

**Volume 1:**

**Couple Support during the Transition to  
Parenthood:  
Varieties of Empathic Responding**

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## ABSTRACT

This study set out to examine what characterised responses identified as being high and low in empathy in informal helping interactions between couples. Eighteen couples who were expecting their first baby and who expressed satisfaction with their relationship with their partner participated. Each couple took part in a semi-structured communication task in which women were the 'disclosers', and talked about a concern relating to becoming a parent, and men were the 'helpers', and were instructed to try to be helpful in whatever way felt natural to them. Responses identified by disclosers as high and low in empathy were discussed in a tape-assisted recall session. Qualitative analysis identified five themes as characterising high empathy responses: 'Checking out or exploring meaning'; 'Acknowledging the concern'; 'Articulating meaning or summarising'; 'Offering solutions' and 'A mutual experience'. Five themes were also identified as characterising low empathy responses: 'Missing the point'; 'Dismissing the concern'; 'Offering solutions'; 'Redirecting the conversation' and 'Persuading'.

There were commonalities and variations in couples' experiences of empathy. The majority of the themes were labelled 'variant', occurring in less than half but more than two couples. However, responses experienced as high in empathy were not characterised by a particular 'response mode' either within or across couples. The findings suggest some similarities between the communication of empathy within therapy and within marriage; however, issues specific to the latter may add to the difficulty of its communication within that relationship. The findings of the study lend support to the conceptualisation of empathy as an attitude of the person delivering the response, rather than as a specific way of responding.

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## **CHAPTER ONE**

### **INTRODUCTION**

#### **Overview**

Over the past twenty years, increasing examination of the degree to which mental health services are meeting the needs of the local and national population has forced the recognition of an issue which had gone unheeded for some years: that only a minimal number of people in psychological distress will be referred for and receive help from psychology services (Cowen, 1982). A far greater proportion of these people will seek support from informal sources, notably family, friends and, overwhelmingly for those in a long-term relationship, the partner (Barker, Pistrang, Shapiro and Shaw, 1990; Wills and de Paulo, 1991).

The social support literature has long provided evidence of the importance of such informal support, the quality of which has been shown to have a significant effect on both physical and psychological well-being (Coyne and DeLongis, 1986). However, it has largely failed to provide information which can inform intervention planning on a practical level. The failure of the mental health services to recognise these relationships as a potential resource has meant that their availability has not been taken advantage of.

Recently, there has been an increasing interest in the specifics of how informal help is delivered and received, and trends in how social support is assessed have changed. Researchers have begun examining exactly what it is that makes particular

interactions in particular contexts be perceived as helpful and unhelpful, in order to determine whether there may be themes which are not specific to a particular dyad, but which run across relationships.

The current study aims to add to this growing body of knowledge. Using methodology adapted from the psychotherapy research literature, it explores in detail how a sample of couples communicate support to each other in a way which is intended to be helpful. Research to date has suggested that there may indeed be specific factors which play an important role in the communication of help, and this study focuses on one of these, empathy. The couples involved in the study were all about to become parents for the first time. This population was targeted because becoming a parent is a recognised transition point in family life-cycles.

This chapter will present the background to the study by first of all reviewing the literature on social support and informal helping, focusing in particular on how it relates to couples. I will then go on to look at research into the role of empathy, both within psychotherapy and then within the context of the marital relationship. I will discuss the literature surrounding the transition to parenthood and its potential impact on the couple relationship, before presenting the rationale behind the methodological approach I have chosen to employ.

## **Informal Helping**

Over the past two decades there has been an increasing emphasis in the mental health field on working with society's 'natural helpers' (Mitchell and Hurley, 1981). Cowen (1982) first highlighted the point that research into the process of psychological helping behaviour had traditionally concentrated on trained, professional helpers, such as psychologists and other mental health workers. This was despite the evidence that few individuals who perceived themselves to have psychological problems ever accessed professional services, and certainly did not do so in the early stages of psychological distress. In fact, the majority of those individuals sought support from informal sources: partners, family and friends, or local professionals not trained in mental health, such as clergy (Cowen, 1982).

Ten years on, little seemed to have changed. In their survey of more than 1000 adults in the UK, Barker et al. (1990) found that several informal sources of help, in particular the partner, a close relative, friend or neighbour, were more frequently approached than the most popular formal source, the family doctor. In a review of similar large scale studies, Wills (1992) found an overall high level of help-seeking behaviour, with informal sources (spouse, family and friends) preferred over formal sources (psychiatrist, psychologist, social worker or doctor). He did note that there appeared to be some evidence of a progression from informal to formal sources, depending on the perceived severity of the problem.

The importance of informal sources of help and support for both physical and psychological well-being has not been underestimated by the social support literature (e.g. Cohen and Wills, 1985); however, the process by which such support is

delivered and received has been the subject of some neglect until very recently (Burleson, Albrecht, Goldsmith and Sarason, 1994; Pistrang, Barker and Rutter, 1997). As Cowen (1982) pointed out, these sources represent an untapped resource within the mental health field.

### **Social support**

This section will examine some of the complexities of social support, and look at the evidence for how effective informal provisions of support are felt to be. It will then focus on the marital relationship, reviewing the literature which has looked at how couples support each other through stressful life events or transitions.

Research in the field of social support has explored the relationship between support networks and physical and mental health (Burleson et al., 1994; Cohen and Wills, 1985; Sarason and Sarason, 1986). The literature has consistently demonstrated a powerful link between accessible, functioning support and increased overall well-being (e.g. Broadhead, Kaplan, James, Wagner, Schoenbach, Grimson, Heyden, Tiblin and Gehlbach, 1983).

However, the causal nature of the relationship between support and well-being has not been determined (Cohen and Wills, 1985; Coyne and DeLongis, 1986). There is some evidence of circularity, in that one aspect of the ability to cope with adversity is being able to access support when necessary (Veroff, Kulka and Douvan, 1981), and yet the accessibility and maintenance of supportive relationships is to a certain extent itself determined by the ability to manage adversity (Weisman and Worden, 1975).

Another aspect of the complexity of the link between social support and well-being is that it is rarely seen in isolation from other social and economic variables.

Correlations have been established between low social support and education, occupation or unemployment and age (Fischer and Phillips, 1982), any or all of which are known have a negative impact on overall well-being (Brown and Harris, 1978; Coyne and DeLongis, 1986).

Access to a 'confidant' with whom to share thoughts and feelings about difficult life events has been shown to have a buffering effect on stress (e.g. Brown and Harris, 1978; de Jong-Gierveld and van Tilburg, 1987; Paykel, Emms, Fletcher and Rassaby, 1980; Wills, 1992). However, the existence of intimate social relationships is not necessarily an automatic ticket to well-being, but may be detrimental to specific areas of physical and psychological health (Burlinson et al., 1994). At the very least, the relationship is mediated by other factors (Coyne and DeLongis, 1986; Cutrona and Suhr, 1994; Hays and Oxley, 1986; Pagel, Erdly and Becker, 1987).

As might be expected, the nature and quality of the specific relationship has been found to affect the way in which behaviour that is intended to be supportive is received (Sarason, Sarason and Pierce, 1994). Pierce, Sarason and Sarason (1992) noted that the degree of conflict perceived to exist in the relationship tempered both the perception and effects of the support-intended behaviour. It has been found that protective and involved family members may be a drain on coping resources rather than a source of support (Thompson and Pitts, 1992). This was first highlighted by investigations into the families of schizophrenic patients (Leff and Vaughn, 1981; Vaughn and Leff, 1976), and has been reiterated by family therapy theorists from different schools who have traditionally encouraged the development of autonomy

for family members and discouraged close relationships which could be described as over-involved or enmeshed (e.g. Byng-Hall, 1997; Minuchin, 1974).

The more negative elements of close interpersonal relationships have not been fully explored, but seem to be important. Individuals who have experienced a life event frequently experience support offered by informal networks as unhelpful (Lehman, Ellard and Wortman, 1986). Rook (1984) noted the powerful detrimental impact of problematic social interactions on psychological well-being in a study of elderly widowed women. In fact, this negative association was identified as being more consistent than the positive association between more supportive interactions and well-being.

As a result of the increasing interest in how interpersonal relationships may mediate the giving and receiving of social support, researchers have begun to approach it as a form of communication or interaction that occurs within relationships (Sarason et al., 1990; Burleson et al., 1994). This has resulted in a move away from examining individuals' subjective perception of support to looking at what specific behaviours are felt to be supportive and under what circumstances.

A growing body of evidence has begun to emerge suggesting that what constitutes support may depend on who is providing it (Cutrona and Suhr, 1994; Sarason et al., 1994). Cutrona and colleagues divide types of support offered into two broad categories: action-facilitating support, designed to reduce the identified problem, and nurturant support designed to comfort, without direct attempts at resolution (Cutrona, 1990; Cutrona and Russell, 1990; Cutrona and Suhr, 1994). Dakof and Taylor (1990) examined cancer victims' perceptions of what specific actions they found to be

helpful and unhelpful from spouses, other family members, friends, acquaintances, other cancer patients, doctors and nurses. They found that victims looked to health professionals and fellow patients for informational support, and to people with whom they had a more intimate relationship for emotional support. Inadequate or inappropriate attempts to provide that particular type of support constituted unhelpful actions from those sources.

### **Help and support within the marital relationship**

This section will examine couple research in more detail, looking at how support is provided within this relationship, and its importance for psychological well-being. The terms 'marriage', 'marital relationship' and 'couple relationship' are used to refer to long-term, cohabiting, heterosexual relationships.

It has long been recognised that for people involved in a long-term, intimate relationship, the partner or spouse is often the primary source of social support (Barker and Lemle, 1984; Cohen and Wills, 1985; Barker et al., 1990; Pistrang and Barker, 1992; Cutrona and Suhr, 1994; Pasch and Bradbury, 1998). For example, in their survey of more than 1000 adults in the UK, Barker et al. (1990) found that 68% identified the partner as the person they would turn to for support if they had a personal difficulty or emotional crisis.

At first glance there would seem to be no better potential source of support than this committed and accessible relationship (Burke and Weir, 1977). However, there seems to be some evidence that the closer the relationship, the more difficult it may be for support to be accessed, as the supporter may have their own needs and agenda

(Barker and Lemle, 1987; Coyne and DeLongis, 1986; Pistrang and Barker, 1992; Pistrang, Clare and Barker, in press). This may result in an inability to tolerate the distress of the person needing support, particularly if that person has generally taken the nurturing or supportive role in the relationship (Fischer and Phillips, 1982; Lehman et al., 1986). Alternatively, particularly in situations where the spouse has a physical illness, partners have been found to become over-protective, which has been shown to reduce feelings of competency and impede rather than enhance recovery (Cutrona, 1996).

#### Marriage as a source of social support

It has been suggested that marriage may be a significant factor in the 'buffering' hypothesis of social support which proposes that people are protected against the adverse effects of stressful life events (Cohen and Wills, 1985; de Jong-Gierveld and van Tilburg, 1987). In their study of depression in women, Brown and Harris (1978) found that the presence of an intimate, confiding relationship with a husband or boyfriend could protect against the onset of depression. The use of the spouse in the treatment of psychiatric disorders has also been shown to have positive effects on recovery and relapse (Bennun and Lucas, 1990). However, like any other type of interpersonal relationship, the association between marriage and psychological and physical well-being is not without its contingencies.

Several researchers have noted that the perceived quality of the marital relationship is crucial to its impact on well-being. It has been suggested that marriages perceived to be of poor quality may be less helpful than no such relationship at all (Coyne and DeLongis, 1986; Pistrang and Barker, 1995). The degree to which the relationship is



perceived to be supportive has been found to be a major predictive factor in overall marital satisfaction (Barker and Lemle, 1987; Burke and Weir, 1977; Cutrona, 1996; Pasch and Bradbury, 1998). For example, in their study of nearly 190 married couples, Burke and Weir (1977) found a consistent correlation between the degree of satisfaction reported with the informal help received from their spouse and overall marital satisfaction. Moreover, satisfaction with informal helping was related to measures of both mental and physical well-being. The failure of a partner to meet expectations of support has also been shown to be a critical factor in the breakdown of intimate relationships (Cutrona, 1996)

For individuals within a marital relationship, evidence suggests that other relationships cannot compensate for the lack of a confiding relationship with a partner or spouse (Coyne and DeLongis, 1986; Cutrona and Suhr, 1994; Pistrang and Barker, 1995). Brown and Harris (1978) found that a close and confiding relationship with a parent, sister or friend did not have the same protective effects against depression for married women with a spouse who was not fulfilling that role, as it had for single women. Lieberman (1982) discovered that in his study of life transitions, the group who demonstrated the least psychological distress were those with a confiding marital relationship, irrespective of the quality of other confiding relationships. In their study of women recently diagnosed as suffering from breast cancer, Pistrang and Barker (1992; 1995) found that good 'helping relationships' with others failed to compensate for a poor 'helping relationship' with their partner, and that it was this relationship alone which positively correlated with psychological well-being.

The importance of satisfactory helping behaviour between partners is therefore magnified, since it seems that the gap that unsatisfactory support leaves may not be filled from other sources. This has clear implications for the targeting of interventions with couples, suggesting that attempts to increase support from outside the partner relationship will not be sufficient, and that the emphasis should be placed on improving the quality of the relationship itself (Coyne and DeLongis, 1986).

#### The communication of help and support within marriage

Despite the recognition of the importance of the provision of support within couples it has not been possible to abstract data from the literature which could directly inform couple intervention, since little attention has focused on the details of the process through which helping occurs (Pistrang, Barker and Rutter, 1997). Instead, inferences about support have been drawn from the examination of conflict and conflict-resolution between couples (Pasch and Bradbury, 1998; Pistrang, Clare and Barker, in press). For example, patterns in problem-solving interactions have been found to predict marital distress, in particular what has been termed the 'demand/withdraw pattern' (Heavey, Layne and Christensen, 1993), in which one partner attempts to engage the other in a discussion about a difficulty by resorting to demanding behaviour, whilst the other partner withdraws from the interaction. Babcock, Waltz, Jacobson and Gottman (1993) found that domestic violence from husbands to wives was more likely to occur within relationships where the men were in the demanding role while the women withdrew, rather than the more typical reverse interaction.

Effective communication between couples has long been established as a key factor in marital functioning. In an early study comparing happily and unhappily married couples, Navran (1967) found that the ability to communicate (including showing sensitivity to the other's feelings and conveying the feeling that they understood what was being said to them) was positively correlated with overall marital satisfaction. In a recent review of research into couple therapy, Jacobson and Addis (1993) found that inadequate emotional communication consistently correlated with poor prognosis in treatment. Pistrang and Barker (1995) found that, in women suffering from breast cancer, good helping communication from the partner was more strongly related to psychological well-being than was overall marital satisfaction.

Some studies have begun to look in more detail at helpful communication within couples' relationships, examining the process of 'good' communication, and identifying areas where difficulties seem to arise. In their study looking at both problem-solving and social support in 60 newly married couples, Pasch and Bradbury (1998) found that it was the helping behaviours of wives which was the greatest predictor of marital dysfunction at follow-up. In a departure from the use of self-report measures, the authors employed laboratory-based observational techniques to assess couples' interactions (Cutrona and Suhr, 1994). Participants were asked to have a series of short (10-15 minute) discussions which were audio-taped and coded by independent observers. Couples with wives who were identified as displaying negative patterns of behaviour (such as anger and contempt, and unsupportive statements) both in supporting their husbands and in asking for help themselves, were found to be more likely to be distressed at two-year follow-up.

Some studies have suggested that empathy, or feeling understood by one's partner, may be one important factor in the process of communicating help within couple relationships. In an early study, Barker and Lemle (1987) employed a laboratory-type technique in their comparison of informal helping in couple and stranger dyads. Each dyad was asked to have a conversation in which one person took the role of 'discloser', and was asked to discuss an external problem, while the other took the role of 'helper', and was asked to help, without necessarily trying to solve the problem. As with the later Pasch and Bradbury (1998) study, the discussions were audio-taped. Each helper interaction was coded by independent observers, using a response mode classification system, and rated on five process variables. In addition, 'disclosers' were asked to rate the helpfulness of each interaction. The authors found that partners used fewer 'acknowledgements' (responses conveying attention) and more 'advisements' (responses attempting to guide the discloser's behaviour) than strangers in the response mode codings, and tended to be less empathic and more critical in the ratings of process variables. However, they noted that disclosers found partner and stranger responses equally helpful, suggesting that what constitutes a 'helpful communication' differs, depending on the relationship with the provider (Barker and Lemle, 1987).

In their breast cancer study, Pistrang and Barker (1992) found that although, in accordance with the general population, women were most likely to seek support from their partners, they also reported that that relationship was the source of the most problematic communication. Partners were described as being more likely to offer what were felt to be inappropriate helping attempts, such as trying to cheer them up, rather than allow them to discuss their feelings. Women overall felt less

understood by partners than by friends or relatives. In a continuation of the same study, Pistrang and Barker (1995) found that helpful communication from the partner was associated with high empathy (understanding the women's experience of breast cancer) and low withdrawal (failing to engage with, or to attempt to understand women's experience).

The same authors later compared helping conversations between breast cancer sufferers' and their partners, with their conversations with fellow breast cancer sufferers (Pistrang and Barker, 1998). They found that observers rated partners as less empathic, supportive and helpful, more critical, and using fewer self-disclosures than the volunteer helpers (the fellow sufferers). They report a finding similar to the earlier partner and stranger comparative study (Barker and Lemle, 1987), in that disclosers did not differentiate between the helpfulness of partners and volunteer helpers (Pistrang and Barker, 1998).

In a closer examination of actual help-intended communication between couples, Pistrang et al. (1997) used modified methodology from the psychotherapy research literature. Their study again required couples to have short, audio-taped conversations taking the roles of discloser and helper. The conversations were then played back and stopped after each interaction, and both partners were asked questions about the impact of the interaction on them, and what their intentions had been. The authors draw tentative conclusions from their small study about patterns that seemed to characterise helpful and unhelpful interactions. In accordance with previous research, the ability of the partner to demonstrate empathy seemed to be a particularly important factor in determining how helpful the response was perceived

to be. Self-disclosure on the part of the helper was also received positively by disclosers.

Using the same methodology, Pistrang, Clare and Barker (in press) present a single case study of a couple where the husband was recovering from recent myocardial infarction. The authors compared independent expert ratings of helper responses during two conversations with ratings made by the couple themselves. Experts rated the helper responses overall as low in empathy and exploration of feelings, and high in disclosure and advice-giving. They rated the conversations as moderately unhelpful overall. However, the couple themselves experienced the conversations, and in particular the elements of self-disclosure and advice, as helpful. The authors suggest that these findings and discrepancies may provide further evidence that what is helpful within close relationships, where the dyad is to some extent interdependent, may be different from other types of relationship (Pistrang, Clare and Barker, in press).

## **Empathy**

In studies which have begun to examine in detail the process of the communication of help within couple relationships (reviewed above), it seems that empathy, or the sense of feeling understood by one's partner, may play an important part. This section will take a closer look at the concept of empathy, firstly assessing its role within the formal helping (specifically psychotherapy) literature, and then going on to explore research which has looked at its function within informal helping (specifically within the marital relationship).

### **Empathy in psychotherapy**

The importance of empathy to formal helping has been the subject of some interest since Carl Rogers and the development of client-centred therapy in the 1950s.

Empathy has been identified as one of the factors determining the quality of the therapeutic alliance between client and therapist, which has been found to be the most accurate predictor of successful outcome in therapy (Bohart and Greenberg, 1997; Orlinsky and Howard, 1978; Patterson, 1984), over and above techniques specific to different genres of therapy (Beutler, Machado and Neufeldt, 1994; Lafferty, Beutler and Crago, 1989; Patterson, 1984; Roth and Fonagy, 1996).

However, researchers and clinicians have debated whether the value of empathy lies only in assisting the therapist to build rapport with the client, or if it has a more direct mechanism for effecting change (Bohart and Greenberg, 1997; Orlinsky, Grawe and Parks, 1994; Patterson, 1984).

## Definitions

Interest in the function of empathy within psychotherapeutic settings was initiated by Carl Rogers' (1957a; 1959) assertion that empathy, along with congruence or genuineness and unconditional positive regard, were the necessary and sufficient conditions of therapeutic personality change. He described empathy as the ability to:

*“...sense the client's private world as if it were your own but without ever losing the 'as if' quality...To sense the client's anger, fear or confusion as if it were your own, yet without your own anger, fear or confusion getting bound up in it” (Rogers, 1957a, p. 99).*

More recent theorists have contended that empathy does not necessarily involve feeling another's emotions as if they were one's own, but it does involve an affective and not just intellectual understanding of those emotions (Greenberg and Elliott, 1997). Being empathic differs from being supportive, sympathetic, warm or encouraging in that it involves being deeply attuned to the inner world of another person (Greenberg and Elliott, 1997). It is now widely accepted by psychotherapy researchers and practitioners that empathy works simultaneously on two levels: affective and cognitive, involving both an emotional connection between individuals and the cognitive ability to take the perspective of another (Warner, 1997). Some theorists have argued that perspective-taking is not necessary for empathy to occur, nevertheless they do concur that the ability to take on the perspective of another increases the likelihood of affective empathy taking place (Omdahl, 1995).

Theorists have continued to disagree on whether the 'private world' that the empathic therapist experiences is the world that the client is currently experiencing, or if it is a world that includes material that the client might have blocked from conscious awareness (Warner, 1997). Some have argued that empathy can involve experiencing



both worlds at different times during the therapeutic process, and that the way in which empathy is communicated at those times will be different (Greenberg and Elliott, 1997). The debate about the communication of empathy will be discussed below (see 'The communication of empathy', p. 21).

### Methodological difficulties

In the years following Rogers' assertion of the central role of empathy in psychotherapy, researchers from different therapeutic orientations have put a great deal of energy into examining its accuracy. Results of studies have provided evidence which both supports and refutes his claims, perhaps reflecting the vast methodological differences and problems in the area (Bohart and Greenberg, 1997; Kurtz and Grummon, 1972; Patterson, 1984).

A principal difficulty has been the wide range of ways in which empathy has been measured (Bohart and Greenberg, 1997). Studies have used both client and therapist questionnaire ratings of therapist empathy, for example, client and therapist scales on the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1986). Predictive measures have been used by researchers, with empathy assessed by the accuracy with which therapists can predict how their client will respond on personality questionnaires. Another widely used type of measurement has been the rating of samples of tape-recordings of therapy sessions. This has been done by independent or expert raters, or by the therapist or client themselves (Kurtz and Grummon, 1972).

Poor concordance has repeatedly been noted between client ratings of therapist empathy and either therapist or independent observer ratings (Barkham and Shapiro, 1986; Bohart and Greenberg, 1997; Caskey, Barker and Elliott, 1984; Kurtz and

Grummon, 1972; Orlinsky et al., 1994; Patterson, 1984). For example in an early study, Kurtz and Grummon (1972) compared six different measurements of therapist empathy rated by a variety of sources, and found low and non-significant correlations between them. Similarly, Caskey et al. (1984) found at best only moderate correlations between client and therapist perceptions of the impact of individual therapist responses. They noted that therapists were particularly poor at predicting when a specific response was experienced by the client as empathic, and when it was not, although they were more accurate in assessing how empathic the client had experienced an entire session to be. Barkham and Shapiro (1986) found particularly low concordance between therapist and client ratings of empathy in initial therapy sessions, however it was found to increase as therapy progressed.

When ratings of therapist empathy have been linked to outcome measures, positive correlations have most consistently been found when empathy has been rated by the client (Bachelor, 1988; Bohart and Greenberg, 1997; Greenberg, Elliott and Lietaer, 1994; Kurtz and Grummon, 1972; Lafferty et al., 1989; Orlinsky et al., 1994). In their study, Kurtz and Grummon (1972) found that the only rating of empathy to demonstrate a statistically significant relationship to outcome (measured by both client and therapist evaluation, in addition to a variety of questionnaires) was the client's perception of therapist empathy rated after the third therapy session.

Interestingly, client perception rated after the final session (length of treatment ranged from 4 to 27 sessions), although positively correlated with outcome, did not reach statistical significance. No other empathy ratings were positively correlated with outcome. In their review of outcome studies, Orlinsky et al. (1994) found that in 67% of studies, therapist variables connected to the quality of the interpersonal bond

(including empathy) related positively with outcome, but that this relationship was always positive when the therapist variables were rated by the client.

Barrett-Lennard (1993) suggests that this should not come as a surprise, since Rogers' (1957a; 1959) original conceptualisation:

*"...stresses that in practice it is the perception of the person on the receiving end of being responsively understood that counts in terms of its impact" (Barrett-Lennard, 1993, p.4).*

He goes on to highlight an essential difference between client and therapist ratings of therapist empathy. In a client rating, the individual is recording their own perception. A therapist rating is one step removed from this since the therapist is recording their prediction of the client's perception. Barrett-Lennard terms this "meta-empathy" (Barrett-Lennard, 1993, p. 10), and suggests that as such, therapist (or indeed any third party) ratings will inevitably be less accurate than the more immediate client ratings.

### The communication of empathy

How empathy is communicated has been the subject of debate amongst researchers and practitioners. Rogers believed that the principal way in which empathy was communicated was by the therapist's tentative reflection of the client's feelings and internal frame of reference relating to the immediate interaction (Bozarth, 1997). He asserted that empathy was not synonymous with 'empathic reflection' because this could be performed in a mechanistic way without necessarily involving a genuine understanding of the client (Bohart and Greenberg, 1997). Rather than being equivalent to empathy, reflection is seen by Rogerian therapists as a means for the

therapist to assess their understanding of the client, and convey that understanding to them, thereby becoming empathic (Bozarth, 1984; 1997; Rogers, 1986).

Since then it has been argued that empathy can be communicated in different ways. Greenberg and Elliott (1997) outline five different types of empathic responses, which reflect their view that the "private world" that the empathic therapist experiences (see 'Definitions', p. 18, above) moves between the client's conscious and unconscious worlds. The first three types of response, understanding, evocation and exploration are employed to demonstrate empathy with the world that the client is consciously inhabiting at that moment. Their aim is to communicate back to the client their experience (either explicit or implicit), and to encourage further examination. This is achieved through a combination of techniques including reflection and open questions. The remaining two types of response, conjecture and interpretation, are directed more at the client's unconscious world. They aim to give new information about themselves by making guesses at, or highlighting, connections or patterns. This is carried out in a non-authoritarian manner, thereby allowing disagreement from the client.

How different therapist responses are received by the client may be dependent on several factors, including the stage of therapy, orientation of the therapist and client individual differences (Bohart and Greenberg, 1997). Barkham and Shapiro (1986) found that as therapy progressed, therapist reassurance-giving was increasingly related to specific events during therapy that clients had identified as empathic. The more advice-giving behaviour a therapist engaged in overall, the less they were likely to be rated as empathic by clients at any stage of therapy. The use of the 'exploration'

response mode by therapists was most consistently associated with both client and therapist perception of therapist empathy as a whole.

Barrett-Lennard (1993) outlines three stages of empathy. The first stage which he terms 'empathic listening', is a pre-condition for empathy, with the therapist engaged in being actively receptive to the client's inner world. The second stage is the expression or communication of what has been heard, and the third stage involves the client receiving what has been expressed and experiencing being understood. Barrett-Lennard maintains that for empathy to take place all three stages must be completed. He contends that reflection may be a channel for the communication of empathy, but it is not the only way in which it may be conveyed. Different responses such as the use of metaphor or imagery, summaries, or an individual question, may be perceived as empathic within a very specific context because it may be felt that they could not have arisen without an understanding of the private world of the client. He concludes that empathy "cannot be formularised on an action level" (Barrett-Lennard, 1993, p.9) because it is not restricted to a particular way of responding (Barrett-Lennard, 1997).

Bachelor (1988) conducted an examination of Barrett-Lennard's third stage of empathy: 'received empathy', specifically looking at what characterised an empathic therapist response from the client's perspective. Clients were asked to describe, in writing, a situation in which they felt that their therapist had been empathic towards them. Responses were analysed by independent raters, who identified four different categories of therapist styles: cognitive empathy, in which clients felt that the therapist recognised how they were feeling; affective empathy, characterised by clients reporting that the therapist was participating in how they were feeling; sharing

empathy, in which the therapist engaged in self-disclosure of something which had direct bearing on the client's current experience, and nurturant empathy, which was described as the client describing the therapist as supportive and security-providing. Bachelor (1988) found that none of the therapist styles was characterised by particular verbal response modes, lending support to Barrett-Lennard's (1993) assertion that empathy is not communicated in a specific way.

Some theorists consider the communication of empathic understanding to be a separate component from experiencing empathy for another, since one could have the experience without attempting to communicate it. For example, Greenberg and Elliott (1997) point out that empathic understanding of another could be used to manipulate that person, without them having felt understood in any way.

#### Empathy as a mechanism for therapeutic change

The way in which empathy effects change has also been a topic of discussion for researchers. In recent years, the debate has seemed to focus on whether empathy is an active ingredient in bringing about change in its own right, or whether it is a 'non-specific treatment variable' and as such, has no more value than placebo factors (Patterson, 1984).

For Rogers, empathy was an attitude of the therapist, allowing him or her to evaluate how well the client had been understood (Bozarth, 1997; Rogers, 1986). Together with genuineness and unconditional positive regard, empathy helped to create a 'safe' environment where the client could bring about change in him or herself. He maintained that the client's perception of the therapist's empathy and unconditional acceptance was the key factor for the conditions of therapeutic change to be sufficient. This,

together with the experience of the relationship with the therapist, improved the client's understanding and acceptance of themselves, in addition to improving their ability to relate socially to others, and thus personality change was brought about (Bozarth, 1997).

Few researchers or clinicians today, whatever their therapeutic orientation, would deny the importance of empathy as a non-specific variable, facilitating the development of a rapport between client and therapist, without which the therapeutic change is difficult (Bohart and Greenberg, 1997; Eagle and Wolitzky, 1997).

However, for some, rather than merely contributing to the creation of an environment which is conducive to change, it is seen as being a much more direct mechanism.

Bohart and Greenberg (1997) assert the curative powers of empathy, maintaining that it operates by helping the client to name, clarify and eventually understand their experience:

*"This process of becoming aware of internal experience, putting it into words and reorganising it once it has been symbolised, is healing and leads to greater self-understanding and improved self-organisation. Empathy thus helps us make sense of our experience". (Bohart and Greenberg, 1997, p.6).*

For psychoanalytically-oriented theorists and practitioners, empathy is broadly seen as working in two different ways. A Freudian understanding perceives its value to lie in the provision of material on which to base interpretations. Understanding the client's frame of reference increases the likelihood of interpretations being accurate, as well as reducing the chances of accurate interpretations being made at an inappropriate time, and therefore being rejected by the client (Eagle and Wolitzky, 1997). Its primary function is thus in 'enabling' other factors to operate (Hamilton, 1995).

Other psychoanalytic theorists contend that an empathic understanding of the inner world of the client operates by fulfilling a basic developmental need that was not met by parents during childhood. Based on the work of Kohut (e.g. 1982; 1984), it is asserted that the experience of empathy from the parental figures during childhood contributes to the development of the self. The absence of that empathy results in 'self defects' (MacIsaac, 1997). The experience of empathic understanding during therapy, and in particular, the experience of empathy which is not perfect, results in the reconstruction of those defects, because the analyst's "on the whole adequately maintained understanding leads to the patient's increasing realisation that, contrary to his experiences in childhood, the sustaining echo of empathic resonance is indeed available in this world" (Kohut, 1984, p. 78).

Theorists have suggested that an increase in the ability of the client themselves to be empathic to others is an important outcome measure of treatment in itself. Snyder asserts that, in a socially-constructed society, "the ability to put oneself in the role of the other and perceive reality as the other perceives it, is the foundation of intelligence" (Snyder, 1994, p.87) and, as such, is a symbol of 'good mental health'. Therapist empathy is thus seen to effect change by demonstrating a socially desirable way of interacting with others (Barrett-Lennard, 1997). The importance of empathy for social communication will be discussed in the following section.



## **Empathy within the marital relationship**

The potential importance of empathy for effective communication between couples was suggested in the review of the informal helping literature (see 'The communication of help and support within marriage', p. 12, above). In this section I shall go on to discuss the impact that the presence or absence of empathy may have on the couple relationship.

The ability to empathise with other individuals is seen by some, particularly post-modern, theorists as a vital interpersonal skill (O'Hara, 1997). In a world where there is no objective truth but only co-constructed realities, understanding the frame of reference of another becomes essential for communication (Snyder, 1994).

Empathy has been assumed to be integral to the satisfaction that an individual may derive from dyadic relationships, since increased understanding of the other is thought likely to increase harmony in the relationship (Mueller and Fiebert, 1988; Rogers, 1957b). This is considered to be all the more true of marital relationships, where the experiences and expectations of marital partners are likely to be very different (Rampage, 1995). Tannen (e.g. 1990) has discussed at length gender differences in conversations between intimate, opposite-sex partners, particularly focusing on how differing needs and expectations can lead to misunderstandings and the breakdown of communications. Cutrona (1996) highlights the importance of the concept of responsiveness within marital relationships, suggesting that the degree to which couples feel that their partner is responsive to their needs is central to feeling supported by that partner. It seems likely that increased empathy within the relationship would enhance responsiveness.

It has been suggested that increased empathy between marital partners may improve the relationship in two ways. Firstly, the feeling of being understood by one's partner may increase overall satisfaction with the relationship. Secondly, the ability to understand the frame of reference of one's partner may result in greater acceptance of their views and responsiveness to their needs, more realistic expectations, and fewer misunderstandings when communicating (Long and Andrews, 1990; Rowan, Compton and Rust, 1995).

Improving empathic communication between couples has been incorporated into the goals of many models of couples therapy, assuming its importance as a tool for improved marital interaction (Barnes, Schumm, Jurich and Bollman, 1984; Boettcher, 1977; Brody, 1988; Guerney, 1977; Hines and Hummel, 1988; Mueller and Fiebert, 1988). In his model of psychodynamically-oriented couples therapy, Brody (1988) highlights the critical importance of empathy for improving the alliance between the couple, and reducing dysfunction. He suggests that a primary task of work with couples is to teach skills in the acknowledgement and early resolution of conflict to prevent difficulties becoming entrenched. These predominantly problem-solving skills are not possible without each individual's perception of empathy on the part of their partner.

Couple communication programmes have used different techniques to improve empathic communication between partners, including didactic training, modelling, and practising empathic responses with feedback (e.g. Guerney, 1977; Miller, Nunnally and Wackman, 1975). As in the psychotherapy research literature (see 'Methodological difficulties', p. 19, above), empathy within the marital relationship has been measured in different ways, with some studies using several different rating

tools. Studies have used expert raters to assess the degree to which partners communicate empathy to each other (e.g. Cousins and Vincent, 1983; Hines and Hummel, 1988). Others have asked partners to rate the degree to which they believe that they are able to empathise with their partner (e.g. Long and Andrews, 1990), whilst still others have asked the partner to rate their perception of their spouse's ability to empathise with them (e.g. Barnes et al., 1984; Boettcher, 1977; Hines and Hummel, 1988).

Despite the assumption that increased empathy will enhance overall relationship satisfaction, results of studies directly evaluating this have been mixed. For example, Boettcher (1977) looked at the correlation between inter-spousal empathy rated by the partner, and overall marital satisfaction rated on a six-point scale, measured before and after eclectic marital counselling. He did find that improvement in inter-spousal empathy was associated with improvement in marital satisfaction. However, in their comparison of three types of couple communication training programmes, Hines and Hummel (1988) found that although each programme improved the expert-rated communication of empathy within couples, none resulted in a subsequent improvement in overall marital satisfaction, measured by a marital adjustment test.

Comparisons of empathy and overall marital satisfaction in the general population have also yielded mixed results. Cousins and Vincent (1983) looked at how couples discussed an upsetting incident that was unrelated to the marriage. They found that the amount of expert-rated empathy demonstrated by couples was related to their level of marital adjustment, with better adjusted couples expressing a greater amount of empathy.

Long and Andrews (1990) examined the degree to which the cognitive component of empathy, perspective-taking, could predict marital adjustment. They examined three different types of perspective-taking: the general ability to perspective-take, rated by the partner themselves, the ability to take the perspective of the spouse, again rated by the partner themselves, and the spouse's perception of their partner's ability to take their perspective. The three measures of perspective-taking were found to be equally predictive of marital adjustment.

Barnes et al. (1984) found that partners' perceptions of their spouse's empathy were significantly correlated with marital satisfaction. However, the authors note that empathy and factors to do with marital communication were not the only variables to be associated with marital satisfaction. They found that 'positive regard', the degree to which partners perceive respect from their spouse, was also positively correlated, although this finding was less robust.

In contrast to previous findings, Wastell (1989) found that partners' ratings of their spouse's empathic communication did not predict overall marital satisfaction. He reported that perceived level of positive regard from husband to wife was predictive of female marital satisfaction, but that the reverse was not the case. Male marital satisfaction was not predicted by any relationship properties, but was predicted by what he terms 'visible markers' of the marriage, such as the number of offspring, or length of time married. Conversely, Rowan et al. (1995) found that empathic ability rated by male partners themselves did predict their own marital adjustment, but this was not the case for female partners.

None of the studies cited above purport that marital satisfaction is a simple concept which can be determined by any one factor alone (Boettcher, 1977). However, there do seem to be indications that empathy within couples is related to overall happiness within the relationship. In accordance with evidence from psychotherapy research, it may be of particular interest to examine the perceptions of the person on the receiving end to improve our understanding of how empathy is communicated, and to assess its impact.

## **The transition to parenthood**

The birth of the first child has been widely identified as being one of the most stressful periods in the family life-cycle (Bradt, 1989; Carter and McGoldrick, 1989; Clulow, 1982; Cousins and Vincent, 1983; Levy-Shiff, 1994; Terry, 1991). This section will review the impact of this transition on couples and the factors which may influence how adaptation is managed more or less successfully.

Early retrospective studies of families and new parents described the birth of the first child as a 'crisis event', in that it caused significant disruption and necessitated the reorganisation of roles and relationships within the family (Le Masters, 1957; Dyer, 1963). However, since then studies have identified less serious negative experiences for couples, and have conceptualised it as more typically being a transient stress or strain rather than a crisis (e.g. Belsky, 1990; Hobbs and Cole, 1976; Moss, Bolland, Foxman and Owen, 1986; Grossman, 1988; Terry, 1991). In fact some researchers have argued that the birth of the first child may be no more stressful than the birth of subsequent children, with the addition of any new member to the family system causing the difficulties (Elliott, Watson and Brough, 1985).

Grossman (1988) suggests that the debate is principally a matter of the definition of 'crisis', which may be affected by the type of measures used for the research. She maintains that the majority of studies do concur that some strain will be experienced by both partners when they become parents for the first time, and that this will be caused by factors such as changes to family relationships and to the normal family routine, lack of sleep, increased financial problems and being more emotionally upset. She suggests that it is the study of aspects of the transition and how they are

managed which should be of interest to researchers and clinicians alike. This is echoed by Belsky and Pensky (1988) in their review of studies which have examined marital change across the transition to parenthood, who urge a focus on factors determining the quality of changes, and their consequent impact.

### **Impact on the marital relationship**

Several studies have noted an impact on the marital relationship during this stage in the family life-cycle (Coffman, Levitt and Brown, 1994; Jacobson and Addis, 1993). Despite the fact that couples in most studies report negative effects such as increased stresses and conflicts, they also found that many couples also describe positive effects such as an enriched relationship with their spouse (Levy-Shiff, 1994; Moss et al., 1986).

In their review, Belsky and Pensky (1988) conclude that although there is not universal agreement that the transition to parenthood puts some strain on the marital relationship, this is the most consistent finding overall. They do note that few studies have included a childless control group of couples, but that the ones to do so have also demonstrated a decrease in overall marital satisfaction over a similar time period. However, the degree of the deterioration seems to be greater for couples who have also become parents, suggesting that the transition to parenthood may act to accelerate already declining satisfaction.

In their study of nearly 100 couples interviewed twice during pregnancy and three times after the birth of their first child, Moss et al. (1986) found a moderate decrease overall in marital satisfaction for both men and women at twelve months postpartum.

The authors also examined partners' satisfaction with communication between themselves and their spouse, and found a similar moderate decrease at twelve months. However, many of the couples interviewed also reported that the birth had brought improvements to the marital relationship, in some respects bringing the partners closer together.

Hackel and Ruble (1992) interviewed 50 couples in the second or third trimester of pregnancy, and again at four months postpartum. They also found increased dissatisfaction with the marital relationship for both men and women during the transition to parenthood. The authors examined the relationship between couples' expectations of the role that their partner would take after the birth, and how domestic chores would be divided, with their actual experiences. They found that a lack of concordance between the two accounted for much of the deterioration in the marital relationship. They conclude that it seems that dissatisfaction results, not so much from the reality of the changes to the relationship that parenthood brings, as from the discrepancy between their expectations and that reality.

Levy-Shiff (1994) studied more than 100 couples expecting their first child, and followed them up at nine months postpartum. She noted a decline in marital satisfaction for both men and women, although it was more marked in the female partners. The study examined the role of different factors, both individual and contextual in contributing to the decline, and found that the most consistent variable to predict marital decline for both spouses was a lack of paternal involvement with the baby. Levy-Shiff suggests that such a lack of involvement may also impact upon the sharing of domestic chores, as well as the degree to which the female partner



feels the her spouse is involved with her, which would both be likely to cause conflict between spouses, and to reduce overall satisfaction with the relationship.

### **Factors influencing the experience of postpartum strain**

Several different variables have been demonstrated to moderate or exacerbate the stress that is experienced by couples during the transition to first-time parenthood.

Grossman (1988) describes individual factors for each partner, such as psychological characteristics, work influences, and their own childhood and family history, as having an important role in their ability to adapt to the transition. It has been highlighted that although individual factors will impact on each spouse to varying degrees, the experience of one parent will directly affect the experience of the other, as the couple system is highly interconnected (Grossman, 1988).

Studies have noted the importance of social support from a variety of different networks including the immediate and extended family, as an important coping resource at this stage in the family life-cycle (Grossman, 1988; Terry, 1991).

However, it has also been suggested that if the parents are involved in an ongoing relationship, then it is the availability of support from the spouse which is of most importance, as it should be easily accessible, and it may be perceived that requests for support from that source will be less likely to be interpreted as a sign of inadequate parenting (Terry, 1991).

The quality of the marital relationship has been seen both as an outcome measure of successful adaptation to new parenthood (see 'Impact on the marital relationship', p.33, above), and also as a factor which can itself influence the degree of strain

experienced. Cowan, Cowan, Homing, Garrett, Coysh, Curtis-Boles and Boles (1985) found that it was the quality of the couple relationship and their ability to maintain it in the face of considerable disruption, which had the most influence over the ease with which the transition to parenthood was managed.

Wandersman and Wandersman (1980) examined the importance of different aspects of social support in adjustment to new parenthood. They found that, within the marital relationship, it was the degree of cohesion between couples, rather than the level of emotional support or the equality of domestic responsibilities which was most highly related to adjustment.

Broom (1984) also noted the importance of the quality of the marital relationship in couples' ability to manage the transition to parenthood. In her study, 22 couples were shown 35 different concerns identified from the literature about the postpartum marital relationship. They were asked to place them in ranked order, firstly from their perspective, and then from their estimation of their partner's perspective. She found that actual consensus between the partners on the relative importance of the different concerns was low, although it was perceived by individuals to be higher. The author goes on to discuss the implications of this finding in relation to couples' ability to provide support for each other, suggesting that the assumption by partners that they had similar concerns reduced the likelihood of them discussing the concerns that were in fact of most importance to each of them.

Coffman, Levitt and Brown (1994) examined the importance of couples' expectations of postpartum support from their partner. They report that for women, it was the degree to which partner support met their expectations which influenced their

adjustment to parenthood, rather than actual support received. However for men, the reality of the actual support provided by the partner was more important.

One theme that emerges from the above studies is that the absence of support from the partner does not seem to be compensated for by support from other sources.

Broom (1984) stresses the importance of health care providers working to improve communication between couples, in order that this invaluable source of support is fully accessed. This is consistent with findings from studies examining couple support in general, reviewed above (see 'Marriage as a source of social support', p.10).

**Aims and rationale of the present study**

**Summary**

This literature review has pointed to the importance of informal helping and social support for the health and well-being of individuals. It has highlighted the key role of the partner as a source of help and support for individuals within an intimate relationship. There is some evidence to suggest that there may be types of communication which are experienced as helpful and which are particular to this source, however little is currently known about the details of the process by which such help is delivered and received.

The transition to parenthood, whilst not generally experienced as a crisis event in the family life-cycle, has been found to bring with it a degree of stress and strain which can make adaptation difficult. The quality of the marital relationship has been demonstrated to be a significant, and possibly central, factor in determining how couples manage the transition, in addition to suffering deterioration if couples fail to adapt successfully.

Empathy has been identified as one factor which seems to play a part in the provision of both formal and informal help, and the presence of empathy within the marital relationship has been identified as influencing individuals' overall satisfaction with the relationship. Although the study of empathy in the psychotherapy literature has suggested the importance of ascertaining the perception of the person on the receiving end of the empathic communication to understand its impact, few studies have actually done so. Still fewer have examined how empathy is delivered and

received within informal helping, or have looked at both provider and recipient perspectives of the same helping interaction.

### **Aims**

This study is a semi-naturalistic investigation of couples' helping communication, where the man helped the woman with a personal concern related to the transition to parenthood. The central aim of the study was to examine the experience of empathy in couples' informal helping interactions, with a view to being able to inform the planning of psychological interventions with couples who are experiencing difficulties in supporting each other.

## **Methodological approach**

### **Rationale for a qualitative approach to investigation**

Qualitative research methods set out to address questions which are fundamentally different to those addressed by quantitative methods. Words and language form the data set which, as such, is not quantifiable (Elliott, Fischer and Rennie, 1996). Based on phenomenology, the methodological approach is interested in the examination of perceptions and meaning, rather than in the assessment of objective reality, and assumes the validity and value of multiple perceptions of phenomena (Barker, Pistrang and Elliott, 1994). Although qualitative researchers do not claim to be able completely to abandon their own preconceptions and knowledge of theory, they do try as far as possible to put these to one side (known as 'bracketing'), in order to improve their understanding and descriptions of the perspectives of individual participants and the personal meaning of social phenomena. Their aim is not to test theory-generated hypotheses but to describe and understand participants' experiences and to generate theory from that understanding. The process can be conceptualised as being inductive rather than deductive (Dey, 1993).

One of the gaps in the social support literature has been in developing an understanding of the specifics of how support is provided and received by individuals (Pistrang et al., 1997). The aims of the current study were exploratory in nature, and were concerned with the meaning of helping communication for both members of the dyads involved, without pre-supposing the outcome. It was therefore felt that a discovery-oriented approach to investigation and analysis would be appropriate.

## **The adaptation of psychotherapy process research methodology**

The current study follows in the path of previous research which has looked at how help is communicated within couples in which one partner has a chronic illness (Pistrang et al., 1997; Pistrang and Barker, 1998; Pistrang, Clare and Barker, in press). These studies have used the term 'help-intended communication' (Goodman and Dooley, 1976) to refer to interactions between dyads in which one person is experiencing distress, and the other is attempting to lessen that distress in some way. The term covers both formal and informal helping, and implies an acknowledgement that not all communications which are intended to be helpful will be received as such (Pistrang et al., 1997). It has, therefore, been considered useful to examine multiple perspectives of the same interactions, since such an examination facilitates the exploration of both the intention and impact of communications.

This body of research has operated on the premise that formal and informal helping lie on a continuum, and the processes underlying the delivery of both types of help may be similar. Pistrang and colleagues have contended that it is therefore reasonable to assume that methodologies that have been designed to examine formal helping in the form of psychotherapy process research can usefully be adapted and applied to the study of informal helping (Pistrang et al., 1997).

The tool chosen for the study was 'tape-assisted recall'. Originally called 'Interpersonal Process Recall' (Elliott, 1986; Elliott and Shapiro, 1988; Hill, O'Grady, Balenger, Busse, Falk, Hill, Rios and Taffe, 1994; Kagan, 1984) it was developed to allow the exploration of the experiences of both clients and therapists simultaneously at specific moments during therapy sessions. The procedure involves the tape-

recording of dyadic communications (e.g. a therapy session), and then replaying them to each member of the dyad, asking a series of questions about their understanding of and feelings about the communication, and its impact on them. An important advantage of the tool for this study is that it allows the examination of the actual behaviour (the dyadic communication) whilst simultaneously facilitating the understanding of the personal meaning of the interaction from the perspective of both participants.

### **Research questions**

This study set out to answer the following questions:

What characterises 1) high empathy responses and 2) low empathy responses in informal helping interactions, for each member of a couple expecting their first baby?

What is the intention behind such responses, and how are they received?



## **CHAPTER TWO**

### **METHOD**

#### **Ethical approval**

The study was reviewed by the Joint UCL.UCLH Committees on the Ethics of Human Research and ethical approval was obtained on 30th April 1998 (Appendix 1, p. 147).

#### **Overview**

Eighteen couples expecting their first baby participated in a semi-structured communication task in which the woman (the discloser) talked about a concern connected to the transition to parenthood, and the man (the helper) tried to help in whatever way felt natural to him. The couple listened to the recorded conversation, and rated each helper response on an empathy scale. A combination of high and low empathy responses was then selected to be played back in a tape-assisted recall session, in which their perceptions of the responses were examined in more detail.

## **Participants**

Participants were couples expecting their first baby. Inclusion criteria for the study were that:

1. This would be both partners' first child.
2. Neither partner had any training in counselling or psychotherapy.
3. They were fluent in English.
4. Both partners were over 18 years of age.

Participants were recruited from the National Childbirth Trust ante-natal classes in London. This is a private organisation which offers local ante-natal courses to couples usually in the third trimester of pregnancy. Permission was obtained from the Trust head office, and class teachers were then approached individually. The researcher gave a five minute talk either at the beginning or end of one class in each course, briefly explaining the nature of the study. Interested couples were given a copy of the information sheet for participants (Appendix 2, p. 148), and were asked to leave their name and phone number. They were called within one week of the class and given a more detailed description of the project. An interview appointment was made with couples who expressed an interest in participating and who met the inclusion criteria.

Eleven ante-natal courses were approached across north, east, south and central London. Thirty-three couples expressed an interest in the study at the classes, of which 23 agreed to be interviewed. Reasons given for deciding not to participate included feeling that they did not have enough time ( $n = 5$ ), feeling that, on reflection

they were not interested in taking part ( $n = 2$ ), giving birth early ( $n = 2$ ) and the male partner being unwilling to take part ( $n = 1$ ). Of those who did arrange appointments, three gave birth before the interview took place, one cancelled due to illness and decided not to rearrange, and one changed their minds for unspecified reasons.

A total of 18 couples were interviewed in the second or third trimester of pregnancy. (mean number of weeks pregnant 35.5, range: 14 - 39 weeks). The mean age for the women was 32 years (range: 26 - 39 years) and 33.8 years for the men (range: 27 - 47 years). The mean length of time couples had been either married or co-habiting was 2.2 years (range: 1 - 8 years). All the participants were white, and all described themselves as British, with the exception of one couple who described themselves as North American. Two thirds of both women and men were educated to at least first degree standard: 1 woman (5.5%) had no qualifications, 1 (5.5%) had some GCSEs or O'levels, 3 (16.6%) had some A'levels, 1 (5.5%) had a tertiary qualification, 7 (38.9%) had a first degree ( $n = 7$ ) and 5 (27.7%) had a higher degree; 2 men (11.1%) had some GCSEs or O'levels, 4 (22.2%) had a tertiary qualification, 7 (38.9%) had a first degree and 5 (27.7%) had a higher degree.

### **Procedure**

Each couple took part in a session lasting approximately two hours, in which they provided demographic and questionnaire data, and participated in a communication task, followed by the tape-assisted recall procedure (for the procedure protocol, see Appendix 3, p. 149).

Fifteen couples chose to be seen at home and three at the University site. Seven

couples were seen by the author together with a researcher experienced in the tape-assisted recall procedure, and 11 by the author alone. The aims of the study and the procedure were explained, couples were given another copy of the information sheet for participants (Appendix 2, p. 148), and any questions at that stage were answered. They were then asked to sign informed consent forms (Appendix 4, p. 150).

Couples then completed questionnaires assessing aspects of their relationship with their partner, and their overall health and well-being. Following that, they were given instructions for the Couples' Helping Exercise

Couples' Helping Exercise (CHE: Barker and Lemle, 1984, Appendix 5 p. 151): In this semi-structured task, one partner in the dyad (the *Discloser*) is asked to talk about a concern, and the other partner (the *Helper*) is asked to help in whatever way feels natural to him or her.

In the current study, the women were asked to take the role of *discloser*, and to think of a concern or anxiety related to the transition to parenthood which had personal meaning for them, but which they would feel comfortable about discussing in a tape-recorded conversation. In accordance with the application of this procedure in previous research (Barker and Lemle, 1987; Pistrang et al., 1997; Pistrang and Barker, 1998; Pistrang, Clare and Barker, in press) it was stressed that the topic should not be one which was directly related to their partner, or which was likely to cause a strong disagreement between them, in order to encourage help-intended communication and discourage conflict. It was suggested that an appropriate topic would also be one which they had not discussed so much that there would be nothing new to say. The choice of concern was briefly discussed with the investigator in front

of their partner. As *helpers*, the men were instructed to “try to be helpful in whatever way feels natural to you”.

The ten-minute conversations were audiotaped. The investigator was not in the room whilst the conversation took place. A timer was set to indicate to the couple when ten minutes had elapsed (although if necessary, a few more minutes were allowed to finish the conversation). The investigator returned to the room after approximately ten minutes. The transcript of one couple's conversation is included as Appendix 6 (p. 152)

Immediately after the conversation, couples completed questionnaires assessing aspects of their perspectives of it and then participated in the tape-assisted recall session (see 'Measures', p. 48, below).

Couples then took part in a de-briefing session, in which they were given the opportunity to talk about the session in order to ensure that the interview had not left them with any unresolved issues.

They were then asked to sign a further consent form giving permission for extracts from the interview to be used for teaching or publication purposes (Appendix 7, p. 157). Couples were also told that they would be sent a summary of the research findings at the end of the study. Travel expenses were paid for those couples who were seen at the University site.

## **Measures**

### **Questionnaires**

Participants were asked to complete the following questionnaires without consultation with each other. The first three, completed before the CHE, were given in order to obtain contextual data about the couples' relationship and individual participants' well-being. The fourth, completed after the CHE, obtained information about participants' views of the conversation.

Quality of Marriage Index (QMI: Norton, 1983): This is a six-item questionnaire which aims to assess couples' satisfaction with their current relationship (Appendix 8, p. 158). Respondents are asked to rate the degree to which they agree or disagree with the statements on a seven-point scale for items one to five, and to rate the degree of happiness experienced in the relationship on a nine-point scale for item six. Scores range from 6 to 44, with higher scores representing higher levels of satisfaction.

This measure of marital satisfaction was chosen for its brevity compared to alternative measures, for example, the 32-item Dyadic Adjustment Scale (Spanier, 1976) or the 16-item Marital Adjustment Test (Locke and Wallace, 1959). It correlates highly with longer, well-established measures of marital adjustment, and has been shown to have good reliability and validity (Calahan, 1997; Heyman, Sayers and Bellack, 1994).

Empathy Questionnaire: This is a ten-item modified version of the empathy scale of the Revised Barrett-Lennard Relationship Inventory (1978), (*How Your Partner Responds to You Questionnaire: Appendix 9, p. 160*), originally used in psychotherapy research. The scale has been modified to assesses the degree to which people perceive their partners to be able to understand them, and has been used in couple research (e.g. Barnes et al, 1984; Pistrang and Barker, 1995). Respondents are asked to rate each item on a six-point scale, according to how much they feel each statement was true or untrue in relation to their current relationship with their partner. Ratings for negatively-worded questions are then reversed, and an average score ranging from 1 to 6 is calculated, with higher scores representing higher levels of perceived partner understanding. The ten-item scale has a coefficient alpha of 0.84 (Pistrang and Barker, 1995).

Hospital Anxiety and Depression Scale (Zigmond and Snaith, 1983): This well-established, 14-item questionnaire (*Mood and Well-being Questionnaire: Appendix 10, p. 161*) assesses participants for clinically significant levels of anxiety and depression and has good reliability and validity (Bowling, 1991). Respondents were asked to complete the questionnaire with regards to their general feelings and well-being, not just in relation to their pregnancy.

The scale comprises seven items measuring anxiety and seven items measuring depression, which are scored from 0 to 3. Scores can range from 0 to 21 for each scale, with higher scores representing higher levels of anxiety or depression. For each sub-scale a score of 11 or more indicates the presence of clinical levels of disturbance

('caseness'), and a score of 7 or less indicates the absence of the same. A score between 8 and 10 falls in the borderline range.

Discloser's and Helper's perspectives of the conversation: Immediately after the CHE,

both helper and discloser were asked to complete brief questionnaires about their perspectives of their conversation (Appendices 11 and 12, p. 162 and p. 165).

Questions were taken from a previous study of informal helping (Pistrang and Barker, 1998). Participants were asked to rate how typical they felt the conversation had been of the way they would normally discuss things, on a five-point scale from *not at all* to *very*, and how helpful they each felt it was to have had the conversation and how helpful the helper's responses had been, on nine-point anchored bipolar scales from *extremely unhelpful* to *extremely helpful*. They were then asked to rate five process dimensions: problem-solving (how much the helper tried to help find solutions to the problem); exploration of feelings (how much the helper tried to explore the discloser's feelings); empathy (how much the helper understood the discloser's feelings); support (how much the helper provided a warm and accepting atmosphere); criticism (how much the helper made critical or undermining remarks). Each process variable was rated on a five-point scale, from *not at all* to *very*.

Disclosers were questioned on four additional variables: whether the conversation had clarified their feelings about their concern and how to deal with it, how much they felt they were 'holding back' (being careful about what they said) during the conversation and the degree to which they felt emotionally involved in the conversation. Each of these variables was also rated on the same five-point scales.



The questionnaire also asked open-ended questions about how the conversation was different from normal conversations the couple might have with each other, and how it had been helpful or unhelpful, as well as giving an opportunity for any other comments about the conversation as a whole.

### **Tape-assisted recall session**

This was based on psychotherapy research methodology (Elliott, 1986; Elliot and Shapiro, 1988; Hill et al., 1994; Kagan, 1984). It employed procedures adapted from past studies of informal helping in couples (Pistrang et al., 1997; Pistrang and Barker, 1998; Pistrang, Clare and Barker, in press), in addition to a new procedure developed for this study (for protocol see Appendix 13, p. 168). The aim was to obtain information about both partners' experiences of particular extracts of their conversation.

The tape-assisted recall session was conducted with both members of the couple together in order to speed up the interview process, and to avoid conveying the message that they were being asked to disclose secrets about their partner to the investigator (Pistrang, Clare and Barker, in press).

General perceptions: Before the tape was re-played, participants were asked to give their general impressions of the conversation. They were asked specifically how typical the conversation was of conversations they might normally have together, and whether there were any points in the conversation which stood out as being particularly helpful or unhelpful.

Empathy ratings of helper responses: In a departure from previous investigations into the informal helping process in couples, it was explained to the participants that the particular focus of the study was how empathy is communicated in helping conversations. Couples were given a definition of empathy (Appendices 14 and 15, p. 171 and p. 172) derived from the empathy literature (Bohart and Greenberg, 1997; Rogers, 1959). They were then given the opportunity to discuss the definition, and ask any questions they might have. It was emphasised that 'empathic' was not synonymous with 'helpful', and that a low empathy rating did not necessarily mean that a response had not been positive or useful in some other way.

The conversation was then played back and stopped after each 'helper response'. These were based on the concept of the 'talking turn' (Elliott, 1991), utilised in past studies (Pistrang et al., 1997), and defined as a continuous unit of speech surrounded by utterances from the second speaker. Where the second speaker makes interjections to which the first speaker does not respond, a new 'talking-turn' is not delineated. In this study, new helper responses were defined in situations where the unit of speech was particularly long, or where the speaker appeared to have moved to a new topic, or to have changed direction in some way during the response.

Participants were asked to rate independently the degree to which they felt each helper-response was empathic on a five-point scale, ranging from *not at all* to *very* (Appendices 14 and 15, p. 171 and p. 172).

Participants were also asked to comment on any of the responses that felt particularly important or helpful for any other reasons.

Tape-assisted recall: For this final part of the session, the empathy ratings for each helper-response were examined by the investigator and the couple in order to select a sample of responses to replay and discuss in more detail. A minimum of four responses were selected: two responses high in empathy (defined by a discloser rating of four or five on the empathy rating scale), and two low in empathy (defined by a discloser rating of one or two on the empathy rating scale). If there were several responses to choose from, or if there was little variation in ratings, then responses where there was a marked discrepancy between the helper and discloser ratings were selected. It was estimated that the tape-assisted recall session should take approximately one hour. Where the discussion about responses was meagre, and the data seemed 'thin' (Miles and Huberman, 1994) a greater number of high and low empathy responses were selected.

Participants were given a list of questions that they would be asked to think about for each selected response (Appendix 16, p. 173). It was explained that the object of the exercise was to try to understand how empathy was communicated (or not communicated) in the conversation, and to examine the role (if any) of empathy in communicating support. It was stressed again that the intention was not to make either partner feel criticised, and that there were no right or wrong answers, since it was their perspectives of the conversation that were of interest. They were told that should they feel uncomfortable at any point during the process, they should inform the investigator, and the interview would be stopped.

Each of the selected helper responses were replayed, with a series of probe questions (Appendix 16, p. 173) addressed first to the discloser and then to the helper.

Discloser questions included 'How did you feel at that point?', 'What was it about

your partner's response that made you feel understood/not understood?', 'What do you think he was trying to do at that point?', and 'How would you have liked him to have responded?'

Helper questions included 'What were you trying to do in making your response?', 'To what extent did you feel you understood what your partner was feeling or experiencing?', and 'How much do you feel that you were bringing in your own needs or agenda when you said that?'

The investigator tried to ensure that both partners' perspectives on each response were obtained. This stage of the procedure was also tape-recorded for analysis later. The transcript of one couple's tape-assisted recall session is included as Appendix 17 (p. 174).

### **Analysis of qualitative data**

#### **Transcription**

The tape-assisted recall sessions were transcribed by the author. Sections relating to general points about the conversation, or directly to individual helper responses were transcribed verbatim. Sections of sessions which did not relate to the CHE, for example, general comments about becoming parents, or about the couple's relationship, were omitted. Questions from the researchers were transcribed only when necessary for the clarity of the transcript. All identifying information was removed from the transcripts, in order to preserve confidentiality. Additional elements of the transcription protocol are included in Appendix 6 (p. 152).

## **Data analysis**

The data set comprised the discussion of high and low empathy helper responses from the tape-assisted recall sessions for each couple. To address the issue of reliability, analysis was conducted by a three-person team consisting of the author, the project supervisor, and a third researcher, experienced in qualitative analysis and the tape-assisted recall procedure. A method of group consensus was used to arrive at decisions about the meaning and coding of the data (Knox, Hess, Peterson and Hill, 1997; Rhodes, Hill, Thompson and Elliott, 1994).

The method of analysis drew on the grounded theory approach, in which 'constant comparative analysis' is employed to ensure that similarities and differences between aspects of a data set are explored (Strauss and Corbin, 1990). The first stage of analysis was the open coding of the tape-assisted recall session transcripts. Each member of the team independently reviewed the transcripts of sections of tape-assisted recall session discussions corresponding to a helper response, and identified as many different meanings and ideas within them as possible. The starting point for the review of the data was the discloser's perspective of responses: how she felt a response had made her feel understood or not understood, and also its impact (how it made her feel, and how it affected the conversation). The helper's perspective on responses (for example, what his motivation in making the response had been) was used to amplify and enhance data from the discloser.

At this stage of the analysis, the codes were descriptive only, adhering closely to participants' own words. The intention was not to interpret or reduce the data, but to describe it. Codes were applied to 'chunks' of data of different sizes, from a single

word to a whole sentence or paragraph (Miles and Huberman, 1994). For example, the following extract is taken from Couple 2's tape-assisted recall session (see Appendix 17, p. 174 for full transcript), in which the discloser is talking about a high empathy response. Key words and sentences have been underlined:

*D: "It was the first time in a long while that he sounded like he was trying to explore what I meant rather than either giving me a solution or tell me what he thought I meant. I think because of the laugh I think we almost went back to the beginning of the conversation where we were... beginning to explore...Sounded more exploratory and open, basically. It was the way he started off 'So, are you worried about...?' sounded like he was really interested in what I was trying to say, rather than the solutionising that had come before. Or the defensiveness."*

*H: "I felt that there was a bit of realisation...for me...where as before I had been trying to explore...I felt like I'd got to another level in terms of my understanding of her perspective on this. So what I was trying to do was really just ask a kind of straightforward situation question to see if what I'd understood was right." (Couple 2)*

Codes written in the margin of the transcript for this extract included 'exploring', 'not giving a solution or interpreting', 'humour', 'open', 'question', 'not defensive', 'realisation', 'helper clarifying' and 'checking understanding'.

The second stage of the analysis procedure was conducted as a team. The data set was discussed response by response, with each member of the team presenting their ideas. Relationships between different ideas were examined, and through consensus, ideas expressing similar meaning about how the response made the discloser feel understood or not understood were clustered together. From these, one or more core ideas were identified for each response (Knox et al., 1997; Rhodes, et al., 1994). In the above example, the core idea was 'exploring meaning'. Additional ideas that might be noted are those relating to what the discloser did not want at that time (solutions or interpretations), and what the helper's intention and experience had been

(to clarify her concern, and that the response represented a change in his level of understanding). Notes or 'memos' made during the team discussions of the data were retained (Rhodes et al., 1994).

The third stage of the process was also conducted as a team, and involved the cross-analysis of high and low empathy responses both within and across couple transcripts. The core ideas for each were looked at, and those expressing similar ideas were merged into coherent themes (Knox et al., 1997). The aim of this stage of the analysis was to reduce the core ideas to a smaller number of themes that seemed to be representative of disclosers' experiences of responses felt to be high and low in empathy. For example, responses which were felt by the discloser to incorporate the helper either exploring what they were saying, or encouraging them to expand on it, or the helper clarifying the concern for himself or for the discloser, were all merged together under the theme 'checking out or exploring meaning'.

When a comprehensive group of themes had been identified that captured the main ideas within high and low empathy responses, transcripts for each response were re-examined, and the central theme that characterised the response was identified.

Themes were not necessarily mutually exclusive: if more than one theme was considered by team consensus to be central to the response, then that response was coded for each relevant theme.

At this point, core ideas which were idiosyncratic to one particular couple were omitted, unless the data for the response were particularly rich, or the idea occurred in more than one response for that couple, and seemed to be important for the way in which they communicated (or failed to communicate) empathy. However, in this data

set, only one core idea, that of criticism experienced as high in empathy, met the criteria for omission.

Themes were labelled as *typical* if they occurred in at least half of couples (nine or more), *variant* if they occurred in less than half but more than two couples and *uncommon* if they occurred in only one or two couples.



## CHAPTER THREE

## RESULTS

The qualitative analysis of the tape-assisted recall transcripts will form the main part of this results section. Data obtained from questionnaires providing quantitative information about the couples' relationships, and their global perceptions of the conversation will be presented first, in order to place that analysis in context.

### **Background information: marital relationship and psychological well-being**

Table 1 presents means and standard deviations for the questionnaires addressing aspects of the couples' relationships, and their general well-being.

**Table 1: Means and standard deviations on relationship and well-being questionnaires**

Questionnaire	Female	Male
	Mean (S.D.)	Mean (S.D.)
Quality of Marriage Index <sup>a</sup>	41.2 (2.8)	40.1 (3.8)
Empathy Questionnaire <sup>b</sup>	4.9 (5)	4.8 (5.7)
HADS Anxiety <sup>c</sup>	7.4 (2.5)	5.3 (2.6)
HADS Depression <sup>c</sup>	4.4 (2.7)	1.5 (1.2)

<sup>a</sup> QMI possible scores range from 6 to 44, with higher scores indicating higher levels of marital satisfaction.

<sup>b</sup> Empathy Questionnaire scores are calculated as mean scores for each participant. Possible scores range from 1 to 6, with higher scores indicating greater levels of perceived partner understanding.

<sup>c</sup> HADS anxiety and depression sub-scale scores can range from 0 to 21 for each scale, with higher scores representing higher levels of anxiety or depression. For each sub-scale a score of 11 or more indicates the presence of clinical levels of disturbance, and a score of 7 or less indicates the absence of the same. A score between 8 and 10 falls in the borderline range.

The mean Quality of Marriage scores suggested high levels of marital satisfaction for all the couples in the study, in that the mean score is close to the maximum possible score (44). There are, however, no standardised norms for the measure, and it is

difficult to these compare scores with other studies which have used the QMI, as they have used modified scoring criteria (Heyman, et al., 1994; Calahan, 1997). The mean Empathy Questionnaire scores, which assessed participants' perceived levels of partner understanding in their relationship in general, revealed high levels for all couples. For women, the mean score on the anxiety sub-scale of the Hospital Anxiety and Depression Scale was just within the borderline range for clinical anxiety. Individual scores showed one woman (5%) to have a clinical level of anxiety, and a further 8 women (44%) to fall within the borderline range. The female depression sub-scale mean score indicated the absence of clinical levels of depression. For men, the anxiety and depression sub-scale mean scores both indicated the absence of clinical levels of disturbance.

#### **Global perceptions of the conversation**

The women chose to talk about a range of concerns in the Couples' Helping Exercise. Seven women focused on an issue relating to work, for example, how they would juggle work commitments with having a baby, or how they thought they would feel about having to return to work after a period of maternity leave. Six women talked about a concern related to other life-style changes, such as having less time for themselves, or for their relationship. Anxieties about child-birth itself was chosen as a concern by two women and one woman talked about being worried about something being wrong with the baby when it was born. One woman talked about her worry that she would not be a 'natural mother', and another about the role the baby's grandparents would play in its life.

The majority of couples said that they felt that the conversation was at least somewhat typical of the way in which they usually discuss things. Many couples expressed surprise at how natural it had felt, and how little they had noticed the recording equipment, although one couple did comment that they felt that they had been explaining background details to their conversation for the benefit of the tape-recording. One discloser said that she had felt that she was exaggerating the degree to which she was concerned about the topic they were discussing, and some couples commented that talking hypothetically about concerns that may arise in the future felt artificial.

Several couples said that it was unusual for them to be so focused on one specific topic for a length of time. They said that, more usually, their conversations would tend to go off at tangents, sometimes returning to the original topic later in the conversation. They also commented that conversations would usually arise because of something that had happened, or something that someone had said, and would generally occur whilst they were involved in another activity. Several couples reported that the opportunity to focus on one topic was a positive experience.

The results of the questionnaires examining disclosers' and helpers' perspectives of their conversation are presented below. Table 2 shows mean and standard deviation scores for contextual variables relating to the conversation: how typical helpers and disclosers felt the conversation to be, and the degree to which the discloser felt that she had been holding back and emotionally involved during the conversation.

Mean scores showed both helpers and disclosers to report that the conversation was between *somewhat* and *fairly* typical of the way that they would normally discuss

things, and that disclosers reported that they were *not at all* to *slightly* holding back during the conversation, and were between *somewhat* and *very* emotionally involved.

**Table 2: Ratings of contextual variables**

	Female	Male
Contextual Variables	Mean (S.D.)	Mean (S.D.)
Typicality <sup>a</sup>	3.3 (1.1)	3.6 (0.9)
Holding back <sup>b</sup>	1.3 (0.5)	N/A
Emotional involvement <sup>b</sup>	3.5 (1.3)	N/A

<sup>a</sup> Typicality of the conversation was rated on a 5-point scale ranging from 1 (not at all) to 5 (very).

<sup>b</sup> Holding back and emotional involvement were rated only by disclosers, also on 5-point scales, ranging from 1 (not at all) to 5 (very much).

Means and standard deviations for process dimensions of the conversation are reported in Table 3. Results showed that mean levels of empathy, problem-solving and support were reported by both helpers and disclosers as being between *somewhat* and *very much* present in the conversation. Exploration of feelings was between *slightly* and *somewhat* present, and criticism was between *not at all* and *slightly* present.

**Table 3: Ratings of process dimensions**

	Female	Male
Process dimension <sup>a</sup>	Mean (S.D.)	Mean (S.D.)
Problem solving	4.1 (0.9)	3.6 (0.9)
Exploration of feelings	2.9 (1.2)	2.4 (0.9)
Empathy	4.0 (1.0)	3.6 (0.9)
Support	4.6 (0.5)	4.1 (0.9)
Criticism	1.1 (0.3)	1.4 (0.6)

<sup>a</sup> All dimensions were rated on a five-point scale ranging from 1 (not at all) to 5 (very much)

Table 4 presents means and standard deviations of dimensions relating to the impact of the conversation: how helpful helpers and disclosers felt that both the conversation, and the helper's responses had been, and, as a result of the conversation, how much clearer disclosers felt both about their feelings and about how to deal with the concern. Results showed that both the conversation and the helper responses were between *slightly* and *moderately* helpful. Disclosers felt *somewhat* clearer about their feelings or how to deal with the problem as a result of the conversation.

**Table 4: Ratings of impact dimensions**

Impact dimension	Female	Male
	Mean (S.D.)	Mean (S.D.)
Helpfulness of conversation <sup>a</sup>	6.3 (1.9)	7.1 (0.8)
Helpfulness of helper responses <sup>a</sup>	7.2 (0.8)	6.5 (1.2)
Clarification: feelings <sup>b</sup>	3.0 (1.5)	N/A
Clarification: solution <sup>b</sup>	3.0 (1.3)	N/A

<sup>a</sup> Helpfulness was rated on 9-point anchored bipolar scales ranging from 1 (extremely unhelpful) to 9 (extremely helpful).

<sup>b</sup> Clarification of disclosers' feelings and how to deal with the problem were rated on 5-point scales ranging from 1 (not at all) to 5 (very much).

### **Characteristics of high empathy responses**

This section presents the qualitative analysis of high empathy responses identified in the tape-assisted recall sessions. Themes of helper responses experienced as high in empathy, which were extracted from the cross-analysis of tape-assisted recall transcripts are described below. They are illustrated by extracts from the couples' conversations and the tape-assisted recall sessions.

In order to differentiate responses extracted from the Couples Helping Exercise from those taken from the tape-assisted recall session, the former are presented in bold italics, while the latter are presented in italics only.

Responses identified by disclosers as high in empathy fell into five themes: responses in which the helper was checking out or exploring meaning; responses which included an acknowledgement of the concern; responses in which the helper articulated the discloser's meaning, or summarised their concerns; responses in which the helper offered a solution which reflected their understanding of the discloser's concern; and responses which suggested to the discloser that the concern was in some way mutual.

Themes were not mutually exclusive, that is to say, if more than one theme was felt to be equally central to the discloser's experience of the response, it would be categorised under each theme.

Table 5 presents the five themes, with their prevalence across the 18 couples. One additional theme, 'reassurance' was originally included as a category of responses, but was omitted, because the responses in the group were described by disclosers as

supportive, rather than as empathic.

**Table 5: High empathy themes**

Theme	Prevalence <sup>1</sup>
Checking out or exploring meaning	Variant
Acknowledging the concern	Variant
Articulating meaning or summarising	Variant
Offering solutions	Variant
A mutual experience	Variant

<sup>1</sup> Prevalence of themes across couples: typical (9 or more couples), variant (3 - 8 couples), uncommon (1 or 2 couples).

### Checking out or exploring meaning

This group of responses was characterised by the helpers asking a question to clarify what the disclosers' concerns were. Disclosers reported that they felt that the helper was trying to understand what they meant and how they felt, and that it was the exploratory nature of the questions that felt empathic.

For example, in Couple 2, the discloser had been talking about the difficulty of finding time for herself after the baby was born. Until this point in the conversation, the helper had been looking at ways that she could spend time without the baby, but with other people.

*D: "...I get tired at work of interfacing and talking to clients and all that [H: yeah]...so sometimes...exactly what I want...is a morning where I can just sit on my arse reading a book and get completely lost in it...and don't have to worry about you know...where things are or doing anything at all, just have completely selfish time."*

*H: "Right, okay. So are you worried...that outwardly it would just look lazy or something? Cause I accept that this is...that you need to have time for yourself...that you kind of like spread the things out." (Couple 2)*

In the tape-assisted recall session, the discloser describes how the response sounded to her, and why. She also identifies the type of response which she believed would not have made her feel understood:

*D: "It was the first time in a long while that he sounded like he was trying to explore what I meant rather than either giving me a solution or tell me what he thought I meant...sounded more exploratory and open, basically. It was the way he started off 'So, are you worried about...?' sounded like he was really interested in what I was trying to say..." (Couple 2)*

Some disclosers noted that the question did not have to be an accurate reflection of their concern to be experienced as empathic. In Couple 2, again, the discloser explains:

*D: "That wasn't right, actually, that it would just look lazy, but he was asking me, rather than saying 'You're thinking this', and then being really reassuring after that saying 'It's acceptable'. So it was a reassuring note along with an inquiring note I think." (Couple 2)*

Helpers described two different intentions behind this type of response, firstly to clarify for themselves that they had correctly understood their partners' concerns, and secondly, to encourage the discloser to expand on it:

*H: "I felt that there was a bit of realisation...for me...I felt like I'd got to another level in terms of my understanding of her perspective on this. So what I was trying to do was really just ask a kind of straightforward situation question to see if what I'd understood was right." (Couple 2)*

In Couple 4, the conversation had concerned worries about returning to work:

*H: "...that's something we've talked about as well, part-time work..."*

*D: "And whether to go back to...good old (firm's name), or err!/"*

*H: "Try and find something local."*

*D: "Um."*

*H: "Does that worry you? Whether you'd have enough energy to travel...home every day?" (Couple 4)*



In the recall session, the discloser and helper each describe their understanding of the helper's last response:

*D: "It was an opening, wasn't it?...As a request for more information...rather than a close down."*

*H: "I was just trying to expand it, I think, and find out how you felt."  
(Couple 4)*

For some helpers, the question incorporated both intentions. For example, couple 1 had been talking about changes to their social life, after the baby was born.

*D: "I shouldn't imagine they let [babies] into the cinema when they are very little, though. They would be worried about disturbing other customers. That would be my guess. They might let them in when they are really tiny but after a couple of months I should think that they...I don't know..."*

*H: "But is that the sort of worry you have? [D: Yeah I guess so] About how the baby's going to change..." (Couple 1)*

In the recall session, the helper explains the motivation behind his response:

*H: "I think I was trying to do two things. One was trying to check that I hadn't gone off on the wrong track in my enthusiasm to solve the problems that were being thrown up. And secondly I was wanting her to elaborate further, so I wouldn't have been surprised if she had said 'So that was partly what I had in mind but there's a whole range of other problems that I haven't told you about yet'. So it was to some extent a prompt to get her to tell me more, to come up with more problems."  
(Couple 1)*

The discloser in this couple outlines the positive impact his question had on her next response:

*D: "...I was definitely expanding...we'd finished that bit, and there were sort of related issues that we could talk about that we hadn't talked about, like what to do about going on holiday...it was a sort of different tangent..." (Couple 1)*

The example illustrates how disclosers often felt that responses in this theme had the effect of broadening the conversation, allowing them both to clarify what they meant, and to elaborate further on the topic.

In Couple 17, the discloser had been talking about how she felt about having just started her maternity leave. The helper had drawn a parallel with a time when he had finished a course he had been doing, and had had some free time when she had been at work:

*D: "But that is because...you felt that because you were on holiday. That sort of had a really different attitude to it because it was jolly and it felt like freedom to you. But this doesn't really feel like freedom."*

*H: "It doesn't...It's not work, and it's not freedom, so it's kind of something else?" (Couple 17)*

In the recall session, the discloser discusses why the response made her feel understood:

*D: "It's the right kind of question. It's the right time to ask a question, and it's the right type of question. It's not sort of combative, he's asking me to explore more." (Couple 17)*

She goes on to explain the positive impact the question had on her:

*D: "I guess it helped me think about 'What is it? What is this period of time we're thinking about?' Because I haven't really come to any conclusion about what it feels like. I guess it made me try and define it a bit more. 'Why doesn't it feel like freedom, and what are the things that are binding me in a bit more?'. So I guess it helped, because it took me forward, made me think, made me analyse it a bit more in my head. Instead of just saying 'It's difficult', trying to think about why it's difficult." (Couple 17)*

This example demonstrates how a response which made the discloser feel understood could also have the effect of helping her to clarify the concern for herself.

### Acknowledging the concern

The responses falling under this theme were characterised by the disclosers' sense that the helper had in some way acknowledged that the concern they were discussing was important. In recall sessions, disclosers frequently said that they felt that their feelings were being affirmed by the helper.

In Couple 2, the discloser had been talking about her worry that she would not get enough time on her own after the baby was born:

*D: "No, I'm...I'm talking about [me] on her own the individual [H: Are you?] the person, the me, the thinking time for me [H: Yeah...right...] on my own."*

*H: "Well, everyone needs that." (Couple 2)*

The discloser describes the impact that that response had on her:

*D: "...saying 'Well everyone needs that' was kind of like manna from Heaven...It was acknowledging something that we don't really talk about, the fact that everyone needs time to think, and time on their own. We have had rows about it...we've talked about it before, so when he said that it was like, fantastic." (Couple 2)*

Here, the helper explains his understanding of the response:

*H: "I did know what she was talking about. It's a topic that has been discussed in other contexts. It's not something that I would have always said in that situation, but more recently in our relationship it's something that would come up naturally, it's something that I have a better understanding of." (Couple 2)*

In Couple 3, the discloser had been speculating about how she might feel returning to work after her period of maternity leave, hoping that, having had a break from it, she would have recovered some of the interest in it that she had recently lost:

***D: "...and also...because I will be spending less time...and I won't have done it for five months I think I will actually recover a bit of my interest in it probably, and I won't find it so boring."***

***H: "And the fact that you're not going to be doing it five days a week."  
(Couple 3)***

In this response, the helper makes a reflection about one reason that supports the discloser's hope that her feelings about work will be different on her return, and in doing so is felt to have acknowledged the concern itself:

***D: "It made me feel better, it made me feel you were really understanding my feelings. It was nice for him...just really to affirm my feelings. It exactly sort of channelled with my feelings." (Couple 3)***

Couple 13 had also been discussing returning to work after maternity leave, and until this point in the conversation, the helper had been assuring the discloser that they would be able to afford for her to remain at home if she wanted to, failing to recognise her concerns about not returning to work:

***D: "But then we wouldn't each have an individual income, and that really would..."***

***H: "...well that's true, and I think that is more important that the money itself. It's the fact that we are both independent people..."  
(Couple 13)***

The discloser describes how she experienced his response:

*D: "He was reaffirming what I believe, that without my own income I'll find it very hard to feel like I'm an independent person, and throughout our relationship we always have had two separate incomes. Even though [he] earns a lot more now, I still earn enough that I'm my own person, and that's a big worry about not going back to work, that I wouldn't have that. So it was nice to hear him say that for him it's important too...and that he recognises that it's important for me." (Couple 13)*

The helper describes that point in the conversation as something of a turning point for himself:

*H: "That comment got a [high empathy rating] because it's an important realisation that it isn't the money per se, but it's both the independence of income...the historical importance, and the recognition that work is an important part of your life, and I'd got quite distracted I think...It's to do with the fact that we are both modern, professional, working people." (Couple 13)*

His reflections suggest that the response experienced as an acknowledgement by the discloser actually represented a new development in the helper's own understanding of her concern.

At the start of Couple 16's conversation, the discloser had been explaining her concerns about her travelling commitments when she returned to work:

*D: "...you know, I feel I've got to go away at least...sort of...for three months at some point over the period...Thinking about how we will run it...whether you will come with me or...I don't think I will be great at leaving the baby here...but at the same time I think if I take the baby with me then it's not fair for you...It's bad enough being apart anyway. I think it's going to feel much sort of stronger, the separation, when we have got the baby."*

*H: "Yes. Sounds pretty bad (both laugh)" (Couple 16)*

The discloser explains why the helper's response made her feel understood:

*D: "I thought [his] reaction was quite nice in a way because he seemed to sort of tune in quickly to what I was saying, and sort of agree that it was a problem, rather than perhaps saying 'Oh, don't worry' or brushing it off, or whatever. I think in a way it was quite a nice way to begin because it acknowledged that I was raising an important issue, rather than thinking I was unnecessarily worrying about it...you certainly sent that feeling to me, that you could understand what I was saying. "*  
(Couple 16)

She goes on to consider the importance of making such a response at that point in the conversation:

*D: "I think it's important at the beginning, when you're just entering in to a conversation. That sort of reaction is quite important at the beginning. I didn't have to put in any effort to convince him that the topic I was raising was important." (Couple 16)*

#### **Articulating meaning or summarising**

Responses included under this theme were characterised by the helper conveying that he had understood the discloser's concerns by restating them in a different way.

Sometimes this was by the use of a new phrase which captured an underlying meaning in what the discloser had been saying, sometimes it was by finishing off her sentence, sometimes by the use of humour, and sometimes by summarising.

Disclosers felt that that the helper had somehow picked up on partly unspoken feelings, or that he had made connections between different points that she had brought up.

The use of a new phrase:

The following extract from Couple 5's conversation demonstrates the use of a new phrase in the helper's response that the discloser then continues to use during the conversation. It could also be seen as the helper making an interpretation about what the discloser had been saying. The discloser in Couple 5 had begun to talk about her concerns about taking time off work, and about wanting to return to work after the baby was born:

*D: "Because things are going well at work at the moment. It's not like I need a break from it. It's not as if I'm tired of working..."*

*H: "And is there a worry that the longer you take, the more momentum at work you're going to lose? Because presumably..."*

*D: "When some people who haven't seen that I'm pregnant find out that I'm pregnant they might just cross me off their list...But there's also personal momentum as well, because I have to go out and about and see people and find out stuff and just know what's going on, and keeping on top of that is..." (Couple 5)*

In the recall session the discloser describes how she received his response:

*D: "He summed up what I was trying to say...basically the phrase 'Losing momentum'...because that is it really..." (Couple 5)*

The helper discusses his understanding of the response:

*H: "It was empathic to the extent that I'd identified a concern and was trying to articulate it, but I was also trying to articulate it for myself. What I've done is effectively given us a vocabulary to talk about it."*

The discloser goes on to say how she experienced the new way in which he had articulated her concern as his attempt to help her to define what she was trying to say:

*D: "I think he was trying to help me explain what I was trying to say, even though he knew what I was trying to say..." (Couple 5)*

In Couple 18, the discloser had been talking about how she might change, and commenting on changes that she seen in herself already:

**D: "...I'm conscious of being quite ratty recently."**

**H: "People are when they're pregnant..."**

**D: "Is it that bad?"**

**H: "I have hardly noticed it actually. Apart from yesterday (D: laughs)... I think that is...I think err...I know it is possibly the thing where women start to become conscious of being mothers, and think that people, husbands or partners or whatever aren't interested any more..." (Couple 18)**

The discloser explains how the latter response made her feel:

**D: "I was quite upset, actually, but not because of what [he] said, specifically, but because I thought he'd actually hit the nail on the head. And he'd said what I'd wanted to say, but somehow had been dancing around, so that's why it got a 5 to be honest...I think because [he] managed to interpret what I was thinking, but didn't say. It actually sums it up, he actually said what I was thinking, but didn't really know how to say." (Couple 18)**

The helper had managed to articulate the discloser's hitherto unspoken feelings.

However, in this example, the helper had given the response a low empathy rating.

He explains why:

**H: "I rated it a bit low, because I noticed it came out a bit patronising as well. I felt...I sort of thought it probably did hit the nail on the head, but I felt that it was in a way saying 'Oh, you're just being another cliché', kind of thing. I didn't mean it to sound like that, but on the play back I thought 'I'm not going to mark it high', because I thought I'd been a bit patronising." (Couple 18)**



The couple go on to discuss the impact that the helper's generalisation actually had on her, and why that might have been:

*D: "I didn't feel at all patronised by it actually. But then... This is a comment on [his] judgement of me, in that I think he realises that sometimes I need to feel that I'm not just being stupid and out on a limb on something, and my view is that he judged that just right in that circumstance. So I wasn't looking to feel particularly special, I just wanted to feel a bit normal, I think."*

*H: "That is totally right, what [she's] just said, I mean, sometimes she does need to feel that she's not unique in feeling something. There was just something in it when we played it back, that I just wasn't quite sure about the way something came out." (Couple 18)*

The example demonstrates how the helper taking the conversation on to a new level can be experienced by the discloser as him articulating his understanding of an underlying meaning in what she had been saying. It also illustrates the positive impact that the use of generalisations can have in normalising concerns.

#### Finishing off the sentence:

Several disclosers noted that the helper finishing off the discloser's sentence by inserting a word or phrase made them feel very understood because they experienced it as demonstrating that they were on a similar wave-length. It seemed to represent a different way in which the helper was able to articulate the discloser's concern.

Couple 2 had been talking about getting smaller chunks or 'wads' of time on their own, after the baby was born, and the helper interjects his response (underlined):

*D: "I suppose so, but then it might not be an appropriate time, that might not be the wad that you want, or the short time that you want. Cause like thinking about it, even when you get home from work, even if you're out and I think 'Oh great, night in, have a bath...chill out [H: You'll have baby] slob about', yeah exactly, you've got baby..." (Couple 2)*

The helper explains his perception of what he was doing at that point:

*H: "...your mind was like painting this picture and was building this kind of like....and I kind of finished it off for you." (Couple 2)*

The discloser discusses how the response made her feel understood:

*D: "...that means you're completely on the same wavelength. Rather than saying 'I think you're saying this', you're finishing off actually what I was going to say, so that's very empathic." (Couple 2)*

### Humour:

Other helpers used jokes as a way of articulating meaning. The discloser in Couple 8 had been talking about her concern that she would worry a lot about the baby, and had seemed to be probing to find out whether her partner shared her concern:

*D: "But you can't be a nervous wreck, as well as me..."(both laugh).*

*H: "...maybe I just try and hide it a little bit more than you do...talking in your sleep...pacing around the house...crying hysterically (D laughs)." (Couple 8)*

She describes how the response made her feel understood:

*D: "...it's generally recognising something about me, which just indicates that he is being empathic, because he's understanding something about me and my personality that's driving the question or the worry or the concern. And then he's just exaggerating it to make it funny, but it's recognising that to begin with." (Couple 8)*

In this example, the helper had given the response a middle empathy rating. He describes his reservations about his tendency to use humour to lighten the conversation, and the intention behind the mechanism:

*H: "Sometimes it comes across as being too flippant to start with, when that's not the intention. I think that's just my immediate response to some things, just to sort of relax the situation. It's worth thought and discussion, but maybe at not quite such an intense level." (Couple 8)*

The discloser in Couple 13 had been describing how people had been asking her when they intended to have a second child:

**D:** *"People are already asking me whether we are having another child."*

**H:** *"Really? And I do think that is extraordinarily forward really. That sort of...(both laugh)...'We've nearly got one...how about another?'"*  
(Couple 13)

She seemed to experience his humorous response as really articulating how she had felt at the time, and explains why, and what she would not have wanted him to have said:

**D:** *"I think because he didn't focus on the people, he didn't say 'which people?'. Just a real recognition of how I must have felt at that point. You know 'Why are you asking me that? I have no idea'. The humour...it was very funny, it made me laugh." (Couple 13)*

The helper explains that he had thought that he did understand how the discloser must have felt, because of similarities between them:

**H:** *"I think it's one of those situations when you realise that all the rest of the world doesn't necessarily share your opinions, but my opinions to [her] opinions are in fact very in sync...it just makes you realise that in fact you are quite similar. That was one of those moments when we realised we were right there." (Couple 13)*

In Couple 3's conversation, the discloser had been talking about her ambivalence about returning to work after a period of maternity leave, and saying that she would be doing so for financial reasons. In the following extract the discloser had been focusing on the reasons why she should return to work, and the helper had been suggesting that their decisions were not being made purely on financial grounds:

**H:** *"If I was earning 20 times the amount of money I am earning I still think I would try to convince you for your own benefit it would be worth doing something." (continued on next page)*

***D: "Yes, I know what you mean...It would be much...I feel it would be better for...you know...if I've got an interest outside baby...I think you can become completely focused in on the baby, can't you? And then you miss out on everything."***

***H: "What about if, seeing as you earn so much more money than me, what about if I suggested that I stayed at home and looked after the baby?" (Couple 3)***

Again, the use of humour in the helper's second response seemed to articulate the depth of the discloser's concern, and conveyed to the discloser that he had understood it:

***D: "I think the joke showed that he recognised completely that I really don't want to go back to work. It made me feel better in lots of different ways really. It shows he completely understands where I'm coming from really." (Couple 3)***

The helper describes his understanding of the response:

***H: "I think maybe me making a joke there is pointing out that I do completely understand what you're saying...we know that some decisions are going to be made not on a financial basis, not on what is completely best for the baby, but on maybe what your feelings are, which ultimately is best for the baby, because it's got a happy mum." (Couple 3)***

He seemed to be suggesting that he had used humour to add extra emphasis to his point, demonstrating that he really did understand how she felt.

### Summarising:

Other helpers re-phrased their partners' concerns in the form of a summary. This example occurred towards the end of Couple 7's conversation about their parents:

***H: "So I mean all in all you are actually not that concerned. Because you don't think that your mum is going to be a problem you can't handle. You are not worried about your dad. You're not worried about my dad. We have not really talked about...we're not really worried about my mum or between our mums..." (Couple 7)***

In the recall session, the discloser discusses his response and how it made her feel:

*D: "Everything we'd discussed and the way I'd understood it, he'd summed it up as I understood it, so I then felt understood as a result. He was bringing that part of the conversation to a close, so that we could move on." (Couple 7)*

His summary was experienced by the discloser as an accurate reflection of their conversation, and the concerns that she had raised, demonstrating that he had listened to them, and had understood what she was saying.

### **Offering solutions**

Responses included in this theme were characterised by the helper attempting to offer some form of solution to a problem identified by the discloser. It may not be immediately apparent, or may even be surprising, to outsiders that offering solutions can be experienced as communicating empathy; but two aspects of the responses seemed to be important to disclosers: that they felt that the helper was exploring solutions, rather than telling them what to do, and that they felt that the solution offered was tailored to their individual needs.

#### Helper exploring possible solutions:

This type of response was characterised by the helper appearing to be searching for appropriate solutions to the difficulty, which conveyed to the discloser that he was acknowledging that the concern was a genuine one, and was not dismissing it. For example, in Couple 1 the discloser had been talking about the difficulties of maintaining a normal life after the baby was born.

The helper presents different possibilities for activities that they would be able to combine with a baby:

*D: "But they don't stay that little for very long do they? I mean [friend's twins] and [nephew] are one, you know, they're not that old but they still, you know they need to be entertained a lot of the time. It's not simply a matter of feeding it and putting it to sleep."*

*H: "...but, umm, people enjoy entertaining babies, don't they? We went round to [friend's] the other evening and spent a long time playing with their babies, so I suppose people won't mind doing the same with us. It doesn't mean that...either we can't have people to come round and visit, or that we have to put the baby to bed before people come round, and...I'd have thought there shouldn't be any difficulty in going to see other people and taking the baby with us. Obviously if it cries a lot then one or other of us will have to push it up and down the street in a push chair or something...[D: Umm]...I can see that some things might be more difficult, like going to the cinema..." (Couple 1)*

The discloser describes her feelings at that point:

*D: "...he was coming up with solutions and suggesting ways of dealing with it, but also not being unrealistic, you know, he wasn't saying 'There's no problem, don't worry about it'. He was agreeing that there was a difficulty and that these are various ways of coping with it, that's part and parcel of having kids...it's not as easy as being without kids...it wasn't just a straightforward 'There's no problem because there's a solution', it was more complex than that.." (Couple 1)*

However, in this example, the helper had given the response a low empathy rating.

He explains why:

*H: "I suppose I was just thinking that here was a problem to which I thought I could see a solution. I wanted to express what I thought the solution was. I guess I wasn't thinking very much about what [her] feelings were, I just assumed I understood what she had in mind, I was interested in rushing to find a solution." (Couple 1)*

In Couple 5, the discloser had been wondering about how they would manage childcare issues when the helper had to work away from home, and the helper joins in the discussion:

***D: "Then what happens when..."***

***H: "...When I will be going to (city) two days a week, or whatever? I don't know. I suppose it is a question of looking for outside childcare...That would probably be one or two days a week. We have not really discussed that seriously have we? Difficult to make a serious commitment until we are in the middle of it and see how feasible working at home is with a...more or less loquacious baby..."(Couple 5)***

The discloser describes how it was the way in which he appeared to be grappling with the problem that made her feel that he had understood her concern:

***D: "I suppose he was thinking aloud...he was thinking about the problem basically." (Couple 5)***

An important aspect of the theme was that in exploring different solutions, disclosers felt that the helper was demonstrating that he was engaged in thinking about the problem.

The appropriateness of the solution offered:

Several disclosers indicated that it was the particular solution that the helper suggested that made them feel that he was empathising with them. For example, in Couple 4, the discloser had been talking about her concerns about feeling isolated from her friends if she was not at work. The helper was initially surprised at the concern; thinking that it was not something that they had discussed previously. He went on to explore possible solutions:

***D: "...I think that, you know...I'll be able to chat to you about [your] work when you come home with your stories...But I think probably more of a problem I'll have is with working friends..." (continued on next page)***

*H: That's quite a big one, that you lose touch with your network of friends...you haven't really talked about that one."*

*D: "I have."*

*H: "I think to begin with, they'll all rush out to see the baby...it's just, over time...Do you...I'm sure there are things you could do, like have a night out, a couple of nights out a week or something (inaudible), or we can invite people here. I'll always cook." (Couple 4)*

The discloser explains why the second solution offered felt particularly empathic to her:

*D: "I think it's the way you know I'd like to be supported as well, isn't it...the thing you were saying about cooking a meal and having it here, I'd probably feel more comfortable being here, wouldn't I, with friends, rather than you saying 'Look, I'll look after the baby and you go out'? Which would probably be different from how you'd find things supportive really...?" (Couple 4)*

The helper confirms what she says:

*H: "I wasn't really thinking about that...I was thinking about what would help you, I wasn't really thinking about what would help me." (Couple 4)*

The important factor in that example seemed to be that the solution offered really came from the helper's understanding of what the discloser would want in that situation.

### **A mutual experience**

The responses in this theme were characterised by the discloser feeling that the helper was sharing her concern, or that it was something that they would manage together.

Although the theme could be construed as being more supportive than empathic, the sense that the concern was, in some way, mutual seemed to make disclosers feel that the helper was understanding it more completely.



This theme incorporated two somewhat different aspects. First, the helper's use of 'we' or 'us' in the response, and second, the impression that the helper was experiencing (or had experienced in the past) the same concern.

The use of 'we' or 'us':

In several instances, responses where the helper used the terms 'we' or 'us' instead of 'you', seemed to convey to disclosers that they would not have to contend with the concern on their own. For example, in Couple 4, the discloser had been discussing being at home with the baby, and had asked her partner how he thought he would feel about her being completely absorbed by it, talking about the baby repeatedly to him:

*D: "...do...well how do you think...I mean if you...when you come home and you're going to be approached by me talking about babies all the time?"*

*H: "Um, well it's going to be our baby...I think it'll be okay...it's more in terms of trying to keep a balance between...um...doing things with ourselves, that's one of my concerns. It's whether you'll feel fulfilled [D: Yeah] really. Do you think you'll feel...?/" (Couple 4)*

In the recall session, the discloser describes how particularly the first part of the response made her feel:

*D: "...all of a sudden we'd gone onto quite a personal level, I suppose, saying you know 'It's our baby' and I felt very, kind of supported in whatever kind of decision I'd taken because it was both of our decisions, and it was, you know, our baby...before that it had always been about me, and what I was feeling, and all of a sudden it became an 'our', it was 'Our baby'." (Couple 4)*

Although responses in this group would seem to imply support rather than understanding, disclosers maintained that the offering of that support made them feel that their concern was understood.

Helper has the same concern:

This group of responses, where the helper expressed that he shared the concern, seemed to be characterised by the empathy being the result of chance, due to their frames of reference being similar, rather than because the helper had intentionally attempted to understand his partner's perspective. They resulted in the discloser feeling less isolated, because she felt that the helper fully understood her concern.

For example, the discloser in Couple 14 was talking about her worries about her ability to pay off debts that she had incurred some time previously:

*D: "...I did not realise how strong the financial burden of my debts from the past...how strong an issue that is in me...But these people do come and hound me every six months, and they are going to keep asking me for more and more, and I am scared that there is going to be a point where I just can't give them, you know...the whole amount...And there's...as you know, for me there is a lot of control there...I'm still working on my own. I am still acting like a single woman..."*

*H: "...we're both battling against sort of stereotypes of feelings. I am like I was single...I was a single bloke who was on my own and also...I think it's a pride thing with me. I want to do it all for you, I want to make it all right, and I can't do that either. We've got to be realistic about what's actually...we've both made a mess of finances and stuff up to now, and probably for the first time we're sort of like sorting it out...and looking at it, and getting it all addressed and sorted through. And not sort of running away from it or borrowing more money..."*  
(Couple 14)

The discloser explains why she experienced that response as high in empathy:

*D: "The empathy is the fact that he has experienced exactly what I've experienced. When I have reoccurring fretting, worry, he knows exactly what I'm saying. Although as you said earlier on you're detached a lot from what there was...although they're not there now, you do appreciate what I'm feeling at this moment." (Couple 14)*

Again, the discloser's sense that the helper had, himself, actually experienced how she was feeling enhanced the degree to which she felt understood by him. However,

in this example, the helper had given himself a low empathy rating. In this extract from the recall session, he discusses his understanding of his response:

*H: "I was...sort of fixing it. Hearing what you were saying but then trying to fix it. It is good to hear it, and the outcome will be positive, but I think I maybe see myself as not listening as hard as I should be. Trying to move it on...I do tend to...sort it out for you, I'll give you an instant answer. You don't want an instant answer, you want to be heard."  
(Couple 14)*

The discloser goes on to explain that she had not experienced his response in that way:

*D: "At that moment...I didn't feel fixed. I think that's probably the key for me. I didn't feel that I was being fixed at that moment. He wasn't saying 'there you go, there's a solution'." (Couple 14)*

In Couple 5, the discloser had been discussing the difficulties of resuming work after the baby was born, because she worked from home:

*D: "You would be happy wheeling the baby around a park or something if I needed some peace and quiet?"*

*H: "Yes, and presumably the same goes for you...?" (Couple 5)*

The discloser explains why the response felt empathic to her:

*D: "Well I think I gave it [high empathy rating] because he could obviously see what it would be like, that...because he would be in that situation, too. So it was something that we had in common, I mean he might not have been putting himself in my position, but his position would be the same as mine, so he knew how I would feel, so if that does happen, and I do say 'I've got to get this done, this is important' then he will know it is important and won't mind because there are going to be times when he'll be in the same situation." (Couple 5)*

In this example, again, the helper had given the response a low rating:

*H: "Well, because my immediate response was that I was trying to extract a commitment that in the same situation she would do the same (both laugh). Which is why I gave it a 1 [rating] - it doesn't seem particularly empathic." (Couple 5)*

The discloser continues:

*D: "Well, it did sound like 'Well, have we got a deal or not?' but the way it made me feel was reassuring, that he understood, even though he hadn't intended to communicate that. [The deal bit] didn't bother me really. That was fair enough. The deal suits me as well as him." (Couple 5)*

These examples illustrates how a discloser can feel understood by her partner without him necessarily intentionally trying to understand her, or attempting to communicate to her that he understood her concern.

### **Characteristics of low empathy responses**

In this section, the qualitative analysis of low empathy responses identified in the tape-assisted recall sessions is presented. As with the high empathy responses, themes of responses experienced as low in empathy extracted from the cross-analysis of recall sessions are described, and are illustrated by extracts from the conversations and the recall sessions. As before, the former are presented in bold italics, and the latter in italics only.

Responses identified by disclosers as low in empathy also fell into five themes: responses which somehow missed the main point of the discloser's concern; responses which were felt to be dismissive of the concern; responses which involved the helper offering a solution to the problem; responses which seemed to redirect the flow of the conversation; and responses which were felt to be an attempt to persuade or convince the discloser of something.

As with the themes characterising high empathy responses, they were not mutually exclusive. The five themes and their prevalence are presented in Table 6.

**Table 6: Low empathy themes**

Theme	Prevalence <sup>1</sup>
Missing the point	Typical
Dismissing the concern	Variant
Offering solutions	Variant
Redirecting the conversation	Variant
Persuading	Uncommon

<sup>1</sup> Prevalence of themes across couples: typical (9 or more couples), variant (3 - 8 couples), uncommon (1 or 2 couples).

### Missing the point

The responses included in this theme were characterised by the helper in some way not picking up on the discloser's main concern. At times this was simply a misunderstanding, or a failure to appreciate how the concern felt to the discloser. At times this happened because the issue was also sensitive for the helper, which made him respond defensively, something that also occurred with responses falling within other low empathy themes. In other responses within this theme, the helper made an inaccurate interpretation about what the discloser was saying, which meant that she felt that he incorrectly judged what her central concern was.

#### Not recognising the concern:

In this sub-group of responses, disclosers did not feel that the helper had grasped their real concern. For example, in Couple 8, the discloser felt that the helper had missed her concern altogether. She had been talking about her fears about asking people for help or advice about the baby, and feeling that she would be an inadequate mother in comparison to them, who had all managed their babies successfully:

*D: "...But they're all people that have coped extremely well..."*

*H: "Well, we don't know that do we?"*

*D: "Well, true, although it appears that way. They're all maybe, you know, the 'natural mothers'."*

*H: "What, you're worried that you're not?" (Couple 8)*

She describes her reaction to his second response:

*D: "...he said it in a really dismissive way...which I was really surprised about because I thought that that was the whole conversation...about not being a natural mother, and not having this instinctive understanding about what was happening with the baby, and then he sounded really surprised. It was completely out of sync with the rest of the conversation up till then, it was quite strange." (Couple 8)*

Although the discloser also comments that the helper's response felt dismissive, the key point seemed to be that he had failed to pick up something that she thought had been central to their entire conversation. They go on to discuss his intention in making the response, and his understanding of her concern:

*H: "...I thought that was just centring in on the real worry, and defining it, even though there wasn't anything that could alleviate that problem...defining it more clearly."*

*D: "Did you not think the whole conversation up to there had been about that?"*

*H: "Not directly. Obviously it was linked in some way, but...I didn't get the feeling that that was...the core, central worry..." (Couple 8)*

In other responses, the recall session revealed that the helper's own feelings about the topic being discussed had made it difficult for him actually to understand the discloser's concern, or to convey that understanding to the discloser. For example, in Couple 10, the discloser had been talking about lack of sleep, and anticipating the difficulty in managing with the baby initially, and had raised the issue of having, in addition, to cope with visitors (her partner's parents):

*D: "It's just sleep, and also if I have a stressful time, and then your parents will really want to come down...and if I am having a hard time, given that I don't have a very close relationship with your parents, then it's going to be an absolute nightmare to have them here."*

*H: "But they won't be staying here..." (Couple 10)*

The discloser explains how she felt at that point:

*D: "...that's not really thinking about what I'm saying what was the problem. The problem is, again, coping, sleep. Having guests that sleep in my house, or sleep in someone else's and come round 9 to 5 isn't going to resolve whether I'm tired or not. Again, he's missed the point completely. He's not really thinking about me, going through it." (Couple 10)*

The helper explains that the discloser's comment had touched upon an issue that was also important for him, his feelings about which prevented him from understanding, or being sensitive to her needs at that moment:

*H: "I was really speaking without thinking to be honest. I wasn't really trying to do anything. I was just responding with what came naturally. I was objecting to what she was saying, so I was correcting [her]. I was thinking 'Oh, here we go again, old ground. Discussion of my folks coming.' So I wasn't trying to be empathic. I was a bit defensive." (Couple 8)*

Similarly, in Couple 13's conversation, they had been discussing what period of time the helper would take off work after the baby was born, and seemed to have differing opinions about what they had previously agreed:

*D: [referring to her understanding of their arrangement] "I think that would be good, and then my mum can be around for the three days and then go home for the rest, or for a long weekend and then down on the Monday or something. So that for three weeks I am not on my own, which would be nice. Because I won't know what to do..."*

*H: "Right. Okay." (Couple 13)*

The discloser explains how the helper did not seem to pick up on her concern:

*D: "There was quite a big hint there that one of the things I'm really worried about is not knowing what to do when I come home with the baby, so I actually said 'I won't know what to do' and the only response I got was 'Right, okay'. And an embarrassed laugh..."(Couple 13)*



The helper explains:

*H: I agree, I wasn't seeing your point of view there because I thought we already had discussed this very recently and had come to different conclusions...this is something different, and I'm thinking 'Hang on, this isn't what we agreed, I don't agree with that'...For that 3-second period there was quite a clear gap between us, and...at that point in the conversation probably [she's] thinking 'Oh my God, I'll be so terrified on my own' and I'm thinking 'Oh my God I've spent that time explaining to my boss just today about the complicated...' and I'm instantly thinking about myself, and I think you were thinking about yourself... (Couple 13)*

In both of these examples, the helper's own feelings about the topic of conversation seemed to make it more difficult for them to be able to respond to their partner in an empathic manner.

Misunderstanding or misinterpreting the concern:

In this sub-group of responses, the disclosers reported feeling that the helpers had actually been mistaken in their identification of their concern. In some cases this was due to a straightforward misunderstanding, but in others, the helper seemed to make an interpretation that was felt to be inaccurate by the discloser.

In Couple 1, the discloser had been talking about the difficulties of maintaining a social life with children:

*D: "...it is not simply the fact of being able to include your children, but also being able to have children that are includable, if you like. That are not going to dominate. You know, if you are with people who haven't got kids, they don't mind the fact that you bring them along, if you are not going to spend all evening talking about the children and talking to the children, and playing with them. And balancing that with the fact that kids can get bored if they don't get the attention."*

*H: "Oh, I thought that most of the time that kids only cry, babies only cry when they need something." (Couple 1)*

The discloser explains how she experienced the helper's response:

*D: "Well I didn't think that he was really addressing what I'd raised...in that particular instance...He didn't listen properly (laughs). I'd given quite a long response, and I think that [he] was probably still thinking about what had gone before. I don't know, he just didn't seem to address what I said at all...I suppose I thought that he just didn't understand what I was saying, not that he was deliberately not listening to what I was saying." (Couple 1)*

The helper confirms that he had misunderstood her concern, and explains that he had made an assumption about what that would be:

*H: "[She's] quite right, I thought she was referring to babies, because one of the children she referred to is 12 months old, so she's quite right, I was talking about whether it would be a problem to have a baby with us when we went to see people... I think I'd listened, but I hadn't understood what you'd meant when you'd said [children's names]. [She] referred to a seven year old and a one year old, and I thought 'That's an example of babies', because I suppose I'd assumed throughout the conversation that [she] would be talking about whether our lives would change when the baby arrives, not in the subsequent 18 years." (Couple 1)*

In other couples, the difficulty seems to be a misinterpretation rather than a misunderstanding. For example, in Couple 2, the discloser had been trying to express her concern about not having time on her own after the baby was born. The helper responds with his understanding of what she had been saying:

*D: "I'm just worried about the [myself] bit."*

*H: "But isn't that, I mean there isn't...you're not really talking about [name] on her own are you? You're talking about [name] with her friends or [name] in different situations." (Couple 2)*

She explains how she experienced his response:

*D: "Well, I felt that he was interpreting what I said rather than listening to what I said. I felt that he was saying 'This is what you've just told me, you're not really talking about...but you're talking about this', and that wasn't what I'd been talking about, so I didn't feel like he'd listened at all, basically." (Couple 2)*

The helper explains his intention at that point:

*H: "It wasn't intended as an 'I'm telling you' it was trying to clarify really...for me...If I can clarify it for myself, then that puts me in a better position to be able to react to it, understand it and therefore be more helpful." (Couple 2)*

The discloser goes on to consider how he could have checked out what she was saying in a way which would have felt more empathic:

*D: "Umm...I just think...saying you know 'I think that what you're trying to say is...' or 'I felt that what you're trying to say is...' rather than 'You're trying to say this'. That would have made me feel better...It was being told that that was what I was thinking that was the problem." (Couple 2)*

This response contrasts with a response from the same couple discussed in the high empathy section, above (see 'Checking out or exploring meaning', p. 65), where the helper had checked out what the concern was, and had again been mistaken in his understanding, and yet in that instance the response was experienced as high in empathy because it was felt to be exploratory.

In Couple 6, the discloser had talking about her worries about how their relationship might change when they had a baby:

*D: "...But I want you all the time (laughs). I want just to be you...err...or, I don't know...It is a completely irrational thing because I am going to be the mother, I'll probably be, you know, just as doting, if not more doting than anybody on this child. Maybe I'm scared...I don't know, do you think I am scared of my own...how I'll change towards you? No that's not possible, it's too solid for that...to happen..."*

*H: "Maybe you are quite worried about how your feelings are going to change?" (Couple 6)*

In the recall session, the discloser explains very simply how she had felt about the helper's interpretation of her concern:

*D: "I don't think that was what I was worried about." (Couple 6)*

The helper suggests that there may have been something in what she had brought up which had particularly interested him:

*H: "I thought that since it was something that [her name] had brought up, and that ...um... I could kind of see the sense in what she was saying there, I thought it was worth talking about that. Which is why I thought, in terms of empathy...you know...it was quite...I was getting there, because I was kind of exploring your state of mind. But then you immediately wanted to go somewhere else."*

*D: "Yeah, I had my own agenda."*

*H: "But it might well just be that...um...that concern you brought up then...um...kind of appealed to my agenda." (Couple 6)*

Couple 16 provides a further example of a response which could be seen as the helper making an interpretation of the discloser's concerns, which, whether or not it was correct, was evidently not what she wanted to hear at that time. The discloser had been discussing how they would manage the times when her work commitments would take her out of the country. The helper relates her concern to the grant application that she is currently working on to finance her next work project:

*D: "...But I don't want to feel that my work is dictating everything. Might be nice to have a holiday somewhere else, you know, altogether, sort of thing. I don't know, I'm feeling like it's quite...that the worrying might undermine my motivation for the work itself, you know? I am worrying about the arrangements all the time."*

*H: "Do you feel like you're putting off doing the [funding] thing?" (Couple 16)*

In the recall session she explains why it was not the response that she was looking for at that time:

*D: "You specifically said there 'Do you think that you're delaying...putting it off?'. I found that quite annoying. Which probably reflects the fact that it's true, but I didn't particularly want to hear that at that point in the conversation. Again, I was sort of talking more about my feelings, and the 'putting it off' was a sort of practical implication of my feelings, I suppose. I didn't really like that...bit." (Couple 16)*

The discloser goes on to outline the kind of response that she would have preferred:

*D: "I think something which showed that he appreciated the kind of feelings...and even if I am delaying, that's perfectly reasonable, because you're dealing with quite a lot of difficult issues, you know? ...I was talking about feelings...worries about feeling frustrated, and not performing my roles...adequately. To me, I was talking about things to do with us, and being a family and so on. And in a way this [funding] application is bringing all this up, but that felt more distant. And as I say, even if I am delaying it, I think I needed a response which sort of suggested that 'A delay is perfectly reasonable because of what you're thinking...'. I think I wanted something a bit more encouraging, perhaps." (Couple 16)*

The helper confirms the discloser's experience of his response:

*H: "I thought listening to the tape again, you were quite right. It was very clear that [she] was talking about her feelings, and I suddenly shifted onto something that wasn't to do with her feelings. It did sound a little bit harsh in tone...I don't think I was trying to turn it onto something I wanted to talk about. But I guess I was trying to explore what the...practical implications were, rather than just the feelings." (Couple 16)*

The responses in this sub-section can be contrasted with responses in which the helper was felt to have in some way articulated a concern that the discloser had not put into words, discussed above, which were identified as being high in empathy.

### **Dismissing the concern**

Responses in this category were experienced by the discloser as the helper appearing to belittle their concern. The way in which this was conveyed varied across couples. In some cases the helper seems to be responding defensively to a sensitive issue, as was seen in the previous section, and in other cases the helper makes a joke, which is interpreted as dismissive by the discloser.

In Couple 2, the discloser had been talking about her worry that the ultimate

responsibility for the care of babies generally falls on women. She uses a family member to illustrate her point:

*D: "...it's different isn't it, because the woman just automatically feels that the ultimate responsibility...it's what [relative] was saying to me, isn't it? The ultimate responsibility for the child rests with the woman, or she feels it rests with her [H: Right]. It's like...as the woman you are the default, if the man can't make it home on time from work, you have to be there, there's no choice there//"*

*H: "Yeah, but that's rather dependent on the man as well isn't it? And on the type of man, and I think that's a poor example to give..."  
(Couple 2)*

The discloser describes her feelings at that point in the conversation:

*D: I was using it as a generalisation...and I used [relative] as an example because she'd talked about that...but then I'd taken [it] beyond that....I'd said that generally I think it defaults to the woman to have the responsibility, and [he], I felt, was quite dismissive because he said 'I know who we're talking about and I'm not going to be like that'. He was dismissing my generalisation...because I'd taken it beyond just [relative]." (Couple 2)*

The helper explains why he responded in that way:

*H: "I focused more on the [relative]...thing, and not wanting to be bagged up with someone I don't consider myself in the same bag as. I kind of felt that you'd insulted me, almost, by bagging me up with somebody that you've dismissed as well as I have, so I felt that I had to sort of say 'Come on, don't do that'." (Couple 2)*

It seemed that in that instance, the helper had experienced the way the discloser illustrated her concern as an attack on him, which got in the way of his ability to understand the concern itself, and his response was, in part at least, designed to counter the perceived attack.

He goes on to explain his intention in making his response:

*H: "In a way trying to be reassuring, trying to say that not everyone is like that, not just from a defensive point of view, but also from a 'Don't just expect the worst from everybody, other people can be different'. So in a way I was dismissive of the frame of reference, but it was because I was saying 'There is something else that's a possibility there'." (Couple 2)*

In Couple 15, the discloser had been talking about the possibility of her continuing with her studies with a new-born baby. The helper's response is underlined:

*D: "...The aim is that I want to do this term completely. [H: "That may not be feasible, practically speaking."] Well, I mean, this is the whole...you know we have been talking about it as if we...I am going to do it [H: "That's always been a bit ambitious." ]...I mean, but people do do it..." (Couple 15)*

The discloser compares the impact of that response with the previous one (also quoted above), which she had also experienced as low in empathy:

*D: "He's never said that [the second response] before...I've certainly never thought that it was ambitious. I always thought that it would be difficult, certainly. Up until then [he's] always gone along with me, and he's certainly never said 'Hold on, are we going to be able to cope with this?'. Just to suddenly come up and say 'That's a bit ambitious' as if he's said this to me many times, it really did jar. In fact, that more than anything. It was very dismissive...The last response was [him]. It's what I expected him to say, I probably ignored it slightly, it didn't make an impact, even though I've rated it as a one...it didn't really make an impact. That one did more certainly. That was almost like 'Don't be so stupid', whereas the previous one was over my head, almost." (Couple 15)*

The helper agrees with the discloser's perception of the response, but goes on to explain the motivation behind it:

*H: "It does sound perhaps more aggressive...I don't...It's a bit of a sharp cut-off. But again. [she's] repeating what we just talked about saying 'Wouldn't it be nice if...' , and I'm saying 'Well, we just said that, and I can't see that happening'." (Couple 15)*

In Couple 18, the discloser had been talking about unhelpful comments that people at work had been making to her:

*D: "...it's off the cuff comments. I think it's that people don't actually know what to say, but they keep saying 'Oh boy, your life is really going to change. You don't know what's going to hit you'."*

*H: "That's because people don't know what to say, and that's the feeling they always come out with, the classic line..."*

*D: "It tends to be men that say that, though. So perhaps...I'm being unrealistic about that, but..."*

*H: "I don't think that what a few blokes at work say should really affect how you feel, or how we feel about things, or how we are going to deal with things." (Couple 18)*

In the recall session, the discloser discusses the impact of the second response:

*D: "...it was fact, and, yeah, it shouldn't bother me, but it did. There wasn't an acknowledgement of that. So it was entirely rational and entirely logical, what [he] was saying, but I didn't feel it was an empathetic response...this was just very much an 'Oh you don't want to worry about what they say at work'. Which I know is true, but obviously I was, and I have. So it was a bit dismissive." (Couple 18)*

She goes on to explore what she would have liked the helper to have said at that point, and the difference between looking at the response in isolation, and within the context of the previous response:

*D: "...he could have used words like 'I can understand that you feel like that, but...think about the context of these people and what they're saying'. You do try and say that. You started to, I guess. By saying in the lead up about... 'Well, they don't know what to say, it's a classic kind of response'. So I suppose you were sort of leading in that way. That helped. But to have sort of carried on in that context. If I put the whole thing together it feels better than it did if I just take that one comment...Rather than, perhaps, rubbish what they say, to perhaps give it a different spin." (Couple 18)*

Here, the discloser seems to have felt that what was missing from the response was an acknowledgement of her feelings. This contrasts with responses discussed in the high empathy section, where disclosers had the sense that their feelings were being



affirmed. The helper explains the difficulty that he had in demonstrating recognition of how the discloser felt in this instance:

*H: "I think I find ones like that difficult. When it's a reaction to people who I don't think are particularly important, yeah, I guess I'm not very good at empathising with that, and I didn't make a lot of effort either...I sort of feel that if you lend it too much importance then is [she] going to end up worrying even more? In a sense I think you should just brush it off...which I know is not empathic at all, it's just saying 'Well, you shouldn't worry about that!'" (Couple 18)*

Again, the helper's strong feelings about the subject seem to have impeded his ability to convey his understanding of the discloser's feelings.

In other couples, the use of humour was at times experienced as dismissive of their concern. For example, in Couple 12, the discloser had been talking about the benefits of being older parents:

*D: "I think it is a big learning curve, and you kind of learn as you go along. Hopefully, by being a bit older, a bit older and wiser..."*

*H: "We've got more money to send them away...get them into a public school aged 3...(laughs)" (Couple 12)*

The discloser explains how that response felt to her:

*D: "...he was being a bit flippant, and not really in tune. Not being very serious...I didn't think he was being very understanding." (Couple 12)*

The helper discusses possible motivating factors for the response:

*H: "I was trying to reassure you through humour. I tend to be a bit jokey to create light relief...Those are issues somewhere down the line, they're not really issues at the moment, although they will be for sure. There's an element of release there...when you can talk about an issue that's so far down the line it's almost not real, it's almost a release valve: 'I don't have to worry about that...'" (Couple 12)*

Couple 14 provide another example of the use of a joke which the discloser experienced as dismissive. In their conversation, she had been talking about friends of theirs who had been arguing a great deal, and her concern that she and her partner would not argue:

*D: "...Funnily enough, I was thinking about this last night when...err.../!"*

*H: "When we were arguing...(laughs)" (Couple 14)*

She discusses the impact his joke had on her:

*D: "If I'm in a conversation where I'm quite serious at the time, I don't particularly want to be interjected with a joke...it's just really annoying. I'm very much...involved in what I'm talking about at the time, and I want to know that the other person isn't finding it something to joke about. So at that moment in time I have no sense of humour...I'm being serious here." (Couple 14)*

She then goes on to think about what his intention might have been in making the response:

*D: "Lighten the situation probably. To help me not take it so seriously...In this instance I felt it was an unnecessary joke." (Couple 14)*

The helper expresses his view of what was happening in that response:

*H: "I find I want to give answers or...I want to either bring it on to more positive stuff or sew it all up...finish it all off neatly, really. Which is just, I suppose, my...maybe lack of skill in sort of listening and being empathic. Rather than let the conversation go where it goes, try and steer it. Not consciously, I don't think. It's just the thing I do, making jokes...When I think I'm being helpful, I'm not, because I'm not really listening. I'm trying to cheer the other person up, rather than just listening to what's being said." (Couple 14)*

The way in which these responses were received by disclosers contrasts with the humorous responses that were experienced as high in empathy, as a way of the helper articulating the discloser's concern and emphasising that they have understood it. In these examples, the helper's intention seems to have been to lighten the situation,

rather than to convey understanding of the concern.

### Offering solutions

This group of responses was characterised by the discloser feeling that the helper was offering an unwanted solution to the concern she was expressing. The way in which the particular responses were experienced contrasts with the group of solution-giving responses described in the 'high empathy' section, above. The main differences in the responses seemed to be that high empathy solutions were characterised by the helper including an acknowledgement that the concern was real, and appearing to be grappling with answers.

In Couple 14, the discloser had been discussing the amount of work they had to carry out on their house before the baby arrived, and her financial concerns:

*D: "For me, I am thinking 'No we don't need those accessories, but we do need a decent floor in the kitchen.'"*

*H: "Oh yes, we can do that. We are getting there, we have done one room, haven't we, and the other room's getting sorted out."*

*D: "But it will cost money..."*

*H: "Just a bit of paint..." (Couple 14)*

The discloser explains how the solution he offered in the second response made her feel that he had not understood how serious the concern was for her:

*D: "...because a 'quick lick of paint' is not good enough for my pristine clean baby...You know, it's got to be a sterile environment, and I didn't feel that [he] quite understood the angst that was going on in me...I think he was trying to allay my fears, but too quickly. Trying to put a 'quick lick of paint' over me. 'Brush that up and it'll be all right'. That's a 'Don't worry about that' sort of thing. I think I needed to talk a lot more, go on for a lot longer to get to the point...I needed to say a lot more and not just be brushed aside at that point." (Couple 14)*

By offering a solution at this point, the discloser described feeling that she wasn't being allowed to explore how she felt about the issue. Although she also seems to have felt that her concern was dismissed by the helper's response, the dominant theme was the fact that he had offered her a quick solution, which she took to mean that he was not taking the concern seriously.

The helper explains his intention in making the response:

*H: "I think I wasn't listening as well at that particular point. There's things going on in my head. Again it's like practical problems...I see it as practical problems rather than as something that needs to be talked about. I didn't see, at that point, the importance of listening to it. I saw it as 'Well, you know, we can soon sort the place out, we've done a good job in the bedroom, we can do the rest of it' I think it's just a practical thing, which is not really...But it is a worry which needs to be listened to, and I do, I listen for a long time, and then sometimes I can not listen." (Couple 14)*

The helper goes on to explain his tendency to look for the part of the problem that can be solved, rather than allowing exploration of feelings:

*H: The way I think whenever I go to do a job...you sort of want to find out the symptoms and then get to the bottom line. I think I can do that [here] as well, sometimes. 'Yeah, yeah, yeah, but what is it really?' rather than, 'This is it'. What she was talking about there was what was important to her, and I just see it as 'Get to the bottom line, and then we can deal with that'." (Couple 14)*

In contrast with other examples of solutions experienced as high in empathy, Couple 8 present an example of the impact of a solution offered which does not fit with the discloser's frame of reference. In their conversation, the discloser had been wondering about whom she would be able to turn to for support. She had asked a direct question, requesting a solution:

*D: "But what other support is there, other than your family, and mine...?"*

*H: "Family and friends..."(Couple 8)*

In the recall session, the discloser explains why she experienced the solution given as low in empathy:

*D: "I think because I said 'What other support is there other than family?' and his response was 'Family...and friends'. Whereas what I was getting at was that...I've not been used to calling on my family, particularly [his] family for support whatsoever, so the concern is, where do you go to for support other than family, if you're not used to going to your family, which I don't particularly want to? But his response was 'Well, you can go to family' which wasn't what I was trying to ask."*  
(Couple 8)

She goes on to consider why he might have given that response:

*D: ... "I think the case is that [he] would go to his family and friends. He was probably answering from what he would do, where he would get support from." (Couple 8)*

The helper explains his intention in making the response:

*H: "Possibly...my initial reaction to problems would be...to call my family or friends, so for me that's a natural outlet if there's any kind of problem that needs to be solved. So for me it's an immediate response...that's what they're there for...support. For [her], although she hasn't maybe needed them so much before, it may be that with a child, suddenly they'll come into their own." (Couple 8)*

### **Redirecting the conversation.**

Responses in this group were characterised by the helper changing the direction or focus of the conversation. There were two sub-groups of responses: those that involved the helper shifting the focus of the conversation onto a topic that he felt was important; and those that were experienced by the discloser as the helper closing down the discussion of their concern.

Shifting the focus:

In Couple 7, the discloser had been talking about how they would manage the interest both sets of grandparents would have in the baby. The helper seemed to change the focus of the conversation:

***D: "...I think my parents really want to be around a lot, and I think the way to cope with them being around a lot is to give them specific roles, and things to do."***

***H: "But your mum is just going to fuss over the baby continuously."  
(Couple 7)***

In this example, the discloser explains why she did not feel that his response demonstrated much understanding of her concern:

***D: "I think it was because...it didn't [follow from] the conversation."  
(Couple 7)***

The helper acknowledges that this was the case, and describes his intention as being to bring up a particular concern:

***H: "It didn't really follow on, but I just thought that we'd exhausted that line of conversation. Also I thought that that would be the main topic of conversation, so I just wanted to bring it round to that."  
(Couple 7)***

This becomes more apparent in his next response:

***H: "Don't you think she is going to drive you mad?" (Couple 7)***

It is clear from the recall session that what he thought would be the main topic of conversation came from his frame of reference, rather than from the discloser's, and was not, in fact, a concern of hers:

***H: "...I was thinking 'Isn't she going to drive me mad'."***

***D: "That's absolutely true. She doesn't drive me mad. The statement should have been 'She'll drive me [the helper] mad'."  
(Couple 7)***

In Couple 16, the discloser had been discussing her concerns about combining work commitments with the demands of the baby. In a similar response to another from the same couple, discussed above, which was experienced as the helper interpreting the discloser's concern (see p. 94) the helper responds with a question about the funding application for her next work project:

*D: "...I don't want to get into the situation where I don't feel I'm doing either very well. You know, that I'm not doing work very well, because I'm worried about the child, and yet I'm not being a very good mother either. You know, I am sort of worried that I could sort of end up getting really exhausted and frustrated with things."*

*H: "So are you going to put the application in?"*

*D: "...I sort of feel like I feel obliged to..."*

*H: ...If you get it in and get the money you might be able to sort of...relax it..." (Couple 16)*

The discloser explains how she experienced the helper's first response:

*D: "...I was talking about other things, other than the application. It was too much...too quickly bringing me back to trying to make a decision...there were lots of things still going around in my head. It just felt a bit too abrupt really. There might have been other sort of questions along the route to that final question...things like... 'How much do you feel that you want to work abroad in the future anyway?'. The [funding] application is sort of...it is something that needs a final decision on, but in sense the conversation could be more roundabout first, to explore...It kind of felt like a bit of a jolt." (Couple 16)*

The response seemed have the opposite impact to questions described in the high empathy section, above, which were experienced by disclosers as exploratory and open. Here, she goes on to discuss the impact that the response had on the flow of the conversation:

*D: "It did take it in a different direction didn't it? Brought us back to the application very much, because then you made that other suggestion about...that you can modify things later. Which is quite a helpful suggestion, and may well be true." (Couple 16)*

The helper considers the motivation behind his response:

*H: "I think probably [she's] right. It's just an attempt to steer things on to a different track. That doesn't mean I wouldn't want them to wander back again. It's very early in the conversation. If you're really wanting to talk something through, there's an element of just probing at the beginning isn't there?" (Couple 16)*

In Couple 17's conversation, the discloser had been talking about how difficult she was finding being at home on maternity leave, and not knowing exactly when the baby would be born:

*D: "...I think that's why it is so hard, because I don't know whether this is going to be for a day, a week, six weeks..."*

*H: "I find it very difficult...the uncertainty of...I mean, today I started making plans, I suddenly realised I was putting a meeting in my diary for [date], and I thought, 'Oh-oh, I almost certainly won't be there, but then I can't not put it in because..." (Couple 17)*

In the recall session, the couple discuss the helper's response:

*D: "I guess it was just um...we were supposed to be talking about me, and about how I felt, and then we were talking about...your diary. Of course you should be able to talk about that sort of thing, but we were trying to talk about me at that point. So I just thought I wasn't being listened to. You weren't asking about how I was feeling about being at home, by talking about your diary."*

*H: "I was very aware at that point that I was saying the wrong thing. It occurred to me, what I was trying to do was express identification with your uncertainty...But the mechanism that I used for expressing it was completely wrong, because it was all the things that...will alienate you from me, which is talking about work, and diaries, and meetings, and all those things which you, in fact, are very sensitive about. That you've had to give up. I suddenly realised that I was losing you at that point."*

*D: "...It was sort of using the very things that I've had to give up, as a sort of thing to say you understand, and I think, by using those things, I thought that you weren't understanding." (Couple 17)*

In this example, the helper seems to be shifting the focus of the discussion by disclosing something of how he has been feeling. However, the particular example chosen seems to have the opposite impact to responses discussed in



the high empathy section 'A mutual experience' above (p. 82), in which the helper demonstrating that they were sharing the discloser's concern in some way was experienced as very understanding.

Closing down:

Couple 4 provide an example of how a helper-response was experienced by the discloser as his attempt to bring the discussion of the concern to an end. In their conversation, she had been discussing various concerns connected to how she might feel about whether or not she should return to work after the baby was born. After joining in the discussion for some time, the helper responds:

*H: "But so much of this stuff just feels like... we've just got to suck it and see [D: Yeah]. I think...err...what you've talked about going back to work, you can't pre-think you're gonna be...guilty." (Couple 4)*

In the recall session the couple explained how that response was characteristic of differences in their approaches to problems:

*H: "I think there's a lot behind that particular bit of the tape, that bit of the discussion. This 'Pre-thinking things through', versus, 'You can't really experience it until you experience it' ...I think that's what was going on there, because I was just thinking 'I can't really think it all through' and I'm not sure how you could....and there's a kind of... 'We'll just have to wait and see', and you wanted to talk it through, and that's the difference..." (Couple 4)*

They continue to discuss their understandings of that point in the conversation:

*H: "I was closing it down and you wanted to carry it on."*

*D: "Yeah. [He] probably thought [we] had...you'd come to the end of the conversation. You'd offered your options and that was it now."*

*R: "And was that intentional?"*

*H: "No...but it felt dealt with...but it clearly wasn't for you." (Couple 4)*

## Persuading

All the responses in this category, with one exception, came from Couple 3.

The particular type of response seemed to constitute the central theme of this couple's conversation, and was characterised by the discloser feeling that the helper was trying to convince her that she was wrong to be worried about the issue that she had raised.

In their conversation, the discloser had been talking about concerns about returning to work, and the baby being cared for by someone else. The helper responds:

*H: "...I actually think it is better for the baby, as well...other forms of stimulation..."*

*D: "A bit older than this one will be, you know. It won't get much from being with other people until a year old, maybe, or nine months, or something like that."*

*H: "I think it's good for them just to be used to being with other people..." (Couple 3)*

The discloser explains how she felt about the helper's second response:

*D: "I just didn't agree with that basically. I didn't like the fact that you were trying to persuade me to go back to work by saying that it will be good for the baby to be looked after by other people. Perhaps you could have put it in a...slightly better way which acknowledged my reservations or my feelings...It was almost like you were saying 'Yeah, I know what you think but you're wrong, you should be thinking this...' and I hate it when I feel he's saying to me 'You're wrong, you're thinking the wrong thing'." (Couple 3)*

The helper discusses why he responded in that way, and describes how his intention had been to reassure her, rather than to change her mind:

*H: "I do think that maybe the baby is going to get benefit from being with other people, but maybe I just push that point...by stressing the benefits of being with other people...from my point of view it's almost like sort of 'Keep talking it up' because that will help [her] when it actually happens. Over a period of time, it's not a matter of trying to get [her] opinion to change on things, but it's trying to reassure her a lot of the time that some of these worries are unfounded by maybe going a little bit over the top by pointing out some the more positive aspects of something." (Couple 3)*

In a later response, the helper presses his point further:

*D: "...I agree with you, but whether that means that they should be in the care of somebody else for two or three days a week..."*

*H: "Well...it might be with your mum for a day, and it might be in a nursery with other babies and people who know what they're doing for a couple of days, and they'll get stimulation in different kinds of ways which....if I was earning 20 times the amount of money I was earning, I still think I would try and convince you that for your own benefit it would be worth doing something, and that it would be better for the baby as well." (Couple 3)*

In the recall session, the couple continue to discuss their understanding of the conversation:

*D: "...I wasn't really agreeing with what you were saying at all about it being better for the baby to be looked after by other people. But you obviously thought you were doing quite a good job of convincing me that it was a good idea."*

*H: "I don't think I said it because I was trying to convince you, I might have said it because I was trying to reassure you..."*

*D: "Exactly, so you thought you were being very empathic trying to reassure me, and I marked it down because I felt, he doesn't understand, he doesn't sympathise with how I feel."*

*H: "I was trying to convince[her] to look at things from the baby's point of view...I do think to a certain extent that it's positively in the baby's interest to spend more time with other people, but I do do that to a certain [extent] to try and maybe convince you that you've got nothing to worry about when you go back to work." (Couple 3)*

In these extracts the helper seems to be saying that he was trying to reassure the discloser about her concern about returning to work, but the discloser did not believe what he was saying, and therefore experienced the reassurance as false, feeling that he had not understood the concern. As with previous examples of low empathy responses, in both of these examples the discloser suggests that an acknowledgement of her feelings before the helper put across his point of view might have had a more positive impact.

Later in the recall session, the couple discuss how this type of conversation is typical of their interactions:

*H: "On a much wider level within the relationship, a lot of the things that [she] might decide that we ought to do or want to do or whatever, and they'll be a lot of times when I just don't want to do them, and I'll just continually come up with very, very good logical reasons why we shouldn't...and I'll always have very good reasons why we shouldn't go and visit your family and things like that..."*

*D: "...and I'll have equally strong feelings that we should..."*

*H: "Yeah, but [hers] will be feelings and mine will be logical arguments." (Couple 3)*

Their interactions seem to be characterised by the helper attempting to persuade the discloser of an alternative perspective, to which she is not receptive.

## CHAPTER FOUR

### DISCUSSION

#### Overview

This study set out to examine the characteristics of responses identified as being high and low in empathy in informal interactions between couples where the intention was to be helpful. Eighteen couples who were expecting their first baby and who expressed satisfaction with their relationship with their partner participated. Each couple took part in a semi-structured communication task in which women were the 'disclosers', and talked about a concern relating to becoming a parent, and men were the 'helpers', and were instructed to try to be helpful in whatever way felt natural to them. Responses identified by disclosers as high and low in empathy were discussed in a tape-assisted recall session; and transcripts of these discussions were later analysed qualitatively by a three-person team. Five themes were identified as characterising high empathy responses: 'Checking out or exploring meaning'; 'Acknowledging the concern'; 'Articulating meaning or summarising'; 'Offering solutions' and 'A mutual experience'. Five themes were also identified as characterising low empathy responses: 'Missing the point'; 'Dismissing the concern'; 'Offering solutions'; 'Redirecting the conversation' and 'Persuading'.

This chapter will summarise the findings of the study and explore them in relation to the literature considered in the Introduction. Issues relating to individual themes will be examined, together with comparisons between high and low empathy themes. This will be followed by a discussion of some general points about the findings.

Methodological issues relating to the study will then be outlined, together with

suggestions for future research. Finally, the implications of the study for clinical practice will be explored.

### **Summary of findings**

#### **Issues relating to individual themes**

Three of the themes identified as characterising high empathy responses clearly represented the inverse of a corresponding low empathy theme: responses which fell under 'Acknowledging the concern' contrasted with responses under 'Dismissing the concern'; 'Articulating meaning or summarising' contrasted with 'Missing the point'; high empathy 'Offering solutions' contrasted with low empathy 'Offering solutions'. An additional high empathy theme 'Checking out or exploring meaning' incorporated responses which contrasted with responses from two different low empathy themes: exploratory responses contrasted with responses within 'Redirecting the conversation' and clarifications contrasted with responses within 'Missing the point'. The remaining themes, 'A mutual experience' (high empathy) and 'Persuading' (low empathy), did not directly contrast with other themes, but consisted of more idiosyncratic responses. Issues relating to the themes will now be discussed.

#### **Acknowledging versus dismissing the concern**

Responses included under the theme 'Acknowledging the concern' were experienced by disclosers as the helper in some way affirming or validating what she had been discussing. The way in which they were perceived by disclosers was in direct contrast to responses identified as falling under the low empathy theme 'Dismissing the

concern'. Disclosers commented that the 'acknowledging' responses made them feel that the concern they were raising was a significant one, and said that this was particularly important at the beginning of a conversation. The 'dismissive' responses were experienced by disclosers as the helper failing to appreciate how the concern that they had raised felt to them, and in some way belittling it. Disclosers stated that it was not the fact that the helper had disagreed with them about the particular concern that had been a 'problem', but that he had failed to acknowledge her feelings, prior to putting across his point of view.

#### Articulating meaning versus missing the point

Responses which fell under the theme 'Articulating meaning or summarising' were characterised by the discloser's sense that the helper had made connections between different things that she had been talking about, or had picked up on partly unspoken feelings. They contrasted with responses which fell under 'Missing the point', in which disclosers' overriding feeling was that the helper had failed to grasp what she had been saying. This was at times because of a straightforward misunderstanding, but at other times was because his own issues or agenda somehow blocked his capacity to understand or address the concern she had raised. This point will be discussed in more detail below (see p. 124).

Some of the responses within both of these themes were made in the form of interpretations. Discloser ratings of some interpretations as high in empathy lends support to the contention that being empathic may involve being attuned to a part of the individual's private world of which they are not themselves consciously aware, as has been suggested in the discussion of empathy within psychotherapy (Warner,

1997). However, the fact that interpretations were, at other times, experienced as low in empathy suggests that they should be made with caution. The differences between interpretations experienced as high and low in empathy are explored in more detail under 'clarifying' responses, below (see p. 116).

### Offering solutions

Responses identified as falling under the high empathy theme 'Offering solutions' contrast directly with solution-giving responses which were felt by disclosers to be low in empathy. Offering solutions to or giving advice about clients' problems has been shown to be related to low levels of client-rated therapist empathy (Barkham and Shapiro, 1986). Within a marital relationship, such responses have had a mixed press. Some research has suggested that they may be unwelcome and experienced as patronising or as preventing the partner from finding their own solutions to difficulties (Cutrona, 1996; Rampage, 1995), whilst other evidence has shown that they may be acceptable, or indeed expected, within that context. For example, research has shown that partners offer more 'advisements' (responses guiding behaviour) than do other helpers, and that the spouse on the receiving end will often experience such a response as helpful (Barker and Lemle, 1984; Pistrang, Clare and Barker, in press).

The current study did not find that a helping strategy of offering solutions was more prevalent than other types of responses intended to be helpful. This was despite the fact that the helpers in the study were all male, and it has been suggested that such a strategy may be more commonly drawn on by men (Rampage, 1995; Tannen, 1990).

Some of the reasons identified by disclosers for finding the offer of a solution to their



concern to be lacking in empathy seemed to echo the rationale behind the idea that offering solutions within therapy may not be helpful (e.g. Corey, 1982). For example, disclosers said that they felt that given the time to explore the problem, they would arrive at solutions themselves, and would be less likely to feel that their concern was being trivialised in some way. Disclosers described low empathy solutions as making them feel that their concern was being 'brushed aside'.

The principal distinction between high and low empathy solutions seemed to be that the former were felt to be exploratory, and included an acknowledgement that, although it might be desirable to explore solutions to the concern, the concern itself was nevertheless a valid one. Disclosers also experienced high empathy solutions as demonstrating that the helper was engaged in thinking about or grappling with the problem. In contrast, low empathy solutions were more likely to be characterised as putting forward a single answer that would completely solve the problem, the impact of which was to leave the discloser feeling that the helper must not have fully understood the concern.

#### Exploring versus redirecting

Some of the responses within the high empathy theme 'Checking out or exploring meaning' were characterised by disclosers feeling that the helper was trying to encourage them to explore or expand on the concern that they had been describing. Helpers' intentions in making such responses were generally to allow the discloser to broaden the conversation.

Responses encouraging exploration often had the effect of altering the direction of the conversation. They contrasted with some of the responses included under the low

empathy theme 'Redirecting the conversation', which were also felt by disclosers to involve helper attempts to move the conversation onto a new topic. The discloser's experience of such a response as high or low in empathy seemed to be determined by whether she felt that the new direction or topic was an expansion of what she had been talking about and was of her choice, or felt that it was in fact a concern of the helper or an attempt by him to close down the current topic. This point seems to correspond with the concept of 'nondirectivity', implied in Rogerian therapy, and made explicit by subsequent client-centred therapies, in which the direction (or 'goal') of therapy is determined by the client rather than the therapist (Bozarth, 1997). In the recall session for responses changing the direction of the conversation which were experienced as low in empathy, disclosers often commented that what they had been looking for was a response which would have given them the opportunity to explore in more depth how they were feeling about the current concern, rather than being redirected to a different topic.

#### Clarifying versus missing the point

Within the same high empathy theme ('Checking out and exploring meaning'), responses which were felt to be an attempt to clarify the discloser's meaning were characterised by the helper checking out whether his understanding of what she had been saying was correct, often by making a conjecture. Such responses contrasted with low empathy responses included under the theme 'Missing the point', in which helpers' questions were experienced as assumptions or interpretations about what the discloser had been saying.

As with the responses which took the form of interpretations discussed above (p.

114), being experienced as high or low in empathy by disclosers did not seem to depend on the accuracy of the conjecture or interpretation. Although disclosers did sometimes say that they experienced such responses as low in empathy because they were incorrect, at other times they said that they were accurate but delivered in an abrupt manner, and demonstrated a lack of understanding of how she was feeling about the concern. Rejected conjectures or interpretations which were experienced as high in empathy by disclosers seemed to be characterised by the helper phrasing the response cautiously, rather than seeming to assume that it would be well-received by the discloser. This finding supports evidence from the psychotherapy literature which suggests that empathic questions and interpretations should be made tentatively, in a non-authoritarian manner, allowing the client to disagree (Bozarth, 1997; Greenberg and Elliott, 1997). Further issues relating to the importance of tentativeness will be explored below (see p. 122).

#### A mutual experience

Responses which fell under this high empathy theme did not relate directly to other themes. These responses were characterised by disclosers feeling that the helper was sharing their concern, and conveying that it was something that they would manage together. Disclosers maintained that the feeling of mutuality directly enhanced their sense of being understood. This theme seemed less directly related to theoretical understandings of empathy and closer to the more general construct of support. Nevertheless, it did resemble Batchelor's (1988) description of 'sharing empathy' in her assessment of clients' perceptions of therapist empathy, in that the impact on clients was a feeling of not being alone. However, unlike the current study, responses which fell under her 'sharing empathy' category were characterised by therapist self-

disclosure.

The importance of this theme for these couples may have been related to issues surrounding the transition to parenthood. The partner relationship has been identified as being important at this stage in the family life-cycle partly because of its ability to reduce a feeling of isolation in the mother-to-be (Wandersman and Wandersman, 1980). This seemed to be the direct impact of the responses within this theme.

However, sharing the discloser's concern may also be something which is peculiar to the communication of empathy within couples more generally. The inter-dependence of couples is recognised to be an important factor in relationship survival (Cutrona, 1996). It may have been that direct acknowledgements that the helper shared the discloser's concern were experienced as increasing the likelihood that he would therefore understand and meet her needs.

### Persuading

The responses in this low empathy theme were characterised by the discloser's sense that the helper was telling her that she was wrong to have the concern that she was presenting. Although the responses were idiosyncratic in that they came predominantly from one couple, the theme did seem to be important to the way in which that couple communicated help in their relationship.

The helper's intentions in making his responses were to reassure the discloser about her concern. However, the discloser stated that their impact was to make her feel that he had not understood her concern fully. She said on several occasions that, had he acknowledged how she felt about the issue she had raised before presenting reasons why it should not be a concern, she might have more receptive to his arguments. This

will be discussed as a general point in more detail below (see p. 125).

### **General considerations**

#### Is there one-to-one correspondence between 'response modes' and the experience of empathy?

Although this study did not carry out a formal analysis of helper 'response modes' (Goodman and Dooley, 1976; Stiles, 1992), some of the themes were defined by specific helper behaviours or response modes. Responses which fell under the high and low empathy themes 'Offering solutions' were characterised by the helper giving the discloser advice relating to her concern. The high empathy theme 'Checking out or exploring meaning', whilst not directly specifying a type of response did, in fact, only include responses that were questions. However, whilst those themes tended to include a particular response mode, the same response modes also occurred in other themes. For example, not all high empathy responses that took the form of a question fell under the central theme 'Checking out or exploring meaning'; some were included under 'Articulating meaning or summarising', and 'A mutual experience'.

It was also clear that some themes could be characterised by different response modes. For example, the high empathy theme 'Articulating meaning or summarising' comprised questions, interpretations, jokes and summaries. Furthermore, as well as being included within different high empathy themes, the same types of responses were also experienced by disclosers as being low in empathy. To continue with the example of the response mode 'questions', such responses also occurred within the low empathy themes of 'Missing the point' and 'Redirecting the concern'.

The variation in the response modes experienced as empathic cannot be explained

simply by individual differences between disclosers, since it was also present within the same couples' conversations. That is, individual disclosers did not themselves identify one particular response mode as being high in empathy. At different points within the same conversation, individual disclosers also identified a similar type of response as both high and low in empathy. Clearly, the same behaviours could be experienced in very different ways both within and across couples.

This finding suggests that the communication of empathy within these couples' relationships may be conceptualised in a similar way to its communication within therapeutic relationships. Within therapy settings, theorists have contended that empathy is not restricted to a particular way of responding, but may be communicated in different ways depending on the nature of the relationship, involving factors such as the stage of therapy and the orientation of the therapist (e.g. Barrett-Lennard, 1993; Bohart and Greenberg, 1997).

Empirical studies have provided supporting evidence for this contention. For example, Barkham and Shapiro (1986) found that both clients and therapists reported the use of several different response modes in the communication of empathy in therapy, although 'exploration' was found to be most closely associated with therapist empathy. Batchelor (1988) found the communication of therapist empathy to be characterised by four different therapist styles - cognitive, affective, sharing and nurturant - none of which related to a particular response mode.

Although the themes that were identified as characterising high empathy responses in this study did not directly correspond to Batchelor's (1988) four styles, they did contain elements of each of them. For example, as was discussed above, the theme 'A

mutual experience' did resemble sharing empathy; however, responses which fell within it were also characterised by affective empathy (the discloser's sense that the helper was participating in what she was feeling) and nurturant empathy (a sense of being supported).

The different types of response modes identified as being high in empathy by disclosers can be seen as operating at different levels, some communicating the discloser's experience back to her, whilst others suggest new information. Greenberg and Elliott's (1997) contention that the private world that the empathic therapist is trying to understand moves between the client's conscious and unconscious world, may thus apply to empathy within the marital relationship also. This lends further support to the suggestion of similarities between the conceptualisation of empathy within therapy and empathy within marriage.

In psychotherapy research, theorists have also suggested that some response modes may be perceived as empathic because the person on the receiving end feels that, although the response itself may not have directly conveyed empathy, it could not have been made without an understanding of their private world (Barrett-Lennard, 1993). In the current study, this belief seemed to underlie some of the more idiosyncratic responses which did not obviously communicate empathy to the researchers, and yet were experienced by the disclosers as doing so. It seemed that it was not always necessary to make an explicit reflection of the helper's understanding of the concern, as that could sometimes be inferred by the discloser. However, at other times, it did seem that it was the very absence of that reflection or acknowledgement of the discloser's concern that made her feel that he had not understood it.

What, if any, are the commonalities in couples' experiences of empathy?

The majority of the high and low empathy themes were labelled as 'variant', in that they occurred in more than two but less than half of couples. This suggests that, despite the different response modes experienced as communicating empathy in this study, there were some commonalities in couples' experiences of empathy. Although part of the analysis procedure involved the omission of core ideas in the data set which were particularly idiosyncratic, in practice only one idea actually was omitted. Moreover, only one theme was labelled as uncommon (occurring in one or two couples). What seems to have been more individual was the actual behaviour employed. However, there was clearly some variation within the couples, since there was also only one theme labelled 'typical' (occurring in more than half of the couples).

The findings of this study lend support to Rogers' original assertion that, rather than being synonymous with a distinct way of responding, empathy is an attitude of the person delivering the response (Bozarth, 1997; Rogers, 1986). A point common to different themes, both high and low in empathy, was that what seemed to be important for disclosers was a sense that the helper was taking the stance of wanting to explore and understand her concern, rather than assuming that he had understood it. Responses which were tentative and exploratory in their form were generally experienced as being high in empathy. Again, this suggests similarities between the communication of empathy in marital relationships and therapeutic relationships. As was mentioned above (see p. 117), psychotherapy research has suggested that empathic responses should be made tentatively and in a non-authoritarian manner, allowing disagreement by the client (Bozarth, 1997; Bohart and Greenberg, 1997),



and has demonstrated the importance of 'exploration' (Barkham and Shapiro, 1986).

What factors within the communication of empathy may be specific to the couple relationship?

Despite the similarities which have been drawn between the communication of empathy within psychotherapy and within marriage, the two relationships are plainly very different. This study has demonstrated that, despite the best intentions of the helper, it was at times very difficult for him really to understand his partner's frame of reference and to communicate that back to her. Some of the factors which contributed to the difficulty seemed to be peculiar to the marital relationship.

Previous research has suggested that the inter-dependency of the marital relationship may make listening to the partner's distress difficult (Barker and Lemle, 1987; Coyne and DeLongis, 1986; Cutrona, 1996; Pistrang and Barker, 1992; Pistrang, Clare and Barker, in press). Unlike a therapeutic relationship, the helper in a marital relationship is likely to have more of a direct investment in the partner's happiness and well-being, and therefore may experience more pressure to 'make things better'. Certainly, in the current study, helpers frequently described the intention behind different sorts of responses as being to reassure the discloser that she did not need to worry about the concern. Other intentions included trying to lighten the situation or cheer the partner up, and providing answers or solutions to problems. Helpers described wanting to present the other side of the concern to the discloser and to 'fix it' for her.

This quote from one helper illustrates the point:

*"I find I want to give answers or...I want to either bring it on to more positive stuff or sew it all up...finish it all off neatly, really. Which is just, I suppose, my...maybe lack of skill in sort of listening and being empathic. Rather than let the conversation go where it goes, try and steer it. Not consciously, I don't think. It's just the thing I do, making jokes...When I think I'm being helpful, I'm not, because I'm not really listening. I'm trying to cheer the other person up, rather than just listening to what's being said."*

Such strategies have been noted in other studies of marital helping (Barker and Lemle, 1984; Cutrona, 1996; Pistrang and Barker, 1992; Pistrang, Clare and Barker, in press). In this study, they were well-intentioned, but often counter-productive. Disclosers described feeling they were not being listened to, and feeling that their concern was being 'brushed aside'. They frequently said that what they actually wanted was more opportunity to explore how they were feeling, and an acknowledgement by the helper of the validity of their concern. A quote from the discloser in the same couple illustrates the point:

*"...I think he was trying to allay my fears, but too quickly. Trying to put a 'quick lick of paint' over me. 'Brush that up and it'll be all right'. That's a 'Don't worry about that' sort of thing. I think I needed to talk a lot more, go on for a lot longer to get to the point. I needed to expel a lot of stuff...I needed to say a lot more and not just be brushed aside at that point."*

A further issue which seemed to be particular to helping within couple relationships involved the helper's own needs or agenda interfering in his ability to understand his partner's frame of reference. Such instances arose within different low empathy themes, and included times when the discloser's concern triggered a different concern for the helper, or raised a sensitive issue for him. During recall sessions, helpers often acknowledged that they had responded defensively, or that they had not been trying to help at that point, because their own needs had taken over.

This issue would seem to be a clear example of a difficulty with helping which is exacerbated, if not created, by the personal nature of this type of dyadic relationship. The inter-dependency of couples highlighted by many theorists (e.g. Cutrona, 1996) means that a concern experienced by one partner may also have direct implications and meaning for the other. This is likely to make it more difficult to put aside one's own perspective and understand the frame of reference of the other than it might be in a formal helping situation, where the nature of the relationship means that the helper is more distanced or removed from the situation.

Instances when helpers had difficulty in conveying empathy to their partner because they disagreed with her concern also seemed to be related to the nature of the relationship between the couple. On several occasions, helpers made a connection between 'empathy' and 'agreement'. They described an unwillingness or inability to communicate their understanding of the discloser's concern if they disagreed with what she had been saying. Helpers seemed to worry that, if they were to do so, the alternative view that they wanted to express might lose its impact. Again, it is possible that in a relationship with so much personal investment, such anxieties are intensified. In these instances, however, disclosers frequently stated that what was missing from the helper's response was an acknowledgement of her feelings. In practice, communicating that he had understood the concern seemed to make the discloser more, not less, receptive to his ensuing point of view.

### **Methodological issues and suggestions for future research**

This section will present some of the methodological issues which should be taken into account when considering the findings of this study. It will include strengths and limitations of both the data collection and analysis procedures, together with points concerning the generalisability of the findings to other populations. The implications of these issues and other suggestions for the direction of future research will also be discussed.

#### **Data collection procedures**

##### **Couple's helping exercise (CHE)**

Overall, couples reported that the conversation in the CHE was at least somewhat typical of the way in which they usually communicated with each other. Many couples noted that some aspects of the conversation were particularly representative of their relationship, and expressed surprise at how natural it had felt. This echoes anecdotal evidence from previous studies which have used the same methodology (Barker and Lemle, 1984; 1987; Pistrang and Barker, 1998; Pistrang, Clare and Barker, in press; Pistrang et al., 1997) and does suggest the ecological validity of the procedure. However, this study specified that one partner, the man, should be helpful whilst the woman should talk about a concern. It would be unusual, in a normal conversation, for the giving and receiving of help to be so clearly delineated. Furthermore, as Pistrang et al. (1997) note, because the procedure required helpers to be 'as helpful as possible', the conversation is likely to have demonstrated their best attempts at helping, rather than their most typical.

Empathy ratings of helper responses

The tape-assisted recall sessions were based on a selection of helper responses which disclosers had rated as high and low in empathy on a five-point rating scale. The reliability and validity of these ratings is uncertain. Comments made by some participants during the recall sessions suggested that, despite having been given a definition of empathy which was discussed with the researcher(s), there may have been some confusion in their understanding of the concept. In particular, some participants did not seem to make a clear distinction between empathy, helpfulness and support. During recall sessions, some participants occasionally said that in the light of the discussions they no longer agreed with their own ratings of particular responses. This generally occurred in connection with responses which had discrepant discloser and helper ratings, and involved disclosers wanting to increase low ratings. This may have been due to social desirability factors relating to the fact that recall sessions were conducted in the presence of both partners (discussed below, p. 129) and to disclosers' reluctance to be seen to be criticising their partners.

Alternatively, disclosers may have been inclined to see their partner's responses in the best possible light. However, it occurred rarely, and involved only a slight change to the original rating. One discloser also commented that she might have amended her application of the rating scale as the conversation progressed, when she had different responses to compare against each other. However, since we avoided listening to helper responses that were located early in the conversation, it is unlikely that the selected responses would have been affected.

This study did not include observer ratings of the responses or any assessment of response modes. Previous research has already demonstrated a lack of concordance

between observer and participant ratings of responses (Pistrang and Barker, 1998), and the aim of this study was to understand participants' perceptions of the responses. Ideally, future studies examining the role of empathy should spend more time discussing the definition of empathy with participants, to minimise their potential confusion of the construct, and to increase the reliability of the participant ratings.

#### Tape-assisted recall sessions

In this study the qualitative data set comprised the transcripts of the tape-assisted recall sessions. Stiles (1993) refers to 'trustworthiness' when examining the reliability of qualitative data, in connection with possible biases on the part of the researchers during the data collection process. As with all methods of qualitative research, the data in this study were to a certain extent 'selected' (Dey, 1993). Selection may have occurred at two different stages. Firstly, the researcher(s) who conducted the recall sessions decided which points raised by the participants would be followed up with further questions, and had to make on the spot decisions about what was and was not relevant to the study. In their discussion of writing ethnographic fieldnotes, Emerson, Frete and Shaw (1995) describe this as researchers being the 'creators' of their data, since their interests, sensitivities and biases will lead them to include some topics rather than others in their notes. In the current study we attempted to avoid such biases by asking open-ended and non-directive questions. We also approached the session from a stance of 'not knowing', that is, not assuming that we understood what participants meant, but asking them to explain where possible. Nevertheless it is inevitable that, despite attempts at 'bracketing' (Barker et al., 1994; Rhodes et al., 1994), our preconceptions will have had some influence on the direction of the sessions. This is particularly an issue for the later sessions, when we may have been

more attuned to comments which made connections with preceding sessions.

The second stage at which selection of the data may have occurred was during the transcription of the tape-assisted recall session recordings. As was described above (see 'Method', p. 54), only sections of the recall sessions which related to general points about the conversation, or directly to individual helper responses, were transcribed verbatim. Although this implies selection on the part of the transcriber (the author), in practice it was clear which points of the session were not relevant to the study. A policy of 'if in doubt, transcribe' was adopted, in order that selection was kept to a minimum.

The absence of information about non-verbal or paralinguistic elements to the communication of empathy in this study may be attributable, at least in part, to selection, or researcher bias. It is possible that these elements were both not followed up during the recall sessions, and were also missed out during the transcription, as they were not the focus of the study.

#### Joint recall sessions

Feedback from both partners at the end of the recall session suggested that participants had not felt inhibited by the fact that the session was held jointly, and had felt free to be reflective about both high and low empathy responses, without feeling criticised. It is interesting to note that the sections of the recall sessions which related to low empathy responses were, in general, richer than those which related to high empathy responses, suggesting that participants may have found it easier to reflect on the former. This contrasts with findings from a previous study which used the same methodology with couples where the man was recovering from a heart

attack (Pistrang, Clare and Barker, in press). That study was unable to obtain participants' views on unhelpful events during the conversation, and the authors felt that holding joint recall sessions may have made it difficult for some couples to express their views freely.

There are several possible explanations for this discrepancy between the two studies. Firstly, the couples in the current study were experiencing a predominantly positive life-cycle transition rather than a negative life crisis. Couples who had recently gone through a life-threatening event might have felt that it was dangerous to be critical of each other. The couples in the previous study were also of an older generation to those in the current sample, and hence may have been less accustomed to talking openly about their relationship. Finally, the introductory talk given to the couples at the start of the interview was more extensive than in the previous study, with more time spent explicitly stating to couples that the intention of the exercise was not for either of them to feel criticised.

### **Data analysis procedures**

In addition to his discussion of the trustworthiness of qualitative data, Stiles (1993) also presents guidelines for the trustworthiness of the interpretations of the data. In accordance with his recommendations, the presentation of the analysis of the data in this study has remained 'grounded in examples', that is, examples of the raw data have been given to allow the reader see how interpretations were made. This also permits the evaluation of the conclusions reached by the author.

Credibility checks were also implemented (Elliott et al., 1996). Firstly, multiple



analysts, in the form of a research team, analysed the data by consensus. However, whilst this does improve the reliability of the interpretations, it does not address the validity, since all three members of the team could have held similar biases and preconceptions. Secondly, the 'triangulation' of multiple data sources was sought. The data set comprised the perspectives of both members of the couple, and also included quantitative ratings of the conversation. However, it did not include any form of outcome measure, or observer perspectives, and, since the aim of the study was to examine the differences as well as the similarities between the different perspectives, it was not looking for their convergence. Finally, although the results of the study have not been checked with the participants ('testimonial validity', Stiles, 1993), they will be sent a summary of the findings.

### **Generalisability of the findings**

The sample of participants in the current study cannot be considered to be representative of the general population since they were predominantly white, middle class, well-educated and involved in satisfying relationships. The degree to which the findings can be generalised to other couples going through the transition to parenthood is therefore not clear. The nature of the sample was partially due to the method of recruitment, since the ante-natal classes which were approached were fee-paying and would be likely to attract well-motivated, middle class couples, with both partners were highly involved in the pregnancy. However, it was also integral to the design of the study. As a first stage of investigation, the study aimed to examine how empathy was communicated within functioning, supportive couples going through

the transition to parenthood, rather than couples in distress. Furthermore, since the data set consisted of the transcripts of the tape-assisted recall sessions, it was reliant on the degree to which participants were able to express their perceptions of the conversations. The procedure required articulate couples, who would be able to consider what we have seen to be a complex construct and verbalise their perceptions. Despite the inherently supportive nature of the sample in this study, it is important to note that for each couple there were nevertheless many times when disclosers did not feel understood by their partners. This suggests that the findings may be more relevant to a general population than might otherwise have been thought. Future investigations should, however, target couples in more distressed relationships, and from different backgrounds, since there may also be cultural differences in the way in which help is communicated (Pistrang and Barker, 1998).

A further limitation of the current study is that the extent to which the findings are generalisable to other dyadic groups is not clear. The social support literature suggests that the provision of help and how it is received may be different depending on who is providing it (Cutrona and Suhr, 1994; Sarason et al., 1994). Future lines of enquiry into the field of empathy within informal helping might also examine couples involved in a less positive life transition or crisis, and might broaden the field out to include the examination of other close dyadic relationships known to be important in the informal provision of help and support, such as other family members or close friends.

Finally, this study only looked at the role of empathy in helping interactions where the man was the helper and the woman talked about a concern. This was for purely practical reasons, since to have asked participants to swap roles would have doubled

the length of the interview. As a result, the study cannot comment on possible gender differences between male and female helpers. However, as was mentioned earlier (see p. 114) it was noticeable that the response mode stereotypically associated with male helping, that of advice-giving (Rampage, 1995; Tannen, 1990), was not more prevalent than other themes or response modes. This lends support to previous studies which have found no gender difference in the use of problem solving strategies in informal helping (Barker and Lemle, 1987; Pistrang and Barker, 1998).

### **Conclusions and Clinical implications**

This study took as its premise the assumption that empathy has a central role to play in the communication of help within the couple relationship. It did not, therefore, examine the validity of that premise directly. Nevertheless, empathy certainly did seem to play an important role in the communication of help for these couples. In particular it appeared that disclosers needed a sense of feeling understood by their partners in order to be receptive to ideas about their concern differing from their own.

Although empathy was not related to one particular way of responding, there were commonalities that ran across couples, both in how it was communicated and in how it failed to be communicated. As has been suggested by previous research, the interdependent nature of the marital relationship seemed, at times, to make it particularly difficult for partners to understand and convey that understanding to their spouse.

A common dilemma for different forms of psychological intervention, including couple therapy, is the degree to which programmes should focus on teaching skills, and how much they should concentrate on enhancing individuals' general awareness. The finding in this study, that the communication of empathy was not identified with any particular response mode, has clear implications for clinical practice. If empathy is indeed an attitude, as Rogers (1986) maintained, then the teaching of skills in how to communicate it, which has traditionally been included in many couple therapy programmes (e.g. Guerney, 1977; Miller et al., 1975) may not be the most useful focus. Instead, an emphasis on teaching couples about the importance of empathy, and the impact that it may have on how they give and receive support, may prove more beneficial.

This study demonstrated that, even within well-functioning relationships where the intention is to help, there are many areas where couples run into difficulties. Just as the study of normal development can be used to provide insight into children's psychopathology, it seems that studying couples who are basically communicating well can increase our understanding of how things may go wrong. The couples in this study, although essentially receiving high levels of help and support from each other, often expressed how helpful the micro-analysis of their interaction had been. In particular, they welcomed the discussion of potential sources of misunderstandings or miscommunications, and many described experiencing a shift in their understanding of the giving and receiving of help within their relationship.

This suggests that the procedures used in this study might usefully be employed at potentially stressful transition points in the family life-cycle, in preventative programmes aimed at improving couples' understanding of the communication of help and support. The delineation of roles (a technique utilised in couple therapy programmes, e.g. Guerney, 1977), in this case between helper and discloser, seemed to allow couples to focus on actual helping, rather than on their different points of view. This could be taken further by alternating the helper and discloser roles, which might facilitate concentration on one partner's concern, so that they feel listened to and heard, in the knowledge that the other partner will subsequently be given the same opportunity.

Interventions aimed at raising couple's awareness of empathy might also utilise tape recordings of other couples' help-intended communication, such as those produced in the present study. That is, audio-taped examples of other couples' interactions, demonstrating high and low empathy, could be used as an educational component of

an intervention. This type of approach might be particularly effective, as it may be easier to identify pitfalls in communications from the perspective of an observer rather than that of a participant (Pistrang, Solomons and Barker, in press). In this way, the research data may be used directly as a foundation for clinical interventions.

The partner relationship is a source of psychological support which is generally taken for granted, both by health care providers and by couples themselves. As clinical psychologists, our remit should not only be to provide direct services to individuals, but also to encourage those individuals to maximise the help and support that is naturally available to them. Poor marital helping not only represents the loss of a valuable source of support, but is also connected to more global marital dissatisfaction. Whilst not suggesting that empathy is the only important factor in the communication of help within couple relationships, the results of this study suggest that teaching about the role it does take may have an important part to play in interventions aimed at preventing marital dysfunction.

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## The University College London Hospitals

### The Joint UCL/UCLH Committees on the Ethics of Human Research

Committee Alpha Chairman: Professor André McLean

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Dr N Pistrang  
Senior Lecturer  
Sub-Department of Clinical Psychology  
UCL  
Gower Street

30 April 1998

Dear Dr Pistrang

**Study No:** 98/0088 (*Please quote in all correspondence*)  
**Title:** Couple support during the transition to parenthood.

Thank you for letting us see the above application which has been agreed by Chairman's Action. You may go ahead with your project.

Please note that it is important that you notify the Committee of any adverse events or changes (name of investigator etc) relating to this project. You should also notify the Committee on completion of the project, or indeed if the project is abandoned. **Please remember to quote the above number in any correspondence.**

Yours sincerely

Professor André McLean  
Chairman

Telephone: 0171- 504 5962

Dr. Nancy Pistrang, Senior Lecturer in Clinical Psychology  
Anna Picciotto, Clinical Psychologist in Training

## **COUPLE SUPPORT DURING THE TRANSITION TO PARENTHOOD**

### **INFORMATION FOR PARTICIPANTS**

We are inviting you to participate in this study which will examine how couples talk about the concerns that they may have about becoming parents. Whilst becoming a parent for the first time is a happy event, most couples also need to work out together how to manage the transition. This study aims to see what kind of support or understanding couples find helpful. We hope that the information we obtain will enable us to improve help that is offered to people who are about to have a baby.

#### **Procedure**

The study can either take place at University College London or in your home, whichever you prefer, and takes approximately two hours. You will need to come with your partner. You will each be asked to complete some short questionnaires, and then to hold a brief conversation with each other about a concern you have that is to do with becoming a parent. The conversation will be tape-recorded, and we will then listen to it together and ask you some questions about some parts of it.

#### **Confidentiality**

All material will be held in confidence and will only be used for research purposes. The results may be published in scientific journals, but no individual's identity will be revealed.

#### **Ethical Approval**

All proposals for research using human subjects are reviewed by an ethics committee before they can proceed. This proposal was reviewed by the Joint UCL/UCLH Committees on the Ethics of Human Research.

#### **Taking part in the study**

You do not have to take part in this study if you do not want to. If you decide to take part you may withdraw at any time without having to give a reason.

#### **Further information**

Please do not hesitate to contact one of the researchers at any time if you have any questions about the study.

## **Couple support during the transition to parenthood**

### **Protocol and list of materials**

#### **1. Introduction**

Explanation of study: aims and procedure

*Information Sheet*

*Informed Consent form*

#### **2. Questionnaires**

(1) *Background information*

(2) *Quality of Relationships Index*

(3) *How your partner responds to you*

(4) *Mood and well-being questionnaire*

#### **3. Couples' Helping Exercise**

*Instructions for the ten-minute conversation*

#### **4. Questionnaire on the conversation:**

*Discloser's perspective on the conversation*

*Helper's perspective on the conversation*

#### **5. Tape-assisted recall session (see detailed protocol, attached)**

(1) Introduction

(2) General impressions of the conversation (to be audiotaped)

(3) Response ratings

*Response rating sheet*

(4) Tape-assisted recall interview (to be audiotaped)

*Questions for the tape-assisted recall*

#### **6. De-briefing**

#### **7. Consent to release recordings**

#### **8. Travel expenses form**

Telephone: 0171- 504 5962

Dr. Nancy Pistrang, Senior Lecturer in Clinical Psychology  
Anna Picciotto, Clinical Psychologist in Training

**COUPLE SUPPORT DURING THE TRANSITION TO PARENTHOOD**

**INFORMED CONSENT FORM**

**CONFIDENTIAL**

Have you read the information sheet about this study?  Yes / No

Have you had an opportunity to ask questions and discuss this study?  Yes / No

Have you received satisfactory answers to all your questions?  Yes / No

Have you received enough information about this study?  Yes / No

Which researcher have you spoken to about this study?

Do you understand that you are free to withdraw from this study...  
\* at any time?  Yes / No  
\* without giving a reason?  Yes / No

Do you agree to take part in this study?  Yes / No

Signature ..... Date.....

Please print your name.....

Researcher's signature.....

## **INSTRUCTIONS FOR THE TEN-MINUTE CONVERSATION**

We are asking you to hold a 10-minute conversation, during which the woman will be the "Discloser" and the man will be the "Helper". After the conversation we will listen to the tape of the conversation with you and ask you some questions about it.

Please note that there are no tricks or deceptions to this task. Confrontation and conflict are not part of the procedure: we would just like you to talk with each other in a way that feels natural to you.

### **Instructions for the woman**

You will act as the Discloser. We would like you to talk about some concern or feelings connected with becoming a parent. The important thing is to talk about something which has a personal meaning for you. Please choose a topic that does not involve a conflict between you and your partner.

### **Instructions for the man**

You will act as the Helper. Your task is try to be helpful to your partner in whatever way feels natural to you.

### **Procedure**

1. Take a few minutes to think of the topic you would like to discuss as Discloser. It may be helpful to write down your idea.
2. The researcher(s) will set up and check the tape recording equipment.
3. The researcher(s) will set the timer to 10 minutes, turn on the tape recorder and leave the room.
4. Start the conversation with the Discloser telling the Helper what her chosen topic is. Then proceed with the conversation in as natural way a way as you can.
5. Talk for 10 minutes until the timer sounds.
6. After 10 minutes, the researcher(s) will come back into the room. If you need to talk for longer than 10 minutes, you can have more time to complete your conversation.

## Conversation transcript

### KEY:

**Square brackets [ ]** indicate overtalk which does not interrupt the speaker's flow, or are used to enclose names omitted to preserve confidentiality.

**Two slashes //** indicate a speaker's flow being interrupted by the following speaker.

**Round parentheses ( )** indicate inaudible material, or paraverbal features of the interaction e.g. (laugh/sigh).

**Three dots ...** indicate a sentence trailing off at the end or one that is incomplete.

---

### Conversation: Couple 2

D: I have to disclose to you

**H: Yes you have to disclose your topic**

D: Which is...my concern about becoming less [me] and becoming...a mother to a child.. as well as being [me], as well as being [your me], and everybody else's [me]. And I just see it as...[me] being a whole and then bits taken away...from it.

**H: Bits taken away...?**

D: No you're not supposed to...

**H: What d'you mean (slight laugh).**

D: You can't just keep asking me questions about it.

**H: Why not? (both laugh)**

D: Bits taken away.. cause it's...I see it as being less of what I was...or what I am, or being extra. I don't know if it's an extra thing or if it would take away something that's already there. I guess that's my worry...that I would be less of this sort of [me] because I have to be that sort of [me].

**H: Right...so this thing of like different people in different roles all the time...but even less time left for being [you] on your own without [me] 'cause of you having to escape from [you] the mum and [you] the partner.**

D: Yeah, exactly, and it's kind of what I was talking to [colleague] about as well.

**H: Right.**

D: Cause it's kind of saying...you know I was not doing a brilliant job of being [me] the person at work and [me and you, me], was I, 'cause you got pissed off...cause I just wasn't putting enough time into the relationship and I was working really hard and devoting myself to my career more. And what I'm worried about is if I'm...if I've got that one, and I've got...you...and me, and I've got the baby and me, and then...when do I have me...?

H: Right. 'Though you do find time for you...

D: Well I do at the moment cause I've got ....(both laugh) bloody... fuck all else to do have I (laughter). Yeah I've got lots of time for me. It might make it even worse cause I'm having so much time to myself now, that I'm going to resent even more if the baby comes along and takes that time. Dunno? (softly)

H: So who are ....what is it that you're really worried about? The... what you're missing out on? Is it what you're missing out on or what other people are missing out on [D: That I'll have to give more] cause they're not getting the [you] that//

D:...no that I have to give more, that I have to be even more of [me] in order to satisfy more different people. And that I don't get a chance to be more selfish, or that I don't get a chance to be selfish about myself [H: as much] as much. Cause there's only a little bit of space left for [me] because everyone's got all the other bits (both laugh).

H: But isn't there just//

D: Alternatively I could just not give you...anything at all and just divert the [you] bit into the baby [H: Oh, thanks [her abbreviated name]] or.. I could just divert the work bit [H: Although...] into the baby.

H: No doubt there will be... a bit of diversion, and there'll be a bit of diversion from work as well, won't there? [D: Yeah, I guess...] there'll be diversion from all things, cause when you talked about...when you said (ahem) [colleague] said you can't keep everybody happy all the time, you just have to piss everybody off a little bit, what that's about is like sort of evening it about a bit really isn't it? It's not about...so...[D: Yeah, but what about the [me] bit?]...everybody gives a bit don't they?

D: I'm just worried about the [me] bit.

H: But isn't that, I mean there isn't...you're not really talking about [you] on [your] own are you? You're talking about [you] with [your] friends or [you] in different situations.

D: No, I'm...I'm talking about [me] on her own, the individual [H: Are you?] the person, the me, the thinking time for me [H: Yeah...right...] on my own.

H: Well everyone needs that.

D: Well yeah, but when do you get it, when you've got a baby?

**H: I don't know, actually (both laugh)...I'm not sure [D: cause even if like...] but don't you get it when it's sleeping and other things...I mean you get...smaller chunks of it, in places...rather than big wads of it like when you're a single person living on your own.**

D: I suppose so, but then it might not be an appropriate time, that might not be the wad that you want, or the short time that you want. Cause like thinking about it, even when you get home from work, even if you're out and I think oh great, night in, have a bath [H: Yeah] chill out [H: You'll have baby] slob about, yeah exactly, you've got baby [H: Right, right]. So literally, the only time [H: But you'll have like...] you'll have free is the drive from here to work.

**H: (sigh) Right. Or you'll have times when I take the baby swimming on Saturday morning [D: (laughs)] what are you laughing at?**

D: You're going to are you?

**H: Yeah, why not?**

D: [friend] was talking about...oh, I'll tell you later...(both laugh)...she was talking about babies swimming under water and breathing oxygen through the water...they can be trained to...[H: Oh? Cool]...like fish (both laugh)

**H: But, it doesn't mean that you won't have those times, like you might do something... I mean, we might get a babysitter, not just so we go out together, but you might get a baby-sitter so that you can do something on your own like I'm doing my Tai Chi...like you might do... I don't know...you might go and do painting like your mum does [D: ugh], or you might go and do your drama again or something [D: oh, maybe] one night a week. Well you might do...?**

D: So you would look after the baby then?

**H: (pause) Might do... (both laugh)...yeah course I would. I mean you're presumably going to look after the baby when I go and do Tai Chi aren't you.**

D: Yeah, yeah but I know but it's different isn't it because the woman just automatically feels that the ultimate responsibility...it's what [my sister] was saying to me isn't the ultimate responsibility for the child rests with the woman, or she feels it rests with her [H: Right] it's like you are the default... as the woman you are the default, if the man can't make it home on time from work you have to be there, there's no choice there//

**H: Yeah, but that's rather dependent upon the man as well isn't it [D: Well yeah, it is...] and on the type of man (laugh) [D: it is] and I think that's a poor example to give [D: well all right, well you need to prove it different] because of the...yeah all right, but you haven't given me a chance to prove it otherwise, all I'm saying is that if you want to sort of have things that you do, like if you want to do your drama or something, then you could do it, couldn't you? If it...I mean...as long as it wasn't to become like something that's like all the time...you know, if it was like Tai Chi once a week or something, you know, it's not a problem, you should have interests outside of the house anyway shouldn't you?**



D: Yep.

**H: Yeah? Have you thought what you'd do?**

D: No, but I'd probably want to do something that doesn't involve interface, cause that's the whole point...//

**H: Like what (laughs) sitting on your arse reading a book?**

D: Yeah, probably! Something like that...because...um...that's the whole point **[H: Well you can sit on your arse and read a book while I (inaudible) and go round the park...]** you know what I'm like... **[H:...or go swimming]**...I get tired at work of interfacing and talking to clients and all that **[H: yeah]** and then coming home and having to entertain the baby and entertain you and all that sort of thing, so sometimes that's exactly what I want **[H: (laughs) entertain me!]** is I want a morning where I can just sit on my arse reading a book and get completely lost in it **[H: yeah]** ...I don't think I'm supposed to say arse (both laugh)...and don't have to worry about you know...where things are or doing anything at all, just have completely selfish time.

**H: Well...I know...**

D: But doing drama wouldn't be like that.

**H: Right, okay. So are you worried...(ahem)...so...uh...don't know...are you worried that outwardly it would just look lazy or something? Cause I accept that this is...that you need to have time for yourself...[D: Do you?] that you kind of like spread the things out.**

D: Do you?

**H: Yes**

D: Ahh

**H: What? (laughs)**

D: So you don't mind when I sit around reading the papers all day Sunday and don't talk to you then.

**H: That's different (both laugh) that's different because [D: we're not supposed to have conflict are we...] you complain...then in that situation...um...you often complain that you don't see me or that we don't see each other because of working late, and we don't do things together, then we have a whole day together and you want to just read the paper. So what I'm.. in that situation the confusion is more about...you know the fact that you've been saying one thing but then your action is something different.**

D: Yeah, but it will be even worse, it'll be...be emphasise with a child won't it, because even when we're working late we'll still come home and then we'll see each other even less because everything will be around the baby at night, so then when I want my Sundays off, not talking//

**H: Babies go to sleep at 7 o'clock at night...**

**D: They don't stay asleep all night.**

**H: Well...they wake up a little bit but once they're about 3 months old they stay asleep from 7 till 7...most normal ones do. I mean [child] goes to bed at 7 or 8 and doesn't get up till 6 or 7 in the morning. They're asleep for all that time. [D: He's a year and a half.] You know most nights after that sort of time we're either, if we're having dinner we're talking or if we're...after that it's like we watch telly or (timer rings) you're doing something else aren't you?**

**Couple support during the transition to parenthood**

Nancy Pistrang and Anna Picciotto  
Sub-Department of Clinical Health Psychology  
University College London  
Phone: 0171-504 5962

**CONSENT TO RELEASE RECORDINGS**

The reason we are recording conversations is to understand better the ways in which talking can be helpful: we use the tapes to listen carefully and repeatedly to each conversation. When we publish our findings, it is often useful if we can include verbatim extracts from the conversations (with names and other identifying information removed). We also may use the tapes to teach other couples and professionals about the principles of effective communication. We will not do these things without your consent, which you may withdraw at any time in the future.

Please circle Yes or No for each statement below.

1. I give consent for all or part of the transcript of my conversation to be published in scientific journals or books.  
  
Yes No
2. I give consent for the recording of my conversation to be played to other couples as part of a future study.  
  
Yes No
3. I give consent for the recording of my conversation to be used for teaching purposes.  
  
Yes No

If you have any questions about anything on this form please ask one of us.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher's name (please print)

\_\_\_\_\_  
Researcher's signature

\_\_\_\_\_  
Date

Couple support during the transition to parenthood

ID.....

### QUALITY OF RELATIONSHIPS INDEX

*This questionnaire asks about attitudes within relationships.*

*Try to answer each question as honestly as possible. Do not spend too much time on any one question. Give each question a moment's thought and then answer it.*

*Answer all questions with your partner in mind, unless directed otherwise. Please answer the questions independently of your partner. Your partner should not see or help with the answers.*

*Please circle the score which best describes how you feel.*

---

1. We have a good relationship

1	2	3	4	5	6	7
Disagree very strongly	Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree strongly	Agree very strongly

2. My relationship with my partner is very stable

1	2	3	4	5	6	7
Disagree very strongly	Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree strongly	Agree very strongly

3. Our relationship is strong

1	2	3	4	5	6	7
Disagree very strongly	Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree strongly	Agree very strongly

*Continued...*

*Appendix 8:  
Quality of Marriage Index*

4. My relationship with my partner makes me happy

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Disagree very strongly	Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree strongly	Agree very strongly

5. I really feel part of a team with my partner

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
Disagree very strongly	Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree strongly	Agree very strongly

6. On the scale below, indicate the point which best describes the degree of happiness, everything considered, in your relationship. The middle point, "happy" represents the degree of happiness which most people get from relationships. The scale gradually increases on the right side for those few who experience extreme joy in relationships and decreases on the left side for those who are extremely unhappy.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
Very unhappy				Happy				Perfectly happy

*Thank-you for completing the questionnaire.*

Couple support during the transition to parenthood

ID.....

**HOW YOUR PARTNER RESPONDS TO YOU**

Below are listed a variety ways that one person may feel or behave towards another person.

Please consider each statement with reference to your present relationship with your partner.

**Mark each statement in the box on the right, according to how strongly you feel that it is true or not true in this relationship. Please mark every one.**

**Write in 1 2 3 4 5 or 6 to stand for the following answers:**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
No, I strongly feel that it is not true	No, I feel that it is not true	No, I feel that it is probably untrue, or more untrue than true	Yes, I feel that it is probably true, or more true than untrue	Yes, I feel that it is true	Yes, I strongly feel that it is true

- 
1. S/he nearly always knows exactly what I mean.
  
  2. S/he may understand my words but s/he does not see the way I feel.
  
  3. S/he usually senses or realises what I am feeling.
  
  4. His/her own attitudes towards some of the things I do or say prevent him/her from understanding me.
  
  5. His/her response to me is usually so fixed and automatic that I don't really get through to him/her.
  
  6. S/he appreciates exactly how the things I experience feel to me.
  
  7. S/he just takes no notice of some things that I think or feel.
  
  8. S/he does not realise how sensitive I am about some of the things we discuss.
  
  9. S/he understands me.
  
  10. S/he realises what I mean even when I have difficulty in saying it.

**MOOD AND WELL-BEING QUESTIONNAIRE**

This questionnaire asks about your feelings and well-being in general, not just connected with your pregnancy. Please read each item and tick the box opposite the reply which is closest to how you have been feeling in the past week. There's no need to take a long time over your answers; it's better just to give your immediate response.

*Tick only one box in each section*

I feel tense or 'wound up':

- Most of the time .....
- A lot of the time .....
- Time to time, Occasionally .....
- Not at all .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

I feel as if I am slowed down:

- Nearly all the time .....
- Very often .....
- Sometimes .....
- Not at all .....

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

I still enjoy the things I used to enjoy:

- Definitely as much .....
- Not quite so much .....
- Only a little .....
- Hardly at all .....

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

I get a sort of frightened feeling like 'butterflies' in the stomach:

- Not at all .....
- Occasionally .....
- Quite often .....
- Very often .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

I get a sort of frightened feeling as if something awful is about to happen:

- Very definitely and quite badly .....
- Yes, but not too badly .....
- A little, but it doesn't worry me .....
- Not at all .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

I have lost interest in my appearance:

- Definitely .....
- I don't take so much care as I should.....
- I may not take quite as much care .....
- I take just as much care as ever .....

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

I can laugh and see the funny side of things:

- As much as I always could .....
- Not quite so much now .....
- Definitely not so much now .....
- Not at all .....

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

I feel restless as if I have to be on the move:

- Very much indeed .....
- Quite a lot .....
- Not very much .....
- Not at all .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Worrying thoughts go through my mind:

- A great deal of the time .....
- A lot of the time .....
- From time to time but not too often .....
- Only occasionally .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

I look forward with enjoyment to things:

- As much as ever I did .....
- Rather less than I used to .....
- Definitely less than I used to .....
- Hardly at all .....

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

I feel cheerful:

- Not at all .....
- Not often .....
- Sometimes .....
- Most of the time .....

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

I get sudden feelings of panic:

- Very often indeed .....
- Quite often .....
- Not very often .....
- Not at all .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

I can sit at ease and feel relaxed:

- Definitely .....
- Usually .....
- Not often .....
- Not at all .....

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

I can enjoy a good book or radio or TV programme:

- Often .....
- Sometimes .....
- Not often .....
- Very seldom .....

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Couple support during the transition to parenthood

ID:  
Date:

### DISCLOSER'S PERSPECTIVE ON THE CONVERSATION

The questions below ask about the conversation you have just had with your partner. There are no right or wrong answers, we want to know *your* views.

1. How **typical** would you say this conversation was of the way you normally discuss things together? (Please circle one number.)

- 1 Not at all typical
- 2 Slightly typical
- 3 Somewhat typical
- 4 Fairly typical
- 5 Very typical

In what ways (if any) was it different from how you normally discuss things?

2. Overall, how **helpful or unhelpful** for you was it *to have this conversation*?

(If having the conversation was *unhelpful*, circle a number between 1 and 4; if it was *helpful*, circle a number between 6 and 9; if it was neither unhelpful nor helpful, circle number 5.)

- 1 *Extremely* unhelpful
- 2 *Very* unhelpful
- 3 *Moderately* unhelpful
- 4 *Slightly* unhelpful
  
- 5 Neither unhelpful nor helpful
  
- 6 *Slightly* helpful
- 7 *Moderately* helpful
- 8 *Very* helpful
- 9 *Extremely* helpful

In what way was having this conversation helpful or unhelpful?



3. Overall, how **helpful or unhelpful** for you were *your partner's responses*?  
(If they were *unhelpful*, circle a number between 1 and 4; if they were *helpful*, circle a number between 6 and 9; if they were neither unhelpful nor helpful, circle number 5.)

- 1      *Extremely unhelpful*
- 2      *Very unhelpful*
- 3      *Moderately unhelpful*
- 4      *Slightly unhelpful*
  
- 5      Neither unhelpful nor helpful
  
- 6      *Slightly helpful*
- 7      *Moderately helpful*
- 8      *Very helpful*
- 9      *Extremely helpful*

In what way were your partner's responses helpful or unhelpful?

For each of the questions below, please select the number from the box that best describes your answer and write it in the space to the right of each question.

The numbers refer to these answers:	
1	Not at all
2	Slightly
3	Somewhat
4	Fairly
5	Very much

- 4. As a result of the conversation, how much clearer are you about your feelings or experiences?.....
  
- 5. As a result of the conversation, how much clearer are you about how to solve, or deal with, a particular problem or situation?.....
  
- 6. How much did you feel your partner tried to **"problem-solve"**: for example, made suggestions, gave advice, or tried to help you find solutions to, or ways of dealing with, a problem? .....

The numbers refer to these answers:

- 1 Not at all
- 2 Slightly
- 3 Somewhat
- 4 Fairly
- 5 Very much

- 7. How much did you feel your partner tried to **"explore feelings"**:  
for example, asked you more about what you were feeling,  
or tried to help you to reflect on, or consider,  
what you were feeling? .....
- 8. How much did you feel your partner was **empathic**:  
for example, listened attentively, tuned in to what you were  
saying, understood your feelings, and responded sensitively? .....
- 9. How much did you feel your partner was **supportive**:  
for example, provided a warm, safe and accepting atmosphere? .....
- 10. How much did you feel your partner was **critical**:  
for example, made critical or undermining remarks, or seemed  
disapproving? .....
- 11. Taking the conversation as a whole, how much were you  
**holding back**: for example, being careful about what you said  
so as to protect your partner or yourself? .....
- 12. Taking the conversation as a whole, how **emotionally involved**  
were you in what you were saying: for example, feeling very  
deeply about what you were talking about, or having a strong  
sense of your emotions while you were talking? .....

If there anything else you would like to say about the conversation, please use  
the space below (or continue on the back of this sheet).

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Couple support during the transition to parenthood

ID:  
Date:

### HELPER'S PERSPECTIVE ON THE CONVERSATION

The questions below ask about the conversation you have just had with your partner. There are no right or wrong answers, we want to know *your* views.

1. How **typical** would you say this conversation was of the way you normally discuss things together? (Please circle one number.)

- 1 Not at all typical
- 2 Slightly typical
- 3 Somewhat typical
- 4 Fairly typical
- 5 Very typical

In what ways (if any) was it different from how you normally discuss things?

2. Overall, how **helpful or unhelpful** for your partner do you think it was *to have this conversation*?

(If you think having the conversation was *unhelpful*, circle a number between 1 and 4; if it was *helpful*, circle a number between 6 and 9; if it was neither unhelpful nor helpful, circle number 5.)

- 1 *Extremely* unhelpful
- 2 *Very* unhelpful
- 3 *Moderately* unhelpful
- 4 *Slightly* unhelpful
  
- 5 Neither unhelpful nor helpful
  
- 6 *Slightly* helpful
- 7 *Moderately* helpful
- 8 *Very* helpful
- 9 *Extremely* helpful

In what way do you think having this conversation was helpful or unhelpful for her?

3. Overall, how **helpful or unhelpful** for your partner do you think *your responses* were?

(If you think they were *unhelpful*, circle a number between 1 and 4; if they were *helpful*, circle a number between 6 and 9; if they were neither unhelpful nor helpful, circle number 5.)

- 1      *Extremely unhelpful*
- 2      *Very unhelpful*
- 3      *Moderately unhelpful*
- 4      *Slightly unhelpful*
  
- 5      Neither unhelpful nor helpful
  
- 6      *Slightly helpful*
- 7      *Moderately helpful*
- 8      *Very helpful*
- 9      *Extremely helpful*

In what way do you think your responses were helpful or unhelpful?

For each of the questions below, please select the number from the box that best describes your answer and write it in the space to the right of each question.

The numbers refer to these answers:	
1	Not at all
2	Slightly
3	Somewhat
4	Fairly
5	Very much

4. How much did you try to **"problem-solve"**:  
for example, made suggestions, gave advice, or tried to help your partner find solutions to, or ways of dealing with, a problem? .....

5. How much did you try to **"explore feelings"**:  
for example, asked your partner more about what she was feeling, or tried to help her to reflect on, or consider, what she was feeling? .....

The numbers refer to these answers:

1	Not at all
2	Slightly
3	Somewhat
4	Fairly
5	Very much

6. How much did you feel you were **empathic**:  
for example, listened attentively, tuned in to what your partner was saying, understood her feelings, and responded sensitively? .....
7. How much did you feel you were **supportive**:  
for example, provided a warm, safe and accepting atmosphere? .....
8. How much did you feel you were **critical**:  
for example, made critical or undermining remarks, or seemed disapproving?.....

If there is anything else you would like to say about the conversation, please use the space below.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

## **Couple support during the transition to parenthood Protocol for the tape-assisted recall session**

### **1. Introduction**

Recap aims and procedure, with more detailed explanation. Some points to include are:

*Aim.* "We're interested in what makes some conversations feel supportive or helpful, and others less so. In particular, even within one conversation, some bits of it can feel helpful, while other bits don't -- and we're trying to understand why."

"We're interested in your views of the conversation -- what you felt or thought -- there are no right or wrong answers. We'll focus very closely on how things were talked about -- which might feel a bit odd, as it's something many people are not used to doing."

*Co-researchers.* "We see you as co-researchers -- it's a collaborative effort. We want your help in trying to make sense of the conversations that couples have. We hope that in doing this, you'll be able to talk freely about your reactions to the conversation. We don't want you to feel criticised -- either by each other, or by us. Conversations rarely go perfectly: for example, we've all had experiences where we've felt misunderstood or where there's been some sort of miscommunication, despite the other person's best intentions. So, our aim is not to put you on the spot, but for us together to try to understand where things go well, and where they don't. Please do tell us if anything is uncomfortable or upsetting -- we don't expect that to happen, but if it does we can take care of it, or if necessary stop."

*Format.* "We'll start by asking you some general questions about the conversation, then we'll play back the tape and ask you some questions in more detail about some parts of it."

*Questions.* "Any questions, before we start? If you do have any questions at any point, please stop us and ask."

### **2. General impressions of the conversation (to be audiotaped)**

The aim here is to get a global idea of the impact of the conversation, before the actual tape-assisted recall.

"Before we listen to the tape, did you have any general reactions to the conversation?"

Probes:

"How typical was this of conversations you normally have?"

"Was there anything that sticks in your mind that was particularly helpful?"

"... or that was particularly unhelpful?"

### **3. Response ratings**

Before playing the tape, explain our focus on empathy:

"We're going to play back the tape now, so that we can focus in on some specific bits of it. We have a particular interest in something called empathy. Let me explain what we mean by that, since it's a word that people may give different meanings to. (Give participants *Response rating sheet*, so they can read along.) By empathy, we mean.... Being empathic is something that may seem easy, but actually can be quite difficult to do. In fact, mental health professionals, like clinical psychologists or counsellors, often spend years learning how to be empathic. It's not so easy for a helper to set aside his or her own perspective, and to really listen to and understand another person's experience."

Explain response ratings:

"When you listen to the tape, we'd like you to pay particular attention to how empathic the Helper's responses were. For each response made by the Helper (that is, each time the Helper talks), we'd like you to rate empathy. So, for the Discloser, that means: How much did you feel the Helper really understood what you were feeling,... And for the Helper, we'd like to know: How much did you feel you understood the Discloser's feelings,..."

"As you can see, we'd like you to use a rating scale, going from 1 to 5, with 1 meaning... and 5 meaning..."

"We'll stop the tape after each response by the Helper, for you to do your ratings. We'll also note down the counter number of the tape recorder so that we can go back to some of the responses and talk about them together."

"Please tell us, as we go along, if there are any bits of the conversation that were particularly important for you, or struck you as particularly helpful or unhelpful. They may not have anything to do with empathy, but we still want to know about them."

Play tape and note counter numbers, and first three or four words, for each Helper response. If possible, also note any responses which are theoretically interesting, e.g., where empathy seems to be communicated well or empathy seems absent.

#### **4. Tape-assisted recall interview (to be audiotaped)**

The aim here is to get detailed accounts of high and low empathy responses, i.e., how empathy is communicated/fails to be communicated. A secondary aim is to get accounts of any helpful/unhelpful events (apart from empathy).

Focus on two (if possible) high empathy responses, and two (if possible) low empathy responses (based on the woman's ratings). If there are no highs or lows, then go to responses identified by the researcher as theoretically interesting; if the latter are absent, identify responses by a sampling procedure (one response at the end of the first quarter, one half-way through, and one three-quarters of the way through).

Explain procedure, and ask questions about each response, as detailed in *Questions for the tape-assisted recall*; give participants a copy so they can follow along.



Couple support during the transition to parenthood

ID:  
Date:

**RESPONSE RATING SHEET (FEMALE PARTNER)**

Empathy is defined as:

**Being aware of and understanding the emotions and feelings of another person. Taking on the perspective of that person, understanding their frame of reference, whilst at the same time putting aside one's own.**

*According to this definition, please rate how empathic you think each of your partner's response to you was, using the following scale:*

<b>Empathy scale</b>				
1	2	3	4	5
Not at all empathic	Slightly empathic	Somewhat empathic	Fairly empathic	Very empathic

Response	Empathy rating	Response	Empathy rating
1		26	
2		27	
3		28	
4		29	
5		30	
6		31	
7		32	
8		33	
9		34	
10		35	
11		36	
12		37	
13		38	
14		39	
15		40	
16		41	
17		42	
18		43	
19		44	
20		45	
21		46	
22		47	
23		48	
24		49	
25		50	

*Appendix 15:  
Empathy ratings of helper responses (male)*

Couple support during the transition to parenthood

ID:  
Date:

**RESPONSE RATING SHEET (MALE PARTNER)**

Empathy is defined as:

**Being aware of and understanding the emotions and feelings of another person. Taking on the perspective of that person, understanding their frame of reference, whilst at the same time putting aside one's own.**

*According to this definition, please rate how empathic you think each of your responses to your partner was using the following scale:*

<b>Empathy scale</b>				
1	2	3	4	5
Not at all empathic	Slightly empathic	Somewhat empathic	Fairly empathic	Very empathic

Response	Empathy rating	Response	Empathy rating
1		26	
2		27	
3		28	
4		29	
5		30	
6		31	
7		32	
8		33	
9		34	
10		35	
11		36	
12		37	
13		38	
14		39	
15		40	
16		41	
17		42	
18		43	
19		44	
20		45	
21		46	
22		47	
23		48	
24		49	
25		50	

### **Questions for the tape-assisted recall**

We're now going to listen to a few of the segments of the tape which the Discloser identified as higher and lower in empathy. We'd like each of your views on these parts of the conversation: you'll each have a turn to talk about your reactions. We just want to reiterate that there are no rights or wrongs here, and that the aim is not to criticise. Each of you may have a different perspective on parts of the conversation, and each of these views is important. We want both of your perspectives, so that we can all try to make sense of how conversations work.

### **Questions for the Discloser**

How did you feel at that point?

In what way did you feel understood/ not understood?

What was it about your partner's response that made you feel understood/ not understood? (What aspect of what he said/ how he said it?)

What makes this response different from the last response we discussed? (i.e., What's the difference between a high empathy response and a low empathy response?)

What do you think your partner was trying to do in saying that?

Was there anything that you think got in the way of his being able to understand what you were feeling at that point?

How would you have liked him to respond to you at that point?

### **Questions for the Helper**

How did you feel at that point?

What were you trying to do in making your response?

To what extent did you feel you understood what your partner was feeling or experiencing?

What did you feel or think just before you responded to her -- that is, when she said...(i.e., the Discloser's preceding response)?

Was there anything that got in the way of your being able to understand your partner's feelings at that point?

How much do you think you were bringing in your own needs or feelings when you said that?

**Transcript of tape-assisted recall session: Couple 2**

KEY:

*Helper responses from the conversation are presented in bold and italicised font.*

**H** = Helper

**D** = Discloser

**R** = Researcher

---

**General comments:**

H: I thought it was...an unnatural thing, cause we don't naturally say 'I want to talk about this, can we sit down'. We do about some things, we say we need to talk about such and such, and we'll arrange a time and then, normally not do it at that time, and come back another time, and sort of find the time and do it. But, most things will naturally come up through conversation whilst you're doing something mindless, like the shopping, or like something else is going on...um...so in that sense, it was quite unnatural to say right now we're sitting down and we're going to talk about such and such.

**1) Low rating**

*H: "But isn't that, I mean there isn't...you're not really talking about [you] on [your] own are you? You're talking about [you] with [your] friends or [you] in different situations."*

D: Well, I felt that he was interpreting what I said rather than listening to what I said. I felt that he was saying 'this is what you've just told me, you're not really talking about... but you're talking about this, and that wasn't what I'd been talking about so I didn't feel like he'd listened at all, basically.

R: How was what he said an interpretation for you?

D: It was the words he chose I think....he said 'you're not talking about this, you're talking about that', and that to me sounded really kind of 'I'm telling you what you're saying' rather than 'I've listened and I think what you're saying is...'. I think it was

just the words he chose rather than what he was saying. He wasn't exploring what I'd said, he was saying 'I think you're saying this'.

H: It wasn't intended as an 'I'm telling you' it was trying to clarify really...for me. I think in order to get to empathy you need to clarify your understanding of things. You can't just have empathy.

H: If I can clarify it for myself, then that puts me in a better position to be able to react to it, understand it and therefore be more helpful. But maybe it was a bit quick.

R: What would you have wanted him to have said at that point?

D: Umm...I just think using different terminology saying you know I think that what you're trying to say is... or I felt that what you're trying to say is rather than 'you're trying to say this'. That would have made me feel better...It was being told that that was what I was thinking that was the problem.

R: So checking it out would have been alright?

D: Yes, it was being told that this was what I was thinking that was the problem.

## 2) High rating

*H: "Well everyone needs that."*

D: I also think his voice was a bit softer at the beginning of that as well. He was sort of saying 'yes right' in a softer kind of I'm listening-type...a counselling-type way really. It's kind of...I hear what you're saying' and then saying 'well everyone needs that' was kind of like manna from Heaven.

D: It was acknowledging something that we don't really talk about, the fact that everyone needs time to think, and time on their own. We have had rows about it...we've talked about it before, so when he said that it was like...'fantastic'.

H: I did know what she was talking about, it's a topic that has been discussed in other contexts, it's not something that I would have always said in that situation, but more recently in our relationship it's something that would come up naturally, it's something that I have a better understanding of.

D: It could be interpreted as a bit dismissive in some ways couldn't it? But because [he's] never ever said that before, that's a very rare thing for him to say, to acknowledge that everyone needs thinking time.

**3) High rating**

**H: "You'll have baby."**

D: It's cause he's listening, it's cause he's sitting there saying 'right, right' and sounding like he's listening rather than coming out with the solution and the answer and telling me how I think about things I think. And his voice sounds softer....it's the tone as well as what the content is, I think.

R: How did you know he was listening from what he said?

D: Cause he said 'right'. Because he repeated back virtually what I'd said to him, so therefore I knew that he understood I think...I can't really remember the exact words.

H: No it wasn't that...your mind was like painting this picture and was building this kind of like....and, and I kind of finished it off for you.

D: Well then that means you're completely on the same wavelength rather than saying 'I think you're saying this' you're finishing off actually what I was going to say, so that's very empathic.

R: But it could be dangerous...finishing off your thought process.

D: Yes, if he got it wrong...he'd have got a 1!

**4) High rating**

**H: "(sigh) Right. Or you'll have the times when I take the baby swimming on a Saturday morning. [D (laughs)] What are you laughing at?"**

D: Again I think it was just a very understanding thing for him to say...it's the first time he's ever said that....it sounded like the solution to everything...he's thinking about what I'm saying and he's like going to take steps to do something about it.

H: ...What was going through my mind at the time was not saying 'Oh my God, yes isn't that dreadful, but 'No, hang on a minute, stop and let's think about it this way'. I wasn't actually empathising at all, I was challenging the way [her] mind was going.

D: But I think that's the second part of empathy then - taking on that person's perspective, their frame of reference and putting aside your own. Taking that on, what you're really saying is 'What would really help [her]? What she's saying her problem

is this, therefore if I say 'I'll take the baby out Saturday mornings or whatever then that's really going to get to the key to the problem'.

H: If I was putting myself in your mind, I wouldn't be able to see the flip side to it maybe. What I was trying to do was trying to put forward a flip side...something that maybe you hadn't seen. So I was maybe seeing things from another perspective that you hadn't considered.

R: It sounds like what it felt like for you was that he had to have understood what you were saying to be able to put the flip side to you?

H: In a way that is empathy. Empathy is not supposed to make you get into that person's shoes and make the same mistakes or go down the tunnel vision route, you're supposed to be able to observe from a distance and say 'I can see that, that that's dreadful, that it should be like this'.

#### 5) Low rating

*H: "Yeah, but that's rather dependent on the man as well isn't it? And on the type of man, and I think that's a poor example to give..."*

D: I was using it as a generalisation... and I used my sister as an example because she'd talked about that...the fact that she feels all the time that it boils down to her, but then I'd taken that beyond that....I'd said that generally I think it defaults to the woman to have the responsibility, and [he], I felt, was quite dismissive because he said 'I know who we're talking about and I'm not going to be like that'. He was dismissing my generalisation.

He was dismissing my generalisation because I'd taken it beyond just [sister]...

R: It sounds like it felt to you like he was dismissive of the concern you were expressing?

D: Yes.

H: I focused more on the [brother in law]..thing, and not wanting to be bagged up with someone I don't consider myself in the same bag as. I kind of felt that you'd insulted me almost by bagging me up with somebody that you've dismissed as well as I have, so I felt that I had to sort of say 'Come on, don't do that'.

R: So in a way you were taking care of yourself at that point?

H: Umm.

H: In a way trying to be reassuring, trying to say that not everyone is like that, not just from a defensive point of view, but also from a 'don't just expect the worst from everybody, other people can be different'. So in a way I was dismissive of the frame of reference, but it was because I was saying 'There is something else that's a possibility there'.

R: So in a way it was like what you were saying with that earlier response, in some ways it was sort of challenging her, the way she was seeing it, saying there's another way of looking at it...but that time it did feel like a dismissive challenging kind of thing.

#### **6) High rating**

*H: "Right, okay. So are you worried...that outwardly it would just look lazy or something? Cause I accept that this is...that you need to have time for yourself...that you kind of like spread the things out."*

D: It was the first time in a long while that he sounded like he was trying to explore what I meant rather than either giving me a solution or tell me what he thought I meant. I think because of the laugh I think we almost went back to the beginning of the conversation where we were... beginning to explore...Sounded more exploratory and open, basically. It was the way he started off 'So, are you worried about...?' It sounded like he was really interested in what I was trying to say, rather than the solutionising that had come before. Or the defensiveness.

D: That wasn't right, actually, that it would just look lazy, but he was asking me, rather than saying 'You're thinking this', and then being really reassuring after that saying 'It's acceptable'. So it was a reassuring note along with an inquiring note I think.

R: So the inquiring bit was good in that, even though it wasn't quite right it felt good, in some way, it was a question?

D: It was a question and it also it was using 'So are you worried about...' I don't think he'd used 'worried' at all before. 'Are you concerned?', 'How do you feel?'. So saying 'Are you worried' just sounded much more constructive and helpful.

R: It acknowledged the worry?



D: Exactly. And I've scored him high whenever he's started with 'Right' in a very soft way, maybe it sounds less confrontational than just going straight into the next sentence or his answer or his thought. He's thinking, and you can hear that.

R: Tentativeness?

D: Yes.

H: I felt that there was a bit of realisation...for me...where as before I had been trying to explore...I felt like I'd got to another level in terms of my understanding of her perspective on this. So what I was trying to do was really just ask a kind of straightforward situation question to see if what I'd understood was right. And then because I got a positive response to that, the second bit was just saying 'Well, now I understand that'.

H: That was an important point for me. Up until then I'd been trying to explore...'What do you want to do that will make you happy? What is this event that you need to create?' But then I realised that actually, no, it might just be quite inward, it might not be an outward activity that [she] needs to be doing, it might be quite fulfilling for it to be inward in a way. That was a movement on.

R: What was it that helped you to understand the issue in a different way?

H: I think [she] said something about...not having to interface, and so...okay...what you're talking about is this actually. That interfacing thing...is something that we both experience, so when that popped up, that word interface, it just had a lot of meaning to it.