study lacked scientific rigor, but the findings provide a case for more studies using art therapy to be conducted such as the current study.

An additional study that explored empathy in regards to counselors-in-training conducted by Silva (2002) explored the implementation of a three hour empathy training on empathy development in a role-play setting. Twenty-one students enrolled in a helping skills course received the three hour intervention while the other 24 students participated in a goal-setting seminar that focused on beginning the counseling process. The students were rated on role plays that were conducted with other students in the class as well as self-evaluated. The self-report of the students found no significant difference between the two groups but the reports of the clients showed that the individuals who participated in the intervention were rated higher on empathy. The researcher used the Barrett-Lennard Relationship Inventory (BLRI) in order to determine the empathy of the students. Although the study was small and lacked random assignment, the

results further encourage the use of empathy in an experiential manner during the learning process.

Finally, the only study that has examined counselor-in-training's empathy development in an experiential group setting sought to identify the types of groups used to fulfill the CACREP group requirement. Ohrt (2010) used a quasi-experimental design to explore the effectiveness of two types of groups on empathy development. Eighty-two masters-level students who were enrolled in either a group course or an introduction to counseling course participated in the study. Thirty of those students participated in a personal growth group while the rest of the participants were in a wellness group. Along with a demographics questionnaire, the students were also given Davis' Interpersonal Reactivity Index to measure both cognitive and affective empathy. Individuals were given the assessments at the beginning of the group and then again at the groups completion. A MANCOVA found that there was a difference in the students' level of cognitive and affective empathy through the two groups. Although a difference was found, a control group that did not experience a group activity could have strengthened the study.

In an exploration of the literature surrounding empathy and counseling training programs, the results found very few studies addressing the teaching of the factor of empathy. The gap in the literature calls for more studies to look at the most effective ways of conveying empathy to counselors-in-training. The few studies that address empathy in training programs show that experiential activities are a strong force in fostering empathy. Expressive arts have also been shown to increase empathy. All of the studies found that support the need and the direction of the current study.

Self-Awareness

Self-awareness is closely tied to empathy and also a necessary factor leading to positive client outcomes. A review of the literature showed a significant gap in the literature regarding self-awareness in training programs. The remainder of this section will address the few studies found in the current literature.

Fauth and Williams (2005) explored the in-session self-awareness for counselors in training as they worked with volunteer clients. Participants for this study included 17 dyads from two separate institutions. All of the participants were advanced undergraduate, masters, or doctoral students. After completing a 20-30 minute video taped session the volunteer clients responded to the Session Impacts Scale, which measures the client's perceptions of progress, the counselor, and their relationship. Following the session, both the counselor and the client processed the session using the recording. They completed the In-Session Self-Awareness Scale and the Client Reactions System. Results show that the more self-awareness that trainees reported, the more they perceived the self-awareness to be helpful. As the counselors perceived their self-awareness to be more helpful they became more interpersonally engaged in the session. From a client's perspective, the clients felt more supported and helped by those counselors who were deemed more self-aware. Although this study used a small sample size, the results help to further the support for the need for counselors to be self-aware.

Silvia and Phillips (2004) conducted two experiments in order to determine whether a belief in one's ability to improve had a moderating effect on individual self-evaluation in terms of creativity. Although a loose connection between creativity and counseling can be made, the significance in these studies relies in the effect of the participants' self-awareness of their

abilities and how that impacted their expectations. For the first study, 36 psychology students participated in the study. Each of the participants engaged in a creativity measurement task. For those participants who were given the self-awareness manipulation a camera and monitor were turned on in the room and they were able to see themselves in the monitor. The participants were further split into two other groups where their perceived ability to improve was manipulated. Half of the participants were informed that individuals who repeat the test usually score significantly higher, while the other group was told that individuals who score poorly were likely to score poorly again.

The second study set out to replicate and expand on the first study. The awareness piece was changed in this study so that participants either received a set of objective standards or did not. The measurement of creativity was also changed. In this study 59 female psychology students participated. Both studies found that self-evaluation did not always reduce creativity. Individuals who showed self-awareness that was positive showed greater success. With the lack of research surrounding self-awareness in counseling, this study could help show how we approach students and their abilities to be successful as well as how self-awareness can factor into overcoming challenges.

In a study conducted by Williams and colleagues (Williams, Judge, Hill, & Hoffman, 1997), a mixed method approach was taken to explore the types of strategies that counseling trainees use to manage the personal reactions they experienced during counseling sessions. Seven doctoral students who were identified as pre-practicum trainees were used for this study. Participants were given a trainee post session measure that was created for this study in which the participants were asked open ended questions to explore their reactions while in a session and

the strategies that were used to manage those reactions. The same measure was also given to the client and the supervisor. Through the use of a qualitative analysis, six sets of feelings and reactions were reported by the trainees: (a) distracted-unengaged or self-focused, (b) anxious-uncomfortable, (c) comfortable-pleased, (d) empathic-caring, (e) inadequate-unsure of self, and (f) frustrated-angry. Each of the trainees also discussed personal concerns that ranged from their skill level to reactions to specific content. In managing those concerns and feelings, one of the most productive strategies used by the trainees was self-awareness. This study further shows the impact of self-awareness for counselors-in-training. While there is not a significant amount of literature surrounding the instruction of self-awareness in training programs, the studies found provide a rationale for future studies.

Self-Disclosure

Self-Disclosure, although showing effectiveness when working with clients, has received little to no attention in training programs (Burkard, Knox, Groen, Perez, & Hess, 2006; Henretty & Levitt, 2010; Knox & Hill, 2003). Henretty and Levitt (2010) noted that training programs that allow for students to practice factors such as self-disclosure are more beneficial to the counselor's development and programs that ignore self-disclosure are ultimately doing a disservice to both the client and the counselor. It is necessary for students to have an understanding of what self-disclosure is as well as both the positives and negatives associated with it. The small amount of literature that addresses self-disclosure in training programs focuses largely on supervision and the supervisory relationship. Because the supervisory relationship

often parallels the therapeutic relationship (Skovholt & Ronnestad, 1992), relative literature surrounding the supervisory relationship will also be included.

One of the ways in which self-disclosure is seen in training programs is through supervision. Supervisors approach self-disclosure similar to that of a counselor: it is used to model appropriate behaviors as well as to serve to strengthen the relationship. Knox, Edwards, Hess, and Hill (2011) looked at the use and effects of self-disclosure in the supervision of counselors-in-training. Using 12 supervisees, interviews were conducted and then analyzed according to consensual qualitative research methods. Findings suggested that supervisor self-disclosure focused on personal or relevant clinical experiences. Participants also noted that they often perceived the self-disclosure of the supervisors as an act of normalizing. Overall, results suggest that the use of self-disclosure was perceived positively and was beneficial to the supervision sessions. It can be assumed that clients would have a similar response, making self-disclosure an important factors for counselors to possess.

Davidson (2011) also explored supervisor self-disclosure. The researcher sought out to determine how self-disclosure impacts the working alliance between supervisors and social work students. Out of a possible 797 graduate students, 184 responded and completed an online questionnaire. The questionnaire included the Supervisor Self-Disclosure Index (SSDI; Ladany & Lehrman-Waterman, 1999) and the Working Alliance Inventory-Trainee Version (WAI-T). Findings suggest that there is a significant positive relationship between supervisor self-disclosure and the working alliance. The strongest of the subscales regarding the relationship between self-disclosure and the working alliance was that of the emotional bond between the supervisor and supervisee which is also helpful in the client-therapist relationship.

Another study conducted by Abendroth, Horne, Ollendick, and Passmore (1977) attempted to validate a measurement for self-disclosure, the Self-Disclosure Questionnaire, in an attempt to measure self-disclosure and counselor effectiveness. A sample size of 49 graduate and undergraduate level counseling students enrolled in a techniques course were administered the Self-Disclosure Questionnaire at the beginning of the study. The participants then completed a 5 minute recorded exercise in which the exercise was rated by three separate raters. The students completed a second interview after a six-week training program. Findings suggest that there was not a significant relationship between the amount of self-disclosure reported and the amount of self-disclosure observed by the researchers. The researchers did find that there was a positive correlation between the amount of self-disclosure displayed and empathy. This study further shows the need to measure self-disclosure through trained observations as well relationship between self-disclosure and empathy.

The factors of empathy, self-awareness, and self-disclosure all contribute to the therapeutic relationship. Each of the three factors is closely tied to the other (Abendroth et al., 1977; Paladino et al., 2011). Through an exploration of the current literature it is evident that there is a considerable gap regarding empirically supported approaches to delivering these three factors in training programs. The current study attempts to fill a piece of this gap using experiential groups and photography.

Experiential Groups

Currently, counseling students enrolled in a CACREP accredited program are required to participate in 10 hours of a group experience over the course of an academic term (CACREP,

2009). Before exploring the literature on group experiences for counselors-in-training it is important to first trace how the group process became a requirement for students. In the late 1960s and early 1970s, a list of standards was developed by the Association for Counselor Education and Supervision (ACES). These standards served as the first set of guidelines for programs seeking voluntary national accreditation. About a decade after the dissemination of these standards, ACES partnered with the American Personnel and Guidance Association (APGA; a precursor to the American Counseling Association). The cooperative efforts led to the formation of CACREP. It was in the first set of standards set out by ACES in 1977 (ACES, 1977) that the need for a group experience was noted. The original standard required counseling programs to provide students with an opportunity to gain further understanding of themselves through a group experience. The group requirement also extended to include the use of faculty members as facilitators in hopes of also improving interpersonal relationships (Ohrt, 2010).

It was close to a decade later before the group requirement was revisited. By this time, the job of establishing standards relied solely with CACREP. In the 1988 standards, the language changed to require students to participate in a planned small-group activity. The activity was to be facilitated by a professional with group experience who was not affiliated with the students in another capacity (i.e., a faculty member could no longer lead the groups). The standard also made it clear that the group was not designed to be a therapy or counseling group. The rationale for the group experience at this point was to improve the students' self-analysis skills, interpersonal skills, and self-understanding (CACREP, 1988).

Six years later, CACREP issued its next set of standards for counseling programs. The group standard was again revised to include the 10 clock hour requirement over the course of one

term. By requiring programs to implement the group process within the confines of one semester, the students were given a greater opportunity to participate in a group experience that was meaningful. With the change in these standards, the group process could now be included as part of the group course; it also meant that the group could be facilitated by the instructor of the course (CACREP, 1994). The most recent change to the group requirement came in the 2001 standards in which the standard no longer specified who could lead the group (CACREP, 2001). This change was addressed in order to allow programs more freedom with the way in which they met the group requirement.

As of the most recent standards (CACREP, 2009), the group experience has not changed and still specifies the 10 hour requirement. In addition to CACREP, the Association for Specialists in Group Work (ASGW) posits that students who do not have the opportunity to participate in an experiential group are less likely to be able to fully develop appropriate self-disclosure, confrontation, giving and receiving of feedback, and empathy. As a result, ASGW suggests that students should participate in 20 hours of group work (ASGW, 1989; 2001). ASGW's belief that students need to participate in an experiential process further solidifies the need for the current study.

The group requirement shows how CACREP's standards provide a large amount of freedom when attempting to meet its requirements (Ohrt, 2010). The closeness between group participation and the educational process creates legitimate concerns for many educators serving as group instructors in the form of dual relationships and confidentiality (Anderson & Price, 2001; Merta & Sisson, 1991). In turn, various alternatives have been proposed that range from using role plays in which students do not have to disclose personal information (Toth et al.,

1998), to having other individuals that are not affiliated with the course leading the groups. Although programs have the freedom to meet the group requirement in a variety of different ways, a large portion of programs use a group format in which students have the opportunity to self-disclose and use a here-and-now process-orientation (Armstrong, 2002). Armstrong stated that even though the majority of counseling programs use process-oriented groups, the structure or free-structure used in those groups varied had a wide margin of variability, and there is little empirical support as to which approach is most effective. However, the desire to standardize such a process has become a growing interest among counselor educators (Anderson, Gariglietti, & Price, 1998). With the power of the group process as well as the impact of experiential activities in counselor education programs, the focus on using experiential groups in counselor training programs warrants more attention.

Experiential groups, with the possibility to reach more clients in a shorter amount of time and showing similar outcomes to individual approaches, have quickly become a common form of treatment for mental health professionals (Burlingame, MacKenzie, & Strauss, 2004). The commonality of such approaches is evidenced by the requirements by CACREP and ASGW standards previously mentioned. The following section will give a more detailed history of the emergence of groups in counseling followed by briefly addressing the effectiveness of group work in therapeutic settings. The final section will address the literature surrounding the use of experiential groups in counselor training programs.

History

The use of groups as a form of psychotherapy and counseling is largely attributed to the open culture of 20th-century America (Barlow, Burlingame, & Fuhriman, 2000). In the early 1930's Marsh (1931) believed that it was the group, or crowds as he put it, that led to a large part of the dysfunction in the individual and as a result it should be a crowd that served in the healing process. Adler (1938) soon followed to show the use of the group in working with clients with concerns ranging from schizophrenia to alcoholism. The effects of the group on the individual begin to be seen. These effects include member influence, a focus on here and now processing, and group analysis. Early group structures also sought to recreate the family, which was identified as the primary group (Barlow et al., 2000).

Moreno and Whitin (1932) first used the title "group therapy" in 1932 and soon laid the foundation for the movement towards group work in the empirical literature. Since the origins of group work, the group process has been applied to numerous fields within the helping profession (i.e., social work, psychology, education, counseling, psychiatry), with each application noting the difficulty and complexity in fully understanding the group process. As group research progressed over time, many researchers were still not sold on the strength of the impact of the group process on clients. Some researchers looked upon the use of groups as an intervention that is effective but only when used with other forms of treatment (Kreiger & Kogan, 1964; Stotsky & Zolik, 1965). While group research began to support the effectiveness of the group in the 1960's, the literature still lacked the use of comparison groups (Barlow et al., 2000).

Over the next decade, group research began to display the efficacy of groups compared to control groups (Fuhriman & Burlingame, 1994). This notion further expanded in the 1980's

when group research continued to show clear connections between the group process and client outcomes (Freeman & Munro, 1988). By this time, group literature was producing results that were equal to if not better than other forms of therapy (Toseland & Siporin, 1986). Currently, group literature continues to support the effectiveness of the group process while attempting to further understand the specific pieces of group work that leads to significant client outcomes. The current study attempts to expand on this notion.

Empirical Support for Groups

While the amount of literature surrounding the use of groups in counselor training programs is limited, the literature exploring the use of groups in treatment settings is much more robust. Burlingame, Fuhrman, and Mosier (2003) analyzed 111 studies that used group work as a therapeutic intervention. Each of the studies explored were either experimental or quasi-experimental studies with calculated effect sizes that met regularly with an identifiable therapist. The study found that, on average, individuals participating in a group setting showed more improvement than that of individuals in a wait-list control group (average ES = 0.58). Pre and post assessments for studies also concluded the effectiveness of the groups.

The increase in focus on the use of groups in therapeutic settings as well as how group skills are taught to counselors-in-training has resulted from the practicality of using groups in therapeutic settings. Group work has been shown to be beneficial in the treatment of a wide range of disorders (Johnson et al., 2006) and is often more cost efficient and time efficient compared to individual forms of psychotherapy (Burlingame et al., 2004). Another meta-analysis conducted by McRoberts, Burlingame, and Hoag (1998) explored studies that had both

individual and group treatment and found that there was not a significant difference between the two forms of treatment. The use of groups allows for counselors to reach larger numbers of clients creating a wider impact in the same amount of time as individual forms of counseling.

Groups in Counselor Education Programs

The types of groups used in the training process vary. The role of the instructor, the role of the students, and the content of the group has varied among professionals (Anderson & Price, 2001; Armstrong, 2002). Merta and colleagues (Merta, Wolfgang, & McNeil, 1993) found that the types of groups used in counselor education programs fell into one of four categories: (a) a group in which the instructor is not involved, (b) a group in which the instructor received feedback but was not present, (c) a group in which the instructor participated but was not the leader, and (d) a group in which the instructor was also the group facilitator. Along with the role of the instructor, the style and format of groups also vary between programs.

Groups in counselor education programs also follow different formats. Some groups are designed to be role plays in which the students do not disclose or work on personal issues while others follow a more experiential approach in which students assume the role of a group member and work on their own personal growth (Ieva et al., 2009). Experiential groups allow students to work on personal issues, self-disclose, and gain a greater sense of self-awareness while still learning group process and skills (Merta Johnson, & McNeil, 1995). One of the dilemmas that plague counselor education programs is the ethical concerns of having students disclose personal issues in a setting in which the instructor is often times involved in the group process (Anderson et al., 1998). Counselor education programs frequently encounter concerns with how to balance

the ethical problems associated with dual relationships while still creating an environment that equips students to be effective group facilitators (Merta et al., 1993). In an attempt to navigate these concerns, there has been a growing push to increase the empirical literature on group training in an effort to further standardize the group process (Anderson et al., 1998). As a result, there is a need to continue to evaluate the most effective means in which to conduct the group experience, creating a need for the current study.

In an attempt to clarify how group practices are conducted in counselor education programs, Merta et al. (1995) explored the group process in 236 academic programs. Out of the 236 programs, the researchers found that 77% of the programs required students to take one group-based course. The study also found that many, close to 75% of the programs, felt as though their group experience was simply an overview of the group process and was not designed to give students the skills and experiences necessary to conduct a group effectively. The majority of the group courses were designed with a role-play that paralleled the course readings, but prevented students from fully engaging in the group process.

Anderson and Price (2001) surveyed 99 students at seven different counseling or counseling psychology graduate programs to attempt to assess the perceptions of the students regarding the effectiveness of experiential methods, including experiential groups. Participants were asked 23 questions that addressed the students' attitudes regarding dual relationships, privacy issues, and group experiences. Out of the 23 questions, nine items specifically addressed the usefulness of the group and whether the students viewed the group as a positive learning experience. The percentage of students who believed that the group was a positive learning

experience was above 75 percent. The notion that experiential groups have a positive effect on the students participating serves to enhance the call to use such groups for counselors-in-training.

In a qualitative study by Ieva and colleagues (2009) the perceptions of students who participated in a personal growth group was explored. Fifteen master's level counselors-in-training were selected for interviews that ranged between 30 to 45 minutes. The researchers approached the study with three primary assumptions regarding the personal growth groups: (a) by experiencing a personal growth group, students' ability to give and receive feedback would increase; (b) by experiencing a personal growth group, students' group skills and knowledge would increase; and (c) the group process is a beneficial process. After the data was collected and coded, the researchers found that three main themes emerged, which included (a) professional development, (b) program requirements, and (c) personal development and self-awareness. Participants found new awareness into themselves and areas that could potentially impact clients. Overall students noted the importance of participating in a personal growth group and how it served to increase participants' self-awareness. Findings also suggested that by participating in the group, the counselors-in-training were able to further understand and appreciate the experiences that future clients would be going through.

In another qualitative study, a naturalistic paradigm was used by Kline and colleagues (Kline et al., 1997) to explore the perceptions and experiences of students' participating in an experiential group. Twenty-three master level students enrolled in a first semester group experiences course participated in the study. The participants were divided into three groups that were co-led by doctoral students. The groups consisted of 15 unstructured group sessions. The researchers began with a broad research question that explored the impact of the students'

participation in the experiential group on their development as a counselor and asked subsequent follow up questions to further explore their experiences. Two categories of responses emerged from the research. First, participants discussed the development of awareness of themselves. The second category, relational insight, focused on how the individuals and their issues impacted the group. Although the two categories seem similar, there was a strong distinction between the two. Interpersonal awareness had a definite focus on behavior while relational insight concentrated on introspection and self-understanding. Although the groups seemed to foster an uncomfortable level of anxiety for the students participating, there was an overall positive reaction to the experience. In conclusion, the researchers noted that the use of experiential groups is invaluable to counselors-in-training.

Barnette (1989) conducted another study in which 17 graduate students participated in the 12-week study. The study consisted of a nine-person treatment group and an eight-person control group. The treatment group participated in 24 two-hour sessions over the course of 12 weeks. Individual participants were given the Personal Orientation Inventory (POI). The researcher found that the treatment group displayed significant gains over the control group on multiple subscales of the POI (inner-directed, self-regard, self-actualizing values, existentiality, spontaneity, capacity for intimate contact, acceptance of aggression). Relative to the current study, it is important to note that the change in self-actualizing values was significant at the .01 level. Furthermore, significant gains on multiple scales were present five months after the treatment. Although the study had a small sample size, the control group comparison further encourages the effects of group participation.

A correlational designed study conducted by Puleo and Schwartz (1999), explored the relationship between counseling program factors (i.e, groups, techniques, ethics) and participant's empathic understanding. Six universities provided a sample of 93 counselors-in-training. Each participant viewed a video recorded counseling session and rated the empathic understanding. In the conclusion of the results, the only strong correlation that existed was between the results and participation in a group and group course. Despite the limitations of correlational research, the study provides support for the use of experiential groups in counselor training.

As a whole the use of groups in counselor training programs lacks the extensive empirical support to identify the way in which the group process is most beneficial to students. The small amount of research that is present suggests that groups are a viable and beneficial part of training programs. Specifically, experiential groups seem to offer more robust experiences for students compared to role-plays and other forms of groups. The current study attempts to further the literature on experiential groups in a counselor training setting.

Expressive Arts

The use of expressive arts, whether its music, dance, creative writing, drawing and painting, acting, or photography, are both enriching and therapeutic by themselves but take on an added element in a therapeutic setting (Erickson, 2008). The use of expressive arts can be beneficial in resolving problems, enhancing the change process, and improving self-concepts and self-awareness (Gladding, 1992; Pressman, 2005). Expressive arts are designed to stimulate emotional arousal and catharsis in order to gain a better understanding and awareness to oneself.

Gladding (1992) believes that this change can be expressed through various mediums, including visual arts such as photography.

The ability to express emotions through an artistic means serves as a therapeutic technique not only for the individual creating the art, but also for other individuals observing the art. Research supports the use of creative avenues to increase personal insight in multiple areas (Gladding, 2005; Ulman, 1992). The use of expressive arts in a therapeutic setting helps clients gain access to deeper feelings in a way that simple talk therapy struggles to by itself (Wilson, 2000). Expressive arts serve to by-pass defenses that many clients create, and in so doing can display a clearer picture of the struggles and issues that are at the core of clients' presenting concerns. The following section will address the history of expressive arts, empirical support for expressive arts, and the use of expressive arts in training programs.

History of Expressive Arts

The use of expressive arts in a therapeutic setting is often referred to as art therapy. The arts have been used in a therapeutic capacity long before the formal formation of counseling. Over two centuries ago, Egyptians had those who were deemed mentally ill attend concerts and dances in an attempt to release whatever feelings were preventing them from being well (Gladding, 1992). The ancient Greeks followed after the Egyptians by using drama and music to help those deemed disturbed achieve catharsis and release emotions that were deemed to be detrimental to the individual (Gladding, 1985).

Through the Renaissance, the use of expressive arts were included in the Judeo-Christian tradition and viewed as a relative part of the healing process (Couglin, 1990). Moving into the

15th century European Renaissance, expressive arts such as poetry, dance, and games were incorporated in the educational process for students and as a preventive approach for mental disorder (Gladding, 1992). By the 18th century, the role of the arts in healing had expanded. This expansion was evident by the switch to “moral therapy” in which mental patients were given a more humane treatment, often consisting of retreats in which they participated in reading, music, and painting.

As we moved into the 20th century, expressive arts continued to expand in the area of counseling. Freud himself set a standard for the incorporation of the arts in psychotherapy by striking inspiration for his theories from the writings of Shakespeare and the sculptures of Michelangelo (Gladding, 1992). Jung (1933) further expanded the use of the arts in therapeutic settings by stating that the inspiration and creation of art is always taken from the experiences of the individual’s life. Jung paved the way for individuals like Jacob Moreno who is attributed as the founder of psychodrama (Marineau, 2007).

In the last 50-60 years, art therapy has further emerged as a staple in the counseling profession and can be attributed in large part to the use of the arts following World War II in which combat veterans were recovering from traumas. Soldiers were able to express and work through emotions that were pent-up from their time in combat through the use of drawing, music, and literature (Gladding, 1992). Currently the use of expressive arts in therapy has expanded to include many other forms of artistic expression: many forms of art therapy now have governing bodies and accreditations, and the formation of multiple journals focused solely on the use of the arts in counseling. Current expressive techniques have been used to address anything from

family relationships to depression and abuse and are being used not only with clients but also in training programs (Bradley, Whiting, Hendricks, Parr, & Jones, 2008).

The use of expressive arts in training programs has evolved from classroom assignments such as using cinema to identify counseling themes (Higgins & Dermer, 2001) and developing characters for role plays (Shepard, 2002) to working with clients and in supervision (Wilkins, 1995). While expressive arts are used in individual settings, Newsome, Henderson, and Veach (2005) note that expressive arts might be most valuable for counselors-in-training because the individuals have an opportunity to learn about themselves in relation to others. As a result, there is a strong need to explore the use of expressive arts techniques in a group setting.

Empirical Support

Expressive arts can be seen in a wide range of approaches during a counseling session. Snyder (1997) addresses some of those approaches. She notes that expressive arts lead clients to a greater understanding of their own thoughts and beliefs, or a greater self-awareness and allows the client to share more information than they might with a simple talk therapy approach. The author continues by listing various forms of expressive arts ranging from specific art and drawing techniques such as The Kinetic Family Drawing Technique (Gil, 1994) and mask making to interpreting art activities and play therapy approaches.

A study by Monti and colleagues (Monti et al., 2006) explored the use of an art therapy approach with cancer patients. The population consisted of 111 adult women all with a cancer diagnosis. Participants were recruited and selectively randomized by age in order to attempt to have equality among the groups. One of the groups received the art therapy intervention while

the other group was a waiting list control group. The group itself lasted for eight weeks in which the group met for two and a half hours each week. Along with meditation, the treatment group participated in various non-verbal art activities that were directed towards exploring the present moment. Ninety-three participants completed the pre and post assessments. The researchers found that the use of art therapy helped to diminish anxiety as well as specific areas including interpersonal sensitivity and somatization. Limitations to the study include some participants receiving other therapeutic services and the use of a specific population that might limit generalizability. Overall, the study shows the impact of expressive arts in the therapeutic process.

Art therapy was used with Hispanic clients in a study conducted by Bermudez and ter Maat (2006). The researchers surveyed the perceptions of 27 art therapists regarding their work with Hispanic clients. The overall response by the counselors showed that art therapy was beneficial with Hispanic clients. The interviewees also discussed specific techniques that they believed were beneficial. The use of drawings, painting, and sculpting were all used along with other forms of expressive arts. While this study only explored the relationship with Hispanic clients, the respondents noted that many of these same approaches worked with clients from a wide range of ethnic and cultural backgrounds.

Expressive arts have also been seen to be effective through the avenue of cinema-therapy. In a multiple-case study design, Marsick (2010) explored the use of visual stimulation through films to increase reflection and expression of feelings associated with a parental divorce by three preadolescent aged children. Participants were shown clips from six movies that dealt with divorce and were asked a series of questions following each clip. The participants were also given the opportunity to respond to the clips using a variety of expressive art options. The

expressive art options allowed the children to, as they stated, “better express themselves”.

Although this case study looked at children, the application that expressive arts help express concerns or issues that might be hidden in general conversations is applicable across multiple populations.

In a review of the current literature, Stuckey and Nobel (2010) sought to draw conclusions regarding the use of expressive arts for both psychological and physical health in adults. Nineteen studies addressing either music therapy, visual arts, movement based creative expression, or expressive writing were reviewed. The researchers noted that although expressive arts have been used in therapeutic settings for over a decade, there is still a need for more empirical support. The noted studies did show positive outcomes for all four areas of expressive arts (music therapy, visual arts, movement based creative expression, expressive writing).

This final study, along with the others mentioned, show that the use of expressive arts in a therapeutic setting helps produce positive outcomes. The use of expressive arts in therapeutic settings has been well noted, but there is a large gap in the literature surrounding the use of expressive arts in training programs (Wilkins, 1995). The current study is designed to further the literature surrounding expressive arts and specifically addressing the use of photography in a counselor training program.

Expressive Arts in Training Programs

The use of expressive arts activities in counselor education programs are a result of the need for more experiential activities (Gibson, 2007). With many counselor education programs offering courses focusing on experiential activities only as capstone courses (i.e., practicum &

internship; Granello, 2000), findings suggest that students need classroom experiences that are more closely linked to actual practice (Scanlon & Baillie, 1994). One way in that this void is filled is through the use of expressive arts. These expressive arts include approaches such as screenplays, film, role plays, music, videos, fiction, and photographs.

Gibson (2007) used fiction in a practicum course. On the foundation that readers are able to connect with the emotions of a fictional character, *Harry Potter and Sorcerer's Stone* was selected for the course. Each of the students in the course was required to read the book over the course of the semester. Questions were asked of the students in a developmental fashion, focusing more on content early on in the semester and gradually progressing to questions that elicited more emotions. The activity allowed the students to continue developing a sense of empathy while being able to properly self-disclose their own feelings. Feedback from the course suggested that the experience was positive, with students commenting that the activity helped them to further improve factors such as empathy. Although the feedback seemed to be overly positive, formal evaluations could have been issued to identify the impact of the activity on counselor empathy.

In an article by Bradley and colleagues (Bradley et al., 2008), the authors suggested uses for expressive arts in training programs. Noting that counselors-in-training benefit from practice of specific skills and factors, the authors suggested the use of cinema to teach ethical concepts. Movies such as *Good Will Hunting* and *Mean Girls* posed opportunities in which students were asked to discuss how counselors or characters responded and the ethics of those decisions. The authors noted that student feedback showed that visually seeing situations through the movies was helpful. Although the study used the verbal reports of the students and failed to use an

experimental or quasi-experimental design, the findings warrant more attention to be paid to the area of expressive arts in counselor training programs.

In another study, Ohrt and colleagues (Ohrt et al., 2009) proposed the use of music videos to increase empathy in counselors-in-training. The researchers proposed that the use of music videos would allow students to see characters with whom they could relate to and lyrics that they could identify with as well as the emotional responses elicited from the music itself. A case study in which a video (*Concrete Angel* performed by Martina McBride) where a child is facing abuse and ultimately dying from the abuse was shown to the class. The video was difficult for the students to process. As the discussion continued, the students made statements that showed a connection with the young girl. The students also expressed the power of the video and the personal impact that the video had. Although the use of music videos was not empirically studied, the classroom experience warrants the exploration and use of such expressive arts.

Shepard (2002) discussed the use of a screenwriting technique for counselors-in-training. The author recalls and outlines the development of a character for students to use during role-plays in a techniques course. The students are taught how to develop a character with depth that continues to grow over the course of the semester. Students experience various “plot turns” throughout the semester and are given the freedom to respond how they believe their character would respond. While the article lacks an empirical design, the author does not the findings of an evaluation that was administered at the conclusion of the course. Findings from the evaluations showed that the students believed the experience was overall enjoyable and also give them the opportunity to develop a deeper awareness of themselves and their own feelings.

The use of expressive arts is also seen in the supervision of counselors-in-training. Neswald-McCalip and colleagues (Neswald-McCalip, Sather, Strati, & Dineen, 2003) used a qualitative case study of three supervisees to explore the use of a model of supervision that incorporated creative arts. Each week, the supervisees selected from a wide range of expressive arts (i.e., drawing, pictures, clay) to use during supervision. While the researchers sought to evaluate the impact of creative supervision, the interviews found the participants continually shifting to the process of the supervision experience. The reports of the participants showed that the use of creativity in supervision allowed for the participants, as well as the supervisor, to fully immerse him/herself in the supervision process. Although the study only explored the responses of a few students, the findings encourage more studies to explore the use of expressive arts in training programs.

In another article exploring the use of expressive arts in supervision, Wilkins (1995) used personal experiences within supervision to develop and propose a model for group supervision using creative approaches. Wilkins proposes activities involving drawings, role-plays, and psychodramas to gain understanding of their clients as well as to gain insight as to their own feelings and thoughts. While the article lacks an empirically supported design, it is a theoretical piece based on years of experience and continues to demonstrate the possible effectiveness of expressive arts in training programs.

While there is literature suggesting the use of various expressive arts in training programs, there is little empirical support regarding the effectiveness of such approaches. Conceptual articles discuss methods that are being used and propose changes to those methods but still lack the support of scientific findings. This further shows the need for research regarding

the expressive arts in training programs. With the variations of expressive arts, combined with the overall lack of support in the current literature, any form of research would serve to further the field. The prevalence of photographs and images as well as the ease of access to cameras makes phototherapy a viable place to start.

Phototherapy

Photography has been used in a therapeutic setting for decades. In the 1940's, photography was used as a means of therapy as well as a form of recreation for servicemen who had returned from war (Stevens & Spears, 2009). In the early 1970's, the use of photographs as a therapeutic tool gained ground in both the United States and Canada (Krauss & Fryrear, 1983). One of the primary reasons for photographs being used in therapy is because of the photograph's ability to create growth and change in not only the person who took the picture but also others who might encounter the same image (Stewart, 1979). In a therapeutic setting, the focus is not on the photograph itself, but on the meaning assigned by the individual who took the photograph (Broom, 2009). The photograph serves both as a vessel to gain insight into the person taking the photograph and to reflect on one's self (Merrill & Anderson, 1993). In a group setting, the images serve to foster greater forms of contemplation among group members which in turn energizes the group and makes the experience more powerful (McNiff, 2004). Since the rise of photographs in therapy, the way in which they have been used is seen in one of three categories: (a) historical photographs used as a gateway into one's past, (b) photographs taken of the client in the therapeutic context, and (c) the client taking photographs while in the therapeutic context

(Hunsberger, 1984). The use of photographs has also been applied to both group and individual settings.

When looking at a photograph, the focus is not on the actual product, but rather on the meaning assigned by the observer of the image (Merrill & Anderson, 1993). The beauty here is that while the image is a static image, the meaning is fluid. The meaning changes with each person that looks at the image and even changes when the same person looks at the image over time. These observations lead to an internal reflection of the individual gazing at the image. In a way the picture serves not as an image captured by someone else, but rather as a mirror cutting through the surface towards inward reflection (Broom, 2009). Similar to other expressive mediums such as music and art, sharing an image with others allows for unique and individual interpretations of the image, sharing what an individual sees in an image allows for a deeper understanding of other's thoughts and feelings (Ohrt et al., 2009).

Photography falls under the umbrella of expressive arts where clients are encouraged to use creative means to express themselves. The use of expressive arts allow for individuals to convey thoughts and feelings that might be difficult to express in words alone (Gladding, 1992). The use of expressive activities such as photography also allows for a sense of safety for the client through the ability to self-direct there expressions (Stevens & Spears, 2009). The use of expressive arts has been present in therapeutic settings for decades, but has only recent began to receive significant attention by researchers (Gladding, 1992). The following sections will explore the literature surrounding the use of photography in counseling and the use of photography in training programs.

Empirical Support

A qualitative study by Glover-Graf and Miller (2006) explored the use of photography in a group for persons who were chemically dependent. The sample consisted of five individuals ranging from 23 to 51 years in age who were currently enrolled in a 12-week recovery group. Grounded theory was used to further extend the practical and theoretical understanding of using photography as a treatment. The researchers collected data through the role of the group facilitator as well as being participant observers. The first three weeks of the group were designed to introduce the participants to the cameras and the instructions for taking photos. Guidelines for the participants included taking photos in black and white and not taking pictures of harmful acts or perpetrators. For the remainder of the group, the participants were given themes to take photographs of. The participants were required to bring in at least two printed photographs that reflected the assignment. Themes consisted of (a) trust and trusting relationships, (b) power, (c) honesty with self and with others, (d) healing from abuse or harm from others, (e) self-portrait, (f) self-worth, and (g) healing from abuse or harm caused to self or others. The photographs were then discussed during the group meetings followed by a worksheet with questions about the photographs that were taken. Overall, the reports by the participants showed that the use of photography was helpful in allowing them to express concerns and fears. It provided a strong sense of self-exploration for the participants and they left the group with positive feelings.

Star and Cox (2008) expanded on the use of photography for couples and family counselors. The researchers suggested that clients bring in photo albums of their family in an effort to explore and identify strengths and beliefs of the family by tapping into emotions that are

not easily verbalized. As family members examine past photographs, they are able to remove themselves from the image and assume the role of the observer, leading to greater insight and understanding. Although the researchers suggested methods of using photographs in a therapeutic setting, there is little research supporting their claims, resulting in a primarily theoretical piece outside of what they observed. This further calls for the current study to explore the use of photography.

Another study by Hunsberger (1984) explored the use of photography in a therapeutic setting through a review of the current literature as well as the author's personal experiences. The author noted that photography's use in psychotherapy is grouped into three main categories, (a) historical photographs, (b) photographs taken of the client in the therapeutic setting, and (c) photographs taken by the client. The author discussed how the uses of historical photographs were able to bring out emotional conflicts in clients as well as increasing the self-esteem and self-worth of clients reflecting on their lives. He also reported the benefits of using photographs as an exit activity to remind group members of their friends who had left. Photographs taken of each departing client showed two distinct factors that contributed to change: the visual information about the individual from the photograph itself and the inferred caring of others demonstrated by taking the picture. Photographs taken by the clients, especially in group settings serve to increase the social interaction, problem-solving, and leadership capabilities of the group members by fostering empathy and self-disclosure among the group members. Although the author supported the majority of his claims with past research, the personal experiences lacked an adequate empirical design and as a result there is a strong need for an empirically driven exploration of the use of photography in a group setting.

Kaslow and Friedman (1977) noted the use of family photos and movies when working with families. The authors discussed a technique termed “Family Photo Reconnaissance” in which families use images and videos from their past in session. The experience of the authors led to the belief that the use of photographs and movies evoked past events in the family. Those past events allowed the families and the counselor to uncover feelings surround the events as well as current feelings. The article lacked an empirical design but made a case for the use of photographs to increase self-awareness and self-disclosure.

The use of photographs has been seen to foster the factors of empathy, self-awareness, and self-disclosure in individuals in areas that extend beyond a counseling session. In an study by Zenkon and colleagues (Zenkon, Harmon, Bell, Ewaida, & Lynch, 2011), photography was used to gain an understanding of the thoughts and perceptions of the institution of school by urban youth. The researchers noted that the voice of urban students is largely non-existent in school leadership development. The study used 80 students from culturally diverse communities. Participants were asked to take pictures in response to three questions: (a) “What are the purposes of school?” (b) “What helps you succeed in school?” and (c) “What gets in the way of your school success?” The study produced themes revolving around the students’ perception of leadership in the schools. For the current study, the specific results of the study are not as important as the fact that the researchers received responses from a population that lacked a voice prior to the study. The study shows that photographs can be used to help individuals disclose information that might not be disclosed without the use of the images.

Another population in which photography has been used to increase self-disclosure is with students in early childhood education centers. A study conducted by Stephenson (2008)

used photographs to enable young children to share their thoughts and experiences in an early education center. The researcher found that allowing young children, ages two to four years, to select images as well as take images allowed for a greater understanding of the children's thoughts and feelings. While the researcher noted that her prolonged presence in the environment with the students affected the findings, the results still show how the use of photographs can be a useful tool in communicating information about one's self.

Phototherapy in Training Programs

With the availability of images and cameras, the use of the expressive art photography warrants consideration not just in therapeutic settings but also in training programs. However, after a thorough search of the literature there is a substantial void regarding the use of photography to train counselors. While the tool might be used in different courses throughout a training program, those attempts to use photography in a training program have yet to be empirically studied. A current review of the literature did not produce a study that looked at the use of photography with this specific population. This furthers the need for an exploration of the use of photography in counselor training programs. By expanding the search to include other areas of education, the use of photography to enhance learning has been explored.

Cappello (2011) used photography as the primary medium for learning with a group of students completing a master's degree in curriculum and instruction. Students were instructed to capture images of their community and compiled those images into a final product. The researcher noted that the assignment afforded an opportunity for students to physically discover and experience their communities and also increased the self-confidence of the students in their

own abilities. The findings by Cappello were reported from the researchers own experiences in a classroom experience. The study lacked an empirical design but showed promise for the use of mediums such as photography in educational settings to increase learning as well as the self-awareness of the students' own abilities and skills.

Another study explored the use of photography in history education. Akbaba (2009) developed an intervention in which the students used photographs of historical events to infer information and draw conclusions about the events that surrounded the images. Fifty-two students were divided into a treatment and a control group. Both groups were given a knowledge based test before and after the study. Results showed that the students who used the photographs scored significantly higher than the control group students who just received a lecture. While this study was focused on knowledge acquisition, the findings do suggest that photographs help to illicit more information, allowing for a deeper understanding of the events surrounding a photograph whether from a historical scene or a personal reflection.

Conclusion

This section was an extensive review of the literature surrounding the common factors deemed necessary to improve client outcomes. Support has been shown for the effectiveness of empathy, self-awareness, and self-disclosure in a counseling setting. As a result, the factors have been explored in regards to how they are taught in an educational setting. It is noticeable that even though there is strong support for each of the factors in practice, the amount of literature surrounding the acquiring of such factors is marginal. The limited amount of literature shows

that one of the most promising forms of teaching the factors of empathy, self-awareness, and self-disclosure is through a group experience.

The experiential component of a group experience serves to foster the factors of empathy, self-awareness, and self-disclosure. Another approach that also fosters the development of the same factors is the expressive arts. Expressive arts encompass a wide range of activities that require a range of training and resources. One of the more readily available options is the use of images and photography. The literature showed that the use of photographs and other expressive arts in a counseling setting served to increase empathy, self-awareness, and self-disclosure. Review of the literature also sheds light on a gap in the literature regarding training programs. As a result, the present study has been designed and proposed to fill the gap in the literature regarding how we teach students the factors of empathy, self-awareness, and self-disclosure using a photography intervention within an experiential group.

CHAPTER THREE METHODOLOGY

The purpose of this study was to determine the effectiveness of a phototherapy intervention within personal growth groups on counseling students' development of various factors deemed necessary to be an effective counselor. Specifically, this study compared students participating in a personal growth group with a phototherapy intervention and those students participating in a personal growth group without a phototherapy intervention on counselor developmental factors including empathy, self-awareness, and self-disclosure. This chapter will discuss the methods to the research including the research questions, design, sample, instrumentation, interventions, data collection, and data analysis.

Research Questions

The current study set out to answer the following research questions.

Research Question One: What is the impact of an experiential counseling group employing phototherapy on counselor education student's level of cognitive and affective empathy as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980) as compared to groups that do not employ this intervention?

Null Hypothesis 1a: There is no significant difference in students' level of cognitive empathy over time between groups participating in a phototherapy intervention as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980) as compared to groups that do not employ this intervention.

Null Hypothesis 1b: There is no significant difference in students' level of affective empathy over time between groups participating in a phototherapy intervention as measured by

the Interpersonal Reactivity Index ([IRI]; Davis, 1980) as compared to groups that do not employ this intervention.

Research Question Two: What is the impact of an experiential counseling group employing phototherapy on counselor education students' level of self-awareness as measured by the Situational Self-Awareness Scale ([SSAS]; Govern & Marsch, 2001) as compared to groups that do not employ this intervention?

Null Hypothesis 2: There is no significant difference in students' level of self-awareness over time between groups participating in a phototherapy intervention as measured by the Situational Self-Awareness Scale ([SSAS]; Govern & Marsch, 2001) as compared to groups that do not employ this intervention.

Research Question Three: What is the impact of an experiential counseling group employing phototherapy on counselor education students' amount of self-disclosure as measured by behavioral observations compared to groups that do not employ this intervention?

Null Hypothesis 3: There is no significant difference between students' amount of self-disclosure after participating in a phototherapy intervention as measured by behavioral observations compared to groups that do not employ this intervention.

Research Question Four: Is there a correlation between empathy, self-awareness, and self-disclosure?

Null Hypothesis 4a: There is no correlation between empathy and self-awareness.

Null Hypothesis 4b: There is no correlation between empathy and self-disclosure.

Null Hypothesis 4c: There is no correlation between self-awareness and self-disclosure.

Research Design

This study utilized a quasi-experimental quantitative research methodology to study counselor-in-training personal growth groups. When a true experiential design is not available, the use of a quasi-experimental design is considered an appropriate choice that is useful in settings such as the educational one that was used here (Heppner, Wampold, & Kivlighan, 2008). The groups that were used were groups that were already established through enrollment in the group course, therefore a true random sample was not possible. The experimental groups received a phototherapy intervention (See APPENDIX A). Whereas the comparison groups (which followed a similar structure), had no such intervention (See APPENDIX B). In measuring the impact of the intervention, participants in this study completed a pretest and posttest for both the empathy and self-awareness measures, and self-disclosure was measured by behavioral observations of the group sessions conducted periodically over the course of the group process.

Population and Sample

The sample for this study consisted of 46 masters' level counseling students (7 men, 39 women, $M_{age} = 26$ years, age range: 22-43 years) enrolled in the Theories and Process of Group course at a CACREP accredited counselor education program located in the southeast (average semesters completed = 2.6). All students were working towards a counseling degree in mental health counseling ($n = 31$), school counseling ($n = 7$), or marriage and family therapy ($n = 8$), and all were over the age of eighteen. Sixty-seven percent of the sample was Caucasian, 12% reported as Black/Non-Hispanic, while Asian/Pacific Islander, Hispanic, and Other ethnicities

accounted for 7% of the sample respectively. When asked, the overwhelming majority of the participants had some sort of experience both with using a camera (72%) and with the group experience (96%). Experience with a camera was asked as part of the demographics questionnaire. Participants that responded with a “yes” were asked to describe their experience. Most participants stated that they use some form of a camera while spending time with friends or traveling. A few of the participants noted that they had taken a basic photography course. All of the participants who noted that they had had some form of a group experience mentioned the group experience during their introduction to counseling course. A few of the participants had participated in another form of self-help group.

Participants were invited to participate in the study during one of the first two weeks of their group course. They were informed that the study was not mandatory and that their instructors and group leaders would have no knowledge of who participated in the study. Students who chose not to participate in the study were still allowed to participate in the personal growth group. Students’ decision not to participate in the study had no bearing on the students’ grade in the course. Students who choose to participate in the study were then given the first two assessments and the demographics questionnaire in a numbered envelop. Out of the 46 students enrolled in the group courses, all 46 agreed to participate in the study.

Instrumentation

For this study, the following instruments were used.

Demographics Questionnaire

Students who agreed to participate in this study completed a demographics questionnaire at the conclusion of the pretest assessments. The questionnaire acquired information regarding the participants, age (fill-in-the-blank), gender (male, female, other), ethnicity (Caucasian, Black/Non-Hispanic, Hispanic, Asian/Pacific Islander, Other), current track (Mental Health, School, Marriage & Family), semesters in the program (fill-in-the-blank), previous experience with taking photographs (yes/no; if yes, please explain), previous experience in a group (yes/no; if yes, please explain). The data from the demographics form were used for various exploratory analyses and comparisons between individual groups (see APPENDIX C).

Interpersonal Reactivity Index

Davis' (1980) Interpersonal Reactivity Index (IRI) was used to measure empathy levels in this study. The IRI is designed to be a multidimensional measure of empathy that addresses empathy from both cognitive and emotional perspectives. Using self-report, the IRI looks at four subscales of empathy that include: Perspective Taking (PT), Fantasy (FS), Personal Distress (PD), and Empathic Concern (EC) using 28 likert scaled questions; seven per subscale. The likert scale is a 5-point scale that ranges from "does not describe me very well" to "describes me very well".

The four subscales are divided to address both emotional and cognitive empathy. The PT scale is designed to determine how well respondents are able to see things from another person's point of view. The PT scale also assesses how well the respondent can adopt the perspective of another person's point of view. The FS scale attempts to measure how well the respondent

relates with fictional characters and settings. The EC scale explores the respondent's feelings of concern, compassion, and warmth for others. Finally, the PD scale looks at anxiety and feelings of discomfort resulting from seeing another person's negative experiences. Both the EC and the PD scales address the area of emotional empathy while cognitive empathy is addressed through the PT and FS scales. The PT and EC subscales are intended to reflect the most advanced levels of empathy while the PD and FS subscales reflect lower and intermediate levels of empathy. Davis (1980) found an internal consistency rating for all four subscales to range from .70 to .82. In addition, the test-retest reliability (two month retest period) for the IRI ranged from .62 to .71.

The IRI was selected because it has been identified as the most widely researched and comprehensive multidimensional mode of assessing empathy (Cliffordson, 2002). Although the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1978) is probably used more frequently in counseling research, it fails to address the emotional aspect of empathy and as a result was not used for this study (see APPENDIX D).

The only studies found that used the IRI with the specific population of counselors-in-training was Ohrt's (2010) study exploring the effects of various group approaches on empathy development in training programs and Greason and Cashwell's (2009) study that explored the relationship between mindfulness and empathy. The IRI was administered in the current study similar to Ohrt's study by having participants complete the assessment before and after the group experience. The IRI showed that neither cognitive nor affective empathy showed significant changes in either of the two groups explored.

Situational Self-Awareness Scale

The Situational Self-Awareness Scale (SSAS; Govern & Marsch, 2001) is a nine-item self-report measure that uses a seven-point likert-scale to determine individual levels of self-awareness. Self-awareness is defined as the recognition of and attention to one's own thoughts, emotions, physiological responses, and behaviors while interacting with others. This also includes awareness as to how the self is being perceived both publicly and privately (Govern & Marsch, 2001). The scale ranges from "strongly disagree" to "strongly agree", with three primary factors that address the surroundings, public self-awareness, and private self-awareness. The surroundings factor includes items such as "Right now, I am keenly aware of everything in my environment" and "Right now, I am conscious of all objects around me." Public self-awareness refers to the features of one's self that are currently being presented to others and includes items such as "Right now, I am concerned about the way I present myself" to "Right now, I am concerned about what other think of me." The final factor, private self-awareness, is the focus on one's self and paying attention to the internal aspects of one's self and includes items such as, "Right now, I am reflecting about my life" and "Right now, I am aware of my innermost thoughts."

The SSAS was chosen over the Therapist Momentary Self-Awareness Scale (Williams, 2003) due to the Therapist Momentary Self-Awareness Scale only addressing one level of self-awareness. The SSAS was chosen over the In-Session Self Awareness Scale (ISSA; Fauth & Williams, 2005) due to the structure and method of assessment for the ISSA. The ISSA method is not feasible in a group setting. The closest measurement scale to the SSAS is the Self-Consciousness Scale originally developed by Fenigstein and colleagues (SCS; Fenigstein,

Scheier, & Buss, 1975). The SCS addresses self-awareness as a trait and as a result does not show changes over time. The SSAS was adopted from the SCS in which the 31 items were identified into three factors and the strongest items in each factor were pulled to create the SSAS. Unlike the SCS, the SSAS is designed to measure feelings at the current moment, thus having a greater ability to display changes.

The SSAS has been found to be psychometrically sound with Chronbach alpha levels for the three factors ranging from .70-.82. Although the instrument has been found to be psychometrically sound and was adopted from another instrument (SCS) that has been found to be both valid and reliable, the amount of research using the SSAS is limited at best. The only studies using the SSAS with counseling students were the five studies used by Govern and Marsch (2001) in an attempt to validate the SSAS. As a result, the previous findings should be interpreted with caution. The current study will use the SSAS in order to determine changes in self-awareness and will also serve to further strengthen the support for use of the SSAS (see APPENDIX E).

Self-Disclosure

Similar to the study conducted by Barrett and Berman (2001), self-disclosure was measured through behavioral observations by external raters. The raters were informed on the definition of self-disclosure, trained in coding self-disclosure statements that gave insight into the feelings or thoughts of the client at the current moment and a recall of the feelings or thoughts of the client in a previous situation. The terms for the two forms of self-disclosure included “here-and-now self-disclosure” and “recall self-disclosure.” Raters were asked to

identify both forms of self-disclosure in an attempt to prevent the observers from losing focus during the observations.

Sessions were scheduled to be observed at the second, fifth, and ninth sessions of the personal growth groups. The second session was selected over the first session due to the amount of logistical concerns that are addressed during the first session, thus taking away from group interactions. When determining the sessions to observe, prior group research shows a wide array of observational strategies. Studies have looked solely at a selection of sessions over the course of the group (Lopez, 2011; Simonsen, Myers, & Briere, 2011; Young, 2010) as well as every session (Bunch, Lund, & Wiggins, 1983). In order to measure the change in self-disclosure over the course of the group, a pre-test/post-test design is appropriate and by adding a third observation gives a greater understanding of the changes over time. The sessions were also selected with the flexibility to push back observations one week in case of technical difficulties. Due to the fact that the self-disclosure observations are based on frequencies rather than a likert scale a chi-square test was used to analyze self-disclosure.

Data Collection

Prior to beginning the study, the researcher obtained Institutional Review Board (IRB; see APPENDIX F) approval to conduct the study along with permission from the counselor education faculty at the institution being studied. The researcher attended each class during the first two weeks in order to describe the study with the students as well as the informed consent. The informed consent (see APPENDIX G) was distributed to the students in an envelope along with the first round of assessments. The students who chose to participate in the study then

completed the assessments and placed them back inside the envelope. This initial meeting took place before students begin their personal growth groups.

Participants were assigned an identification number in order to correlate their pre- and post-test scores. The envelopes that each student received had a number that correlated with the assessments included inside the envelope. The envelope also had a place for the student's name. The envelopes were used to match the students with their identification numbers for the pre- and post-tests. The first set of assessments included the IRI, SSAS, and the demographics questionnaire. Students were asked to write their names on the outside of the envelope. Once students had completed the assessments they were asked to place the assessments back in the numbered envelope and return it to the researcher. Students wishing to not participate in the study were instructed to simply place the assessments back in the envelope without completing them. The assessments were secured in a locked file cabinet throughout the duration of the study. Data that was imputed into a software program was password protected. At the conclusion of the last group session, the participants received the envelopes which included another IRI and SSAS for their post-test assessments. Upon completing the assessments, participants were asked to place the assessments back in the envelope, which were collected by the group leader and then thanked for their participation and dismissed.

Observer Training

Six doctoral students, all of whom had completed an advanced doctoral-level group course served as the behavioral observers for the study's behavioral observations of self-disclosure (see APPENDIX H). Observers participated in a training that lasted approximately an

hour and a half prior to the beginning of the study. The raters were given a folder that included (a) the group schedule, (b) the observation schedule, (c) a handout on self-disclosure, (d) a transcript of a videotaped group session, and (e) the behavioral observation form. The observer folder documents can be seen in APPENDIX I. The majority of the training focused on defining and clarifying what constituted self-disclosure. This began with a discussion on self-disclosure handout.

The self-disclosure handout included the definition of self-disclosure as defined by Haynes and Avery (1979), which states that self-disclosure is a process in which individuals allow others to know them through expressions of feelings, thoughts, and ideas that are both open and honest. Through a discussion with other counselor educators it was suggested that “here and now” and “recall” forms of self-disclosure would be helpful in keeping the attention of the observers over the course of the hour long observations. Here and now self-disclosure statements were identified as statements that revolved around current thoughts, feelings, and ideas. Recall self-disclosure statements involved sharing insight into previous thoughts, feelings, and ideas. Examples of “here and now” and “recall” self-disclosure statements were created and validated by a panel of counselor educator professionals. Once the observers had an understanding of self-disclosure the observers watched a 10 minute segment of Yalom’s *Understanding Group Psychotherapy Volume II: Inpatients* (Psychotherapy.net, 2005). The observers followed along with a pre-transcribed section of the session. Self-disclosure statements were highlighted according to the type of statement (here-and-now or recall). At the conclusion of this segment, the group reviewed each statement identified, and any discrepancies were discussed.

The observation training session brought up two items of significance for the study. The first item surrounded multiple statements made during one speaking term. As a group, it was decided that separate self-disclosure statements would be identified and coded only when it gave insight into a new area of the individual. An example of this would be if a member said, “I am scared and tired”. Although this could be viewed as two forms of disclosure because it is revolving around the same idea, it would only be coded as one here-and-now self-disclosure statement. The second item resulted from statements that while appearing to be self-disclosure statements on paper, when viewed in the context of the session, offered little insight into the individual. The question, “Does this statement give me more insight into who this person is?” was used as a litmus test for the member statements. If participants made statements that failed to offer insight into who they were, the statements were not coded as a self-disclosure statement.

Following the discussion of the transcript, observers were shown another 8 minute clip in which they were asked to record statements using the behavioral observation form created for this study. At the conclusion of the segment, the number and type of self-disclosure statements were discussed. Once the group seemed to be in unison on what was and was not a self-disclosure statement, they were thanked for their participation and dismissed.

Each session that was observed was recorded using a video recording system that was installed in each of the rooms and stored onto a secure server. Observers received an email from the principle investigator following each scheduled group recording that identified the time and room for each observation. All observations were 55 minutes in length. The behavioral observation forms were completed and returned to the investigator. Two sessions in each set of observations were observed by two observers in order to check for inter-rater reliability.

Behavioral observations were set to take place during the second, fifth, and second-to-last session. The second and second-to-last sessions were chosen to account for administrative work that might prevent opportunities for sharing in the first and last session. Due to technical difficulties, the first set of observations were set back to the third week, thus having observations taking place during the third, sixth, and ninth sessions. The results of these observations were to be compared to determine the difference between groups over the course of the group process. However, more technical problems occurred resulting in a single recording of just the ninth session.

Intervention

All of the groups used in this study were facilitated by doctoral students enrolled in their second semester of a counselor education program. Each group had one facilitator, consisted of 4-7 students, and began on the third week of the semester. Groups were randomly assigned to the treatment (n=4) or comparison group (n=4) for the purpose of this study. The treatment groups took part in a phototherapy intervention in which the group leader used a manualized program (see APPENDIX A) incorporating photographs both taken by members and brought in by the group leader to facilitate the group discussions. The remainder of this section will give a brief overview of the intervention for the treatment group and the manual for the comparison group. For further detail on each of the manuals see APPENDICES A and B.

Treatment Group: Session-by-Session

The treatment group was comprised of four groups that were designed in a semi-structured personal growth format. The researcher developed the treatment group manual with the assistance of Claire Craig's (2009) book, *Exploring the Self Through Photography: Activities for use in Group Work*. The outline for the treatment group is included in the following section. The full manual can be found in APPENDIX A.

In the first session, each group leader introduced him/herself and the group process to each of the members. Following the introduction, a short ice-breaker was conducted in order to help students to get to know the other group members. The icebreaker asked for members to pair with another group member to find three interesting facts about each other and to come back and share with the group. Next, the group facilitator discussed the use of a camera and photography and how these would be incorporated throughout the group. Group leaders noted that the group would use images that are provided by the group leader or asked to take images themselves. Members were asked if they had access to a camera and if they knew how to use the camera. The group leader also mentioned that members could use images from magazines or other online media sources for the intervention. Individuals were told that they would be asked to capture images outside of the group and that if a student did not have access to a camera they were able to use images from other sources such as magazines or newspapers. On weeks in which students were asked to capture images, the images were sent to the group facilitator two days before the next group meeting in order to allow time for hard copies of each image to be printed and to screen for images that might be inappropriate for the group. Statements similar to the following were given:

During the course of this group you will be asked to use photographs and images to explain and express certain topics. Some of these images will be provided by your facilitator while other images will your responsibility. This will require a commitment of time outside of the group experience. When group members are responsible for capturing their own images, they are to email the images to the group facilitator(s) no later than 2 days before the next group meeting. The facilitator(s) will print off copies of the images and bring them to the next group meeting. If you select an image that is meaningful, you may want to bring in a copy of that image instead of the actual image. The facilitator(s) will keep the images until the completion of the group at which time they will be returned to the individuals. If you do not have access to a camera you will need to fulfill the assignments by selecting images from other sources (i.e., magazines or newspapers).

Once the logistics of using photography had been addressed, the group facilitators began discussing group rules and personal growth goals in collaboration with the students. Rules for using images were also discussed. Members were instructed to not take pictures that will harm themselves or others, or to take images of others without their permission. Members had the opportunity to ask any other questions before the group was dismissed.

The second session focused on the use of images within the group session. Individuals had the opportunity to select an image brought in by the facilitator and discussed what things about the image resonated with the individual. Group members also had time to continue establishing their personal growth goals. As this was the first time that group members used an image, sufficient time was allowed for the members to process the use of the images. Images selected by the researcher for both sessions two and three were a collection of photos ranging

from images of people to places. The images were taken from magazines or other pictures. They were a range of sizes and colors (see APPENDIX I). The purpose here was to display a wide range of images that have the ability to elicit a response that is unique to the individual. Based on Merrill and Anderson's (1993) study, the focus was not necessarily on the product itself but rather on the meaning assigned by the individual to the product. The images were spread out across the floor. The members were instructed to select the image that resonated with him/her the most and to pick up that image. The group discussion that followed the selection of images used questions such as "What about the picture led you to select it?" and "Would anyone like to share a reaction they had that was different?" Group members were given a chance to reflect back on the events of the group before being dismissed.

Session three focused on how an image can be viewed differently by different people. Group members were asked to write a caption for a selection of images displayed by the facilitator. The facilitator passed around each of the eight images (see APPENDIX J) and asked the group members to write a caption that comes to mind when looking at the image. A discussion about what captions were noted, what that might say about the individual, and what it was like to have a different interpretation followed the images. Group members were then given instructions for their first out of group assignment at the end of this session. For this assignment group members were asked to capture an image(s) of an object that best represents who he/she is. Members were instructed to not use pictures of him/her and to remember the group rules for selecting images as well as the process of submitting the images to the facilitator two days prior to the next group meeting. Group members had a chance to reflect on the information that was shared during this group session before the group was concluded.

Session four focused on the images that represent the individual group members. The members were asked the previous week to capture a few images that represented themselves. The majority of the group was focused on the members sharing the images and the characteristics of their image that spoke to how they viewed themselves, but the group began by revisiting personal goals for the group that each member had worked to identify. Following the goals, members had the opportunity to discuss their own images as well as how someone else's image might have resonated with them before receiving the assignment for the following week. Questions like "How was it for you to share characteristics of yourself?" and "Was there something about the sharing process that surprised you?" were used to help foster a discussion within the group. Group members were then informed of their assignment for the following week. As the groups continue to work towards personal growth goals during the group, the group members were asked to capture an image of an obstacle that might get in the way of the achievement of his/her goal.

The fifth session had the group members discussing possible obstacles that might prevent them from reaching their personal goals that were established within the first three sessions. The images were given back to each of the group members and the members took turns sharing the images that they submitted. Group members were encouraged to discuss the image that they took. Questions also gave members a chance to share what it would be like to overcome the obstacle and to relate to other group members. After each member had the opportunity to share his/her image and the group was able to discuss the images, the discussion shifted to a reflection of the process of sharing. Members were asked about the feelings that were brought up when each member shared as well as the feelings and thoughts that were present when they shared

their own image. At the conclusion of the group, the facilitator instructed the members to capture an image of a place that is special to each of the members for the following week.

The sixth session had the members bring in images of a place that was special to them. The discussion for this session revolved around what makes that place special to the individual members. Before the images were displayed, the facilitator asked checked in with each of the members regarding his/her personal growth goals. The facilitator also asked about any difficulties or significant experiences that occurred while attempting to complete the assignment for the week. Once the images were shared, the discussion revolved around how being in that place made each of the members feel and the characteristics that made that place different from other places. Members had the chance to discuss how these places relate to their personal goals. A brief reflection of the group thus far also took place before giving the members the assignment for the following week. For the next group meeting, the members were asked to reflect back on a situation where he/she responded in a way that might not have been congruent with what he/she was feeling. Members were asked to capture two images. One image represented how others might have seen him/her in that specific moment and another image representing how he/she really felt.

Session seven centered on moments of incongruence. Before participants shared the contrasting images from situations in which they responded one way and felt another, they were given a chance to check in with the rest of the group regarding both their goals and the previous assignment. The reasons for a different response and the potential outcomes of those responses were explored. The facilitator asked questions that attempted to highlight the differences between the images and how situations might be different if what the members felt and what

others saw were more congruent. After sharing the images, the facilitator inquired about what steps each of the members could take to merge the two images together. Members were also asked to explore their personal feelings that arose when others shared. After the group had a chance to process the experience the assignment for the following week was discussed. Members were asked to bring in an image of a memory that was impactful and important to them.

Session eight had the members bring in an image of a special memory. After group members had the chance to check in, the facilitator handed out the images to the members asked the members to partner with someone in the group and discuss the things about the memory that made it special. When the group came back together, the partner shared about the other partner's special memory. After the group had shared, the discussion focused around what it was like to have someone else sharing the memory that was special to them. The feelings that resulted from hearing someone else talk about such a special moment were discussed as well. Examples of the questions used during this session include "How did it feel to share someone else's image?" and "How was it different to share with one person opposed to the entire group?" After the group had a chance to process the session, the facilitator informed the group that their assignment for the next week was to reflect back on the images that had been shared thus far. The members were challenged to think about which images had the greatest impact on them as well as images that might have been more difficult to share compared to other images.

The second to last session, session nine, began by reflecting on the group up to that point as well as discussing fears and feelings about the group terminating the following week. After the group folders were given out, the members were asked to select one image that impacted them the most through the group process and share that image with the group. Members were

also asked to share the image that was most difficult for them. A discussion revolved around the traits of these images that were so impactful to the group members and what the members were able to take away from those images. The group was able to discuss changes that might have occurred in each of the members from sharing the difficult images and to reflect on the qualities of the images that made them so impactful. Members had a chance to process the group before the assignment for the final group meeting was discussed. For the last week, each group member was asked to submit a headshot of him/her for the final week. The group members were also asked to bring in a piece of poster board.

The last session was designed to bring closure to the group. The members were asked to bring in a piece of poster board as well as submitting a headshot of themselves. The group facilitator passed out the images to each member. The members were instructed to place their headshot in the middle of the poster board and then to fill the rest of the poster board with their other images. Once the posters were completed, the group members had the opportunity to identify an image or moment that other group members shared that impacted them. As the group was concluded, the members were able to share a hope and dream for each member for the future. Once the group had concluded, the facilitator gave each group member his/her envelope from the start of the group. Each envelope contained the IRI and the SSAS. Members were asked to complete both assessments and place them back in their envelope. Once the assessments were completed, the members were thanked for their participation and were free to leave.

Comparison Group: Session-by-Session

In an attempt to account for as many extraneous variables as possible, the researcher developed a manual for the comparison group that paralleled the treatment group. The themes of each group session were similar in nature, but without the use of images. The researcher made every effort to stay as close to the theme and structure of the treatment group as possible. The full comparison group manual can be found in APPENDIX B. The following will briefly outline the ten weeks for the comparison group.

The first group session focused on introducing the members to the group and the group process. The facilitator began this session by welcoming the group members and addressing the logistics of the group (time, place, number of session). After the facilitator introduced the group, an explanation of personal goals was addressed. The group was told that a discussion surrounding personal goals would follow an activity to help the group members get to know one another. The group members had a chance to pair up with another member to find out three interesting facts about the other member. The members came back to the group and reported on what they had found. Following the icebreaker activity the group began working towards establishing rules for the group and identifying personal growth goals. At the conclusion of the group, the group rules that had been established thus far were reviewed. Members were asked to continue thinking about the rules and their own personal goal for the following week.

Session two began by refreshing the group of the activities from the previous week. Group members were given the chance to recall interesting facts about the other members from the previous session's icebreaker activity. Any questions that arose over the week were addressed. The group then refocused on the group rules that were begun the previous week. With

the members having time to reflect on the rules for the group, the facilitator asked for feedback on any rules that may not have been addressed the previous session. Once the rules had been discussed the group members had a chance to share about themselves in relation to their personal goals or to continue working towards establishing a personal growth goal. The group discussion centered around what the members' goals were and how the goals related to the group experience. As the group came to a close, the members were asked about the other goals in the group and how some of those goals might resonate with them. The members were then dismissed.

Session three focused on the impact of perspectives. As the group began, members had the chance to check in with their personal goals. Some time was spent here refining goals with the members who had yet to solidify their personal goals. Once goals had been addressed, the facilitator transitioned to discussing how points of view can be different based on the individual. Members were asked to think about a time in which they viewed a situation in one way while someone else saw it as something else. The effect of those differences and possible explanations were explored. As the discussion began to come to a close, the facilitator shifted to processing the discussion with the group. Members were encouraged to discuss how it felt to share and to hear others share. Group members were asked to reflect upon items that might represent who he/she is for the following week.

The fourth session began by focusing on the members' personal goals. After group members had an opportunity to update the group, the discussion shifted to focusing on items that might represent themselves. The members were asked to think about what items might represent them. As they shared, the group explored what traits of the items selected most resembled the

member as well as what traits that the object had that they would like to have. Group members also had the opportunity to discuss other ways in which objects identified by other members resembled the members. At the conclusion of the discussion the group processed what just took place, questions revolving around the feelings and thoughts that arose during the discussion helped to drive the conversation. For the next week the group members were tasked with thinking about obstacles that might get in the way of achieving their goals as they continue through the group process.

By the fifth session the group members had all established a personal growth goal. The facilitator began the session by checking in with each of the members regarding work on their goals and anything that might have happened since the last time the group met. Following the check-in, the session focused on the possible obstacles that might prevent the members from reaching their goals. Members were asked to share about what those obstacles might be for them and what it would look like to overcome the obstacles. Group members also had the opportunity to share similar experiences. The discussion finished with the members having the chance to process the discussion before being given the assignment for the next week. At the conclusion of the group, the facilitator instructed the members to think of a place that was special to them for the following week.

Session six began by reflecting on the group members' personal growth goals and how those might have changed over the past five weeks. The facilitator then shifted the discussion to having the members reflect on a place that is special to each member. The members were asked to reflect on what made those places special and what might be different about the places they currently find themselves. The group then explored ways in which they could bring qualities of

their special places into their current situations. The group continued the discussion with a transition to reflecting on the process of sharing about their special places. The group concluded with the facilitator asking the members to reflect back on a time in which the way that they responded to a situation might not be how they felt on the inside. The members were thanked for sharing and then dismissed.

Session seven focused on incongruences. The members were asked to recall a time in which they responded in one way but felt another way after they had a chance to check in from the previous week. The discussion with the group members included questions such as, “I wonder what would have happen if the world saw what was on the inside?” and “How are the two ways in which you expressed or didn’t express yourself different?” The group also discussed how situations might have changed if they had responded in a different way. Steps for being congruent in the future were also discussed. After being given the chance to reflect on the discussion, the group members were asked to think about a memory that is special to them for the following week.

The eighth session began by discussing the progress towards the group members’ personal growth goals. The members were asked to reflect back on a moment over the course of the group when they had had success working towards their personal growth goal. Once this discussion had concluded, the facilitator asked the members to share about a memory that was particularly powerful to them. The group members were then asked to partner with another member of the group and to share. Once the group came back together, the members were asked to share for their partner. Once the group had shared, the facilitator began a discussion about how it felt to have someone else share about their special moment. The group session concluded with

a chance to discuss any feelings or thoughts that came about as a result of the day's group. The members were not given an assignment for the next week.

The second to last session focused on the progress of the members' personal growth goals. Along with a focus on the goals, the group also discussed possible fears and concerns for the conclusion of the group. As the group members shared their thoughts on the completion of the group, the facilitator had the members think about the things about the group that they can take away from the experience. Finally, group members were able to discuss the experience of sharing during the group session before being dismissed.

The final session began with updating the group on the goal process. Members had the opportunity to reflect back on the personal goals and the group process over the past nine weeks. The members were given the opportunity to discuss things that they did well and events that were positive as well as things that might have been struggles. The group concluded with a closing activity in which each group member shared a hope and a dream for the other group members. Each member took a turn sitting in the middle of the group. The members took turns sharing with the member sitting in the middle of the group a hope for them moving forward and dream they wished to see them accomplish. At the conclusion of this activity the members were given a chance to make any last comments before the group concluded. At the conclusion of the group, the members were given their original envelopes from the beginning of the group. Inside each envelope was a copy of the IRI and the SSAS. After completing the assessments, the members were thanked for their participation and dismissed.

Data Analysis

All of the data was entered into and analyzed through SPSS by the researcher. The study looked to determine the mean differences between groups; as a result, a MANOVA was used to determine the difference between the two groups as well as a correlation between the three factors. Due to only having a single data point for the self-disclosure factor, a correlation was only completed for the post-tests. A multivariate analysis was chosen for this study due to the possibility of a correlation between factors and the fact that multivariate analyses are more sensitive to changes between groups. The study consisted of three dependent variables, empathy scores, self-awareness scores, and number of self-disclosure attempts.

Limitations

The current study lacked pure random assignment due to the groups being pre assigned within the context of a counseling course. With any form of group research, there are variables that cannot be accounted for due to the effect of unique group dynamics. The researcher attempted to control the dynamics as much as possible through the use of manualized interventions. However, this limitation is noted and expected. Group members were also administered a pre- and post-test for both the empathy and self-awareness constructs. Due to a pre-exposure of the constructs, the participants might report results that are considered more socially desirable. Finally, the sample size is still small regarding the ability to make inferences across the field of counselor education.

Summary

This chapter has described the research questions that were the focus of this study. Along with the research questions, the study design was also outlined. The current study used a quasi-experimental design to determine the effectiveness of a phototherapy intervention on counselor-in-trainings' empathy, self-awareness, and self-disclosure through the personal growth group process. The instrumentation that was used for this study has also been discussed. Brief outlines of the interventions were addressed along with the potential limitations of the study.

CHAPTER FOUR FINDINGS

The following chapter presents the results of a phototherapy interventions' impact on counselor-in-trainings development of empathy, self-awareness, and self-disclosure through a personal growth group format. This chapter describes the sampling procedures, demographic data, research questions identified by the researcher, as well as the statistical procedures that were conducted to analyze the data. The findings from the analyses are also reported.

Sampling Procedures

Each of the participants were enrolled in a group experience courses and were part of one of eight personal growth groups. Four of the groups were randomly selected to be the treatment group and the other four groups were identified as the comparison group. Each of the groups had between four and seven participants.

The researcher visited each of the group courses during the second week of the semester to discuss the purpose of the study and to obtain participants' informed consent. Students agreeing to participate in the study then completed the first round of assessments. The first round of assessments included a demographics questionnaire, the Interpersonal Reactivity Index (IRI; Davis, 1980), and the situational self-awareness scale (SSAS; Grovern & Marsch, 2001). All of the students present elected to participate in the study.

Both the treatment and the comparison groups met for a total of 10 hour and a half long sessions over the course of the semester. Each of the groups completed the 10 sessions within 14 weeks. It is important to note that two of the groups completed the groups in 11 weeks, one in 12

weeks, three in 13 weeks, and two in 14 weeks. At the conclusion of the last group meeting, the participants were administered both the IRI and the SSAS.

The group facilitators included eight doctoral students all in their second semester of their doctoral program. The group leaders participated in an hour long training session that covered both the treatment and the comparison group manuals (see APPENDESIES A & B). The researcher was also available if the facilitators had questions regarding the manuals. Over the course of the groups, the facilitators of the treatment group were asked to upload the images that the participants submitted for each assignment to an account created at a local pharmacy. The group facilitators notified the researcher when the photos had been uploaded; the researcher then purchased the images to be picked up in the store by either one of the group leaders or the primary researcher. According to the group facilitators, each of the participants in the treatment groups provided images when prompted.

Group observations by the raters trained to measure self-disclosure were scheduled to take place during the second, fifth, and ninth sessions. These observations were conducted by six doctoral students, five in their second year of their program and one in her third year. All of the observers had completed an advanced group course and had completed an hour and a half long training per the protocols discussed in Chapter 3 and found in Appendix H. As with any study using technology, problems can occur, which impact data collection: this study was no different.

For example, during the first set of observations (session 2) the groups were recorded but due to camera positioning participants in two of the groups were unable to be distinguished and as a result the sessions were not usable. The researcher had planned for the possibility of technical difficulties and designed the study to where session observations could be pushed back

one week for each of the first two observations, moving from the second and fifth sessions to the third and sixth sessions. Next, whereas all of the session three observations were completed, a software update a few weeks after session three erased all the previous data, which included the session recording. Then, one of the groups changed locations during session six and thus went unrecorded. In fact, the only session in which all of the groups were present and recorded was session nine. As a result, session nine was the only session used for the study. While attempts to establish inter-rater reliability began during the initial training and had been planned over the course of the study, the technical issues noted herein prevented this from occurring. This is further discussed in the limitations section of chapter five.

Descriptive Data Results

This study explored the effectiveness of a phototherapy intervention on the development of empathy, self-awareness, and self-disclosure among counselors-in-training using personal growth groups. Specifically, the study explored four research questions with seven research hypotheses. Each of the research questions used a single independent variable with two levels (treatment group, comparison group).

Population and Sample

The study initially began with 46 participants: over the course of the study four participants withdrew from the course and thus were no longer a part of the study. Similarly, one participant failed to complete the post-test assessments and as a result was excluded from the study leaving a total of 41 participants (6 men, 35 women, M_{age} 25.24 years, age range 22-43

years). The majority of the participants were Caucasian ($n = 29$) followed by Black/Non-Hispanic ($n = 5$), Asian/Pacific Islander ($n = 3$), Other ($n = 3$), and Hispanic ($n = 1$)

These 41 participants were used to answer research questions one and two. Both research questions three and four used the behavioral observations recorded by a total of six different raters. As noted, due to technical difficulties, the observations occurred only during the ninth session. During this ninth session, four participants were not present which resulted in research questions three and four using a total of 37 participants. It is important to note that (a) three of the four participants who were not present during the ninth session were all part of the same group, (b) all four missing participants were Caucasian females, and (c) two of the missing members were on the mental health track while the other two missing members were on the school and marriage and family tracks respectively. The group facilitators did not note any noticeable differences between the participants who were present and those participants who were not present. As a result, the remaining data from those four participants were included for the first two research questions.

Constructs

The factors of empathy, self-awareness, and self-disclosure were measured through Davis' (1980) Interpersonal Reactivity Index, Govern and Marsch's (2001) Situational Self-Awareness Scale, and Behavioral observations respectfully. The IRI, consisting of four subscales (Perspective Taking, Fantasy, Personal Distress, and Empathic Concern), was designed to identify both emotional and cognitive forms of empathy. Davis (1980) reported the internal reliability for the four subscales to be between .70 and .82. Before completing the current study a

reliability analysis was conducted on the IRI. All four scales showed high levels of reliability, with cronbach alpha levels at .88 for Fantasy, .87 for Perspective Taking, .77 for Empathic Concern, and .83 for Personal Distress. When the subscales were combined to observe cognitive or affective empathy, the cronbach alpha levels were .82 and .75 respectfully. The SSAS was found to have an internal reliability between .70 and .82 (Govern & Marsch, 2001). The current study found a cronbach alpha level of .70 for the SSAS. A reliability analysis was also conducted on the three factors of the SSAS. Chronbach alpha levels showed a strong internal reliability with .72 for the surrounding factors, .76 for the private factors, and .71 for the public factors. Attempts at inter-rater reliability were made through the observer training for self-disclosure with reliability measure to be confirmed over the course of the observations. With the exclusion of the first two sets of observations, inter-rater reliability is a limitation to the study.

Findings

This section will outline the general research questions and the statistical analyses used. Specifically, the results of the repeated measures MANOVA, independent sample t-test, and Pearson's correlation analyses will be discussed.

Research Question One: What is the impact of an experiential counseling group employing phototherapy on counselor education student's level of cognitive and affective empathy as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980) as compared to groups that do not employ this intervention?

Research Question Two: What is the impact of an experiential counseling group employing phototherapy on counselor education students' level of self-awareness as measured by the

Situational Self-Awareness Scale ([SSAS]; Govern & Marsch, 2001) as compared to groups that do not employ this intervention?

Research Question Three: What is the impact of an experiential counseling group employing phototherapy on counselor education students' amount of self-disclosure as measured by behavioral observations compared to groups that do not employ this intervention?

Research Question Four: Is there a correlation between empathy, self-awareness, and self-disclosure?

The analyses used for the study explored whether there were changes between the mean differences of the treatment and comparison groups over the course of the group process. The emotional and cognitive subscales of the IRI along with the SSAS mean totals were used as dependent variables for the first two research questions. Research question three used the total number of self-disclosure statements as a dependent variable while research question four looked for a correlation between the factors of empathy, self-awareness, and self-disclosure.

The analysis for the first two research questions consisted of a repeated measures multivariate analysis of variance (MANOVA) in which the two groups were compared for differences in scores on the emotional scale of the IRI, the cognitive scale of the IRI and the SSAS between pre- and post-tests. In order to use a repeated measures MANOVA several assumptions must first be met. Because the study was only looking at pre- and post-tests, the time intervals were equally spaced. There is no missing data for the 41 participants being studied. A Box's M test revealed that homogeneity of variance was met ($M = 29.175$) providing evidence that the covariance matrices were equal $F(21, 4902.344) = 1.250, p = .198$ and Levene's test of the equality of variance showed that the assumptions of homogeneity were met.

Kolmogorov-Smirnov's test of normality showed that the assumptions of normality were met in the pretest scores for cognitive empathy ($p = .486$), affective empathy ($p = .510$), and self-awareness ($p = .611$) as well as the posttest scores for cognitive empathy ($p = .325$), affective empathy ($p = .611$) and self-awareness ($p = .675$). Also, RM-MANOVA's have been found to be robust to violations of normality with an overall sample size of 40 and a group size greater than 10 (Seo, Kanda, & Fujikoshi, 1995).

A repeated measures-multivariate analysis of variance was conducted to determine the effects of a phototherapy intervention, compared to a comparison group, on the development of empathy and self-awareness over the course of a personal growth. The repeated measures were identified at two levels (pre-test, post-test) with three dependent variables (affective empathy, cognitive empathy, self-awareness) influenced by either the treatment or comparison group. The means and standard deviations for each of the six levels can be seen in Table 1.

Table 1: Means and Standard Deviations for Experiential Groups

	Section	Pre		Post	
		Mean	Std. Deviation	Mean	Std. Deviation
IRI Affective Empathy	Control	16.04	2.07	16.35	2.52
	Treatment	16.42	3.63	16.44	3.82
	Total	16.21	2.83	16.39	3.11
IRI Cognitive Empathy	Control	19.48	3.69	19.28	3.48
	Treatment	20.31	4.21	21.69	4.64
	Total	19.84	3.90	20.34	4.16
SSAS	Control	4.87	.75	5.09	0.58
	Treatment	4.92	.76	5.17	0.76
	Total	4.89	.74	5.13	0.66

The repeated measures MANOVA failed to identify significant multivariate effects between the treatment and the comparison groups, Wilks' $\lambda = .955$, $F(3,37) = .587$, $p > .05$, partial $\eta^2 = .045$, as well as over time, Wilks' $\lambda = .829$, $F(3,37) = 2.547$, $p > .05$, partial $\eta^2 = .171$. The multivariate interaction between the time and the group also failed to produce significance, Wilks' $\lambda = .861$, $F(3,37) = 1.992$, $p > .05$. The lack of significance at the multivariate level suggests that the change between the factors of cognitive and affective empathy along self-awareness are correlated strongly enough to fail to detect a significant change between the factors. The results of the repeated measures MANOVA are presented in Table 2.

Table 2: Repeated Measures MANOVA results for Between-Subject Effects

Effect	Value	F	Sig.	Partial Eta Squared
Groups	.955	.587 ^b	.627	.045
Time	.829	2.547 ^b	.071	.171
Groups*Time	.861	1.992 ^b	.132	.139

Research Question One

After failing to find significant effects at the multivariate level, the researcher further explored the univariate tests. The univariate test removes the correlation between the change in variables and looks only at the change between single factors. Significant change was seen in the cognitive empathy scale of the IRI between the two groups when given the interaction between time and group $F(1, 39) = 6.193$, $p < .05$. Significant findings were not seen for affective empathy $F(1, 39) = .309$, $p > .05$ or cognitive empathy $F(1, 39) = 3.512$, $p > .05$ over time. There was also a

lack of significance when the interaction between time and groups were explored for affective empathy $F(1, 39) = .214, p > .05$. Partial eta squared suggests a large effect for the cognitive empathy scale when the interaction between time and group is explored. The results of the univariate analyses can be seen in Table 3.

Table 3: Univariate Tests of Within Subject Effects for Empathy

Source	Measure	Type III	df	Mean	F	Sig.	Partial Eta Squared	Observed Power ^a
		Sum of Squares		Square				
Time	Affective	.557	1.000	.557	.309	.582	.008	.084
	Cognitive	7.189	1.000	7.189	3.512	.068	.083	.448
Time*Group	Affective	.386	1.000	.386	.214	.646	.005	.074
	Cognitive	12.676	1.000	12.676	6.193	.017	.137	.680

Null Hypothesis 1a: There is no significant difference in students' level of cognitive empathy over time between groups participating in a phototherapy intervention as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980) as compared to groups that do not employ this intervention.

Based on the results of the repeated measures MANOVA, the researcher found a significant difference between cognitive empathy scores and thus rejected the null hypothesis.

Null Hypothesis 1b: There is no significant difference in students' level of affective empathy over time between groups participating in a phototherapy intervention as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980) as compared to groups that do not employ

this intervention. Based on the results of the repeated measures MANOVA, the researcher failed to reject the null hypothesis.

Research Question Two

Univariate tests were further explored after the researcher failed to find significant effects at the multivariate level. The findings show a significant change in self-awareness over the course of the groups for both the treatment and the comparison group $F(1, 39) = 4.388, p < .05$. There was a lack of significance when the interaction between time and groups were explored for self-awareness $F(1, 39) = .018, p < .05$. Partial eta squared suggests a large effect for the self-awareness scale over time. The results of the univariate analyses can be seen in Table 4.

Table 4: Univariate Tests of Within Subject Effects for Self-Awareness

Source	Measure	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power ^a
Time	Self-Awareness	1.093	1.000	1.093	4.388	.043	.101	.533
Time*Group	Self-Awareness	.004	1.000	.004	.018	.894	.000	.052

Null Hypothesis 2: There is no significant difference in students' level of self-awareness over time between groups participating in a phototherapy intervention as measured by the Situational Self-Awareness Scale ([SSAS]; Govern & Marsch, 2001) as compared to groups that do not employ this intervention.

Based on the results of the repeated measures MANOVA, the researcher failed to reject the null hypothesis although there was a significant change for both the treatment and comparison group over the course of the group.

Research Question Three

Research question three explored the differences between groups regarding self-disclosure statements. Because the dependent variable was interval or ratio in scale and the independent variable was nominal or ordinal and had only two categories that were separate from each other, an independent t-test was chosen. In order to conduct the independent samples t-test, assumptions needed to be met. The assumption of normality was tested for the comparison group. Skewness (1.200) and kurtosis (1.785) suggest that the dependent variable might be normally distributed, a further review of the Shapiro-Wilk's test ($W = .859, p = .004$) and a box plot indicated a potential outlier. The findings for the treatment group were similar with a skewness of 1.248, a kurtosis of 1.111 and a significant Shapiro-Wilk's test ($W = .853, p = .009$). The box plot for both the treatment and the comparison group can be seen in Figure 1. Both of the outliers were Caucasian females in enrolled in the mental health track. One of the outliers was approximately four years below the mean age for the participants while the other outlier was approximately four years above the mean age of the participants. The box plot also shows that the mean scores and distribution of scores for the treatment group (group 2) were higher than the comparison group (group 1).

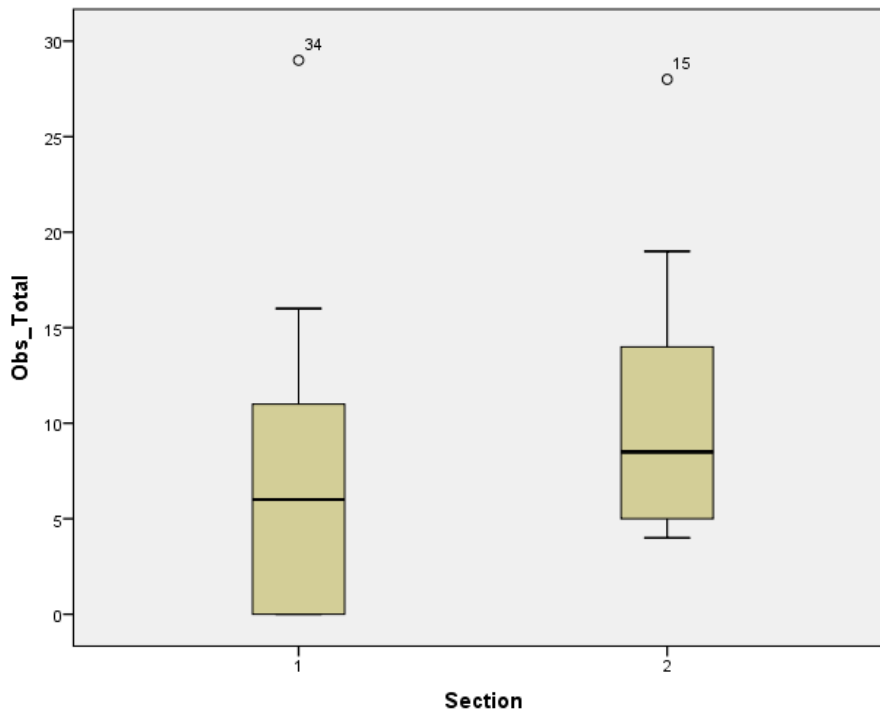


Figure 1: Behavioral Observation Box Plot

After removing both possible outliers, the skewness (.191) and kurtosis (-1.228) for the comparison group and the skewness (.852) and kurtosis (-.625) for treatment group suggest normality. The Shapiro-Wilk's test ($W = .907, p = .066$) for the comparison group was no longer significant. The Shapiro-Wilk's test ($W = .853, p = .012$) for the treatment group was strengthened but still found to be significant suggesting that there was still some non-normality. However, according to Lomax (2001), given a sample size above 10 per group, the t-test is relatively robust to violations of normality. Levene's test indicated that the assumption of the homogeneity of variance was also met ($F = .322, p = .574$). As a result it was deemed appropriate to continue with using the independent samples t-test for this analysis.

An independent samples t-test was used to determine the difference in self-disclosure statements between the treatment and the comparison group. Self-disclosure was measured through behavioral observations that took place during the ninth session of the personal growth groups. Boxplots indicated two possible outliers, one for the treatment group and one for the comparison group. Because both outliers were more than two standard deviations from the mean, they were both removed (Hinkle, Wiersma, & Jurs, 2003). The test was not statistically significant, $t(35) = .018$, $p = .877$. Individuals in the comparison group ($n = 19$, $M = 8.58$, $SD = 7.37$) used self-disclosure almost equal to the treatment group ($n = 18$, $M = 10.61$, $SD = 6.68$). For descriptive statistics for the independent samples t-test see Table 5.

Table 5: Independent Samples T-Test Descriptives

Section	N	Mean	Std. Deviation	Std. Error Mean
Control	19	8.58	7.373	1.692
Treatment	18	10.61	6.679	1.574

The 95% confidence interval for the difference between means was -6.74 to 2.67. An effect size was calculated by Cohen's d and found to be -.0497. The Cohen d score would indicate that less than 1% of the variance in self-disclosure was accounted for by the group. Results of the independent samples t-test can be seen in Table 6.

Table 6: Self-Disclosure Independent Samples T-Test

									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Obs_Total	Equal variances assumed	.018	.895	-.877	35	.386	-2.032	2.317	-6.736	2.672
	Equal variances not assumed			-.879	24.935	.385	-2.032	2.311	-6.724	2.659

Null Hypothesis 3: There is no significant difference between students' amount of self-disclosure after participating in a phototherapy intervention as measured by behavioral observations compared to groups that do not employ this intervention.

Based on the results of the independent samples t-test, the researcher failed to reject the null hypothesis.

Research Question Four

For the last research question a Pearson correlation was conducted to determine the correlation between empathy, self-awareness, and self-disclosure. The individual scores of each of the participants were independent from the other and the variables were normally distributed. Each of the factors being used were interval in scale and thus the Pearson correlation would be appropriate. By meeting the assumptions of Pearson's correlation, the researcher moved forward with the correlation analysis for research question four. The findings from each of the research questions will be discussed in the following section.

The Pearson product moment correlation coefficient was to determine if there was a relationship between empathy, self-awareness, and self-disclosure. In order to remain consistent with the first research question, empathy is split into cognitive and affective empathy. Because self-disclosure was included in this analysis, the sample excluded the four participants who were not present during the self-disclosure observations. Results of the correlational analyses indicate that none of the 6 correlation coefficients were statistically significant at a value of .05. This indicates that empathy, self-awareness, and self-disclosure scores have a low to little correlation with each other (Hinkle, Wiersma, & Jurs, 2003). The strongest correlation between the variables was seen between the affective and cognitive empathy scales of the IRI, $r(37) = .271, p = .105$ but was still far from a significant correlation. The least correlated variables were self-awareness and self-disclosure, $r(37) = -.068, p = .688$. The correlations can be seen in Table 7.

Table 7: Pearson Correlation

	Self-Awareness	Self-Disclosure	Affective Empathy
Self-Disclosure	-.068		
Affective Empathy	-.177	.127	
Cognitive Empathy	.163	.175	.271

Although there was not a significant correlation between the factors of empathy, self-awareness, and self-disclosure when looking solely at the post-test scores, the results of the MANOVA suggest that there was a significant correlation when measuring the change over the course of the study. The MANOVA showed that there was not a significant change at the multivariate level, but when the factors were further explored at a univariate level, significant

findings were seen. The findings suggest that there is a correlation between affective empathy, cognitive empathy, and self-awareness scores as they changed over the course of the study.

Null Hypothesis 4a: There is no correlation between empathy and self-awareness.

Based on the results of the Pearson correlation, the researcher failed to reject the null hypothesis.

Null Hypothesis 4b: There is no correlation between empathy and self-disclosure.

Based on the results of the Pearson correlation, the researcher failed to reject the null hypothesis.

Null Hypothesis 4c: There is no correlation between self-awareness and self-disclosure.

Based on the results of the Pearson correlation, the researcher failed to reject the null hypothesis.

Conclusion

The current study explored the use of a phototherapy intervention in a group setting and how the intervention affected the factors of empathy, self-awareness, and self-disclosure as compared to a comparison group. The correlation between empathy, self-awareness, and self-disclosure was also explored. The findings showed that there was not a significant difference between groups when exploring affective empathy and self-disclosure; cognitive empathy did show a significant difference between the treatment and comparison groups. The measurement of self-disclosure revealed no significant difference between the two groups. No significant correlation was found among cognitive empathy, affective empathy, self-awareness, and self-disclosure, but the findings at the multivariate and univariate levels of the MANOVA would suggest that the change in cognitive empathy, affective empathy, and self-awareness scores are correlated.

CHAPTER FIVE DISCUSSION

This chapter will begin with a brief overview of the study. This overview will include the purpose for the study along with the research methodology. Following a brief overview, conclusions drawn from the results of the study will be discussed. The chapter is concluded with a discussion of the limitations, implications for counselor education programs, and recommendations for future studies.

Study Overview

The researcher set out to investigate the effectiveness of a specific phototherapy intervention on counselor-in-training's empathy, self-awareness, and self-disclosure development through participation in a personal growth group. The factor of empathy was measured before the group began and at the conclusion of the group by using Davis' (1980) Interpersonal Reactivity Index (IRI). Self-awareness was measured using the Situational Self-Awareness Scale (SSAS; Govern & Marsch, 2001) at the beginning and the end of the group experience. The factor of self-disclosure was measured through behavior observations at a single point during the groups (9th session). The study looked to see if there was a difference in the change over time between the group receiving the phototherapy intervention and those participants who did not receive the intervention.

The study began with 46 counseling students and finished with a sample of 41 for the first two research questions and 37 for research questions three and four. All of the students were currently enrolled in a group counseling course during the spring semester of 2012 at a

CACREP-accredited master's program in the Southeast. The students were either on a marriage and family, mental health, or school track.

Both the treatment and the comparison group consisted of four groups for a total of eight groups for the study. Each group ranged from five to seven participants and each was facilitated by a doctoral student enrolled in the advanced practicum course. The groups met weekly for a total of 10 meetings starting the third week of the semester. Due to school breaks and leader absences, the groups took a total of 13 weeks to complete the 10 sessions. Each group lasted 90 minutes.

Both the treatment and the comparison group leaders were given the group manuals and instructed on how to facilitate the groups according to the manuals. The training took place during the group leaders' advanced practicum course and lasted approximately one hour. The treatment group used images provided by the facilitator as well as images provided by the group members. Much of the treatment manual was adopted from Claire Craig's (2009) book, *Exploring the Self Through Photography: Activities for use in Group Work*. The comparison group followed the same themes as the treatment group but did not use images.

Data collection took place in two separate forms. Participants were administered the IRI and the SSAS before the study began and at the conclusion of the study. Self-disclosure was measured through behavioral observations. Six observers participated in an hour and a half training to identify the definition of self-disclosure and identify self-disclosure in a previously recorded group session. Once the observers had a consistent understanding of what was, and was not, a self-disclosure statement, the training was concluded. Behavioral observations were

scheduled to take place over the second, fifth, and ninth sessions but due to technical difficulties, the observations occurred solely during the ninth session.

Review of the Results

The following section addresses the results of the study reported in chapter four. A review of the findings is discussed along with conclusions that can be drawn from the findings of each research hypothesis. The findings are also discussed in comparison to other studies that have explored the factors of empathy, self-awareness, and self-disclosure along with experiential groups.

Research Question One

Research Question One: What is the impact of an experiential counseling group employing phototherapy on counselor education student's level of cognitive and affective empathy as measured by the Interpersonal Reactivity Index ([IRI]; Davis, 1980) as compared to groups that do not employ this intervention?

Research hypotheses 1a and 1b were analyzed through a repeated measures MANOVA. The findings showed that there was not a significant difference at the multivariate level between the treatment and the comparison groups over the course of the groups. When the data was further explored at the univariate level a significant difference was seen between the treatment and the comparison group from pre-test to post-test in terms of cognitive empathy. Significant findings were not seen for affective empathy. The lack of significance at the multivariate level combined with the significant findings at the univariate level would suggest that there is a

correlation in the amount of change across the factors of cognitive empathy, affective empathy, and self-awareness. The results of the repeated measures MANOVA can be seen in Table 1 and Table 2.

As a result of these findings, the researcher failed to reject the null hypothesis for affective empathy and successfully rejected the null hypothesis exploring cognitive empathy. These results would suggest that the phototherapy intervention had little effect on the development of affective empathy over the course of an experiential group. The findings do suggest that the phototherapy intervention had a significant effect on the change in cognitive empathy over the course of the experiential groups. The difference between the two scales of empathy further reinforces Duan and Hill's (1996) belief that empathy can be split into two distinct pieces.

Affective empathy saw almost zero change from the pre-test to the post-test for both the treatment and the comparison group. The comparison group saw a slight increase that was still far from being significant while the treatment group saw practically no change at all. The lack of change over the course of the group led the researcher to question the empathy levels of the participants prior to beginning the group, having interacted with the other group members throughout their graduate programs. The only other study found that explored empathy development in a personal growth group within a training program was conducted by Ohrt (2010) and like this study, found no significant difference in affective empathy development.

The findings of this study also differed from other experiential approaches that attempted to increase empathy. Cook and colleagues (Cook et al., 2007) found that an experiential role-play led to students displaying a stronger sense of empathy towards potential clients, Connor-Green

and colleagues (Connor-Green et al., 2008) found that students were able to convey more empathy as a result of a poetry exercise, and another study by Silvia (2002) found that role-play training also increased empathy. Affective empathy has been shown to increase in counselors-in-training in settings other than personal growth groups that require students to take personal risks in sharing with other members. A more concentrated exploration of affective empathy and previous relationships with group members could be a direction for future studies.

Unlike affective empathy, cognitive empathy showed a significant difference when comparing the treatment and the comparison group over time. The treatment group saw a positive change over the course of the group, this combined with a slight decrease in cognitive empathy scores by the comparison group led to a significant difference between the two groups. These findings would suggest that the use of images have a positive effect on the ability to cognitively empathize with others, which supports Merrill and Anderson's (1993) belief that photographs allow others to gain a deeper understanding of the individual sharing the image. Although the change in cognitive empathy within the treatment group was not quite significant, difference would seem to make a case to further support studies that showed the increase of empathic understanding. A study by Puleo and Schwartz (1999) found that participation in a personal growth group did lead to a greater empathic understanding. Connor-Green and colleagues (Connor-Green et al., 2008) also showed an increase in accurate cognitive empathy through a poetry assignment. Unlike Ohrt's (2010) study, this study found a difference between groups on cognitive empathy.

The current study showed a significant difference between the two groups regarding cognitive empathy and not affective empathy. These findings are the opposite of studies

conducted by both Poorman (2002) and Lundy (2007). Poorman found that a classroom role play assignment showed an increase in affective empathy but no change in cognitive empathy. Lundy explored the use of an experiential activity compared to a written assignment and also found a change in affective empathy but not cognitive empathy. In a study exploring empathy towards adolescent sex offenders conducted by Varker and Devilly (2007) it was found that adolescent sex offenders showed statistically significant differences on cognitive empathy compared to non-offenders and a similar level of affective empathy.

While the need for both cognitive and affective empathy has been noted as necessary for effective counselors (Davis, 1980), an overflow of affective empathy has been associated with counselor burnout (Maslach, 1982). The use of the phototherapy intervention to increase cognitive empathy could help to balance empathy levels especially when noting that individuals with higher levels of affective empathy are already drawn to the helping professions (Maslach, 1982). The current study would support Leppma's (2011) suggestion that an intervention that fosters cognitive empathy would help prevent burnout in counselors. The use of the specific phototherapy intervention with counselors and the relationship with counselor burn out could be explored for future research.

Although the first research question explored the change in empathy scores between a group receiving a phototherapy intervention and a comparison group it is also important to explore the changes over time for both groups. Neither cognitive nor affective empathy scores showed a significant change over the course of the group. When combining both forms of empathy the change was less than a single point. The lack of change in both groups led the researcher to question the empathy levels of the students prior to entering the group. With the

group members having multiple interactions with each other prior to entering the groups, a case could be made that the empathy levels were already high and thus a significant increase would be unlikely. The treatment group was exposed to an expressive arts intervention using photography and saw an increase in cognitive empathy but was not significant. The findings of this differ from other forms of art therapy that suggested an increase in empathy (Gibson, 2007) or articles that propose the use of expressive arts to increase empathy (Ohrt et al., 2009).

Research Question Two

Research Question Two: What is the impact of an experiential counseling group employing phototherapy on counselor education students' level of self-awareness as measured by the Situational Self-Awareness Scale ([SSAS]; Govern & Marsch, 2001) as compared to groups that do not employ this intervention?

Research hypothesis two was analyzed through a repeated measures MANOVA. The findings suggested that there was not a significant difference at the multivariate level between the treatment and the comparison groups over the course of the groups. When the data was further explored at the univariate level a significant difference was seen between the pre-test scores and the post-test scores regarding self-awareness. Significant findings were not seen when looking at self-awareness with the interaction of the groups and time. The results of the repeated measures MANOVA can be seen in Table 4 and Table 5.

As a result of these findings the researcher failed to reject the null hypothesis. The findings suggest that the phototherapy intervention had little impact on participant self-awareness over the course of the group process. The current study was the first study to explore

self-awareness in a group format with counselors-in-training. With the lack of research surrounding self-awareness in relation to both an art therapy approach and group experiences, the current study serves as a springboard for future research. While there was not a significant difference between the treatment and the comparison group, the research questioned the strength of the manualized intervention for both groups. It could be possible that the content of the manualized intervention for both the control and the treatment group were strong enough and similar enough that a change between groups could not be seen. Future studies could benefit from comparing the phototherapy intervention with an unstructured group. It would also be beneficial to explore the intervention in a setting other than personal growth groups to determine if the group itself was a strong contributor to change in self-awareness.

The change in self-awareness over time is consistent with the qualitative findings of Ieva and colleagues (2009) that found that the group experience increased self-awareness. Other literature surrounding self-awareness, particularly in training programs, focuses more on the supervisory relationship (Silvia & Phillips, 2004; Williams et al., 1997). Fauth and Williams (2005) showed that counselors perceived self-awareness to be helpful when recalling sessions. Unlike Fauth and Williams, the current study used a more situational based approach to explore self-awareness. The findings do suggest that the group process itself has an impact on self-awareness.

The significant change over time for both the treatment and the comparison group support MacDevitt's (1987) findings that forms of personal counseling increase self-awareness in counselors. The change over time for both groups supports the findings by Silvia and Phillips (2004) in which they found that self-awareness improved or failed to improve based on priming

by the researcher and not by a creative intervention. Even though the phototherapy intervention failed to show a significant difference over time when compared to the comparison group, the treatment group did manage to show a significant change over time, similar to the findings of a study by Marsick (2010). The current study found the art therapy intervention, while it significantly increased participants' self-awareness over the course of the study, there was not a significant change as when compared to the comparison group. The changes in self-awareness over the course of the group would show that the group itself has an impact of self-awareness. However, the current study fails to identify what pieces of the design significantly led to the changes in self-awareness. A case could be made for either the content of the manuals or the group process itself in being a significant contributor to the change in self-awareness and as a result, both areas warrant future researcher.

Research Question Three

Research Question Three: What is the impact of an experiential counseling group employing phototherapy on counselor education students' amount of self-disclosure as measured by behavioral observations compared to groups that do not employ this intervention?

The third research hypothesis explored the difference between behavioral observations of self-disclosure among the treatment and comparison groups using an independent samples t-test. Boxplots indicated two outliers that were removed before analyzing the results. The researcher further examined the outliers in order to try and identify specific characteristics that might have led to the high amount of disclosure statements. The two outliers were in separate groups and observed by separate observers. From a demographic standpoint, they were both in the majority

being Caucasian, female, mental health counselors, and were just a few years on either side of the mean age. When processing the group experience with the facilitators the group leaders for the two groups in which the outliers were present quickly identified the participants. While they facilitators noted that there was not anything in particular that jumped out regarding these participants, it was noted that both participants over disclosed throughout the group process.

After removing the two outliers, the results of the t-test were not significant. The treatment group and the comparison group showed similar amounts of self-disclosure over the course of the observations. As a result of these findings the researcher was unable to reject the null hypothesis. Results of the independent samples t-test can be seen in Table 7 and Table 8.

With a lack of significant difference between the groups, the findings do little to add clarity to the impact of a phototherapy intervention on self-disclosure. The use of photographs to increase self-disclosure was seen in a study by Glover-Graf and Miller (2006) in which members of a chemically dependent group were assigned themes for weekly photography assignments that were processed in a group experience. The current study also falls in line with a study by Hunsberger (1984) in which historical photographs were used to bring out emotional conflicts from the client's past. Both of these studies suggest that the use of photography is helpful in increasing appropriate self-disclosure, but unlike both of these studies, the current study was the only one designed with a comparison group. The lack of a comparison group in the comparable studies makes it difficult to draw conclusions with the current study. Although the current study used a comparison group to attempt to show the significance of a phototherapy intervention, the lack of a significant difference might not be attributed to simply having a comparison group. The present study was designed to measure self-disclosure at multiple points over the course of the

study. The idea that the use of images could help increase self-disclosure at a quicker rate as noted by McNiff (2004) was unable to be explored through the current study. By observing the participants during the second to last session, the amount of self-disclosure might have leveled out by that point in the group. Also, with the session being the second to last, the lack of a significant difference could be attributed to both groups working towards closing the group process.

Other studies exploring self-disclosure with counselors-in-training used approaches other than the use of groups, Knox and colleagues (Knox et al., 2011) used interviews to explore the effect of self-disclosure by a supervisor, and Davidson (2011) explored supervisor self-disclosure and found that self-disclosure by the supervisor was positively correlated with the working alliance. It is unknown how disclosure affected the alliance between the group leader and the other members in the current study. The current study also fails to support Gladding's (1992) belief that arts such as photography allow for individuals to disclose information that they would not have expressed without the medium of a photograph. Although there is a lack of support of the use of a phototherapy intervention to increase self-disclosure, the method in which the observations occurred could pose a limitation to the study.

Research Question Four

Research Question Four: Is there a correlation between empathy, self-awareness, and self-disclosure?

Research hypotheses 4a, 4b, and 4c were examined using a Pearson correlation to determine if there was a relationship between empathy, self-awareness, and self-disclosure. To

maintain consistency throughout the study, the two sub parts of empathy were used for research question four. The results of the correlation showed that there was not a significant correlation between the three factors. The two forms of empathy had the strongest correlation, but still lacked a significant correlation. Self-awareness and self-disclosure showed the weakest correlation. The correlations between the three factors were reported in Table 6.

There is a considerable gap in the literature surrounding the correlation between the factors of empathy, self-awareness, and self-disclosure. The few articles addressing the correlations are either conceptual pieces or lack an experimental design. Silvia and O'Brien (2004) reviewed the literature and concluded that self-awareness is necessary for an empathic response. The current study does little to support or disprove Silvia and O'Brien's findings. Yalom and Leszcz (2005) suggest a strong tie between self-awareness and self-disclosure which was seen as the weakest interaction in the current study. The lack of a correlation between self-disclosure and empathy or self-awareness could be due to the way in which self-disclosure was measured and when it was measured.

Due to the limitations of the study, the data used for the correlations came solely from the last two session of the group. By this point in the group process, both the treatment and the comparison groups were coming to a place of closure. The content of these sessions were designed to reflect back on the group process and not as much on the personal goals of the individuals in the groups. By having a single data point for the correlation, the researcher was unable to determine the correlation between the changes in the three factors over the course of the group. The repeated measures MANOVA would suggest that there is a correlation between the change regarding cognitive empathy, affective empathy, and self-awareness. The

implications of the repeated measures MANOVA results encourage more attention to be given to the correlation of the factors of empathy, self-awareness, and self-disclosure as they change over the course of a group experience in future studies.

The researcher noted the previous relationships of the participants and possible ways that those interactions might have affected the empathy of the group members. If the participants had already developed a sense of empathy towards the other participants, the chance of observing a correlation between empathy and the other two factors would be slim. Future studies would benefit from using a similar design with groups that have not had previous interactions. While empathy (Feller & Cottone, 2003), self-awareness (Lennie, 2007), and self-disclosure (Curtis, 1982) have all been identified as necessary traits for counselors, the correlation between the three factors has yet to be solidified.

Limitations

While the results to the study provide information that is useful for how we train future counselors, the findings should be interpreted with some caution. With any form of quasi-experimental research, there are various limitations that need to be addressed. By acknowledging these limitations, the reader is able to better interpret and understand the current findings. Limitations stemming from the (a) research design, (b) sample, (c) technology, and (d) behavioral observations will be addressed

Research Design

The study followed a quasi-experimental design; as a result true random assignment was not achieved. A quasi-experimental design is unable to account for various factors that are preset before the study began. For this study, each of the members were already assigned a group to participate in accordance with the section of the course he/she was enrolled. The lack of random assignment could pose a possible threat to internal validity (Campbell & Stanley, 1963). In an attempt to account for this limitation, the research randomly assigned the eight individual groups to either the treatment or comparison group in an effort to have the strongest research design possible.

The design of the study also lacked a true control group. The study compared a treatment group and a comparison group which was also receiving a form of treatment. In order to gain an accurate understanding of the effects of the intervention a control group that did not participate in the group experience or have a manualized treatment should be used. The lack of a control group limits the overall inferences that can be made regarding the effectiveness of the intervention.

Sample

The sample for this study was comprised solely of students from a public university in the southeastern United States. By not having a diverse sample in terms of locations the generalizability of the study could be questioned. Also, the sample itself could have been larger and more diverse. While the majority of the sample was comprised of Caucasian females, it is unclear if the current sample is a strong representation for other counselor education programs.

While the researcher was unable to change the sample in the current study, the demographic information for the study was noted in an effort to be fully transparent. Future studies would benefit from applying the same design with a larger sample.

With any longitudinal study there is a risk of participant drop out. The current study used a group process that was a required part of the group course in which all the participants were enrolled in hopes of limiting the risk of drop out. Even with the group being a course requirement, four participants dropped the course and in turn were no longer a part of the groups used for this study. In addition to those four participants, another four participants were not present during the observations, shrinking the sample further. Although the group facilitators did not identify any thing particularly different about the students that were not present during the observations, it is still worth noting their absence.

Another limitation with the sample was the amount of interaction the participants had before entering the group. Each of the group members were enrolled in the same program and had had interactions in other courses and possibly even other groups. All of the participants were enrolled in the group course which meant that the participants were together for another hour and a half prior to meeting with their groups. These interactions could have an impact on the relationships displayed between the group members and as a result could effect the levels of empathy and self-disclosure that were seen by the researcher. There was little that the researcher could do to account for these prior interactions. Future studies might benefit from exploring the impact of the relationships prior to entering the group experience.

Technology

What was hoped to be a strength of the study managed to also serve as a limitation. The researcher used a video recording system that was a part of the community based training clinic in which the groups took place. Each of the recorded sessions were stored on a secure server. Over the course of the group meetings, there were multiple problems with the recordings. A camera was moved during the initial recordings making it impossible to identify the participants. Shortly after that session, another session was missed due to a group moving to a different location. The recordings of another session were stopped accidentally by someone not affiliated with the study. Other sessions were recorded but playback revealed that the audio had not recorded. Finally earlier sessions that were still being viewed were erased from the server due to a software update that took place midway through the groups. As a result, the ninth session was the only session in which all of the groups were recorded successfully. It is important to note that during the ninth session, there were multiple group members across both treatment and comparison groups that were not present.

The cameras used for the study were also set to timers that coincided with the hours in which the clinic was in operation. As a result, all of the cameras automatically turned off at nine o'clock. In processing the groups with the facilitators, the leaders who's groups were at night commented that there was a lot of information and sharing that took place by group members during the last thirty minutes of the group, after the cameras had stopped.

The researcher attempted to anticipate possible concerns with the use of technology. When recording sessions, the researcher had established multiple checks in order to ensure the sessions were recorded properly. The checks put in place by the researcher ensured that the

groups where recorded when they were supposed to be recorded. However, the research did not anticipate specific cameras failing and the technology update that erased previous sessions. In the future, using a backup independent camera system would be a way to ensure the recording of each of the sessions.

Behavioral Observations

Current literature surrounding the use of self-disclosure focuses almost solely on the effects of self-disclosure on another party through the use of recall (Audet & Everall, 2010; Barrett & Berman, 2001; Wade et al., 2011). The present study was not so much focused on the effects of self-disclosure on others, as it was the amount of self-disclosure displayed by the individual participants. This was the first study that attempted to measure self-disclosure within a group of counselors-in-training. As a result, the researcher selected behavioral observations as the method for determining self-disclosure.

With multiple raters there is the chance that the internal reliability of the observations is not accurate. The original design of the study was developed so that every rater scored at least two sessions with two different raters in order to continue to monitor inter-rater reliability over the course of the three sets of observations. With the changes in the observation schedules due to technical difficulties, it was not possible to monitor and compare observations. As a result, there was not a way to further verify inter-rater reliability past the initial training, creating a possible limitation to the study.

The timing of the behavioral observations could have also been a limitation. The observations took place during the next to last session for the groups. At this stage of the group

process, the groups were beginning to work towards bringing closure to the group and reflecting on the previous sessions. According to the group facilitators, the groups had a feel that was different from previous sessions because the group process was about to be completed. The initial design called for observations to take place at three times over the course of the study. The use of multiple observations allowed for the researcher to continue to maintain reliability among the raters as well as measuring the change in self-disclosure as the group progressed. During this study, the raters had two to three months between the training and the observation. Another training with the observers closer to the ninth session could have been helpful in maintaining reliable observations.

The researcher attempted to be proactive in accounting for possible limitations to the study. Yet with any experimental or quasi-experimental design limitations will be present. The current study was no exception. Increasing the sample size with participants that have had less of an interaction prior to the group could help strengthen future studies along with addressing concerns with technology. The use of subjective raters presents concerns in reliability, strengthening the observation training and utilizing ways to continue to check the inter-rater reliability over the course of the observations would be beneficial for future studies.

Implications

The current study was designed to explore the impact of a phototherapy intervention on the factors of empathy, self-awareness, and self-disclosure over the course of an experiential group process. The study also explored the correlations between the three factors. The findings from the present study suggest mixed results whereas the specific phototherapy intervention had

little impact on the group members' self-awareness and affective empathy; there was a significant change over time between the two groups when reporting the cognitive empathy. While self-awareness was not affected by the intervention, the group itself played a role in the positive change in self-awareness over the course of the group process. The use of the phototherapy intervention showed little difference in self-disclosure scores between the two groups. Furthermore, the study showed that there was no correlation between the factors of empathy, self-awareness, and self-disclosure. The following section will address the implications for each of the three factors explored and suggestions for future research.

Empathy

Although the current study does not give insight into the reason why cognitive empathy showed a significant change between the two groups and emotional empathy did not, a study by Anderson and Price (2001) might offer an explanation. Anderson and Price surveyed counseling students participating in a personal growth group. Their findings suggested that while the group was viewed as overwhelmingly positive, two of the strongest concerns for the students were dual relationships and privacy issues. Although the current groups were designed for personal growth, the proximity to the course could have prevented some participants from fully engaging emotionally in the group.

An alternative view to participants being hesitant to engage in the groups emotionally could be that the group members were already emotionally engaged with the group members. Many of the participants had previous interactions with other members of the group, they had taken classes together, worked on projects, and even participated in other group settings. It might

not be that the participants were fearful of opening up in the group process, but that they were already there before the group started. It would be difficult to see significant changes when affective empathy levels were already high.

Individuals entering helping professions, such as counseling usually have high affective empathy levels coming into the field (Maslach, 1982). Strong levels of affective empathy would not have prevented the participants from gaining a stronger understanding of the other group members, thus providing an avenue for cognitive empathy to continue to increase. As a result, the use of photography in the group setting was useful for developing cognitive empathy. By observing a change in the treatment group and a lack of change in the comparison group, the researcher believes that the images could have been used to convey information about the group members that were not present in the comparison group. Counselor education programs looking to use the CACREP group requirement to foster empathy should consider the phototherapy intervention as a viable option.

The current findings suggest that some forms of empathy are affected through the use of images. The researcher would caution viewing the lack of a significant change over the course of the study as grounds to move away from the use of experiential groups to foster empathy in counselors-in-training. The findings to the current study have led to questions for future researcher. Future studies could benefit from exploring the relationship of the group members prior to entering the group process and how that affects empathy levels. The format of the group could have a significant impact on empathy development and should be explored further. Future studies would benefit from applying similar interventions across groups that are directly tied to a specific course as well as groups outside of the program that are optional. Until a clear picture of

the impact of experiential groups on empathy development has been explored, counselor education programs that rely solely on experiential groups to foster factors such as empathy might benefit from incorporating other forms of empathy training. The change in cognitive empathy compared to the comparison group suggests that the use of specific interventions that might also increase empathy could be useful when combined with experiential groups.

Self-Awareness

Self-awareness was the only factor that showed a significant change over the course of the group, yet it appeared that the use of the phototherapy intervention had little effect on these changes. This change would infer that the groups themselves were the catalyst to the change in self-awareness. Another possible explanation for the lack of difference between the two groups was the use of the manualized group format for both groups. Both the treatment and the comparison group followed a similar themed format for the entire study. It could be possible that the themes discussed by both groups are what led to the change in self-awareness over the course of the study. In order to fully understand the impact of both the groups and the specific intervention, future studies should explore and compare different forms of groups with and without the use of images.

The current results would suggest that for counselor educators, experiential groups are a viable means to help increase self-awareness in counselors-in-training. The present study did little to show the changes in self-awareness over the course of the group. The SSAS measured self-awareness when the assessment was completed. Future studies might also benefit from exploring how self-awareness changes over the course of the group. The results serve as a step

towards further understanding the impact of experiential groups and the use of images on self-awareness and provide support for more research in this area.

Self-Disclosure

While both empathy and self-awareness were measured through administered assessments, self-disclosure was the sole factor observed and recorded in real-time using trained observers. The initial design of the study called for three observations of each group to take place over the course of the group. With the technical difficulties resulting in the inability to complete two sets of observations, the measurements for self-disclosure took place only once at the end of the group. The one session that was observed was at a stage of the group process in which the groups were coming to a close. Most of the session focused on a reflection of the group process instead of a specific image that was captured that week. The single observation failed to show a difference between the two groups. The single data point made it difficult to determine the true impact of the intervention on participant self-disclosure. Gladding (1992) noted that expressive arts, such as photography, help individuals access and share feelings that might be more difficult than if they were simply engaged in talk therapy. Based on his belief, the amount of self-disclosure between the treatment and the comparison group might have changed at different rates over time.

The lack of research exploring the factor of self-disclosure current leaves researchers and practitioners in the field of counseling with mixed feelings about the amount and type of self-disclosure necessary to be beneficial in a therapeutic setting (Henretty & Levitt, 2010). Further work needs to be done to explore if and how much self-disclosure is necessary and the best ways

to incorporate the training of self-disclosure in an educational setting. The current study showed that group members were disclosing during the group process but the self-disclosure was only observed during one session. Future studies would benefit from exploring the change in self-disclosure over the course of the group process by observing multiple sessions over the course of the study. Another step for future research would include the measuring self-disclosure and how the amount of self-disclosure relates to group satisfaction.

The way in which self-disclosure is measured also deserves more attention. The current study attempted to use behavioral observations in order to observe and measure self-disclosure. The training for these observers was developed by the researcher for the current study. Due to the technology issues, it was unclear how reliable the observations were. Future studies would benefit from exploring the use of behavioral observations to measure self-disclosure as compared to other recall formats to measure self-disclosure. Although the results of the current study failed to show a difference in self-disclosure the results encourage further exploration in the area of counselor self-disclosure and how that is taught in training programs.

Correlation

The last finding of the researcher was that there was no correlation between the factors of empathy, self-awareness, and self-disclosure. While the factors might not have a statistical correlation, the researcher would caution counselor educators from discarding the relationship between the three factors. The same struggles with each of the factors noted previously factor into the findings of the correlation analysis. The difficulty with measuring self-disclosure, the

possible strength of the manual, and the relationship of the participants prior to beginning the study could have all weakened the chances of finding a significant correlation among the factors.

While the factors of empathy, self-awareness, and self-disclosure did not show a significant correlation at the end of the study, it does not necessarily mean that there was not a correlation. The results of the repeated measures MANOVA showed that there was not a significant difference at the multivariate level yet univariate analyses revealed significant findings related to cognitive empathy for the treatment group and self-awareness for both the treatment and the comparison group. These findings suggest that there is a significant correlation between the change in empathy and self-awareness over the course of the study. The correlation between the changes in the factors gives more focus towards the impact of the process of the group and the interventions. Further exploration of the process could gain insight into the future design of groups. Future researchers would be encouraged to explore these relationships longitudinally across group experiences. This could help support CACREP's (2009) 10 hour group requirement or show that a different time frame might produce greater results.

Although the study failed to find a significant relationship among the factors, there is still a need to further explore the relationship between empathy, self-awareness, and self-disclosure. Future studies would benefit from exploring the relationship between the three factors over the course of the group and not simply at the end of the group. The ability to see how each of the factors change from week to week in relation to each other would give greater insight into the specific strengths of both the personal growth group as well as the phototherapy intervention.

The researcher followed up with each of the group leaders in order to process their experiences. The feedback received was overall positive. Facilitators of the treatment group

noted that often times the group had a hard time with everyone having a chance to share because participants freely disclosed about the images. The feelings of both the participants and the facilitators in the treatment groups were that the use of images made the group an enjoyable experience and participants were eager to capture images outside of the group and looked forward to discussing those images with the other group members. While these reports were not empirically tested or sound, the positive feedback is worth noting, and given the lack of a strong significant difference between the treatment and comparison groups, the use of an engaging intervention would be a logical choice.

It would be interesting for future studies to give facilitators the freedom to conduct the groups in a fashion that was most comfortable to them instead of having the groups follow a step-by-step manual. The group facilitators noted that there were times that the manual was not very clear and created some repetitive behaviors from week to week. The alternative belief was that the use of a structured manual gave the group members the power to drive the group with little need for encouragement by the group facilitator. Based on the feedback from the group facilitators, the intervention was ambitious in the amount of content that it attempted to cover each week. Cutting back on the objectives for each session would allow participants more time to share and discuss the images presented in the group. Finally, the feedback from the facilitators led the researcher to suggest adding a qualitative component or focus to as a future study with a similar intervention.

Given the findings of the current study, future studies should look to further expand on the present results. Using groups that are not as closely tied to a specific course might lead to increased emotional responses. Comparing the treatment group to a comparison group that does

not use a manualized treatment or using a true control group that is not involved in a group at all would help gain greater understanding regarding the impact of the intervention on self-awareness. A control group that was made up of non-counselors would help researchers to understand if there is a baseline difference in the levels of empathy, self-awareness, and self-disclosure prior to starting the groups. If counselors-in-training enter with higher levels of empathy, self-awareness, and self-disclosure a ceiling effect could also be experienced. The ceiling effect could also be a cause for the lack of significant findings.

Also, a stronger focus on measuring self-disclosure over the course of the group could provide valuable insight into how the use of photography affects when participants begin to disclose information. The researcher was adamant about using hard copies of images instead of electronic versions; future studies might look to explore the differences between the two modes of phototherapy as well as a repeated use of the expressive art in order to explore the novelty effect. Future studies could also explore the lasting impact of the group experience and the specific phototherapy intervention on counselors-in-training by following up with the group members six months to a year following the group experience. Finally, future studies exploring the use of specific expressive arts techniques in experiential groups might benefit from a qualitative exploration of the effects of the group as well as exploring group member satisfaction.

Conclusions

The current study investigated the effectiveness of a phototherapy intervention in fostering growth among the factors of empathy, self-awareness, and self-disclosure through an

experiential group process. The study hoped to give a clearer picture of ways in which empathy, self-awareness, and self-disclosure can be developed through CACREP's (2009) group requirement. The study looked at 41 counselors-in-training who were participating in a personal growth group through a group course. The study measured empathy and self-awareness at the beginning and at the conclusion of the group process through Davis' (1980) Interpersonal Reactivity Index and Govern and Marsch's (2001) Situational Self-Awareness Scale respectively. Self-disclosure was measured through behavioral observations collected during the ninth session.

Results of the study showed that the specific intervention using photography had a mixed effect on the empathy development of the participants. Affective empathy saw little change over the course of the study for both the treatment and the comparison groups. Cognitive empathy showed a drop in scores for the comparison group from the beginning of the study to the end while the treatment group showed a positive increase. Neither of these levels were significant by themselves, but when exploring the difference between the two groups over the course of the study, cognitive empathy did increase significantly. Self-awareness saw a strong increase in both the treatment and the comparison group but the differences in the amount of change were not significant. Self-disclosure saw no difference between the two groups when observing the second to last session, but the researcher cannot help but wonder how the self-disclosure would have been different if the study had been able to observe multiple sessions over the course of the study.

While the study specifically looked at the impact of a phototherapy intervention, an exploration of the groups themselves proved beneficial. Findings suggested that participation in a

group, whether it was the treatment or the comparison group, led to a significant change in self-awareness. This finding led the researcher to hypothesize on the effectiveness of the manualized group format and encourage future studies to explore various different group structures. Neither form of empathy saw a significant change over time, which could be the result of the relationships that already existed between participants. There was also a lack of relationship between the three factors although the way in which the factors were measured and the extraneous variables that influenced the factors could have skewed those findings.

While the study had multiple limitations, the findings encourage future explorations of the use of photography in training and therapeutic settings as well as further exploration of the group process in counselor education programs. The mixed findings regarding empathy development furthers the case for more research to be conducted with empathy and expressive arts such as photography. The change in self-awareness over the course of the study shows the benefit of the group process on self-reflection.

An exploration of the impact of expressive arts on self-awareness in other settings would be encouraged. The difficulty in measuring self-disclosure had a possible effect on the researcher failing to find a significant difference among groups. Continuing to explore self-disclosure and the best ways to accurately observe self-disclosure also warrants further consideration. Finally, the study showed that the phototherapy intervention had some benefit for participants and no negative effects when compared to a comparison group. As a result, the use of photography should be considered as a possible resource when conducting experiential groups with counselors-in-training. As a whole, the study serves as a positive start for further exploring how

empathy, self-awareness, and self-disclosure are taught in counselor training programs as well as the use of photography as a tool for both counselor training and future counselors.

APPENDIX A
TREATMENT GROUP MANUAL

Using the Phototherapy Group Intervention Manual

This manual is organized by sessions ranging from Session 1 through Session 10. Each session is organized as follows:

- **Each intervention session contains:**
 - Objective – statement of what is to be accomplished by participating in the session
 - Introduction – this section is used start each session and could include an activity or a discussion.
 - Body – this is the section in which the actual intervention takes place
 - Closing – this section includes the wrap-up for the session as well as the instructions for the following assignment

Each section will have an estimated time allotted for each phase (i.e. “Objective (15 minutes”). This guide is for you to be able to judge the progress of the session in terms of time. The actual amount of time in each section might vary.

- Each Body section will contain specific instructions
 - Items in quotes are included as a guide and need not be stated verbatim. They may be phrased in your own words so long as the essence is captured.

Direct any questions or comments about this manual to:

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Objective

By the end of Session 1, group members will:

1. Have an understanding of the group process.
2. Understand the use of photography in the group process.
3. Begin thinking about a personal growth goal.
4. Establish ground rules for the group.

Introduction (30 minutes)

Begin by introducing yourself and the group process to the members. Address topics such as:

- Credentials and experience
- Course requirements (if the group is required by a course)
- Length of sessions (90 minutes) and Duration of the group (10 weeks)
- An explanation of personal goals

A personal goal, for the sake of this group is a goal that is focused on self-discovery, interpersonal interactions, or human development that can be processed in the here-and-now (Gladding, 2008).

Icebreaker: An icebreaker used to have the group members introduce themselves will be used here.

“Now we will have each member pair up with someone that they know the least out of the group. Once you have a partner, it’s your job to find out 3 interesting facts about your partner. Once both partners have shared we will come back together and introduce our partners.”

Body (45 minutes)

Begin this section by discussing the use of a camera. The following questions will be addressed:

- Does everyone in the group have access to a digital camera?
 - These could be a point and shoot camera, camera phone, or a dslr. If a group member does not have access to a camera alternatives will be explored.
 - The student has the option of borrowing a camera from someone else or using images from other sources.
- Does everyone in the group have access to email?

Explaining the use of photography:

“During the course of this group you will be asked to use photographs and images to explain and express certain topics. Some of these images will be provided by your facilitator while other images will your responsibility. This will require a commitment of time outside of the group experience. When group members are responsible for capturing their own images, they are to email the images to the group facilitator(s) no later than **2 days before** the next group meeting. The facilitator(s) will print of f copies of the images and bring them to the next group meeting. If you select an image that is meaningful, you may want to bring in a copy of that image instead of the actual image. The facilitator(s) will keep the images until the completion of the group at which time they will be returned to the individuals. If you do not have access to a camera you will need to fulfill the assignments by selecting images from other sources (i.e., magazines or newspapers).”

After the logistics of using photography is addressed, the facilitators will then discuss ground rules for the use of photographs as well as the group as a whole. These rules will include, but are not limited to:

- Images that depict actual violence or cause violence shall not be used.
- Do not take images that require you to harm yourself or others.
- Do not take images of other people without their permission.
- Do not take images that have nudity present.
- Images shared in the group are to remain confidential.

Any image received that violates the rules of the group will not be used. The facilitator(s) will contact the group member and inform him/her to select a new photograph to fulfill the requirement.

After the photography ground rules have been established group ground rules can also be established. This process should be a collaborative approach with group members encouraged to take ownership of the group and work to establish the group rules.

Closing (15 minutes)

The closing activity will be to review the rules and expectations of the group as well as to allow time for members to ask questions.

If the group rules have not been finalized, members will be asked to continue to think about the rules over the next week as well as areas or goals for themselves that they would like to work on over the course of the group.

Objective

By the end of Session 2, group members will:

1. Finalize the group rules.
2. Be closer to establishing a personal growth goal.
3. Be able to use a photograph to assist in group discussion.

Introduction (20 minutes)

The group will begin by welcoming the members back and reviewing the names of each of the group members.

“Welcome back. In an attempt to get to know each other last week we paired with another group member to find interesting facts about our partner. Let’s see how much we remember. Would anyone be willing to try and recall each members name and an interesting fact about them?”

Once the group members have been reintroduced the members will be asked if any questions arose from the previous group meeting.

Following those questions will be a review of the group rules that were established during the last group. If the group rules were not finished, the rules that were established should be addressed followed by an exploration of other rules that the group wants to add.

“We began discussing group rules last week. We decided upon these rules (list the rules). Are there any other rules that you think should be included on this list?”

Body (55 minutes)

The group leader will spread a collection of images (see Appendix A for the images) on the floor in the group. The images are a collection of photographs and magazine images ranging in size, color, and objects.

“As you look at these images, I would like you to select the image that seems to resonate with you the most. Once you’ve selected that image go ahead and pick it up and hold on to it.”

Once all the members have an image, begin the discussion by asking the following question:

“What about the picture led you to select it?”

As members continue to share, use the following questions to continue the discussion:

“Did anyone have a similar reaction to someone’s image?”

“Did anyone have a reaction that was considerably different?”

“What might be some alternative views for these images?”

“Was there an image that you intentionally chose not to select?”

At the conclusion of the discussion ask the individuals to place their image inside an envelope and to write their name on the envelope. These envelopes will be kept by the facilitator until the completion of the group process.

Closing (15 minutes)

Members will have the opportunity to reflect on the intervention that just took place.

Questions can be asked that include:

“What was it like for you to share about the image you selected?”

“If you had the chance to say something else about your image, what would it be?”

The members will be thanked for their participation and dismissed.

Objective

By the end of Session 3, group members will:

1. Have an established personal growth goal.
2. Develop an understanding that individuals have different points of view.
3. Be able to use a photograph to assist in group discussion.

Introduction (20 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would anyone like to share how they are doing on their personal growth goal?”

“Last week we had our first encounter with using images to assist us in our discussion. As you reflected through the week, was there anything that jumped out to you about that process?”

If individuals still lack a set personal growth goal time can be spent here to further explore those options.

Body (55 minutes)

The group leader will ask each member to take out a piece of paper and something to write with. The selection of images in Appendix B will be used for this exercise.

“I am going to show you a collection of images. For each image, you are asked to write a caption for that image. We will go through all the images before we discuss our captions.”

Once all of the images have been shown and captions recorded. The group leader will go back through each of the images and will ask for members to share the captions that they wrote. After the images have been shared the following questions can be used in a process discussion:

“What insights about yourself and others might be gained through the responses?”

“What leads us to see different things in the same image?”

“What are some things you noticed about other members’ responses?”

Closing (15 minutes)

Members will have the opportunity to reflect on the intervention that just took place.

Questions can be asked that include:

“How was it for you to share a caption that was different from someone else’s?”

“After hearing what other people saw, did that change your perceptions of an image?”

Group members will then be given their instructions for the first out of group assignment.

“Before next week, you are to find and capture a set of images that represent who you are. These images are to be objects that represent you and not photographs of yourself. They can either be images that you take or images found in another media source. Remember the guidelines for taking photographs and that all images need to be emailed to me no later than two days before the next group meeting.”

The members will be thanked for their participation and dismissed.

Objective

By the end of Session 4, group members will:

1. Be able to share how an abstract image relates to themselves
2. Continue to work towards their personal growth goal
3. Be able to use a photograph taken by themselves to assist in group discussion.

Introduction (20 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would anyone like to share how they are doing on their personal growth goal?”

“This was the first time that you were asked to find an image on your own. How was that process for you?”

Once the members have had a chance to discuss the process, the discussion should transition to the specific intervention

Body (55 minutes)

The group leader will pass out each group members envelop with their image inside from the current week. The leader will then recap the assignment and discuss an image that represents them in order to model the exercise for the first time.

“Your assignment last week was to find an image that representing yourself. As you look over your images start to think about what strengths and weaknesses the image has. As we share about the image we want to talk about the traits of the images as they relate to us but not about us. I’ll get us started by sharing this image that represents me...”

As the images are being shared the following questions can be used further facilitate the discussion:

“What do you notice about the pictures that you’ve taken?”

“Are there certain images that you are more pleased with?”

“Discuss one of the images that surprised you.”

“What image best captures who you are as a whole?”

Closing (15 minutes)

Members will have the opportunity to reflect on the intervention that just took place.

Questions can be asked that include:

“How was it for you to share characteristics of yourself?”

“Was there something about the sharing process that surprised you?”

Group members will then be given their instructions for the first out of group assignment.

“We have been working on and have established personal growth goals for this group. Your assignment this week is to reflect on some of the obstacles that are in your way in regards to your goal. As you think about the largest obstacle, try to find an image that represents that obstacle. It can either be an image that you take or an image found in another media source. Remember the guidelines for taking photographs and that all images need to be emailed to me no later than two days before the next group meeting.”

The members will be thanked for their participation and dismissed.

Objective

By the end of Session 5, group members will:

1. Update the group on the progress towards their personal goals.
2. Be able to share obstacles that they are occurring through the group.
3. Be able to use a photograph to assist in group discussion.

Introduction (15 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would anyone like to share how they are doing on their personal growth goal?”

“Where there any struggles with this week’s assignment?”

After individuals have the chance to process the experience, the group will begin focusing on the images.

Body (55 minutes)

The group leader will pass out the envelopes to each student and the students will be asked to pull out the image for this week.

“As we start to share our images from this week, try to focus on the specific struggles that the obstacles create in your progress towards your goal.”

As the members begin to share their images also have them focus on the following questions

“Tell us about your image?”

“What would it look like to overcome this obstacle?”

“Have the other members experienced similar obstacles in their lives?”

Closing (20 minutes)

Members will have the opportunity to reflect on the intervention that just took place. Questions can be asked that include:

“What was it like for you to share your image?”

“What feelings were brought up when other people shared?”

“How did it feel to hear other people share similar experiences?”

Group members will then be given their instructions for the following week’s assignment

“Your assignment for the next week is to capture an image of a place this is special to you. Again, this could be an actual picture of a place or another image that represents that place. The place could be a place of refuge for you or a place of joy, just somewhere that makes you feel special.”

The members will be thanked for their participation and dismissed.

Objective

By the end of Session 6, group members will:

1. Update the group on the progress towards their personal goals.
2. Be able to share how a location has impacted them.
3. Be able to use a photograph to assist in group discussion.

Introduction (15 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would anyone like to share how they are doing on their personal growth goal?”

“Where there any struggles with this weeks assignment?”

After individuals have the chance to process the experience, the group will begin focusing on the images.

Body (50 minutes)

The group leader will pass out the envelopes to each student and the students will be asked to pull out the image for this week.

“This week we were challenged to explore and find a place that was special to us. As you reflect back on your image think about the things that made this place special for you. What was unique about that place?”

As the members begin to share their images also have them focus on the following questions

“What about this place makes it special?”

“What are the things that made your special place special?”

“If you don’t feel like you are in that place now, what is missing?”

“How can where you are now become more like your special place?”

Closing (25 minutes)

Members will have the opportunity to reflect on the intervention that just took place. Questions can be asked that include:

“What was it like for you to share your image?”

“What feelings were brought up when other people shared?”

“How did it feel to hear other people share similar experiences?”

Group members will then be given their instructions for the following weeks assignment

“Over the next week, reflect on a situation in which you wish you had expressed yourself differently. This could be a moment in which you wish you would have stood your ground and didn’t, or a chance when you wish you may have reacted to harshly. Think about a significant moment in which there was an incongruence with what others saw and what was on the inside. Capture two images. One that represents what everyone else saw in that moment and one that represents how you truly felt inside. ”

The members will be thanked for their participation and dismissed.

Objective

By the end of Session 7, group members will:

1. Update the group on the progress towards their personal goals.
2. Be able to identify and share moments of incongruence.
3. Be able to use a photograph to assist in group discussion.

Introduction (15 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would anyone like to share how they are doing on their personal growth goal?”

“Where there any struggles with this weeks assignment?”

After individuals have the chance to process the experience, the group will begin focusing on the images.

Body (55 minutes)

The group leader will pass out the envelopes to each student and the students will be asked to pull out the images for this week.

“As you look at the images from the week what sort of feelings arose from capturing the differences in those moments?”

As the members begin to share their images have them show the image of how they responded followed by the image of what was going on on the inside. Then to hold both images up next to each other, also have them focus on the following questions

“How are the images different?”

“Does it seem like there are more times in which the outside and inside images are different?”

“I wonder what would happen if the world saw the other image?”

“When are some times when that image is visible?”

“What might be a next step towards meshing those two images together?”

Closing (20 minutes)

Members will have the opportunity to reflect on the intervention that just took place. Questions can be asked that include:

“What was it like for you to share your images?”

“What feelings were brought up when other people shared?”

“What about someone else’s image resonated with you?”

“What sort of feelings did today’s activity bring up for you?”

Group members will then be given their instructions for the following weeks assignment

“For next week, bring an image of a memory that was impactful for you. For this assignment, I ask that the image not be a representation of the moment unless there is not an image available. If the image is valuable to you, please scan the image and send a copy to your group leader.”

The members will be thanked for their participation and dismissed.

SESSION 8 – A Special Memory

Objective

By the end of Session 8, group members will:

1. Update the group on the progress towards their personal goals.
2. Be able to share obstacles that they are occurring through the group.
3. Be able to use a photograph to assist in group discussion.

Introduction (15 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would anyone like to share how they are doing on their personal growth goal?”

“Where there any struggles with this weeks assignment?”

After individuals have the chance to process the experience, the group will begin focusing on the images.

Body (55 minutes)

The group leader will pass out the envelopes to each student and the students will be asked to pull out the image for this week. As they are finding their images, the group will be asked to partner with someone else in the group to share their images.

“As you find your image, I’d like for you to partner with someone else in the group, preferably someone who you don’t know as well as some of the other members. While with your partner take turns discussing your images. Try to focus on the specific details of the image, the people, the place, the setting, etc...Also think about what this image tells the group and what you’d like the group to learn about you through this image.”

As the group comes together to share, the partner will share about the other person’s image to the group. After the members have shared, use the following questions to further facilitate a discussion.

“How was it different to share with one person opposed to the group?”

“What was it like to have someone else try and explain something that was important to you?”

“How does this affect the way in which you view your other group members?”

Closing (15 minutes)

Members will have the opportunity to reflect on the intervention that just took place.

Questions can be asked that include:

“What was it like for you to share an image that meant a lot to you?”

“What feelings were brought up when other people shared?”

“How did it feel to share someone else’s image?”

Group members will then be given their instructions for the following weeks assignment

“For the last two weeks we will be using the images that you have brought in over the course of the group. Over the next week, think about which image you used that had the greatest impact on you and why, also think about which image was the most difficult for you.”

The members will be thanked for their participation and dismissed

Objective

By the end of Session 9, group members will:

1. Update the group on the progress towards their personal goals.
2. Be able to share ways in which they have connected to other members.
3. Be able to use a photograph to assist in group discussion.

Introduction (20 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“As we are nearing the end of the group, are there any fears or concerns with the group ending?”

“Would any one like to share their progress towards their personal goal?”

After individuals have the chance to process the experience, the group will begin focusing on the images.

Body (55 minutes)

The group leader will pass out the envelopes to each student and the students will be asked to pull out the one image that most impacted them. Once the participants have shared that image have the members select the image that was most difficult.

“Each one of you has selected an image that impacted them the most through this group. Please share with the group.”

“Each member also select the image that was most difficult for them. Would anyone like to share their image?”

As the members begin to share their images also have them focus on the following questions

“What was it about this image that made it so powerful?”

“Reflecting back on the image, was there something you would have done differently?”
“What were some of the take-aways from these images?”

Closing (15 minutes)

Members will have the opportunity to reflect on the intervention that just took place. Questions can be asked that include:

“How was sharing your images different this time from the last time?”
“What feelings were brought up when other people shared?”
“How did it feel to hear other people share similar experiences?”

Group members will then be given their instructions for the following weeks assignment

“Next week is our last week. We will take that time to reflect on the group process and where we go from there. For the last week please bring a piece of poster board with you next week. Also you have an assignment to take one more picture. Before next week please email a headshot of you. The picture should be of a positive you. Someone who is looking forward to what the future holds.”

The members will be thanked for their participation and dismissed.

Objective

By the end of Session 10, group members will:

1. Give a final update of the work on their personal goals to the group.
2. Have reflected on the group experience.
3. Completed the personal growth group experience.

Introduction (25 minutes)

The group will begin by welcoming the members back and reviewing the group process up to this point. Members will be given the chance to reflect and share about their personal goals through the process.

“As we reflect back on the group process and your own personal goals. What was that process like for you? Where do you go from here with your goals?”

After individuals have the chance to process the experience, the group will begin focusing on the images.

Body (60 minutes)

The group leader will pass out the envelopes to each member. The members will also have a piece of poster board that they brought with them. The members will be instructed to take out the picture of them that they took for this week and place it in the center of the poster board. After that image is in place the members will be asked to fill the remainder of the poster board with the rest of their images creating a personal collage.

“As you get your envelopes, find the image of yourself that you send this week. We are going to tape/glue that image to the center of your poster board. Once you have done that, take the rest of your images and fill the rest of the poster board to make a collage of your images.”

Once the members finish their collages, other members will have the chance to share an image that they connected with for each member along with an encouragement.

“Now that everyone has completed their collages we want to take this time to reflect and encourage the group as we conclude our group experience. They we will do is this by focusing on one person’s collage at a time. Each group member will have a chance to say which image the group member shared impacted them and why. We will follow that up with an encouragement for the group member as they take their next steps outside of this group.”

Closing (10 minutes)

Once each group member has shared the group will be thanked for their participation in the group process. They will have the chance to make any last comments they wish to make and then the group will be dismissed.

APPENDIX B
COMPARISON GROUP MANUAL

Using the Group Intervention Manual

This manual is organized by sessions ranging from Session 1 through Session 10. Each session is organized as follows:

- **Each intervention session contains:**
 - Objective – statement of what is to be accomplished by participating in the session
 - Introduction – this section is used start each session and could include an activity or a discussion.
 - Body – this is the section in which the actual intervention takes place
 - Closing – this section includes the wrap-up for the session as well as the instructions for the following assignment

Each section will have an estimated time allotted for each phase (i.e. “Objective (15 minutes”). This guide is for you to be able to judge the progress of the session in terms of time. The actual amount of time in each section might vary.

- Each Body section will contain specific instructions
 - Items in quotes are included as a guide and need not be stated verbatim. They may be phrased in your own words so long as the essence is captured.

Direct any questions or comments about this manual to:

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SESSION 1 – Introduction

Objective

By the end of Session 1, group members will:

5. Have an understanding of the group process.
6. Begin thinking about a personal growth goal.
7. Establish ground rules for the group.

Introduction (30 minutes)

Begin by introducing yourself and the group process to the members. Address topics such as:

- Credentials and experience
- Course requirements (if the group is required by a course)
- Length of sessions (90 minutes) and Duration of the group (10 weeks)
- An explanation of personal goals

A personal goal, for the sake of this group is a goal that is focused on self-discovery, interpersonal interactions, or human development that can be processed in the here-and-now (Gladding, 2008).

Icebreaker: An icebreaker used to have the group members introduce themselves will be used here.

“Now we will have each member pair up with someone that they know the least out of the group. Once you have a partner, it’s your job to find out 3 interesting facts about your partner. Once both partners have shared we will come back together and introduce our partners.”

Body (45 minutes)

The majority of this session will be focused on establishing group rules and personal growth goals. The establishment of the group rules should involve each of the group members.

Closing (15 minutes)

The closing activity will be to review the rules and expectations of the group as well as to allow time for members to ask questions.

If the group rules have not been finalized, members will be asked to continue to think about the rules over the next week as well as areas or goals for themselves that they would like to work on over the course of the group.

Objective

By the end of Session 2, group members will:

4. Finalize the group rules.
5. Be closer to establishing a personal growth goal.

Introduction (25 minutes)

The group will begin by welcoming the members back and reviewing the names of each of the group members.

“Welcome back. In an attempt to get to know each other last week we paired with another group member to find interesting facts about our partner. Let’s see how much we remember. Would anyone be willing to try and recall each members name and an interesting fact about them?”

Once the group members have been reintroduced the members will be asked if any questions arose from the previous group meeting.

Following those questions will be a review of the group rules that were established during the last group. If the group rules were not finished, the rules that were established should be addressed followed by an exploration of other rules that the group would like to add.

“We began discussing group rules last week. We decided upon these rules (list the rules). Are there any other rules that you think should be included on this list?”

Body (50 minutes)

During this group session the members of the group will be asked to continue to explore who they are in an attempt to further define their goals for the group. Members will be encouraged to share information about them as it pertains to the group.

Closing (15 minutes)

Members will have the opportunity to reflect on the session that just occurred. The following questions can be used to facilitate this discussion.

- “What are some of your fears with your personal goal?”
“Was there another person’s goal that resonated with you?”

The members will be thanked for their participation and dismissed

SESSION 3 – Point of View

Objective

By the end of Session 3, group members will:

4. Have an established personal growth goal.
5. Develop an understanding that individuals have different points of view.

Introduction (30 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would anyone like to share how they are doing on their personal growth goal?”

If individuals still lack a set personal growth goal time can be spent here to further explore those options.

Body (35 minutes)

The group leader will begin a discussion on how points of view can be different based on the individual. The following questions can be used to drive the discussion:

“Has there ever been a time when you saw a situation one way and someone else saw the same situation another way?”

“What insights about yourself and others might be gained from having different responses?”

“What leads us to see the same thing in different ways?”

Closing (15 minutes)

Members will have the opportunity to reflect on the discussion that just took place. Questions can be asked that include:

“How was it for you to share a situation in which you might not have had an accurate view?”

“After hearing what other people saw, did that change your perceptions of the situation?”

Group members will have the chance to make any last comments about the group before the group is concluded.

Group members will be asked to think about and reflect upon objects that are a representation of them for the following week. The members will be thanked for their participation and dismissed.

Objective

By the end of Session 4, group members will:

4. Be able to share how an abstract image relates to themselves
5. Continue to work towards their personal growth goal
6. Be able to self-disclose information in a way that fosters personal growth.

Introduction (20 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would anyone like to share how they are doing on their personal growth goal?”

Once the members have had a chance to discuss the process, the discussion should transition to the specific intervention

Body (55 minutes)

The group leader will instruct the members to think of an object that represents them. As they discuss this object, the following questions can be used to facilitate the discussion.

“What traits of the object resonate with who you are?”

“Are there traits that the object has that you wish you had?”

“What are other traits of the object that other people might see?”

Closing (15 minutes)

Members will have the opportunity to reflect on the intervention that just took place. Questions can be asked that include:

“How was it for you to share characteristics of yourself?”

“Was there something about the sharing process that surprised you?”

Group members will be asked to think about obstacles that might get in the way of their personal goals. Those obstacles will be discussed the following week. The members will be thanked for their participation and dismissed.

Objective

By the end of Session 5, group members will:

4. Update the group on the progress towards their personal goals.
5. Be able to share obstacles that they are occurring through the group.

Introduction (20 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would anyone like to share how they are doing on their personal growth goal?”

After individuals have the chance to process the experience, the group will begin focusing on the intervention.

Body (55 minutes)

The group leader will begin the discussion by commenting on the personal growth goal process and identifying struggles that could pop up through that process

“As we have had the chance to establish and begin working towards our own personal goals, what are some things that you have seen that might be obstacle to you reaching your goal? If you haven’t encountered obstacles yet, what are some things that you might see coming up in the future?”

As the members begin to share their obstacles also use the following questions to help facilitate the discussion.

“In what situations might the obstacle be stronger or more difficult to overcome than others?”

“What would it look like to overcome this obstacle?”

“Have the other members experienced similar obstacles in their lives?”

Closing (20 minutes)

Members will have the opportunity to reflect on the intervention that just took place. Questions can be asked that include:

“What was it like for you to share your struggles?”

“What feelings were brought up when other people shared?”

“How did it feel to hear other people share similar experiences?”

Group members will be asked to think of a place that was special to them for the following week. The members will be thanked for their participation and dismissed.

Objective

By the end of Session 6, group members will:

4. Update the group on the progress towards their personal goals.
5. Be able to share how a location has impacted them.

Introduction (15 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would anyone like to share how they are doing on their personal growth goal?”

After individuals have the chance to process the experience, the group will begin focusing on recalling places that are special to them.

Body (50 minutes)

The group leader will begin by discussing the impact of places that are special to us.

“This week we were challenging ourselves to explore and find a place that is or was special to us. As you think about where that place is for you, think about the things that made this place special for you. What was unique about that place?”

As the members begin to share also have them focus on the following questions

“What about this place makes it special?”

“What are the things that made your special place special?”

“If you don’t feel like you are in that place now, what is missing?”

“How can where you are now become more like your special place?”

Closing (25 minutes)

Members will have the opportunity to reflect on the intervention that just took place. Questions can be asked that include:

“What feelings were brought up when other people shared?”

“How did it feel to hear other people share similar experiences?”

Group members will be asked to reflect back to a time where they responded in a way that might not have been what they were truly feeling on the inside. The members will be thanked for their participation and dismissed.

Objective

By the end of Session 7, group members will:

4. Update the group on the progress towards their personal goals.
5. Be able to identify and share moments of incongruence.

Introduction (15 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would anyone like to share how they are doing on their personal growth goal?”

After individuals have the chance to process the experience, the group will begin focusing on moments when we failed to express what we were truly feeling.

Body (55 minutes)

The group leader will begin by asking the members to think about a time in which they responded to a situation but wish they could have responded differently or knew on the inside that the way they responded was not exactly how they were feeling.

“As we begin today's group, I'd like for you to think back to a time when you responded to a situation but it wasn't necessarily the response that you felt internally.”

As the members begin to have them focus on the following questions:

“How are the two ways in which you expressed or didn't express yourself different?”

“Does it seem like there are more times in which the outside and inside images are different?”

“I wonder what would happen if the world saw what was on the inside.”

“When are some times when that image is visible?”

“What might be a next step towards meshing the person on the inside with the one on the outside?”

Closing (20 minutes)

Members will have the opportunity to reflect on the intervention that just took place. Questions can be asked that include:

“What was it like for you to share?”

“What feelings were brought up when other people shared?”

“What about someone else’s struggles resonated with you?”

“What sort of feelings did today’s activity bring up for you?”

Group members are asked to think about a special memory for them for the following week. The members will be thanked for their participation and dismissed.

Objective

By the end of Session 8, group members will:

4. Update the group on the progress towards their personal goals.
5. Be able to share obstacles that they are occurring through the group.

Introduction (15 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would anyone like to share how they are doing on their personal growth goal?”

After individuals have the chance to process the experience, the group will begin focusing on the images.

Body (55 minutes)

The group leader will begin the discussion by asking the members to recall a memory in which they had some form of success with the area of their personal goal and to also think of a time in which they were unsuccessful.

“To start this week I’d like for to think about your personal growth goal. Specifically, I’d like you to think about a time in your past when you were successful or had a positive moment regarding your goal. Also, think of a time when this might not have been the case. As you think of these moments, I’d like for you to partner with someone else in the group, preferably someone who you don’t know as well as some of the other members. While with your partner take turns discussing those moments. Try to focus on the specific details of the moments, the people, the place, the setting, etc...Also think about what those situations tell the group and what you’d like the group to learn about you through those experiences.”

As the group comes together to share, the partner will share about the other person’s memory to the group. After the members have shared, use the following questions to further facilitate a discussion.

“How was it different to share with one person opposed to the group?”

“What was it like to have someone else try and explain something that was important to you?”

“How does this affect the way in which you view your other group members?”

Closing (15 minutes)

Members will have the opportunity to reflect on the intervention that just took place.

Questions can be asked that include:

“What was it like for you to share something that was significant for you?”

“What feelings were brought up when other people shared?”

“How did it feel to share a piece of someone else’s story?”

The members will be thanked for their participation and dismissed

SESSION 9 – Connecting with Others

Objective

By the end of Session 9, group members will:

4. Update the group on the progress towards their personal goals.
5. Be able to share ways in which they have connected to other members.

Introduction (20 minutes)

The group will begin by welcoming the members back and reviewing the previous week. Students will first be given the chance to check in regarding their personal growth goal.

“Would any one like to share their progress towards their personal goal?”

After individuals have the chance to process the experience, the group will begin focusing on the fears and concerns with the group terminating.

Body (55 minutes)

The group leader will begin this section by pointing out the fact that the group is coming to a close. The discussion will focus on possible fears or concerns with the group ending.

“As we are nearing the end of the group, what are some fears or concerns that you might have with the group ending?”

“What are things from this group that you can take with you once the group is finished?”

Closing (15 minutes)

Members will have the opportunity to reflect on the intervention that just took place. Questions can be asked that include:

“What feelings were brought up when other people shared?”

“How did it feel to hear other people share similar experiences?”

The members will be thanked for their participation and dismissed.

Objective

By the end of Session 10, group members will:

4. Give a final update of the work on their personal goals to the group.
5. Have reflected on the group experience.
6. Completed the personal growth group experience.

Introduction (25 minutes)

The group will begin by welcoming the members back and reviewing the group process up to this point. Members will be given the chance to reflect and share about their personal goals through the process.

“As we reflect back on the group process and your own personal goals. What was that process like for you? Where do you go from here with your goals?”

After individuals have the chance to process the experience, the group will begin focusing on the closing activity.

Body (60 minutes)

The group leader will begin the closing activity by discussing the activity with the group.

“The closing activity for this group is called ‘Hopes and Dreams’. Through this activity you will have the opportunity to share your hopes and dreams for each group member. Each member will take a turn sitting in the middle of the group. The group members on the outside will take turns telling the group member on of their strengths that they have seen through the group process and then a hope or dream for them as the move on from this group experience. The person receiving the hopes and dreams has to do just that, receive. It might be difficult, but I am going to challenge you not to respond to the members during this exercise. We will take time to process the activity after everyone has gone.”

Closing (10 minutes)

Once each group member has shared the group will reflect on the process.

“What was it like for you to hear those words from other group members?”

APPENDIX C
DEMOGRAPHICS QUESTIONNAIRE

Demographics Questionnaire

1. Age: _____
2. Gender:

_____ Male _____ Female _____ Other
3. Ethnicity
_____ Asian/Pacific Islander
_____ Black/Non-Hispanic
_____ Caucasian
_____ Hispanic
_____ Other
4. Current Track
_____ Marriage & Family
_____ Mental Health
_____ School
5. Number of Semesters in the Program (including this semester): _____
6. Have you had previous experience with taking photographs: _____
 - a. If Yes, please explain:

7. Have you had previous experience in a group: _____
 - a. If Yes, please explain:

APPENDIX D
INTERPERSONAL REACTIVITY INDEX

INTERPERSONAL REACTIVITY INDEX

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate letter on the scale at the top of the page: A, B, C, D, or E. When you have decided on your answer, fill in the letter on the answer sheet next to the item number. **READ EACH ITEM CAREFULLY BEFORE RESPONDING.** Answer as honestly as you can. Thank you.

ANSWER SCALE:

A	B	C	D	E
DOES NOT				DESCRIBES ME
DESCRIBE ME				VERY WELL
WELL				

- ___ 1. I daydream and fantasize, with some regularity, about things that might happen to me.
- ___ 2. I often have tender, concerned feelings for people less fortunate than me.
- ___ 3. I sometimes find it difficult to see things from the "other guy's" point of view.
- ___ 4. Sometimes I don't feel very sorry for other people when they are having problems.
- ___ 5. I really get involved with the feelings of the characters in a novel.
- ___ 6. In emergency situations, I feel apprehensive and ill-at-ease.
- ___ 7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.
- ___ 8. I try to look at everybody's side of a disagreement before I make a decision.
- ___ 9. When I see someone being taken advantage of, I feel kind of protective towards them.
- ___ 10. I sometimes feel helpless when I am in the middle of a very emotional situation.
- ___ 11. I sometimes try to understand my friends better by imagining how things look from their perspective.
- ___ 12. Becoming extremely involved in a good book or movie is somewhat rare for me.

- ___ 13. When I see someone get hurt, I tend to remain calm.
- ___ 14. Other people's misfortunes do not usually disturb me a great deal.
- ___ 15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.
- ___ 16. After seeing a play or movie, I have felt as though I were one of the characters.
- ___ 17. Being in a tense emotional situation scares me.
- ___ 18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.
- ___ 19. I am usually pretty effective in dealing with emergencies.
- ___ 20. I am often quite touched by things that I see happen.
- ___ 21. I believe that there are two sides to every question and try to look at them both.
- ___ 22. I would describe myself as a pretty soft-hearted person.
- ___ 23. When I watch a good movie, I can very easily put myself in the place of a leading character.
- ___ 24. I tend to lose control during emergencies.
- ___ 25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.
- ___ 26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.
- ___ 27. When I see someone who badly needs help in an emergency, I go to pieces.
- ___ 28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

APPENDIX E
SITUATIONAL SELF-AWARENESS SCALE

Situational Self-Awareness Scale

Please respond to each statement based on how you feel right now. Please circle the number that corresponds to your answer. The responses range from (1) Strongly Disagree to (7) Strongly Agree.

- | | |
|---|---------------|
| 1. Right now, I am keenly aware of everything in my environment. | 1 2 3 4 5 6 7 |
| 2. Right now, I am conscious of my inner feelings. | 1 2 3 4 5 6 7 |
| 3. Right now, I am concerned about the way I present myself. | 1 2 3 4 5 6 7 |
| 4. Right now, I am self-conscious about the way I look. | 1 2 3 4 5 6 7 |
| 5. Right now, I am conscious of what is going on around me. | 1 2 3 4 5 6 7 |
| 6. Right now, I am reflective about my life. | 1 2 3 4 5 6 7 |
| 7. Right now, I am concerned about what other people think of me. | 1 2 3 4 5 6 7 |
| 8. Right now, I am aware of my innermost thoughts. | 1 2 3 4 5 6 7 |
| 9. Right now, I am conscious of all objects around me. | 1 2 3 4 5 6 7 |

APPENDIX F
IRB APPROVAL



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Christopher D. Wilkes**

Date: **January 05, 2012**

Dear Researcher:

On 1/5/2012, the IRB approved the following human participant research until 1/4/2013 inclusive:

Type of Review: UCF Initial Review Submission Form
Project Title: The use of a Phototherapy Intervention to Foster Empathy, Self-Awareness, and Self-Disclosure in Counselors-in-Training using the Personal Growth Group
Investigator: Christopher D. Wilkes
IRB Number: SBE-11-08102
Funding Agency:
Grant Title:
Research ID: N/A

The Continuing Review Application must be submitted 30 days prior to the expiration date for studies that were previously expedited, and 60 days prior to the expiration date for research that was previously reviewed at a convened meeting. Do not make changes to the study (i.e., protocol, methodology, consent form, personnel, site, etc.) before obtaining IRB approval. A Modification Form **cannot** be used to extend the approval period of a study. All forms may be completed and submitted online at <https://iris.research.ucf.edu>.

If continuing review approval is not granted before the expiration date of 1/4/2013, approval of this research expires on that date. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

Use of the approved, stamped consent document(s) is required. The new form supersedes all previous versions, which are now invalid for further use. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Participants or their representatives must receive a copy of the consent form(s).

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., CF IRB Chair, this letter is signed by:

Signature applied by Joanne Muratori on 01/05/2012 04:30:11 PM EST

IRB Coordinator

APPENDIX G
INFORMED CONSENT



The use of a Phototherapy Intervention to Foster Empathy, Self-Awareness, and Self-Disclosure in Counselors-in-Training using the Personal Growth Group

Informed Consent

Principal Investigator(s): C. Dallas Wilkes, M.S.

Faculty Supervisor: W. Bryce Hagedorn, PhD, LMHC, NCC, MAC, QCS(FL)

Investigational Site(s): University of Central Florida, College of Education

Introduction: Researchers at the University of Central Florida (UCF) study many topics. To do this we need the help of people who agree to take part in a research study. You are being invited to take part in a research study which will include about 70 people enrolled in the counselor education program at the University of Central Florida. You have been asked to take part in this research study because you are currently enrolled in MHS 6500 Group Procedures and Theories in Counseling course. You must be 18 years of age or older to be included in the research study.

The person doing this research is C. Dallas Wilkes of the University of Central Florida Counselor Education Program. Because the researcher is a graduate student, he is being guided by Dr. W. Bryce Hagedorn, a UCF faculty supervisor in the department of Educational and Human Sciences.

What you should know about a research study:

- Someone will explain this research study to you.
- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.
- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.
- Feel free to ask all the questions you want before you decide.

Purpose of the research study: The purpose of this study is to evaluate the effectiveness of a phototherapy intervention on counseling students' empathy and curative factors including catharsis, cohesion, and insight.

What you will be asked to do in the study: Participants agreeing to participate in the study will fill out a demographics form along with Davis' Interpersonal Reactivity Index (IRI; Davis, 1980) and Williams' Situational Self-Awareness Scale (SSAS; Williams, 2003) prior to beginning their experiential groups through MHS 6500. Participants will be assigned to either a treatment or a control group. The treatment group will use digital cameras to take photos that correlate with the topic of the personal growth group for that specific week. This requirement should take no longer than one hour per week outside of the group experience. These photos will be used throughout the group experience. At three points throughout the 10 week group experience, sessions will be observed in order to record the number of self-disclosure statements made. At the completion of the group experience participants will fill out the IRI and the SSAS again. Both pre- and post-assessments should take approximately 15 minutes. Individuals wishing not to participate in the study will still participate in the personal growth group to fulfill the course requirement and will not be penalized for choosing not to participate.

Location: The study will take place in rooms 186-189 in the Community Counseling Clinic located inside the Education Complex.

Time required: We expect that you will be in this research study for the duration of the personal growth group experience required for MHS 6500. This study will last approximately 10 weeks.

Audio or video taping:

You will be audio taped during this study. If you do not want to be audio taped, you will not be able to be in the study. Discuss this with the researcher or a research team member. If you are audio taped, the tape will be kept on a secure server and will not be used or shared for any reason beyond this study. The recordings will be erased in three months when the server automatically erases the data. You will be videotaped during this study. If you do not want to be videotaped, you will not be able to be in the study. Discuss this with the researcher or a research team member. If you are video taped, the tape will be kept on a secure server and will not be used or shared for any reason beyond this study. The tape will be erased in three months when the server automatically erases the data

Risks: There are no reasonably foreseeable risks or discomforts involved in taking part in this study.

Benefits: There are no expected benefits to you for taking part in this study.

Compensation or payment: There is no compensation, payment or extra credit for taking part in this study.

Confidentiality: Participation in this study will be confidential. All data that is collected will be stored in locked cabinets in the office of the primary investigator. Assessment will be administered in an envelope that has the participant's name along with a corresponding number. The number will also appear on each of the assessments. None of the assessment documents will have identifying information aside for an ID number. The names and corresponding numbers will be stored in a password protected file and destroyed at the conclusion of the study along with the folders in which the forms are housed. Each assessment form will have the number that corresponds with the individual participant. When analyzing the collected data, the researchers will use the identified numbers and not participant names. The data that is collected will be used for statistical analysis. The data collected during this study might be used for future research and be published. Student names will not be used in the final report.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints, or think the research has hurt you, talk to C. Dallas Wilkes, graduate student, counselor education (407) 823-4778 or Dr. W. Bryce Hagedorn, Faculty Supervisor, Department of Educational and Human Sciences at (407) 823-2999 or by email at Bryce.hagedorn@ucf.edu.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research &

Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901. You may also talk to them for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You want to get information or provide input about this research.

APPENDIX H
BEHAVIORAL OBSERVATION TRAINING MODULE

Group Observers Schedule

Week 1: Jan 23rd - Jan 26th

Week 2: Jan 30th - Feb 2nd

Week 3: Feb 6th - Feb 9th

(first set of observations)

Week 4: Feb 13th - Feb 16th

Week 5: Feb 20th - Feb 23rd

Week 6: Feb 27th - Mar 1st

Spring Break: Mar 5th - Mar 10th

Week 7: Mar 12th - Mar 15th

(second set of observations)

Week 8: Mar 19th - Mar 22nd

Week 9: Mar 26th - Mar 29th

(third set of observations)

Week 10: April 2nd - April 5th

Observer Schedule

	Session 3	Session 7	Session 9
Monday A (Instructor A) (Facilitator 1)	Observer A	Observer C Observer D	Observer B Observer A
Monday B (Instructor A) (Facilitator 2)	Observer B	Observer A	Observer C
Thursday Day A (Instructor B) (Facilitator 3)	Observer C	Observer E	Observer F
Thursday Day B (Instructor B) (Facilitator 4)	Observer D Observer E	Observer F	Observer C
Thursday Night A (Instructor C) (Facilitator 5)	Observer D	Observer F	Observer E
Thursday Night B (Instructor C) (Facilitator 6)	Observer F Observer E	Observer B Observer C	Observer D
Thursday Night C (Instructor D) (Facilitator 7)	Observer A	Observer B	Observer E
Thursday Night D (Instructor D) (Facilitator 8)	Observer B	Observer D	Observer F Observer A

Self-Disclosure

Definition: The process by which individuals allow themselves to be known to other individuals through open, honest expression of feelings, thoughts, and ideas (Haynes & Avery, 1979)

2 Types:

- **Here & Now**
 - Expressions of feelings, thoughts, or ideas that are currently taking place
- **Recall**
 - Expressions of feelings, thoughts, or ideas that are a recollection of a past experience

Self-disclosure statements also serve to further the current discussion

Examples:

- I feel a strong connection to you right now after you shared about your struggle with addictions (Here & Now)
- When I was in high school there were times where I thought about harming myself (Recall)
- I still feel the pain from what she said (Here & Now)
- When you look at me like that it makes me angry (Here & Now)
- I was abused by a family member when I was 6 (Recall)

Not Self-Disclosure

- I see what you mean.
- I think I'd be mad
- You're going to be ok

Self-Disclosure Training: Group Session #1

Instructions: As you watch the segment of a group session. Follow along with the transcript. Highlight each self-disclosure statement. Use a different color highlighter to represent

Leader	So let's go on. Sanya what do you think we can offer you from the group today? How do you see us being helpful to you?
Sanya	I'm totally depressed. I can't go off the ward because my eating's out of control. I'm all cooped up.
Leader	I'm sorry I didn't hear you
Sanya	I'm all cooped up. I can't go off the ward because my eating's out of control
Tom	All I ever see you eating is Diet cokes and exercising on the bike...mmmmmmmm
Sanya	Thanks Tom. It's all I needed.
Leader	You, I'm aware that when you talked about wanting some support from Marg, Sanya. Will so say something to why you selected Marg?
Sanya	I think of Marg as a strong person. She's put up with a lot and learned to live with a lot of pain
Leader	How do you feel about that?
Marg	Well I'm flattered that you said that. I wish there was something that I could do to make you feel better. I wish you'd lift your head up a little bit. You have a real pretty face.
Sanya	I'm embarrassed to ask you to be my friend
Marg	Well that's silly
Leader	I wonder if it'd be possible for the two of you to spend some time today outside of the group even 15-20 minutes of talking.
Marg	I'd like that. Maybe after diner
Sanya	That'd be nice. I'd like that too.
Leader	You know, George I was thinking, one of the things you were wanting to work on is expressing your feelings. I wonder if you could say something towards the feelings you've been having towards what's been happening, especially towards Sanya and what's been happening here in the last few minutes
George	Well I feel that she's just upset because two of her friends just left the hospital a couple of days ago and I feel that in a couple of days she'll be better.
Marg	George, those are thoughts. Those aren't feelings.

George	No they're not. Those are my gut feelings. That in a couple of days the kids going to be much better and the only reason why she's really upset right now, maybe because her friends left.
Leader	George could you say something about how you feel towards Sanya. Say "I Feel...."
George	Well I feel that it's going to take some time but I think that I feel that she's going to make progress she's going to be able to make it...
Leader	Maybe this will help. What would you like to do? You see Sanya's in distress, obviously what would you like to do for Sanya, with Sanya to help with her distress right now? If you were alone with her, what would you like to do for her or with her?
George	Well, I'd like to have her sit on my lap so that I could hug her and tell her that everything will be alright. I'd like to give her some comfort. Maybe something I should have done with my own daughter
Sanya	Sanya how do you feel about what George just said.
	I like George saying that. That's more like what you need. I'm not used to Dr's being that supportive, that human.
Leader	Certainly not the doctors in this group.
Sanya	I didn't mean you. I meant medical doctors not shrinks
Leader	Any other feelings about Sanya today and what's been happening
Woman	It's so good not to see you hiding anymore
Mable	I like it when you talk to us. I like it when you ask us questions.
Leader	A lot different than the Sanya we saw 25 minutes ago. I think we've done a lot of work on this but I think we should move on. Where should be go?
Mable	I'd like to hear from Tom
Tom	Ok
Leader	Tom, I'm aware of your agenda today, you remember. You started off by saying why people call you names and why your doctor calls you names. I think it was you Sanya or you Marg that suggested that maybe you could take a look at how you behaved in this group. Do you behave passive aggressively or do you behave like a kid? Would you be ok if we asked the group so that we can get some feedback on how you behave?
Tom	Ok
Leader	Can we gets some feedback for Tom about this? How have people been observing him?
Sanya	Tom kind of scared me by telling me there was a mouse on the ward. Shoot now I'm a snitch
Tom	Why'd you tell on me, it wasn't for you?
Leader	Marg, I'm aware we haven't checked in with you for a while. IS there

	anything about Tom that causes you the slightest bit of irritation or impatience?
Marg	Tom teases. He told me my boyfriend was on the phone and he wasn't
Leader	How'd that make you feel?
Marg	He made me walk all the way down the hall, I was expecting the call. I didn't like it.
Leader	How about in the group today Marg, anything going on in this last hour that has caused some sort of reaction?
Marg	When he was doing the bicycle, Sanya didn't like it. I don't know why he does things like that?
Mable	I don't like when he laughs. When I was talking about my hand and he was laughing.
Tom	I wasn't laughing at you. I like to hear people laugh. I wasn't laughing at you. I was laughing because you said hand so many times...hand, hand, hand, hand, hand.
Mable	I just felt bad because I didn't think he liked me. I just felt like I was taking too much time.
Leader	IS that the way you were hoping Mable would feel? What's happening here is you do something and it has a ton of results for Mable that you didn't want to happen. Right?
Tom	No I didn't want it to happen.
Leader	Ok, well that's a really important piece of learning
Tom	Sorry, Mable
Leader	Merril are you with us? Merrill? Have you been following what's been going on? Can we check in with you? What have you been feeling about Tom?
Merril	Tom you laughed at me too.
Tom	I didn't laugh at you
Merril	Yes you did. You laughed at me when I said that my grandfather molested me. You laughed.
Tom	I wasn't laughing at you. I was laughing because you said grandfather. It sounded, it sounded funny. It sounded icky.
Leader	Merril, can you say something about how the laughter made you feel?
Merril	It made me feel very bad. It hurt my feelings, I think he should say he's sorry.
Leader	Were you aware that the laughter made her feel bad or her feelings would be hurt?
Tom	No. I wasn't laughing at her. I didn't mean to make her feel bad
Leader	It sounds like the same situation with Mable. You were laughing not wanting to hurt her feelings but it ends up with her feelings getting hurt.
Tom	I'm sorry

Leader	Other feedback? Other....is it ok if we go on Tom? Other feedback, other observations about Tom today?
Merril	Well I feel sorry, that it just seems that everyone is picking on him today. I just wouldn't want that to happen to me.
Leader	Well let me just say something here. What's been happening over the last 5 minutes has been a little hard on you Tom. But I just want to say that I really feel that it's something that's a good thing. There's such a thing as hard love, you know, we kind of give some criticism but it comes out of concern for other people.....

Session #: _____ Time & Date: _____

Behavioral Observations

Instructions: At the beginning of each session the observer should write the names of each member starting to the right of the facilitator and moving clockwise. Once a member makes a self-disclosure statement, make a mark in the member's circle. Mark an "R" for a recall statement, a "H" for a here and now statement.

Name:

FACILITATOR

Name:

Name:

Name: Example

RRRR	HHHHH
RR	HHHHH
RRRR	HH

Name:

Name:

Name:

Name:

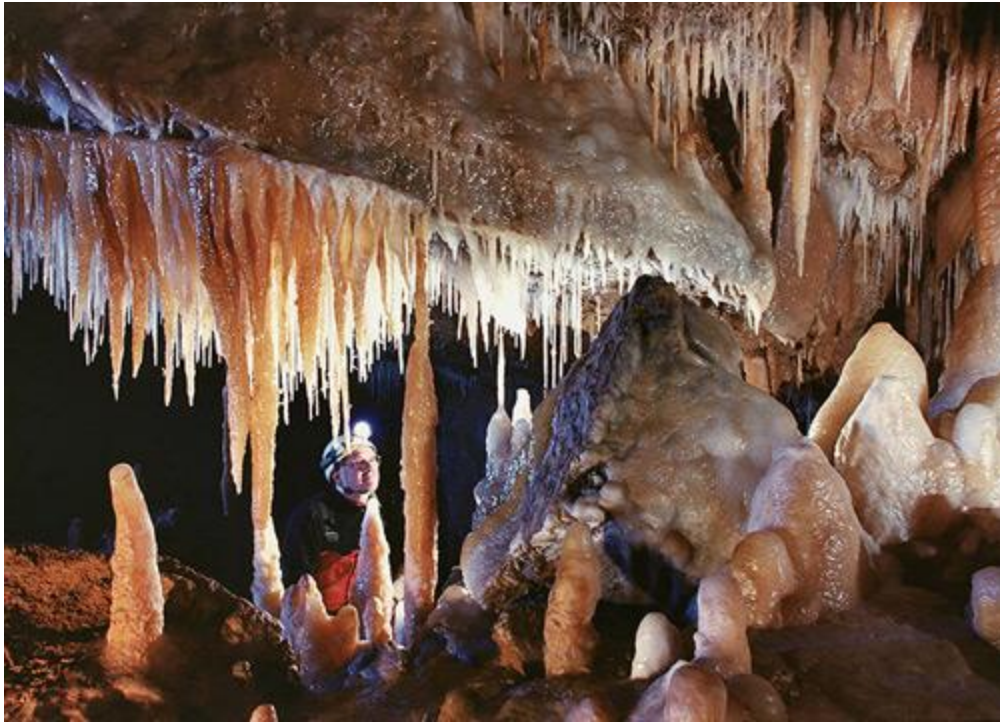
Name:

APPENDIX I
TREATMENT GROUP SESSION 2 IMAGES

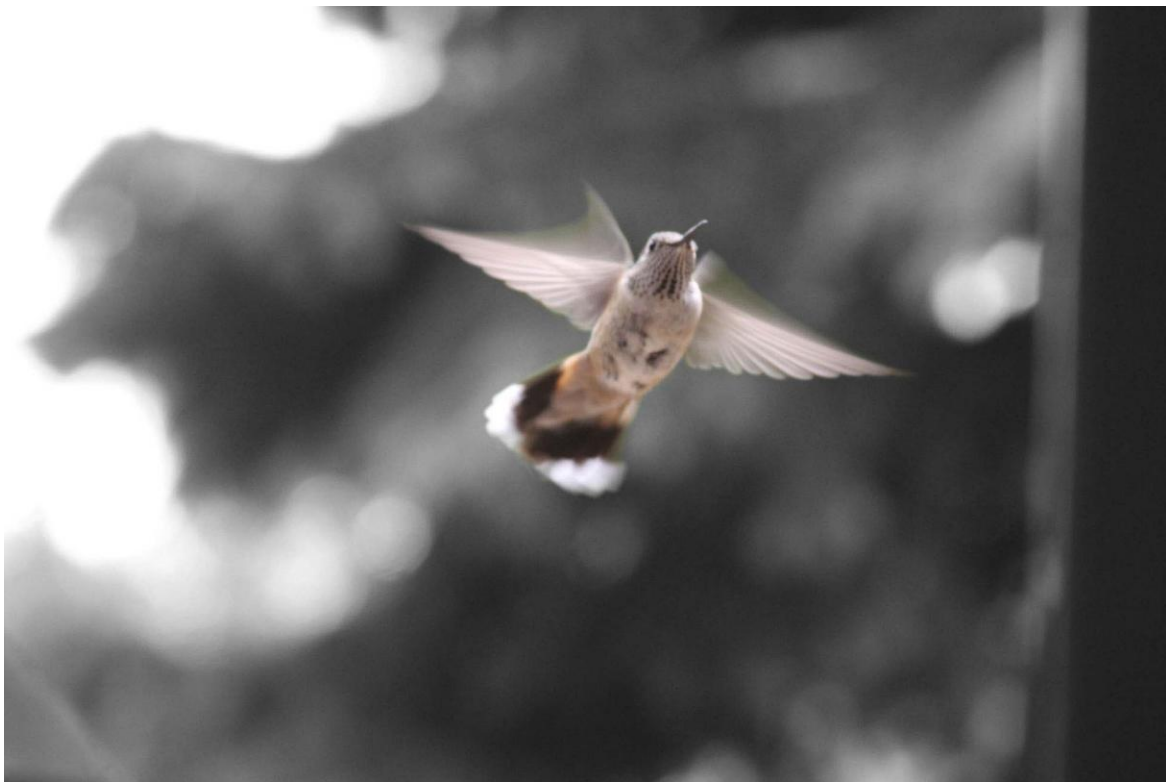
















APPENDIX J
TREATMENT GROUP SESSION 3 IMAGES









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