

THE PERCEIVED EFFECT OF COUNSELOR TOUCH IN
COUNSELING INTERVIEWS

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CHAPTER I

GENERAL INTRODUCTION TO AREA OF STUDY

Introduction

The continuing interest in the dynamics of the counseling process encourages investigation into psychological practices which are optimally effective for clients. Accepted areas of counseling research involve counselor characteristics, counselee characteristics, and the dynamics between the two (LaCrosse, 1975; Schlesinger, 1968; Tinsley & Harris, 1976).

Research seems consistently to find empathy, warmth, and genuineness characteristic of human encounters that change people --for the better. Conversely, therapists who offer low levels of these 'therapeutic conditions' produce either deterioration or no change in clients (Truax & Carkhuff, 1967, p. 119).

After reviewing a substantial body of evidence, Carkhuff (1969) concluded that the most effective experiences for clients occurred within a therapeutic relationship based on "core" conditions or counselor functions. He related that these "facilitative and action oriented" conditions or functions are empathy, respect, concreteness, genuineness, and confrontation (Carkhuff, 1969, p. 222).

Nonverbal behavior in counseling, as an area of study, has received increasing interest. Nonverbal behavior has been described as the primary means of communication of affect (Haase & Tepper, 1972; Lewis & Page, 1974; Speer, 1972). In counseling relationships, verbal discourse

may be interpreted by nonverbal behavior, serving a key meta-communicative function of providing qualifiers (Ekman & Friesen, 1968). The evaluation of touch in therapy has found important nonverbal communication value (Duncan, 1971).

Touch, as a therapeutic intervention, has received relatively little empirical attention. Research in the area of primate touch has added to the emphasis of its importance in healthy development of individuals (Harlow & Zimmermann, 1959). The long standing taboo concerning touch as an integral part of the helping relationship is fostered by traditional psychoanalytic therapies (Older, 1977; Wolberg, 1967). These therapies view physical contact between client and therapist as unacceptable due to possible issues of eroticism, transference, and dependency. Controversy thus exists, since other forms of psychological therapies find value in therapeutically designed touch. Humanistic approaches to the counseling process have affirmed that touch may enhance therapeutic effectiveness (Jourard, 1968; Rogers, 1942). Touch as a nonverbal communication in therapeutic intervention has received little empirical attention, although many acknowledge it to be the most powerful of the nonverbal modalities (Duncan, 1971; Kauffman, 1971).

Touch in psychotherapy has had growing acceptance in the last 60 years (Clarke, 1971). Increased feelings of self-worth and self-esteem experienced by recipients of touching behavior have been noted (Mintz 1969a; Winter, 1976). Touch during a single interview session, when measured by actual physical distance, has been found to effect change in interpersonal attraction of the client to the counselor (Spinn, 1976).

Although therapeutic touch in research literature varies from the slightest of physical contact to hugging, consistent agreement remains that the responsible therapeutic touch must be neurotic. Bacorn and

Dixon (1984, p. 491) confirmed that the touch "be long enough to establish firm contact, but not so long as to create an uncomfortable feeling for the client."

Essential to touch research is where physical contact occurs. Wheaton and Borgen (1981, p. 19) suggested that touch may be defined as "contact between the counselor's hands and/or forearm and the subject's hands, arms, shoulders, or upper back." Supporting nonerotic touch, several researchers have confirmed touch to the hands, arms, shoulders, lower and upper back, and semi-embraces (Alagna et al., 1979; Hubble, Noble, & Robinson, 1981; Jourard & Friedman, 1970; and Stockwell & Dye, 1980). Suiter and Goodyear (1985) related that the hand, on the shoulder and across the shoulders in a semi-embrace, provide three levels of touch suitable for empirical research.

The duration of touch in existing research literature varies. Wheaton and Borgen (1981) stated that a three to five second counselor touch is adequate. Other authors maintained that a pat, a brush, a squeeze, and a stroke may be used (Nguyen, Heslin, & Nguyen, 1975). Even a touch of a minute's duration have been reported (Whitcher & Fisher, 1979).

Central to research regarding touch is the aspect of gender differentiation of response. Both male and female participants who were touched in interviews revealed increased levels of self-disclosure (Jourard & Friedman, 1970). While assessing the effects of nurses touching patients during preoperative teaching, Whitcher and Fisher (1979) found that female patients in the touch condition experienced more favorable affective, behavioral, and physiological reactions to touch than did male patients.

Documentation via audio recording equipment within the last 40 years has allowed more objective and systematic analysis of the helping relationship. Technical advances in video tape now permit even more exact observation of therapeutic processes. Videotape feedback and modeling have been found effective in increasing the frequency of counselor focus on client feelings by counselor trainees (Frankel, 1971). The results of such empirical data is recognized in actual practice with clients and the training of those who provide therapeutic services.

Significance of the Study

The appropriateness of touch in the context of counseling as a means of nonverbal communication is now regarded as an important area of research (Whitcher & Fisher, 1979). Counselors' perceptions of touching in the counseling setting, as nonverbal communication, is an area lacking sufficient empirical studies. One reason for this has been the absence of observational medium (such as videotaping) appropriate to research on touching. Videotaping technology now affords researchers the means to gather more objective conclusions regarding counseling interactions.

One contribution of this study is that it has provided empirical data on counselor perceptions of touch in the interview process. Secondly, touch in the counseling interview has traditionally been regarded in terms of the client's perception of the subjective feelings toward the counselor, such as empathy, regard, and disclosure (Raiche, 1977). Counselor observaton of touch in counseling interviews is lacking and in need of research.

Definition of Terms

The following definition of terms were used in this study:

Empathy. Empathy refers to adopting the client's point of view, their internal frames of reference, and experiencing their world as they do.

Respect. Respect includes acceptance, interest, concern, warmth, liking, and caring for the client. It is nonjudgmental, a caring without conditions. The essential communication is, "With me you are free to be who you are."

Concreteness. Concreteness is dealing with the specific feelings, behaviors, and experiences of the client. Concreteness is the opposite of vagueness or ambiguity.

Genuineness. Genuineness is simply being real in a relationship with the client. The counselor's actions are congruent with his/her experiencing.

Immediacy. Immediacy is focusing on what is going on presently in the current interaction between client and counselor. It is concerned with the "here and now" of the counseling interaction.

Touch. Touch refers to the counselor grasping the client's hand as a handshake and the counselor briefly touching the client's upper arm or hand.

Statement of the Problem

The problem under investigation in the present study was: What are the different perceptions of male and female counselors who view videotapes of touched and nontouched clients during counseling interviews?

Hypotheses

The following research question and hypotheses were posed in an

effort to resolve the problem statement: Are there differences in the dependent variables based on touch, counselor gender, and client gender?

Hypothesis 1. There will be differences of significance perceived by observers among the variables, and any relationship found will be a chance relationship, not a true one.

Hypothesis 2. There will be a significant interaction shown among the independent variables and the dependent variables.

Hypothesis 3. There will be significant interactions shown among the independent variables which produce interactions on the dependent variables.

Hypothesis 4. There will be significant interactions of the covariates which mediate the results of the above hypotheses.

Variables

One independent variable for this study has consisted of eight videotapes of counseling interviews. The videotapes differed, based on gender of counselor and client in the dyads, as shown in Table 1.

Table 1.

Videotape Variations Based on Counselor/Client Gender

<u>Counselor</u>	<u>Client</u>
(a) Male	Male
(b) Female	Female
(c) Male	Female
(d) Female	Male

The second independent variable has been the presence or absence of touch in the counseling interview. The dyads with counselor/client touching have been controlled so that the type and amount of touch are the same for each.

The dependent variables for this study have been counselor perceptions of empathy, respect, genuineness, concreteness, and immediacy as measured by a revised "Semantic Differential-Counselor Characteristics Inventory." The covariates for this study were the observers' ages and gender.

Limitations of the Study

The observers engaged in this study were drawn from graduate level counseling students. They were randomly selected from the group of students who volunteered to participate.

The measurement modality employed in this study was direct observation of eight videotaped counseling interviews as viewed by the participants. The videotapes consisted of male-male, female-female, male-female, and female-male counseling dyads (see Table 1). The population for this study was chosen for its accessibility to the researcher and the generalizability of the results to counseling graduate students. The researcher acknowledges a degree of sampling bias due to the exclusive use of volunteers; thus, the results should only be generalized to other volunteers in similar settings. For these reasons, care should be taken in interpreting the results of this study for other groups.

Overview of the Study

The present chapter provided an introduction to the area of investigation, the significance of the study, a statement of the problem,

research question and hypothesis, and limitations. Chapter II contains a review of literature pertinent to the area of this study. Chapter III describes the procedures utilized in this study and the statistical processes used to analyze the data. Chapter IV includes the findings of the study and reports the statistical data obtained. Chapter V summarized the information derived from the investigation, addresses conclusions, and makes recommendations for future study.

CHAPTER II

REVIEW OF SELECTED LITERATURE

Introduction

The present investigation focused on the subject's observational discrimination of touch in counseling interviews between and among sexes. Videotape has been utilized as the medium of presentation. The discussion of related literature consists of four major areas: (a) nonverbal communication or behavior in counseling; (b) nonverbal behavior and proxemics; (c) tactile responding in psychotherapy; and (d) videotape as the medium of stimulus presentation.

Nonverbal Behavior of Communication in Counseling

The importance of nonverbal behavior was acknowledged by Freud (1905, p. 105) when he posited: "He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his fingertips, betrayal oozes out of him at every pore."

In the late 1800's, Charles Darwin proposed descriptive body movements and facial expressions associated with specific emotions (Darwin, 1896). In The Expressions of the Emotions in Man and Animals, Darwin (1896) proposed five specific emotions: (a) weeping and suffering, (b) hatred and anger, (c) contempt, (d) surprise, and (e) shame.

Attempting to classify and categorize the complex messages between therapist and client, several authors have approached what is now

commonly referred to as "nonverbal behavior." Allport and Cantrill (1934) developed studies aimed at decoding patterns of nonverbal communication. Communication behavior which is not conveyed by words or nonverbal communication has been defined by Ruesh and Keys (1956). "Kinesics" was coined by Birdwhistell (1952) as a comprehensive identification system of body movements and gesture communication. Island (1967) compiled a taxonomy of objective and measurable counselor behaviors which he divided into 14 categories: head movement, head nods, head turned away, head gestures only, smiles only, hand movements, arm movements, body position backward, body position upright, body position forward, talk, head support shift, body position shift, and talk shift. Categorizing nonverbal behavior into four subdivisions, Gazda (1973) developed the concepts of: (a) nonverbal behavior using time (promptness and tardiness), (b) nonverbal behaviors using the body (sweat, tears, blushing, and gestural activity), (c) vocal qualities of nonverbal behavior (rate of speech and tone), and (d) environmental aspects of nonverbal behavior (physical distance between individuals).

The origins of nonverbal communication are debated as a matter of one's view. Emphasis of a cultural view is offered (Birdwhistell, 1970; Hall, 1968; LaBarre, 1947). Darwin (1896) believed that evolutionary genetics laid the ground for expression. His position gained support from Andrew (1965). Ekman (1971) postulated a position combining these two views. To him, biological pancultural muscular movements of the face were given specific meaning via cultural differences.

Nonverbal behavior as the primary means of communication is supported by varied studies (Haase & Tepper, 1972; Lewis & Page, 1974; Speer, 1972). The communication of affect by nonverbal behavior has been addressed (Ekman, 1965; 1971; Ekman & Friesen, 1967; Ekman, Friesen, &

Ellsworth, 1972). Mehrabian (1968) found that only 7% of a verbal communication conveyed affect.

The relationship of nonverbal messages to verbal content was studied by Mahl (1968). Apparent in his finding was that some nonverbal behaviors may be unrelated to verbal content, while other nonverbal behaviors are directly related. Posture and position as nonverbal behaviors were reviewed by Mehrabian (1969) as they are associated with a communicator's attitude and status toward the receiver. The status of the addressee, as perceived by the sender of the message, were negatively correlated on the basis of: (a) less eye contact, (b) less direct body orientation, (c) arms-akimbo position, and (d) large reclining angle.

Counselor posture was researched by Smith-Hanen (1977), analyzing how warmth and empathy relate to arm and leg positions. Negative perceptions of the counselor being cold and lacking empathy were correlated with arms crossed in front, or legs crossed so that the ankle rested on the opposite knee. More positive conceptualization was attributed to counselor body positions where the legs were up with feet resting on a chair and legs crossed at the knee. LaCrosse (1975) and Kerr and Dell (1976) trained counselors in affiliative behavior (forward body lean, smiles, etc.) and unaffiliative behavior (shoulders turned, reclining angle of lean, etc.).

Other studies involving body movements have revealed positive correlations with counselor ratings by clients. Condon and Ogston (1967) found animated counselors, in terms of their nonverbal behavior, were perceived as being friendlier or more attractive. Dimensions of "still" versus "active" counselors were again viewed by Strong et al. (1971). In this study, 86 female undergraduates rated counselors' performances at high and low frequencies of nonverbal behavior. The "active" counselors

were perceived as warmer, alert, less critical, fair, relaxed, more reasonable, knowledgeable, and talented.

Eye contact, trunk lean, and smiling of the counselor was compared with "facilitative" (empathy, positive regard, genuineness) conditions by Seay and Alterkruse (1979). Eye contact was found to support the facilitative condition (high genuineness), as long as the eye contact was not extended, which was judged less genuine. Under most situations, smiling conveyed regard, empathy, and genuineness. Perceptions of counselors tended toward positive regard and genuineness for counselors who maintained forward trunk lean. Fretz, Corn, and Tuemmler (1979) also found favorable perceptions of counselors who maintained forward trunk lean, direct body orientation, and high eye contact.

Counselor characteristics as perceived by counselees offered additional information to the study of nonverbal communication. These studies related perceptions of counselor expertness, attractiveness, genuineness, warmth, empathy, regard, and persuasiveness. Two experiments conducted by Strong and Dixon (1971) viewed counselor influence in therapy as it related to expertness and attractiveness. The additive nature of expertness, attractiveness, and the masking effect of expertness yielded results defined by the pretrained counselor's verbal and nonverbal behaviors. In the first experiment, attractive experts were not more influential than unattractive experts.

Nonverbal Behavior and Proxemics

Proxemic behavior, or interpersonal distance, and its relationship to verbal and nonverbal behavior has received attention from several researchers. Groves and Robinson (1976) studied the proxemic behavior of the client as it related to inconsistent verbal and nonverbal behavior.

When the nonverbal message was negative and the verbal message was positive in inconsistent messages, clients exhibited greater personal distance. Similarly, with inconsistent messages, counselor genuineness was rated lower. Hall (1973) investigated the affective states in relationship to the interactional distance between two people. Mehrabian (1972) obtained data concerning kinesics and paralanguage, and also included proxemics (distance between subjects, trunk lean, and touching).

Lassen (1969) studied proxemics by varying the distances between the therapist-patient interaction and measuring the paralanguage which resulted. Utilizing the Speech Disturbance Ratio (Mahl, 1968), and following the concepts of Hall (1968), she discovered subjects to be more anxious at certain distances and emotional states would vary accordingly. The disturbances noted occurred most at nine feet, less at six feet, and least at three feet. In a review of related literature, Brown and Parks (1972) found that there exists an equilibrium level of physical proximity. In general, communicating persons two feet apart tend to increase interpersonal distance, but those 10 feet apart tend to decrease it.

Haase and Tepper (1972) examined the judged level of empathy relative to the contribution of verbal and nonverbal behaviors. In a repeated measures of analysis of variance design, 26 counselors with an average of 1,500 hours of counseling experience viewed films of 48 counselor-client dyads rating 48 combinations of distance, body orientation, eye contact, trunk lean, and a predetermined verbal empathy message. A modification of empathy scale, developed by Truax and Carkhuff (1967) was used on the latter. The study revealed that 4 of the 5 main effects and 11 of 26 interactions were significant due to variability of counselor ratings. Additionally, nonverbal effects were twice as responsible for variability than verbal messages.

Following Hall's (1968) classification system of personal space, Sewell and Heisler (1973) researched proxemics and personality. This study focused on seating preferences of 35 male undergraduate subjects and a male interviewer. The subjects' proximity preferences was correlated with 22 scales of the personality research form and significant negative correlations of exhibition ($R=.43$) and impulsivity ($R=.36$) were obtained.

Lighting and proximity in counseling and counseling interactions has been approached (Dumont and Lecomte, 1975). An investigation on the effect of lighting intensity and interpersonal distance in an analog of counseling variables (e.g., communication of empathy, number of interactions, duration of speech and silence), showed lighting and distance to have a significant interactive effect on the communication of empathy. Another study of proximity and lighting revealed significant effects of distance on counselor concreteness and of lighting on counselor communication of cognitive sets in counseling interviews (Lecomte, Bernstein, & Dumont, 1981). In this study, counselor communication of affective and cognitive self-disclosure by 18 counselors-in-training with 54 clients were randomly selected and rated. In the second third of the interviews, counselee affective self-disclosure was significantly effected by distance.

Analysis of seating distance, as a measure of proximity, has received varied attention. McMahon (1973) investigated seating as it related to locus of control. Proxemic behavior of community college staff and students according to sex, dogmatism levels, job responsibilities, and academic goals was analyzed by Mortier (1975).

Seating as a measure of proxemic behavior correlated with verbal productivity. Stone and Morden (1976) also used Hall's (1968) categories

for interpersonal distance and social interaction. Interviews at distances of two, five, and nine feet resulted in an indication of topic distance interaction. Subjects (30 female interviewees and a female interviewer) at intermediate distances talked longer about personal topics than they did at seating close to or far away from the interviewers. Feroletto and Gounard (1975) studied how close individuals seat themselves to an interviewer. The findings were based on the subjects' ages and expectations regarding the interviewer. Those who had been told to expect an unpleasant interaction seated themselves significantly further away from the 47-year-old interviewer than did those who expected a pleasant interaction. The findings revealed that older subjects tended to seat themselves further away and reflected a greater susceptibility to feeling threatened and ill at ease in an interpersonal situation when expectations were negative.

Kleine (1977) found that two proxemic variables (personal space and distance) effected evaluations of counseling relationships of counselor trainees and clients. Female counselor trainees and female college student clients participated in an investigation by Richardson (1978). This study concentrated on topic intimacy level and interpersonal distance, nonverbal behavior, and attitudes toward clients. Client manifest anxiety as a function of interaction distance in female-female dyads has been reported by Knight (1979). Brooks (1981) studied family interactions and interpersonal distances. During family treatment process, change in perceived interpersonal distance between young clients and significant family members was noted.

In Japan, Bond and Iwata (1976) examined the effects of spatial intrusion and observational anxiety on the interview situation. Using self-reports of feelings, person-perception ratings, and nonverbal

measures in female-female dyads, they found a variety of changes. In response to close-sitting interviews, subjects reported changes in feelings (withdrawal) and rated the intrusive interviewers negatively across a number of person-perception scales. Subjects displayed fewer glances, longer pauses, and more backward-leaning postures during intrusion. A pattern of withdrawal resulted which was consistent with subjects' cognitive responses. In another study, Bond and Ho (1978) found relative status and sex composition of a dyad, on cognitive responses and nonverbal behavior of Japanese undergraduates, determined how subjects construe the interview situation.

Spatial invasion during an interview situation has been found to be stress-producing (Kanaga & Flynn, 1981). Greene (1977) obtained a significant interaction between physical proximity and clients' compliance with counselor recommendations in the context of a weight reduction clinic. In a 2 x 2 factorial design, a counselor sat either a "personal" or a "social" distance, offering accepting or neutral feedback to a client's self-disclosures. Physical proximity strengthened adherence to a counselor's dieting recommendations when accepting feedback was offered, and lower compliance when neutral feedback was expressed.

Psychopathology and proxemics has been researched (Rime et al., 1978). Trained judges analyzed videotaped sessions of male adolescents living in a minimum security institution. The results suggested that psychopaths leaned forward more, reducing the distance between themselves and their counselors, and displayed more hand gestures. The nonpsychopaths smiled more and maintained eye contact for shorter periods of time.

The communication by counselors of warm and humanistic feeling in nonverbal manners and the monitoring of clients' true concerns has been approached (Hillison, 1983). Facial expression, tone of voice, and

spatial/physical proximity were explored. Facial expression, such as smiling, was found to elicit immediate feedback for the counselor. Tone of voice complimented spoken words and gave them more meaning. Close proximity to the point of invading personal space was efficient in communicating warmth and humanness.

Recently, proximity as it correlates with self-disclosure in groups has been approached (Bunch, Lund, & Wiggins, 1983). The basic hypothesis of the study was that self-disclosure would increase over time, while the perceived distance among group members would decrease and the quality of self-disclosure was expected to become more personal. Twenty graduate counseling students were assigned to two groups, each meeting for two and one-half hours per week for seven weeks. Self-disclosure was measured by an observer who rated subjects' statements throughout the group process. Subjects' perceived distance between self and other group members was used as a measure of group cohesion. While an inverse relationship between self-disclosure and perceived distance was not supported, the results indicated that self-disclosure increased over time and that subjects perceived themselves as being closer over sessions. In addition, the observations disclosed that the perceived area size of the groups, indicating perceived closeness, decreased over time and higher-quality self-disclosure increased over time.

Communication in counseling may be determined by the nonverbal behaviors of both counselor and client more than by spoken words. Norman (1982) described facial expression, nonverbal vocal behavior, kinesics, visual behavior, and proxemics as they communicate messages in counseling. The researcher suggests that knowledge and understanding of nonverbal communication can speed up identification of the real problem. Observations of clients in the waiting room, assessing the offer or lack

of offer of a handshake, assessing the client's walk and choice of chairs may all be viewed in terms of counselors gaining valuable information about their clients.

Tactile Responding in Psychotherapy

The earliest of the five senses to develop and myelinate, touch is present in the human fetus approximately eight weeks after conception (Thayer, 1982). Touch has been called the mother of the senses (Montagu, 1971).

Within the content of present-day therapeutic practices, tactile communication is assuming an everincreasing role. There is a growing awareness that often a single touch seems to evoke an atmosphere of acceptance and caring (Pattison, 1973). Jourard (1968, p. 65) stated: "Some form of physical contact with patients expedites the arrival of this mutual openness and unreserve. . . ." Several others have supported such an opinion (Brattø, 1954; Frank, 1957; Schutz, 1967). Fundamental to the development of healthy emotional relationships, touch or tactile stimulation seems important (Montagu, 1971). Wilson (1978) revealed that tactile stimulation, between the bodies of infant and mother, provides the primary means of learning whether the world is a hostile, rejecting place, or a warm, caring one.

However, other authors believed that touching may be harmful (Burton & Heller, 1964; Wolberg, 1967). Wolberg (1967, p. 606) stated: "It goes without saying that physical contact with the patient is absolutely taboo." Thus, controversy exists concerning touch within the context of psychotherapeutic practices.

The conflicting professional opinions held on the appropriateness of physical contact in counseling may explain why interpersonal touching has

been largely overlooked in the extensive literature on the counseling process (Burton & Heller, 1964; Forer, 1969; Rogers, 1942; Schutz, 1967; Wolberg, 1967). Uniform support for the beneficial effects of physical contact in animal studies (Harlow, Harlow, & Hansen, 1963; Rheingold, 1963) and child development research (Erikson, 1950; Spitz, 1946) has been noted.

Pattison (1973) first reported counseling effects of touch in a study offering three major hypotheses: (a) clients who are touched will engage in more self-exploration than clients who are not touched, (b) counselors will be perceived differently by the clients they touch than by the clients they do not touch, and (c) counselors will feel differently toward the clients they touch than towards the clients they do not touch. While no group differences were noted in the perceptions of the counseling relationship, clients who were touched did engage in greater depth of self-exploration than untouched controls. Couselees were not perceived as more liked by counselors than untouched ones.

In renown studies of primate mothers and infants, Harlow and Zimmermann (1959) researched tactile stimulation and its importance to healthy development. Utilizing padded, wire mesh surrogates, infant monkeys valued tactile stimulation versus nourishment. Even after feeding on an exclusively wire mesh surrogate, the infant monkeys returned to the padded mother.

In an analogue study, Raiche (1977) found that first and third graders who were shown videotaped counseling preferred the counselors who touched more than those who did not touch. Additionally, these children felt more inclined to self-disclose to the "touching" counselor than to the "untouching" counselors.

Montagu (1971) aided the reduction of infant death at Bellevue Hospital in 1938 by establishing that infants should be "mothered" several times a day. Moreover, in the same year, Montagu discovered that if tactile stimulation is maintained, infants could survive sensory deprivation of light and sound.

As age increases, physical contact between adults appears to generally decrease (Willis & Reeves, 1976). Interpersonal tactile contact tends towards social amenities (e.g., shaking hands or a hug hello) or sexual communication. Jourard and Rubin (1968) found that among adults, physical contact was nearly three times greater between opposite-sexed friends than with parents or same-sexed friends. Sexual overtones seemed to be the aspect of resistance to adult touching.

Until recently, interpersonal touching had been largely neglected in the extensive literature on the counseling process (Bacorn & Dixon, 1984). This dearth of research derives, at least in part, from the conflicting professional opinions held on the appropriateness of physical contact in counseling (Burton & Heller, 1964; Forer, 1969; Rogers, 1942; Schutz, 1967; Wolberg, 1967). Although animal studies (Harlow, Harlow, & Hansen, 1963; Rheingold, 1963) and child development research (Erikson, 1950; Spitz, 1946) have uniformly supported the beneficial effects of physical touch, counseling research findings have been inconclusive.

Touch in psychotherapy has received mixed reviews. Findings of such studies have yielded both positive (Alagna et al., 1979; Fisher, Rytting, & Heslin, 1976; Hubble, 1980; Kleinke, 1977; Pattison, 1973; Raiche, 1977; Spinn, 1976) and negative (Major, 1981; Stockwell & Dye, 1980; Walker, 1971) results. Touch at a critical time can be reassurance that one is not alone and can provide relaxation (Forer, 1969; Older, 1977). Counselors were perceived as significantly more expert when they touched

their clients (Hubble, Noble, & Robinson, 1981). During a single interview, Spinn (1976) found that touch did effect change in interpersonal attraction of the client to the counselor when measured by physical distance. Touch in counseling sessions has enhanced self-disclosure of clients (Pattison, 1973) and increased verbalization and improved attitudes toward medical staff nurses (Aguilera, 1967).

Jourard (1966) ascribed sexual overtones of touch in psychotherapy as Teutonic, English, and American attitudes leading to detrimental effects. This taboo forbidding touch in psychotherapy has varied support (Burton & Heller, 1964; Render & Weiss, 1959; Wolberg, 1967).

Sex differences on the effects of touch have been discovered. Fisher, Rytting, and Heslin (1976) reported that female subjects responded more positively in terms of affect in the observed touch condition of their study. Additionally, females reported more favorable affective, behavioral, and physiological reactions than did males in research assessing the effects of nurses touching patients during pre-operative teaching (Whitcher & Fisher, 1979).

Alagna et al. (1979) varied touch, sex of client, and sex of counselor in an initial interview. When college undergraduates with career interests were subjects, a significant main effect was found. More positive ratings of the counseling experience were given by subjects who were touched than by those who were untouched. When dependent measures of the depth of client self-exploration and counseling evaluation was explored in a design in which touch, sex of client, and sex of counselor were factors, no significant differences were found (Stockwell & Dye, 1980).

Hubble, Noble, and Robinson (1981) conducted a study which revealed that counselors were perceived as significantly more expert when they touched than when they did not. Measures of willingness to self-

disclose, anxiety, and ratings of counselor trustworthiness, attractiveness and expertness were of issue. The investigation focused on the moderating effects of the client's field of dependence and field of independence on their response to a counselor's touch.

Variance of client problems as they relate to the effects of touch in counseling has posited some additional attributes in the investigation of touch. Hooper and McWilliams (1967) and Mintz (1969b) discovered that tactile contact may have its strongest, most positive impact during times that feelings of alienation, depression, and interpersonal estrangement are often greatest.

Guidelines for touch research have been laid down (Fisher, Rytting, & Heslin, 1976). For a touch to be favorably accepted by the recipient it must: (a) be situation appropriate, (b) be no more intimate than the receiver desires, and (c) not communicate a negative intention. Contextual suitability may also be determined by the absolute amount of touching, the kind of touch (i.e., pat, grasp, etc.), and body zones. The "touches" may be chosen based on investigations of areas of body accessibility (Jourard, 1966; Jourard & Rubin, 1968). Between females with same-sexed and opposite-sexed friends, these authors found hand, lower arm, upper arm, upper back, and front shoulder areas were most accessible.

Pattison (1973) revealed client comments in and out of session about having been touched and observations of clients who were touched indicated that there was some kind of meaningful impact on the client in terms of rapport building. Counselors reported that in several cases, a closer rapport with clients whom they touched was experienced. This supported the research of Whitaker and Malone (1953) that the behavior of caring can elicit the feeling of caring. Pattison (1973) stated:

We need to know more about other effects of touch on the client (physiological, attitudinal, and behavioral). What are the normative data on touch for behaviors, attitudes, physiological response, and interpretation of touch? What are the most appropriate ways (occasions, durations, locations) to touch for maximum effectiveness? What are the sex differences on dimensions of touch? (p. 170).

Gritzmaeker (1974) studied the variables of touch and talk and their effect on client trust, looking at four combinations. In the experimental cells, each contained six male and six female subjects. The control cell was comprised of 26 female and 27 male subjects. Combinations in the experimental cells consisted of: (a) no touch-no talk, (b) touch-no talk, (c) no touch-talk, and (d) touch-talk. The results concluded that as the variables of touch and talk were combined, and the more the interviewer participated, the more trust the subjects developed toward the interviewer.

Maier and Ernest (1978) examined sex differences in the perception of touching. The subjects rated written descriptions of interactions involving one person touching another. Touching was discovered to be positively correlated with trust for females, but negatively correlated with trust for males.

Friedman (1978) described a holding technique in family therapy. In families in which there is authority role reversal, the omnipotent child is held by the parent without applying punitive or stimulatory action. The technique was found effective in establishing parental authority in 19 of 25 families, as judged from follow-up interviews after 15-month intervals. This primarily physical, rather than verbal technique, is quick, decisive, nurturing, and effective. Raiche (1977) studied touch as it relates to counselor portrayal of empathy and regard, and in the promotion of child self-disclosure, as measured by videotape simulation. In this experiment, first through third graders were subjects in

simulated counseling sessions with counselor touching versus not touching the client, as touch relates to perception of counselor's regard and empathy. The results demonstrated positive correlations with subjects' willingness to self-disclose.

Suiter (1984) investigated a comparison of male and female professionals and nonprofessionals evaluating the use of touch in psychotherapy. Of interest to the researcher was the level of neurotic touch of the client by the counselor.

Dye (1983) studied the effects of male and female counselor touch on perceived counselor expertness, attractiveness, and trustworthiness utilizing male and female clients. This experiment examined the relationship between the decoding ability in nonverbal communication and characteristic verbal and nonverbal behaviors. The interviews were conducted by beginning counselors described as "good decoders" (17) and "poor" (17) decoders as assessed by the profile of nonverbal sensitivity. Interviewer behavior was rated subjectively by the client, as well as objectively by two trained observers who counted the occurrences of certain verbal and nonverbal behaviors. Comparison of good versus poor decoders revealed no significant differences between groups on the two multivariate sets of ratings of clients and observers.

Videotape Presentation of Stimulus

Videotape was employed in this study as the medium of stimulus presentation. The purpose of this section is to address the issues concerning videotape as an important vehicle in counseling research.

English and Jelenevsky (1971) trained judges comparing counselor behavior as presented in audio, visual, and audiovisual modes. For all three media modes, they discovered a relatively high reliability (above

.50). Of these modes, none was proven to yield distinctively higher reliability ratings. Tanney and Gelso (1972) developed a videotape study which found that nonrecorded clients perceived the interview as most stimulating, while recorded clients found it least stimulating. However, counselor rating reflected an almost opposite pattern. Gladstein (1974) comprehensively reviewed much of the evidence relating nonverbal behavior to counseling, which illustrated that such investigations derive information from combinations of various verbal and nonverbal behaviors with brief video segments. Frankel (1971), in counselor training research, found that they became more adept in their ability to focus on client feelings after receiving videotaped feedback.

The use of videotaped segments, combined with various verbal and nonverbal conditions, have revealed significant results in several studies (Haase & Tepper, 1972; Fretz, 1966; LaCrosse, 1975; Smith-Hanen, 1977; Strong et al., 1971; Tepper & Haase, 1978; Tipton & Rhymer, 1978).

Siegel (1978) studied the effects of objective evidence of specialized training and expert nonverbal behaviors in a videotaped counseling analog setting. Eighty female undergraduates viewed videotapes of a standardized counseling interaction between a professional counselor and a confederate client and then rated the counselor on a credibility checklist. Results of the two-factor ANOVA indicated that each manipulation significantly affected perceived expertness. The expert nonverbal behavior had the greatest effect on subjects' perceptions, and there was no interaction of effects.

In a study of patient-physician interviews, Smith and Larsen (1984) analyzed sequential nonverbal behavior in videotapes of 34 doctor-patient interviews. There was found to be a definite constancy to nonverbal

behavioral interaction between one patient and physician in a defined office interview setting.

Traweek (1977) designed a comparison study of two procedures for training graduate student counselors and psychotherapists in the use of nonverbal behaviors. This investigation pertained to the effects of different verbal counseling styles, selected nonverbal behaviors, and sex of the client on facilitative conditions of the counseling relationship. The verbal counseling style included an affective and behavioral interactive communication style. The nonverbal behaviors were eye contact, head nodding, smiling, and forward trunk lean. Both male and female (20 undergraduates) were interviewed by male counselors. The study discovered that certain nonverbal behaviors were related to the three facilitative conditions. However, interactions with other variables modified the effects on the relationship characteristics. Nonverbal behaviors, in some cases, showed negative effects in opposition to the facilitating effects hypothesized.

Videotape was used to determine differences in nonverbal behaviors of learning disabled boys versus nonlearning-disabled boys (Bryan, Sherman, & Fisher, 1980). While discussing their television preferences, 13 learning-disabled and 14 nondisabled boys ($\bar{X}=119.78$ months) exhibited differences in three forms of nonverbal or paralinguistic activities. The learning-disabled boys demonstrated less time looking at the interviewer while speaking, less time smiling while talking, and greater use of filled pauses.

Butterfield (1977) developed an analysis of interaction in observations of nonverbal behaviors. Sources of error in observations of nonverbal behavior, in a three-factor ANOVA and individual paired comparisons, indicated that type of session, time within the session

(earlier versus later), and a six-mode-related judge-interviewee pattern all were relevant to recording accuracy. The two major findings indicated: (a) higher judges' response during the earlier stages of the sessions, and (b) greater accuracy by judges when observing members of their own sex.

Sex differences and counselor education level determining nonverbal acuity was investigated by Sweeney and Cottle (1976). The subjects were 100 male and female students in graduate programs in counselor education and business management. Asked to identify nonverbal information about emotional states from pictures, no significant difference between counselors and noncounselors was found. However, results showed that sex influenced nonverbal acuity, with females being significantly more accurate than males. In a similar study, Waxer (1974) asked 25 final-year psychology undergraduates, 21 final-year counseling undergraduates, 15 counseling graduates, and 6 clinical faculty members to watch a silent videotape of five depressed and five nondepressed psychiatric patients. Based on nonverbal clues alone, the raters were asked to identify the depressed patients. The nonverbal cue areas identified as salient for depression were angle of head (downward), eyes (less eye contact), and mouth ("down in the mouth"). All four rating groups were able to identify depressed patients with much better than chance success. Counseling graduates identified depression best and were significantly more accurate than the least accurate group, psychology undergraduates.

Summary

A discussion of selected literature related to the areas which were under investigation in this study was presented in this chapter. Nonverbal communication or behavior and its importance in counseling was

discussed, as well as touch interactions. Literature pertaining to the definition, importance, and use of nonverbal behavior by counselors and counselees was also presented. Lastly, a discussion of videotaped analysis of counseling interactions was addressed. In addition, instruments utilizing the concepts of touch and nonverbal behavior have been developed which have aided in objectifying the study of counseling interactions.

CHAPTER III

METHODS AND PROCEDURES

Introduction

This chapter will discuss the research methodology and procedures which were employed in the present study. Areas included were: (a) subjects or judges, (b) instrumentation, (c) research design, (d) procedures, and (e) vignettes.

Population and Sample

Subjects or judges for this study were drawn from graduate level counseling students at a major southwestern university who volunteered to participate and therefore may not be a valid sample of all graduate counseling students in training in general. Since volunteers have been involved, the results may only be generalized to similar populations. Subjects or judges were randomly selected from the group of students who volunteered to participate and, in addition, were randomly assigned the treatment modality. This population was chosen for its accessibility to the researcher and the generalizability of the results to graduate counseling students. Permission to ask for volunteer participants was gained from individual class instructors of practicum and internship graduate level counseling classes. The factor of "understandability" is also represented (Isaac & Michael, 1983; Nunnally, 1961). Also included in the instrument were Carkhuff's (1969) five dimensions or functions of a

therapeutic relationship. The five functions consist of empathy, respect, genuineness, concreteness, and immediacy (Carkhuff, 1969). To delineate each of the five factors presented, 10 bipolar and adjective pairs were utilized. A seven-point Likert-type scale was provided for each item. To avoid position habits in the response pattern, the bipolar adjectives were randomly placed, with the favorable or potent end of the scale in a right or left position. While reliability of the adjectives has been determined by previous research by Osgood, Suci, and Tannenbaum (1967), content validity was ascertained by submission of the instrument and videotapes to review by a panel of professional counselors. These practicing counselors verified the simulated counseling interview vignettes as representing actual counseling interview sessions. The panel also found the stimulus presentation of touch or no-touch to be measurable, appropriate, and nonerotic. This panel consisted of the staff of counselors practicing at a university counseling center. A total of six practicing counselors volunteered to participate, including three males and three females.

Research Design

The design utilized in this study was a Posttest-Only Control Group design (Campbell & Stanley, 1966). Subjects or judges were randomly assigned to view eight combinations of variables. This design controls for all sources of internal validity except mortality, which was not considered to be a problem as each subject or judge was involved for only a brief time period. The measurement modality employed in this study was direct observation of eight videotaped, simulated counseling interviews as viewed by the participants. The tapes ran approximately 10 minutes each. The tapes consisted of male-male, female-male, male-female, and

female-male counseling interview dyads. External validity was compromised due to the use of volunteer participants, even though randomly assigned to treatment and control procedures. For control of order effect, the order of presentation of the touch and no-touch variable was counter-balanced. Each of the participants spent one hour viewing four of the eight tapes and then scored one revised "Semantic Differential-Counselor Characteristics Inventory" (SDCCI) subsequent to each tape viewed (Appendix A).

Procedure

Twenty-seven graduate-level counseling students participated in this study, which investigated perceived counselor characteristics. The participants were randomly assigned four of eight videotaped counseling interviews for viewing. Each person completed an information sheet which included the individual's age, sex, graduate level status, and the sex of the counselor/client dyad viewed of each vignette. They were also asked to complete an informed consent form (Appendix B).

Two private viewing rooms were scheduled for the videotape observation. The actual tapes were recorded in a studio setting. Two doctoral students greeted each judge and supervised the observation process. These students were provided instructions of procedure regarding the study (Appendix C). After viewing each counseling interview dyad, the observers scored a SCDDI. The participants received no extra credit nor any other remuneration for their participation.

In order to assure randomization of the stimulus presentation, the eight videotapes were edited by a media specialist. The final product included two videotapes for the observers' consideration. All observers were exposed to all gender dyad combinations and the flip of a coin

determined which four counseling interview dyads were to be included on each of the two videotapes of stimulus presentation. Videotape A included the following counselor/client dyads: female counselor/male client (no-touch), male counselor/male client (touch), male counselor/female client (no-touch), and female counselor/male client (no-touch). Videotape B included the following counselor/client dyads: male counselor/female client (touch), female counselor/male client (touch), male counselor/male client (no touch), and female counselor/female client (touch).

The format of the research involved eight videotaped counseling interview vignettes of simulated counseling interviews. Each vignette was identical except for the touch variable and the sex of the counselor/client dyad. The tapes depicted a counseling interview of approximately 10 minutes each. The order of presentation (touch or no-touch) was randomly varied to control for order effect. The information sheet was coded, enabling the researcher to identify the touch treatment as either Vignette A or Vignette B. Subsequent to viewing each tape, the participant completed one SDCCI. Each participant was given the opportunity to sign up to receive by mail a brief report of the completed analysis of the study.

The students individually signed a sheet which requested their name and telephone number. Each volunteer was contacted by telephone to relate scheduled viewing times and the location of the study. One hundred and eight observations were generated. Of the 38 graduate counseling students who volunteered, 27 actually participated in the present study. The participants were comprised of 19 females and 8 males. The females' ages ranged from 23 to 44 years of age. Twelve of the females were master's level students and seven were at the doctoral level. Three of the

male students were master's level students and five were doctoral level students. All of the participants had experienced either practicum or internship level work. These observers engaged in the study individually and at random. The selection of time during which each participated was their own choice.

Instrumentation

A revised SDCCI was employed as a method of measuring the meaning of concepts. Osgood, Suci, and Tannenbaum (1967, p. 117) identified three factors of "evaluative," "patency," and "activity" in describing the semantic differential as a method of measuring the meaning of concepts.

Vignettes

Eight videotaped vignettes of simulated counseling interviews were produced. All eight vignettes were identical except for the touch dimension being included in one vignette and not the other, the sex of the counselor, and the sex of the client. Vignettes consisted of male-male, female-female, male-female, and female-male counseling interview dyads. The same counselors and clients role played in all eight videotapes so as to minimize the possibility of differences due to the interaction between counselor and client.

The vignettes presented a relationship problem experienced by the clients. The clients were seeking better communication in areas of concern in their relationships. The content of the script was chosen as a common area of concern in counseling. Content validity of the script was determined by a panel of judges who were asked to evaluate the authenticity of the dialogue.

The counselors in the videotapes received four hours of training to conduct the simulated interview and the touching dimension. The vignettes were identical, except for the touching behavior. The training of the counseling sessions assured that the touching behavior was uniform and appropriate. The touch administered in this study was on the client's hand or forearm and was paired with a counselor question, reflection, or summarization. In Appendix D, the dialogue reflects the counselor initiated touch as I. The same script was followed in all vignettes and all conditions were identical other than the touch, no-touch dimension.

In the no-touch vignette, the counselor did not touch the client in any way throughout the introduction or session. The counseling dialogue was consistent in both the touch and the no-touch script. The proximity of physical distance between counselor and client remained constant, as well as counselor behavior in both the touch and no-touch conditions.

Statistical Design

The present investigation constituted a 2 x 2 x 2 factorial multivariate analysis of covariance (MANCOVA). The study tested for significant relationships between the sex of participants in each of the dependent variables. The covariates included each judge's age and sex. The study tested the interactions among the fixed categorical independent variables of sex of the counselor and counselee and the within treatment repeated measure, touch versus no-touch. The dependent variables were the participant's perceptions of the counselors on the five dimensions of counselor's empathy, respect, genuineness, concreteness, and immediacy. The subject's age and sex served as covariates to determine significant differences among the counselor dimensions of empathy, respect,

genuineness, concreteness, and immediacy as a result of different types of counselor nonverbal behavior. The multivariate analysis of covariance (MANCOVA) was chosen because it allows for comparison of covariants among the variables.

Computations were done employing a computerized system, SYSTAT. The minimum requirement for significance was set at an experimentwise error rate of .05. Individual item scores (median scores) were calculated for each variable for each case. Median scores were conducted on all scales and used as scale scores. The multivariate analysis of covariance (MANCOVA) was conducted on the median scores of the independent variables and covariants across the dependent variables. If significance of the MANCOVA was revealed, Wilks' lambda test of significance was performed. In order to determine for what dependent variables significance was indicated, univariate F tests were calculated. Post hoc examinations were conducted on the univariate F tests for each of the dependent variables to determine major contributors to the construct.

Summary

The focus of this chapter has been the design and research methodology utilized in this study. Attention was given to: (a) population and sample, (b) instrumentation, (c) research design, (d) procedure, (e) vignettes, and (f) statistical design.

CHAPTER IV

RESULTS OF THE STUDY

Introduction

The major purpose of this study was to evaluate the main and interactive effects of differences among counselors. Their perceptions of empathy, respect, genuineness, concreteness, and immediacy were based on the presence or absence of touch. In addition, the evaluation concerned the sex of the counselor/client dyad in the counseling interview.

The chapter presents the results of the statistical analyses in relation to the research question and hypotheses. A 2 x 2 x 2 factorial multivariate analysis of covariance (MANCOVA) with Wilks' lambda criterion was used to analyze the raw data. The significance of main and interactive effects sought were those among counselor touch or no-touch, sex of the counselor/client dyad, and sex of the observer, on perceived counselor functions of empathy, respect, genuineness, concreteness, and immediacy.

The independent variables were: (a) the presence or absence of touch in the counseling interview, (b) the sex of the counselor and the client in the counselor/client dyad, and (c) eight videotaped vignettes of counseling interview dyads. The dependent variables were: (a) observer perceptions of empathy, respect, genuineness, concreteness, and immediacy as measured by a revised "Semantic Differential-Counselor Characteristics Inventory" (SDCCI). The covariates were: (a) sex of the

observer, and (b) age of the observer. Confidence intervals were established at $p < .05$ in efforts to test the various statistical procedures for significance.

The data consisted of demographic information from each observer, with observer responses to 5 direct ratings and 10 summative scales. These scales were utilized in order to assess the dimensions of a counselor's functions of empathy, respect, concreteness, genuineness, and immediacy.

The procedure involved showing the observer four of eight videotaped counseling vignettes which were identical except for the touch, no-touch dimension and the sex of the counselor/client dyad. Each observer was then asked to respond to the SDCCI subsequent to viewing each vignette.

Results of the Hypotheses

The following hypotheses were tested in this investigation:

Hypothesis 1. There will be differences of significance perceived by observers among the variables, and any relationship found will be a chance relationship, not a true one.

The factorial multivariate analysis of covariance (MANCOVA) revealed significance for one main effect and one interactive effect. The means and standard deviations used in the analysis are presented in Table 2. The multivariate analysis of covariance revealed that the covariates of observer sex and observer age did not significantly contribute to the analysis (Wilks' lambda = 0.516, $F(5,94) = 1.760$, $p > .05$).

Hypothesis 2. There will be a significant interaction shown among the independent variables and the dependent variables.

The multivariate analysis of variance (MANCOVA) indicated significant main effects ($F(5,94) = 2.377$, $p < .05$). Post hoc examination of

Table 2

Overall Means and Standard Deviations of Perceived Counselor Characteristics as Measured by Five Direct Ratings

N=108									
Empathy		Respect		Genuine-ness		Concrete-ness		Immediacy	
M	SD	M	SD	M	SD	M	SD	M	SD
5.097	1.199	5.218	1.248	5.250	1.274	5.505	1.237	5.111	1.376
N=56 <u>Touch Cell Means and Standard Deviations</u>									
4.982	1.206	5.143	1.212	5.277	1.261	5.232	1.272	4.982	1.314
N=52 <u>No-touch Cell Means and Standard Deviations</u>									
5.221	1.190	5.298	1.292	5.221	1.300	5.798	1.139	5.250	1.440

Univariate Source Table

P .05

Variable	df	Hypothesis Sums of Squares	Error Sums of Squares	Hypothesis Means Squares	F	P
Empathy	1,98	63.563	134.798	63.563	46.211	0.000
Respect	1,98	92.203	153.243	92.203	58.964	0.000
Genuine-ness	1,98	79.747	160.287	79.747	48.758	0.000
Concrete-ness	1,98	82.123	145.460	79.747	55.328	0.000
Immediacy	1,98	95.557	185.879	95.557	50.380	0.000

the univariate F tests indicated that the major contributor to the construct was the significant main effect found on the independent variable, touch ($F(5,94) = 2.377, p < .05$). Further examination of the univariate F tests revealed the touch variable was significant for only the concreteness dependent variable ($F(1,98) = 6.2999, p < .05$) (Table 3). Examination of the cell means for the touch independent variable/concreteness dependent variable revealed that the counselors in the no-touch condition were perceived more favorably than were counselors in the touch condition (Table 4).

Table 3
Univariate Source Table

Variable	SS	df	MS	F	p
Empathy	2.434	1.98	2.434	1.769	0.187
Respect	0.710	1.98	0.710	0.454	0.502
Genuineness	0.041	1.98	0.041	0.025	0.874
Concreteness	9.349	1.98	9.349	6.299	0.014*
Immediacy	1.696	1.98	1.696	0.894	0.347

* $p = .05$

Hypothesis 3. There will be significant interactions shown among the independent variables which produce interactions on the dependent variables.

The significant interactive effect was revealed on the counselor sex x client sex interaction ($F(5,94) = 2.540$, $p < .05$). Examination of the univariate F tests (Table 5) revealed that this interaction was significant for only the dependent variable empathy ($F(1,98) = 4.121$, $p < .05$). Examination of the interaction of the means and standard deviations for the condition of counselor sex by client sex on the dependent variable empathy revealed that male counselors were perceived as more empathetic with female clients than with male clients.

Table 4

Cell Means and Standard Deviation for Touch and No-Touch

	Empathy	Respect	Genuineness	Concreteness	Immediacy
<u>Touch</u>					
\bar{X}	4.982	5.143	5.277	5.232	4.982
SD	1.206	1.212	1.261	1.272	1.314
<u>No-Touch</u>					
\bar{X}	5.221	5.298	5.221	5.798	5.250
SD	1.190	1.292	1.300	1.139	1.440

Hypothesis 4. There will be significant interactions of the covariates which mediate the results of the above hypotheses.

Female counselors were perceived as being almost equally empathetic regardless of sex of the client or observer. Male counselors were

Table 5

Interaction Means and Standard Deviations for Counselor Sex by Client Sex:

Empathy

<u>Counseling Dyad:</u>	Mean= \bar{X}	Standard Deviation= SD
Male counselor/male client:	4.648	1.277
Male counselor/female client:	5.574*	0.906
Female counselor/male client:	5.056	1.227
Female counselor/female client:	5.111	1.227

		Client gender:	
		Male	Female
Counselor gender:	Male	4.648	5.574*
	Female	5.056	5.111

P .05 = *

perceived as being more empathetic with female clients than with male clients. Also, male counselors were perceived as being more empathetic with female clients than were female counselors (Figure 1).

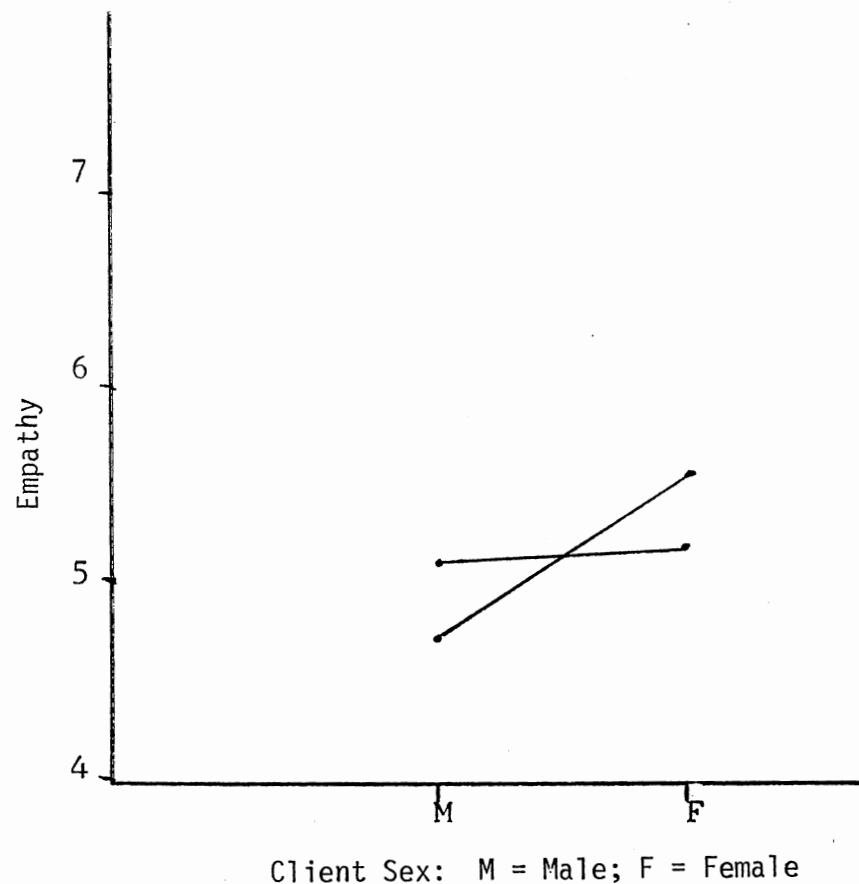


Figure 1. Counselor Sex by Client Sex: Empathy

In order to determine if the order of presentation of the videotapes had any effect on the study's outcome, a factorial multivariate analysis of variance (MANOVA) was performed. The multivariate analysis of

variance (MANOVA) indicated that no statistical significance was found regarding order of presentation of the stimulus. Further examination of the multivariate F tests revealed ($F(5,99) = 1.338$, $p > .05$).

Summary

The purpose of this study was to examine the different perceptions of male and female observers who viewed videotapes of touched and non-touched clients during counseling interviews. Five direct ratings with 10 summative scales were utilized to assess the dimensions of a counselor's functions of empathy, respect, concreteness, genuineness, and immediacy.

The significant main effect was found on the touch independent variable. The touch variable was significant for the concreteness dependent variable only. For the touch independent variable/concreteness dependent variable, the counselor in the no-touch conditions were perceived as being more concrete than counselors in the touch condition.

Significant effects were revealed for the empathy dependent variable only in terms of interaction. Male counselors were perceived as more empathetic with female clients.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

This chapter includes a summary of the major elements of the study in three sections. The first section provides a summary of the study's general purpose, the research question, and the statistical methods utilized to test the data for significance. The second section addresses the conclusions drawn from the study. The final section discusses recommendations for further research concerning the present study.

Summary

Empathy, respect, genuineness, concreteness, and immediacy are counselor characteristics considered essential by many authorities on counseling practice. The purpose of the present study was to evaluate the observer's perception of these core conditions: empathy, respect, genuineness, concreteness, and immediacy. The study investigated the impact of physical touch, sex of the counselor/client dyad, and sex of the observer as it related to the research subject's perception of the counselor characteristics of empathy, respect, genuineness, concreteness, and immediacy.

The individuals who served as observers for this study were graduate level counseling students at a major southwestern university. One hundred and eight observations were generated from 27 participants. Six

practicing counselors from a university counseling center participated to assure authenticity of the stimulus presentation.

The revised "Semantic Differential-Counselor Characteristics Inventory" (SDCCI) was composed of two parts: 5 direct ratings and 10 summative scales. The content consists of 50 total scales which are based on a seven-point Likert-type rating criteria. The dependent measure was the subject's perceptions of counselor characteristics of empathy, respect, genuineness, concreteness, and immediacy. The instrument consisted of 10 items for each dimension, utilizing a seven-point Likert scale for each item.

In addition to the SDCCI, eight videotaped vignettes were produced. Four depicted a male counselor working with both male and female clients. The remaining four were of a female counselor working with both male and female clients. The vignettes varied only in the sex of the counselor/client dyad and the presence or absence of touch. In one vignette, the female counselor touched the client and in the same counselor/client dyad, there was no physical contact. The same manipulations of the touch variable was found in the vignettes with the male counselor. The counselor made physical contact with the client during the introductory phase, and several additional times during the interview with a request for clarification, to reflect, or to summarize.

The eight vignettes included counselor/client dyads as follows: male counselor/male client (touch), male counselor/male client (no-touch), male counselor/female client (touch), male counselor/female client (no-touch), female counselor/male client (touch), female counselor/male client (no-touch), female counselor/female client (touch), and female counselor/female client (no-touch). Each subject viewed 4 of the

10 minute vignettes and completed one SDCCI subsequent to each vignette viewed.

The graduate level counseling students participated voluntarily and individually, based on their own selection of times scheduled for the study. Each volunteer was randomly assigned to view four of the eight treatment modalities. The subjects' ages ranged from 23 to 44, with a mean age of $\bar{X}=32.185$. The students received no extra credit nor any other remuneration for their participation in the present study.

Research Question and Hypotheses

The following research question and hypotheses were examined on the counselor functions of empathy, respect, genuineness, concreteness, and immediacy:

"Are there differences in the dependent variables based on touch, counselor gender, and client gender?"

Hypothesis 1. There will be differences of significance perceived by observers among the variables, and any relationship found will be a chance relationship, not a true one.

Hypothesis 2. There will be a significant interaction shown among the independent variables and the dependent variables.

Hypothesis 3. There will be significant interactions shown among the independent variables which produce interactions on the dependent variables.

Hypothesis 4. There will be significant interactions of the covariates which mediate the results of the above hypotheses.

The statistical analysis employed in this study utilized a factorial multivariate analysis of covariance (MANCOVA). The multivariate test statistics reported was Wilks' lambda. Univariate F tests were employed

to determine probability of significance. A factorial multivariate analysis of variance (MANOVA) was performed on order presentation.

Conclusions

The results of the statistical findings and considerations of the limitations and assumptions of this study warrant the following conclusions regarding the research question and hypotheses. Statistical significance was revealed for one main effect and one interactive effect.

The touch independent variable/concreteness dependent variable revealed that the counselors in the no-touch condition were perceived as being more concrete than were counselors in the touch condition. A review of the literature on touch indicated that it remains an area of controversy. The initiation, duration, and location of the touch is essential to its being favorably perceived. It may be that the subjects in this study did not perceive the touch condition as being appropriate under these considerations and conditions. Counselors in the no-touch condition were perceived more favorably along the dimension of concreteness than were counselors in the touch condition.

Since counselors in the no-touch condition were more favorably perceived, one consideration is that the touch condition may have been perceived as a distraction. The term "concreteness" is defined as dealing with the specific feelings, behaviors, and experiences of the client. It is the opposite of vagueness or ambiguity. Counselors in the touch condition were thus perceived as more vague or ambiguous. The observers viewed the counselors in the touch condition as being more uncertain, doubtful, or less precise.

The significant interactive effect was found on the counselor sex by client sex interaction for the dependent variable of empathy only. In

this study, male counselors were perceived as being more empathetic with female clients. A review of the literature indicated that opposite-sexed individuals tend to touch each other more often than do same-sexed individuals, and that females tend to touch others more than males do. This may explain why males counseling females were perceived as a more outstanding expression of empathy. This finding is supported by much of the literature that makes the association between touch and communicating a sense of empathy for another person. These findings also seem to indicate that male/female counseling dyads tend to convey a sense of empathy, but may not necessarily convey counselor respect, genuineness, concreteness, of immediacy.

Male counselors were perceived as more empathetic when working with female clients. This difference may be attributed to a perceived effort on the part of the male counselors. Empathy refers to adopting another's point of view, their internal frames of reference, and experiencing their world as they do. The male counselors may have been viewed as less bias and more openly subjective toward female clients.

• Recommendations

The results of this research have prompted additional questions which should serve as an impetus for further research. Previous research on the touch dimension has resulted in mixed outcomes. The present study represents subjects' perceptions of the counseling interview which coincide with such mixed results. Suggestions for further research based on the findings and conclusions of this study include at least the following recommendations:

1. This study used graduate level counselors; additional research using students in other areas of therapeutic intervention might be supportive.

2. The present study investigated the perceptions of young adults, the majority being in their early 30's. Raiche's (1977) study investigated similar perceptions of children. Would an elderly population perceive a no-touch condition as conveying concreteness? The literature indicated that, as individuals mature, they touch less. Touch as a means of communication may indeed vary according to age.

3. Differential modification of the touching schedule as an area of touch research is in need of investigation. In the present study, the duration of the touching behavior was brief indeed. Further research is warranted to determine if the duration of touching behavior is significant.

4. The frequency of touch in this study was uniform throughout all touching conditions. Additional research concerning how often clients are touched would be a valuable contribution.

5. Subjects for this study consisted of unequal numbers of males and females. Further research containing equal numbers of male and female subjects to determine the effects of touch on the counseling relationship are needed.

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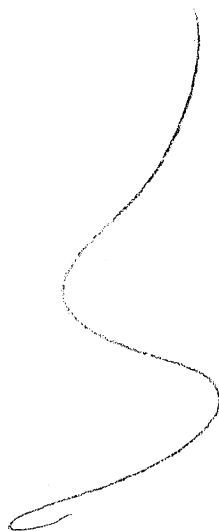
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APPENDIXES



APPENDIX A

SEMANTIC DIFFERENTIAL-COUNSELOR CHARACTERISTICS

INVENTORY

Sex (circle one): F M

Age: _____

Highest grade level completed: _____

Academic major: _____

Dyad of vignette viewed: Counselor: F M

(Circle one for each) Counselor: F M

Please indicate if you wish to receive a brief report of the completed analysis of the study.

(Circle one) Yes No

If "Yes," please provide your name and mailing address below:

Semantic Differential Counselor

Characteristic Inventory

INSTRUCTIONS

The purpose of this study is to measure how well you think the counselor is performing five different functions.

On each page of this booklet you will find different functions of the counselor to be judged and beneath it a set of scales on which you can indicate your judgment. You are to rate the function on each of these scales in order.

Here is how you are to use these scales:

Empathy

The central aspect of empathy is adopting the client's point of view, their internal frames of reference, and experiencing their world as they do.

"Now, how well do you think he/she is performing the function in terms of the following scales?"

If you feel the counselor's performance of the empathy function at the top of the page is very closely related to one end of the scale, you should place your check mark as follows:

good X _____ bad

good _____ or _____ X bad

If you feel the performance of the function is closely related to one or the other end of the scale (but not extremely), you should place your check mark as follows:

bad _____ X _____ good

bad _____ or _____ X _____ good

If the performance of the function seems slightly related to one side as opposed to the other side (but is not really neutral), then you should check as follows:

good _____ X _____ bad

good _____ or _____ X _____ bad

The direction toward which you check, of course, depends upon which of the two ends of the scale seem most characteristic of the thing you're judging.

EMPATHY

The central aspect of empathy is adopting the client's point of view, their internal frames of reference, and experiencing the world as they do.

"Now, how well do you think the counselor is performing the function in terms of the following scales?"

active	_____	passive
strong	_____	weak
unsuccessful	_____	successful
unemotional	_____	emotional
deliberate	_____	casual
powerful	_____	powerless
incompetent	_____	skillful
mature	_____	immature
reputable	_____	disreputable
sensitive	_____	insensitive

RESPECT

Respect includes acceptance, interest, concern, warmth, liking, and caring for the client. It is nonjudgmental, a caring without conditions. The essential communication is, "With me you are free to be who you are."

"Now, how well do you think the counselor is performing the function in terms of the following scales?"

active	_____	passive
strong	_____	weak
unsuccessful	_____	successful
unemotional	_____	emotional
deliberate	_____	casual
powerful	_____	powerless
incompetent	_____	skillful
mature	_____	immature
reputable	_____	disreputable
sensitive	_____	insensitive

GENUINENESS

Genuineness is simply being real in a relationship with the client. The counselor's actions are congruent with his/her experiencing.

"Now, how well do you think the counselor is performing the function in terms of the following scales?"

active	_____	passive
strong	_____	weak
unsuccessful	_____	successful
unemotional	_____	emotional
deliberate	_____	casual
powerful	_____	powerless
incompetent	_____	skillful
mature	_____	immature
reputable	_____	disreputable
sensitive	_____	insensitive

CONCRETENESS

Concreteness is dealing with the specific feelings, behaviors, and experiences of the client. Concreteness is the opposite of vagueness or ambiguity.

"Now, how well do you think the counselor is performing the function in terms of the following scales?"

active	_____	passive
strong	_____	weak
unsuccessful	_____	successful
unemotional	_____	emotional
deliberate	_____	casual
powerful	_____	powerless
incompetent	_____	skillful
mature	_____	immature
reputable	_____	disreputable
sensitive	_____	insensitive

IMMEDIACY

Immediacy is focusing on what's going on presently in the current interaction between client and counselor. It is concerned with the "here and now" of the counseling interaction.

"Now, how well do you think the counselor is performing the function in terms of the following scales?"

active	_____	passive
strong	_____	weak
unsuccessful	_____	successful
unemotional	_____	emotional
deliberate	_____	casual
powerful	_____	powerless
incompetent	_____	skillful
mature	_____	immature
reputable	_____	disreputable
sensitive	_____	insensitive

APPENDIX B

INFORMED CONSENT FORM

INFORMED CONSENT FORM

The study you are participating in involves research in Applied Behavioral Studies. It requires approximately one hour of your time to view simulated counseling interviews and filling out instruments. Confidentiality of your name or identity will be maintained. Interested governmental agencies may, in the future, inspect the records or results of this study. Any questions pertinent to this research may be forwarded to the department subsequent to the completion of the study.

Your participation is voluntary and refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Thank you for your cooperation!

SIGNATURE: _____ Date: _____

APPENDIX C
INSTRUCTIONS FOR STUDY

The materials are located in the third file drawer. There are two tapes (1 and 2) which should be alternated so that an equal number of persons view each one.

1. Have subject sign Informed Consent Form.
2. Give subject four copies of report form.
 - a. Write same case number on all copies (number sequentially from last form).
 - b. Write number of tape (1 or 2) viewed on each form.
3. Instruct subject to complete demographic information on front of first form only.
 - a. The section with name and address will be torn off in order to assure anonymity.
4. Put tape in VCR and instruct subject to view the first segment, press STOP, and complete the first form; then view the next segment, press STOP, and so on. The completed forms are stored in the back of the drawer with the blanks.

NOTE: If two or more persons are viewing at the same time, please instruct them not to talk to each other during the experiment.

APPENDIX D

VIGNETTE SCRIPT

COUNSELOR-CLIENT DIALOGUE

(Co=Counselor; Cl=Client; T=Touch)

- T Co: Hi, my name is John. (Co: Shakes hands with client.)
- Cl: Hi, John. I'm Sue.
- T Co: Please come with me and we can talk privately. (Co: Touches client on shoulder.)
- Co: What brings you in to see me today?
- Cl: Well, it's hard to put into words. (Pause.) I've been feeling down lately and can't seem to get it together.
- T Co: You have been feeling down and confused? How would you like things to be different?
- Cl: I'd like to be happier.
- Co: Happier? How?
- Cl: Well, school isn't going so well, but I think the real problem is something else. I'd like to be able to talk more with others. You know, let them know how I feel about things.
- Co: How long has this been a problem?
- Cl: It's been a problem since I started school here this year.
- Co: How has this interfered with your life?
- Cl: Well, besides feeling "down," I can't seem to get anything done. My school work is suffering, although I'm a pretty good student most of the time. And I'm spending more and more time alone. I guess I'm not having fun, not like I used to. I just want someone to talk to, someone who cares.
- T Co: You have been feeling down and your school work is not what you would like? Spending time alone for you isn't what you're used to and no fun--you miss someone close to talk to?
- Cl: Yes, it seems like I'm more lonely than usual. Really, I wish I could just talk with people more. It's the people close to me that I want to be talking to. It just seems so hard to talk with them anymore.
- Co: So you have friends here, but it's not easy to talk with them?
- Cl: Yes, we just aren't close, like I want.

- T Co: Not being able to be close to those friends of yours must be frustrating. You feel a need to share important things with them, but that's not happening?
- Cl: That's right. I just miss those heart-to-heart talks. The kind I used to have with friends.
- Co: You miss your friends?
- Cl: Well, I have friends here, but it's not the same. My old friends are at home. I have a boyfriend/girlfriend here, but we don't talk the way my old friends and I used to. They understood things without being told.
- T Co: Your new friends and your boyfriend/girlfriend don't talk with you the way your old friends did? What's different?
- Cl: Mostly it's the way my boyfriend/girlfriend and I talk. We don't talk about much. Oh, we talk about the weather and our classes, where we'll go on dates, but that's about it. We don't talk about important things.
- Co: What important things?
- Cl: I have trouble telling him/her how I feel about things and he/she doesn't share things with me. It's the same with my other friends; we don't share.
- Co: You have trouble expressing how you feel with your boyfriend/girlfriend and with your new friends?
- Cl: Yes--I can't seem to let them know what is important to me, so we don't share much. I want to be more, you know, more involved with them. Especially, my boyfriend/girlfriend. I want to know more about the way he/she feels about things. I'd like to be able to tell him/her things better than I have been.
- Co: So, you would like to communicate better with your boyfriend/girlfriend and with your other friends?
- Cl: Yes--it's hardest with my boyfriend/girlfriend.
- T Co: I see. What would you like to say to him/her?
- Cl: I'd like to get closer. You know, be more a part of his/her life. He/she keeps everything to himself/herself and I feel left out.
- Co: It's difficult to feel close to him/her when he/she doesn't share with you.
- Cl: I just don't know enough about how he/she feels and what he/she thinks. I know what I feel--I really care about him/her, but I have trouble letting people know these things.

- T Co: Let me make sure I know what you're concerned about. You believe you could have a better relationship with your boyfriend/girlfriend if you could talk more about feelings with him/her?
- Cl: Yes--I'd just like to sit and talk about things that really matter between two people.
- Co: You hope to communicate on a deeper level with him/her than you have been?
- Cl: That's right. Our relationship seems shallow to me. We need to talk on a deeper level.
- T Co: If you could communicate better with him/her, what would be different?
- Cl: I think we would be closer and more a part of each other's lives.
- Co: So you believe that more open communication could be helpful. Would that be helpful with your other friends as well?
- Cl: I think so. I'd like for them to be more open or closer to me. I'm just not sure how to do that.
- T Co: There are communication skills that we could talk about that could help you become a more active listener. That might encourage your friends and your boyfriend/girlfriend to share more with you. Discussing communication skills may also help you to express your thoughts and feelings more clearly to others.
- Cl: I like that idea!
- T Co: Let's get together again and talk about some ways that would make it easier for you to communicate your feelings and thoughts.
- Cl: Okay--thanks.
- T Co: Let's check my schedule with the receptionist to see when we can meet again for another appointment.
- Cl: Good.

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VITA

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