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MEASURING THERAPEUTIC EMPATHY IN A CLINICAL CONTEXT: VALIDATING THE ITALIAN VERSION OF THE EMPATHIC UNDERSTANDING OF RELATIONSHIP INVENTORY

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Patients' perceptions of therapeutic empathy have been found to be predictive of its outcome. Despite the implications of these findings, there are no instruments available in Italian language capable of measuring empathy in clinical contexts. The aim of this study was to validate the Empathic Understanding subscale (EU) of Relationship Inventory (Barrett-Lennard, 1986) for Italian users. The inventory was translated and perfected by transcultural experts. The psychometric accuracy of the final version was analyzed utilizing a sample of 39 dyads of participants who were involved in video-recorded interaction sessions. Psychophysiological concordance and evaluations by external judges were also recorded in order to evaluate convergent validity. Criterion validity was also estimated by comparing the scores obtained by our participants. The translated version of the inventory was found to be a reliable and valid measure potentially applicable for research purposes and clinical practice.

Key words: Empathy; Therapists' competencies; Psychotherapy evaluation; Galvanic Skin Response.

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INTRODUCTION

Psychotherapy research has uncovered considerable empirical evidence concerning the importance of therapist's empathy as a therapeutic factor capable of predicting the therapeutic outcome (Wallerstein, 1986; Weiss & Sampson, 1987). The concept of empathy has become the object of recent studies which have indicated its importance as a nonspecific therapeutic factor common to several psychotherapeutic approaches (Elliott, Bohart, Watson, & Greenberg, 2011; Williams & Dazzi, 2006). Empathy effectiveness has been demonstrated not only within the framework of psychodynamic orientation but also in client-centered therapy (Rogers, 1957), in cognitive behavioral therapy (Burns & Nolen-Hoeksema, 1992), and in group psychotherapy (Truax, 1966).

Given the importance of the therapist's empathy, developing empathic abilities has become one of the main objectives of professional training (Alberts & Edelstein, 1990). Measuring empathy could then be considered one of the parameters to evaluate the relational competencies of the fledgling therapist and the efficacy of psychotherapy training following the different theo-

retical approaches. Measuring the therapist's empathy in the psychotherapeutic setting considered a fundamental aspect of the therapeutic alliance, could also be a valuable aid in the Italian context. We refer to recent developments in the National Italian Public Health System and specifically to the "Safeguard of Mental Health Project" (1998-2000) which introduced the need to rationalize the distribution of psychotherapeutic services and to test their appropriateness and quality (De Girolamo, 1997; Ruggeri & Agnola, 2000).

Measures of empathy in the psychotherapeutic context are divided into three main categories: (a) self-reports which can be filled out by the therapist, the patient, or external judges; (b) assessments which can be performed by external judges using evaluation grids applied to filmed psychotherapy sessions; (c) measurements of psychophysiological response variations (skin conductance, heart rate, respiration) (Greenberg, Elliott, Watson, & Bohart, 2011). Among these measures, empathy as perceived by the patient is considered the best predictor of the psychotherapy outcome (Kurtz & Grummon, 1972).

Although some inventories measuring empathy do exist in the Italian language, their use is addressed to detect personality characteristics and individual inclinations (Albiero, Matricardi, Speltri, & Toso, 2009; Di Lillo, Cicchetti, Lo Scalzo, Taroni, & Hojat, 2009; Preti et al., 2011), instead of evaluating empathy as perceived by an interlocutor. So, such inventories appear to be not adaptable to a psychotherapeutic context. Having a valid Italian inventory that accurately measures the empathy perceived by a patient during psychotherapy could then quantify empathy perceived during a clinical consultation and or long-term psychotherapy.

One of the most commonly utilized instruments to measure perceived empathy in psychotherapy in English speaking countries is the Empathic Understanding (EU) of the Relationship Inventory designed by Barrett-Lennard (1986). This inventory was originally designed for application in strictly psychotherapeutic contexts. The author subsequently designed modified versions such as the "Any Relationship" Relationship Inventory, applicable to interviews not necessarily linked to the psychotherapeutic process but suitable also for contexts in which psychological support is given even in short-term situations. The EU subscale is made up of two forms: Other Toward Self form aiming to evaluate the empathy perceived by the subject (client, patient, general interlocutor) during the session, and the Myself to Others form aiming to evaluate the empathy that the subject (therapist, counselor or generic interlocutor) thinks that he/she has communicated to the other member of the dyad.

The general aims of the present study is to validate the Italian version of the subscale EU of the Relationship Inventory. We opted for the "Any Relationship" version of the inventory, considered more flexible and applicable in numerous contexts and not necessarily regarding a preexisting relationship. In accordance with the procedure that was designed to validate the instrument, a clinical session was simulated with the help of a "pseudopatient" (a volunteer student) and a "listener" (therapist/psychologist/nontherapist) who were asked to interact.

AIMS OF THE STUDY

The aims of the present study concern the evaluation in the Italian context of the psychometric characteristics of the subscale EU of the Relationship Inventory. The first aim was to reveal the reliability of both EUs.

The second aim was to evaluate the convergent validity, comparing EU scores with scores obtained through other measures of empathy. In particular, the convergent measures used were based on the psychophysiological concordance, and an evaluation of participants carried out by external judges on the basis of filmed recordings of the sessions. With regard to the physiological measure, we well estimate a Galvanic Skin Response (GSR) concordance index, following the procedure validated by Marci and colleagues (Marci, Ham, Moran, & Orr, 2007; Marci & Scott, 2006). The average slope of the GSR levels for five second periods will be calculated through a mobile window (after the average slope for the first five seconds, the window will be shifted by a second and the average slope for the subsequent five seconds was calculated). Pearson's correlations of the average slopes based on 15 second windows will be computed to measure the concordance between the two participants in each dyad, considering a 3-second lag between the pseudopatient's and listener's responses. The concordance for the entire experimental session, based on data acquired for 18 minutes during the interactions, will be calculated. In order to analyze the relationship between each form of the Italian version of the EU, the empathy scores of physiological concordance and external judges evaluations Pearson's correlations will be used.

Finally, given that improving empathic skills is an important goal of psychotherapy training, we expected to obtain higher scores from therapists than from individuals without professional training. For this reason, to evaluate criterion validity, we will compare therapists with four-year psychotherapy training, psychologists without psychotherapy training and nontherapists. In particular, the scores of the individuals who were already therapists, psychologists and nontherapists will be compared using ANOVA.

METHODS

Translation and Adaptation of the Instrument

The translation and back-translation processes and adaptation of the Italian text were made in accordance with the guidelines for transcultural adaptation of questionnaires and evaluation scales (Guillemin, Bombardier, & Beaton, 1993; Streiner & Norman, 1996). Two Italian mother-tongue professional language experts with a solid knowledge of English, who had never seen the questionnaire before, made the direct translation of the original text. Then two English mother-tongue professional language experts with a solid knowledge of the Italian language, who had never seen the questionnaire, made the inverse translation. The first two translators then checked the translation to identify possible discrepancies with respect to the original version. Only minor stylistic discrepancies were found in the translation and no further controls were regarded as necessary.

Furthermore, a pretest involving 10 participants (students with M_{age} = 23.6, SD = 1.89, eight females and two males) was carried out to check the comprehension of items. None of them belonged to the group participating in the subsequent phases of the study.

We renamed as SEP (in Italian, Scala dell'Empatia Percepita) the EU scale of the Relationship Inventory. In accordance with the original version, the SEP scale was divided into two forms. One is the Other Toward Self form, evaluating the empathy perceived by the interlocutor, which in the Italian version will be called SEP-A (Altri verso Me). The other is the Myself to

Others form, evaluating the empathy that the therapist conveys to the patient, which in the Italian version will be called SEP-M (Me verso Altri). The Italian version of the instruments and suggestions for users are reported in Appendix B (for the English version, see Appendix A).

Each form of the SEP is composed of 16 items presented with a scale ranging from –3 (*strongly disagree*) to +3 (*strongly agree*), without the neutral option. The score for each form is calculated as the sum of scores assigned to the single items (for items expressed in negative form — 2, 4, 6, 7, 10, 12, 13, 15 — scores are inverted). Total scores range between –48 and +48, with higher scores indicating higher perceived empathy.

Participants

Thirty-nine dyads of participants were formed. Each dyad was composed of a "pseudopatient" (a volunteer student) and of a "listener," who was a therapist (at the end of a psychotherapy training), or a psychologist (without psychotherapy training) or a nontherapist (a person with a degree not linked to humanistic sciences). Between-group comparisons showed that psychotherapists, psychologists and nontherapists were not significantly different regarding age and educational level. Participants' characteristics are outlined in Table 1. All participants signed informed consent forms in accordance with guidelines of the Ethics Committee (School of Psychology, University of Padova).

TABLE 1
Demographic characteristics of participants

Groups	Age (years)		Educational level (years)	
	M	*SD*	*M*	*SD*
Listeners therapists (n = 13; 2 M)	31.61	2.47	18.84	1.67
Listeners psychologists (n = 13; 3 M)	25.23	1.42	18.69	1.38
Listeners nontherapists (n = 13; 7 M)	29.15	3.71	18.61	1.19
Pseudopatients (n = 13; 6 M)	23.84	3.71	14.92	1.93

Procedure

An experimental procedure was constructed to evaluate the Italian version of the EU psychometric characteristics by examining 39 dyads of participants who were asked to interact focusing on an emotional problem.

The pseudopatients agreed to take part in three 20-minute long video recorded sessions during which they were asked to talk about a personal problem with one of three professionals.

Each volunteer was given one of the following directions at each different session: (a) "Talk about a problematic situation regarding your relationship with one of the members of your family"; (b) "Talk about a problematic situation regarding your relationship with one of your friends/ colleagues"; (c) "Talk about a problematic situation regarding your relationship with your partner or ex-partner." The directions were diversified in order to avoid the risk that the pseudopatient would fall into automatic repetitions in exposing his/her problem.

Listeners were given, instead, the following directions: "You will take part in a 20-minute long dialogue with a person who will talk to you about one of his/her problems. Feel free to express yourself in whatever way you wish. There will be an audio signal to let you know when the time is up."

During the session, Galvanic Skin Responses were simultaneously acquired in both members of the dyad using the Visual Energy Tester (Copyright Elemaya, 1995-2010). Both members of the dyad were then asked to fill out the appropriate form of the SEP. Pseudopatients filled out the SEP-A, used to evaluate the empathy they felt they had conveyed to the listener. The listeners filled out the SEP-M, used to evaluate the empathy that they had felt for the pseudopatient during the session.

Moreover, two independent external judges, who were trained in making assessments using the evaluation grid of the Empathic Understanding in Interpersonal Process (EUIP; Carkuff, 1969), watched the films to evaluate the listener's empathic skills. They were classified, in accordance with the grid, at five levels of empathy (1 = *low empathy*, 5 = *high empathy*).

RESULTS

Reliability

Reliability was satisfying for both the SEP-A (alpha = .91) and the SEP-M (alpha = .89) parts of the EU Italian version. The possible presence of nonhomogeneous items was evaluated by calculating item-total correlations and observing the variations of the alpha coefficient obtained by omitting single items. Item-total correlations were satisfactory for both forms, except for two critical items: item 4 and item 7. However, deletion of any item did not cause a relevant increase in the alpha coefficient.

Validity

Convergent validity. No correlation was found between SEP-A (pseudopatients' perceptions) and SEP-M (listeners' perception) (r = .14, *ns*). A positive correlation was found between SEP-A and concordance for the psychophysiological measures of empathy (GSR) between the two interacting participants (r = .31, p < .05). SEP-M did not, instead, correlate with GSR (r = .057, *ns*). No significant correlations were found between SEP-A and the evaluations of the filmed sessions carried out by the judges (r = .10, *ns*), whereas the correlation between SEP-M and judges' appraisal was marginally significant (r = .30, p = < .07).

Criterion validity. Finally, with regard to criterion validity, therapists showed higher scores than psychologists and nontherapists (see Table 2). ANOVA was marginally significant for SEP-M, $F(2, 36) = 2.98$; $p = < .07$. Post-hoc analyses confirmed that the difference was due to therapists' advantage compared with nontherapists. For SEP-A, ANOVA did not give significant results, $F < 1$.

TABLE 2
Between-group comparison in SEP

	Listeners therapists		Listeners psychologists		Listeners non-therapists	
	M	*SD*	*M*	*SD*	*M*	*SD*
SEP-M	16.00_{a}	12.33	8.08_{ab}	14.69	2.23_{b}	16.05
SEP-A	21.92_{a}	16.15	17.23_{a}	15.80	20.23_{a}	16.07

Note: In the same row, means with a different subscript are different at $p < .06$. Bonferroni correction was applied to all post-hoc comparisons.

DISCUSSION

The aim of the present study was to validate the Empathic Understanding (EU) subscale of the Barrett-Lennard Relationship Inventory used to evaluate the empathy between a therapist and a patient in a clinical context. According to the results of our study, the EU subscale (SEP in Italian), showed good psychometric properties which make its application useful both with regard to clinical practice and research purposes. In particular, a remarkable reliability was found for both forms, Other Toward Self (SEP-A in Italian) and Myself to Others (SEP-M in Italian). As for validity, satisfactory convergent validity was found in the correlation between the SEP-A form and psychophysiological concordance between interlocutors, and between the SEP-M form and the external judges' evaluation. Moreover, criterion validity was confirmed by higher scores obtained by therapists compared to psychologists and nontherapists, who played the role of "listeners."

The results of the present study obtained by analyzing the correlations between both forms of SEP and other measures of empathy showed that the two forms of the scale are not related, but each form displayed interesting correlations with the other measurements of empathy. In other words, these results seem to imply that the two measured aspects of empathy are not overlapping. The SEP-A form, filled out by volunteers who played the role of "pseudopatients," significantly correlated with measures obtained from psychophysiological activation. Such result confirms Marci and colleagues' findings in a study using the original version of the inventory (Marci et al., 2007; Marci & Scott, 2006). The SEP-M, filled out by listeners to evaluate the empathy he/she felt had been conveyed to the pseudopatient, seemed to show a trend that was similar to judges' appraisals. In fact, some investigators have reported that the complexity of the idea of empathy is reflected in the weak correlation found between various measurements which probably reflect different factors (Williams & Dazzi, 2006). SEP-A may involve more unconscious, non verbal aspects of empathy (Sonnby-Borgstrom, 2002). In accordance with this hypothesis, there are several empirical findings in favor of the nonverbal communication influence on empathy as perceived by

interlocutors (Maurer & Tindall, 1983). On the other hand, SEP-M may measure more "controlled" aspects of empathy implying awareness of one's own attitude toward someone else, similar to what takes place when external judges assess the empathic attitudes of therapist (Hodges, 1997). If our findings are interpreted in this direction, the existence of two aspects of empathy described in the literature (Singer et al., 2004) are confirmed: SEP-A could reflect sensory empathy based on somatic resonance, and SEP-M could reflect a more complex affective empathy related with emotion sharing and interpersonal relationship. The differences between SEP-M and SEP-A may also involve differences related to the classical actor-observer differences (Malle, 2006). Indeed, pseudopatients may have attributed the listeners' behavior during the interaction to their stable personality dispositions, whereas listeners may have attributed their behavior during the interaction to situational aspects such as actor-observers' personality or the experimental setting.

The SEP's best potential appears, therefore, to be linked to outcome research and process research in psychotherapy. Since it is easy to administer, it can be used in numerous ways in connection to quantitative descriptions of empathy perceived during psychotherapeutic sessions or in connection to clinical consultations. It can also be used in clinical contexts allowing therapists to assess their own work or as an evaluation instrument used to supervise clinical activity. This tool does not affect the therapeutic setting in any way as it is filled out later. No specific competencies are necessary to apply it and feedback about it and feedback about the empathy conveyed to the patient during a session is provided immediately.

The SEP seems to display good criterion validity since therapists obtained higher scores with respect to the other participants. Its capacity to detect empathic effectiveness makes it particularly suitable for application during psychotherapy training to check relational competencies and to demonstrate the effectiveness of training. It could be particularly useful in the Italian context, in which there is a shortage of parameters evaluating the efficacy of training despite the fact that new schools of psychotherapy with ever more specific approaches are continuously being founded (Borsci, 2005; Galli, 2005).

Some limitations of the present study should be taken into account for future studies. First, the simulation of the clinical setting, although useful in evaluating physiological parameters and obtaining judges' evaluations, may have a peculiar meaning. For example, social desirability or norms may have affected participants' behavior (Huang, Liao, & Chang, 1998). Second, listeners involved in the study were in majority females; given the existence of gender differences in empathy, which is higher in females (Schulte-Rüther, Markowitsch, Shah, Fink, & Piefke, 2008), it would be interesting to evaluate the SEP in a different sample composed of an equal distribution of males and females.

Finally, the flexibility of SEP paves the way for new versions of the instrument that can be applicable in different contexts besides the psychological one. Specific versions could be constructed to evaluate the empathy between a teacher and a student, between the two partners of a couple, among members of a family or in work relationships, and in many other social situations.

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APPENDIX A

Empathic Understanding subscale of the Relationship Inventory

	OS			MO	
1	He/she wants to understand how I see things	+	1	I wants to understand how he/she sees things	+
2	He/she may understand my words but he/she does not see the way I feel	–	2	I understand his/her words but I do not know how he/she actually feel inside	–
3	He/she nearly always knows exactly what I mean	+	3	I nearly always knows exactly what he/she means	+
4	He/she looks at what I do from his/her own point of view	–	4	I look at what he/she does from my own point of view	-
5	He/she usually senses or realize what I am feeling	+	5	I usually senses or realize what he/she is feeling	+
6	His/her own attitudes towards things I do or say prevent him/her from understanding me	–	6	My own feelings can stop me understanding	–
7	He/she thinks that I feel a certain way, because that's the way he/she feels	–	7	Sometimes I think that he/she feel a certain way, because that's the way I feel myself	–
8	He/she realizes what I mean, even when I have difficulties in saying it	+	8	I can tell what he/she means, even when he/she has difficulties in saying it	+
9	He/she usually understand the whole I mean	+	9	I usually catch and understand the whole of his/her meaning	+
10	He/she takes no notice of some things I think or feel	–	10	I ignore some of his/her feelings	–
11	He/she appreciates exactly how the things I experience feel to me	+	11	I appreciates just how his/her experiences feel to him/her	+
12	At times he/she think that I feel a lot more strongly about a particular thing that I really do	–	12	At times I think that he/she feels strongly about something and then it turns out that he/she doesn't	–
13	He/she not realize how sensitive I am about some of the things we discuss	–	13	At time, I don't realize how touchy or sensitive he/she is about some of the things we discuss	–
14	He/she understands me	+	14	I understand him/her	+
15	His/her response to me is usually so fixed and automatic that I don't get through to him/her	–	15	I often respond to him/her automatically, without taking in what he/she is experiencing	–
16	When I am hurt or upset he/she can recognize my feeling exactly, without becoming upset him/herself	+	16	When he/she is hurt or upset I can recognize just how he/she feels, without getting upset myself	+

Note. OS = Other Toward Self; MO = Myself to Others.

APPENDIX B

The Italian version of the Empathic Understanding subscale of the Relationship Inventory

Instruction SEP-A
Referring to the person that listened to you during the colloquium, give a positive score (+3, +2, or +1) or a negative score (–1, –2, or –3) to express your degree of agreement with the statements reported, considering 3 as *strongly agree* and –3 as *strongly disagree* [Attribuisca un punteggio positivo da 1 a 3 o negativo da –1 a –3 (lo zero è escluso) che indichi il grado di accordo con le affermazioni riportate, in riferimento alla persona con la quale ha svolto il colloquio. Tenga conto che 3 corrisponde a *forte accordo* e –3 corrisponde a *forte disaccordo*.]

Instruction SEP-M
Referring to how you perceived yourself during the colloquium, give a positive score (+3,+2, or +1) or a negative score (–1, –2, or –3) to express your degree of agreement with the statements reported, considering 3 as *strongly agree* and –3 as *strongly disagree* [Attribuisca un punteggio positivo da 1 a 3 o negativo da –1 a –3 (lo zero è escluso) che indichi il grado di accordo con le affermazioni riportate, in riferimento a come ha percepito il suo porsi in relazione con la persona con la quale ha svolto il colloquio. Tenga conto che 3 corrisponde a *forte accordo* e –3 corrisponde a *forte disaccordo*.]

Scala dell'Empatia Percepita — SEP					
SEP-A			SEP-M		
1	Vuole capire come io vedo le cose	+	1	Voglio capire come lui/lei vede le cose	+
2	È possibile che capisca le mie parole, ma non si accorge di come mi sento	–	2	Capisco le sue parole ma non so come si senta veramente	–
3	Comprende quasi sempre esattamente cosa intendo	+	3	Comprendo quasi sempre esattamente cosa intende	+
4	Osserva cosa faccio dal suo punto di vista	–	4	Osservo cosa fa dal mio punto di vista	–
5	Di solito sente o capisce quello che provo	+	5	Di solito sento o capisco quello che prova	+
6	Il suo atteggiamento verso quello che faccio o dico gli/le impedisce di capirmi	–	6	I miei sentimenti possono ostacolare la mia comprensione	–
7	Pensa che io mi senta in un certo modo, perché è il modo in cui lui/lei stesso/a si sente	–	7	A volte penso che si senta in un certo modo, perché è il modo in cui mi sento io stesso/a	–
8	Capisce cosa intendo anche quando ho difficoltà a dirlo	+	8	Riesco a capire cosa intende, anche quando lui/lei ha difficoltà a dirlo	+
9	Di solito capisce per intero quello che intendo	+	9	Di solito colgo e capisco per intero quello che intende	+
10	Non nota alcune delle cose che penso o sento	–	10	Ignoro alcuni dei suoi sentimenti	–
11	Riconosce esattamente come le esperienze che sto facendo mi facciano sentire	+	11	Riconosco davvero come le sue esperienze lo/la facciano sentire	+
12	A volte pensa che io mi senta molto più coinvolto/a in una particolare cosa di quanto lo sia realmente	–	12	A volte penso che lui/lei sia estremamente coinvolto/a in qualcosa e, in seguito, risulta non essere così	–
13	Non capisce quanto io sia sensibile circa alcune delle cose di cui discutiamo	–	13	Al momento, non capisco quanto lui/lei sia suscettibile o sensibile circa alcune delle cose di cui discutiamo	–
14	Mi capisce	+	14	Lo/la capisco	+
15	La sua risposta è di solito così stereotipata ed automatica che io non riesco ad arrivare a lui/lei	–	15	Di solito gli/le rispondo piuttosto automaticamente, senza accogliere quello che sta vivendo	–
16	Quando sono turbato/a o addolorato/a riesce a capire con precisione i miei sentimenti senza turbarsi	+	16	Quando è addolorato/a o turbato/a riesco a capire davvero come si sente, senza che io stesso/a rimanga turbato	+