THE EFFECTS OF COUNSELOR TOUCH IN COMMUNICATING

EMPATHY AND REGARD, AND THE PROMOTION OF

CLIENT SELF-DISCLOSURE

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CHAPTER I

INTRODUCTION

The clinical practice of psychology is a dynamic force
in a continuous state of revision to better meet the needs of
society. Research and experience has shown that not all
existing psychological practices are optimally effective for
clients (Cowen, 1980; Cowen, Weissberg, Lotyczewski, 1983).
As a result, contributing factors such as the social unrest
of the 60's and the evolution of the humanist and encounter-
group movements, touching and hugging between therapist and
client have become more accepted (Clarke, 1971; Cowen et al.,
1983; J. R. Gibb & L. M. Gibb, 1968). Research and social
change provide the opportunity and mandate for creative
approaches to psychotherapy.

There is an awareness in a growing number of
researchers and clinicians that people need to be touched
by caring people (Frank, 1957; Holroyd & Brodsky, 1977;
Mintz, 1969a; Poaster, 1970; Schaffer & Emerson, 1964).
The use of physical touch as a therapeutic intervention is
an area of psychological practice which has been considered
taboo (Older, 1977; Wolberg, 1967), but is being
reevaluated (Aguilera, 1967; Alagna, Whitcher, Fisher,

& Wicas, 1979; Winter, 1976). Touch is acknowledged by many to be the most powerful of the nonverbal modalities, but still has received the least amount of research attention (Duncan, 1969; Kauffman, 1971).

A loving touch can be affirming, relaxing, and healing, especially when it carries no sexual demands (Hamilton, 1979; Stern, 1970). Several authors have described the feelings of increased self-worth and self-esteem that can be experienced by the recipient of touching behavior (Mintz, 1969b; Winter, 1976). Forer (1969) stated being touched during a critical time can override feelings of unworthiness. Silverman, Pressman, & Bartel (1973) found the higher the subject's self-esteem, the more intimate the subject was in communicating through touch. Fisher, Rytting, & Heslin (1976) reported subjects who were touched, felt better about themselves and the library clerks who touched them, than did those subjects who were not touched. The findings held, even when the physical contact was so brief some subjects were not aware they had been touched. Based on these studies, it appears the use of touch in the counseling process could be significant. Most professionals in the psychological sciences would agree touching is an important means of non-verbal communication (Alagna et al., 1979; Whitcher & Fisher, 1979). The disagreement comes, when its role in the counseling process is considered, and how it may influence counselor-client relationships (Whitcher & Fisher, 1979).

The lack of empirical studies on touch in the counseling context may be accounted for in part by the conflicting points of view regarding the effectiveness and appropriateness of touch in therapeutic encounters (Fromm-Reichmann, 1950; Menninger, 1958). Humanistic models (Jourard, 1971; Rogers, 1942) suggest touch may facilitate counseling goals, such as a willingness to be open and share. This belief is countered by the traditional psychoanalytic perspective where touch is taboo (Older, 1977; Wolberg, 1967). Freud saw the relationship of the therapist to the client as one of non-intervention. Thus, Freud rejected physical contact as seductive and dangerous (Jones, 1955). The research on touch in counseling settings provides conflicting evidence concerning its effect. Spinn (1976) found touch, during a single interview session, did effect change in interpersonal attraction of the client to the counselor, when measured by actual physical distance. However, change in interpersonal attraction was not found when measured by timed verbal measures. Raiche (1977) measured the responses of children (six to ten years of age) on three dimensions, after they viewed other children being touched by a counselor. The researchers findings indicated the children, at all age levels, viewed the counselor who touched as being more empathic, showing more regard for their clients, and facilitating more self-disclosure from the child-clients. Walker (1971), however found communication with touch made subjects feel anxious and

generally uncomfortable. Major (1981) stated touching behavior may be perceived as highlighting the lower status of the recipient.

Another reason for lack of research of the touch dimension, is the difficulty of bringing the variable under empirical investigation. Because touch does not exist in isolation from other sensory communications, it is difficult to design a study controlling for the interactions of other modes of communication, such as speech, eye contact, and gestures accompanying it (Wilson, 1982). Naturally occurring touch does not happen often. It is difficult to study touch in a controlled setting without explicitly sanctioning it in an interaction. Thus, touch has more often been used as a independent variable rather than a dependent measure (Major, 1981; Whitcher & Fisher, 1979; Wilson, 1982).

Problem Statement

A concern, when evaluating the impact of therapy, is the client's perception of the therapist. Empathy, regard for the client, and facilitating client self-disclosure are considered by many, to be core conditions needed for successful therapy (Brammer, 1979; Egan, 1975; Rogers, 1957). The purpose of the present study is to evaluate the effects of touch on observers' perception of counselor empathy, regard, and ability to facilitate client self-disclosure. The study will look at the interactions among the independent variables, treatment (touch vs. no-touch),

sex of counselor, and sex of research subjects and how
these influence .the subject's perception of the necessary
core conditions: empathy, regard, and facilitation of
client self-disclosure.

Background and Related Research

Of the five senses, touch is the earliest to develop
and is present in the fetus by approximately eight weeks
after conception (Thayer, 1982). Because it is the first to
myelinate, the sense of touch has been called the mother of
the senses (Montagu, 1971), and may be the swiftest and most
direct form of communication (Winter, 1976). Forer (1969)
stated, "It may not be too gross an exaggeration to claim
that the skin is one of the more important apertures through
which the infant is indoctrinated by culture" (p. 230).

Montagu (1971) and Frank (1957) suggested human tactile
stimulation holds fundamental significance for the
development of healthy emotional relationships. The response
an infant receives in contact with the mother's body
constitutes a primary means of learning if the world is a
hostile, rejecting place or a warm, caring place (Wilson,
1982).

In a series of studies, Harlow (1958) demonstrated
the importance of physical contact between a monkey
mother and infant for healthy development of the latter.
The studies found the infant monkey valued tactile
stimulation more than nourishment preferring the padded,

wire-mesh mother who provided contact without nourishment, to wire ones who did supply nourishment.

Researchers found infant mortality in foundling homes was greatly reduced when babies were picked up and "mothered" several times a day (Brennemann, 1932; Spitz, 1946). Infants can survive extreme sensory deprivation in light and sound when the sensory experiences of the skin are maintained (Montagu, 1971). This gives substantial evidence to the idea infants need physical contact such as cuddling, caressing, and carrying if they are to prosper.

Although the importance of touching and cuddling an infant is a readily accepted practice, humans are touched less as they grow older (Willis & Reeves, 1976). By the time they reach adulthood, many people refrain from physical contact with other adults, except with impersonal ways, such as shaking hands, or only as a means of sexual communication. Jourard and Rubin (1967) found both men and women showed nearly three times more physical contact in relation to their closest opposite-sex friends than they did in relation to their parents or same-sex friends. In relationships other than between opposite-sex friends, mainly the hands, arms, face and shoulders are touched perhaps showing the touch taboos in relationships except those frankly sexual in their implication.

Touch in Psychotherapy

The above evidence supports the notion touch profoundly influences human development. The counseling process can also be viewed from a developmental perspective as the therapist is interested in and involved in the development of change within the client (Arbuckle, 1975). This would suggest the use of touch as a therapeutic intervention should receive careful consideration.

Hubble (1980) reported counselors were perceived as significantly more expert when they touched, than when they did not. Touching someone at a critical time can provide relaxation and reassurance that one is not alone (Forer, 1969; Older, 1977).

Touch as part of the art of psychotherapy is considered by some to be detrimental (Burton & Heller, 1964; Menninger, 1958; Wolberg, 1967). The origins of leading theorists of psychotherapy, Teutonic, English, and American, reflect a strong taboo against touching (Jourard, 1966). These theorists see touch as either directly sexual or an invitation to sex, thus to be avoided as a component of therapy.

Even though touch is considered to be a powerful non-verbal stimulus, the use of physical touch in therapy has come under little empirical study (Stockwell & Dye, 1980; Alagna et al., 1979). The minimal number of studies focused on the effects of touch in the counseling setting have found both positive (Alagna et al., 1979; Hubble, 1980;

Pattison, 1973; Raiche, 1977; Spinn, 1976) and negative
(Stockwell & Dye, 1980; Walker, 1971) results. Pattison
(1973) found touch in counseling sessions precipitated
self-disclosure by the client. In a study with psychiatric
patients, Aguilera (1967) found touch increased
verbalization and improved attitudes toward nurses.
The same touch, however, may be viewed in a positive manner
by one sex and negative by the other (Fisher et al., 1976;
Nguyen, Heslin, & Nguyen, 1975; Whitcher & Fisher, 1979).
In the study reported by Fisher et al. (1976), the more
positive affect observed in touch conditions was accounted
for mainly by the response of female subjects. Similar
findings were reported by Whitcher and Fisher (1979) while
assessing the effects of nurses touching patients during
preoperative teaching. Female patients in the touch
condition experienced more favorable affective, behavioral,
and physiological reactions to touch than did male patients.

<center>Statement of the Hypotheses</center>

The following research hypotheses were tested in
reference to the goals of the study:

Hypothesis One

There will be a significant interaction between amount
of counselor touch, sex of counselor, and sex of observer
on observers' perception of the presence of "necessary
condition" where necessary condition is measured by three

direct ratings of the counselor: caring, understanding, and easy to talk to. Within the interaction, it is assumed that the counselor employing touch will be perceived as more caring, understanding, and easy to talk to.

Hypothesis Two

There will be a significant interaction between amount of counselor touch, sex of counselor, and sex of observer on observers' perception of the presence of "necessary condition" where necessary condition is measured by three summative scales: caring, understanding, and easy to talk to. Within the interaction, it is assumed the counselor employing touch will be perceived as more caring, understanding, and easy to talk to.

Definitions

Caring

Caring refers to the observer's perception of positive regard shown by the counselor to the client. Positive regard is warm acceptance of others and being concerned about their welfare.

Understanding

Understanding refers to the observer's perception of the counselor as an empathic person (i.e. one who has the ability to perceive anothers thoughts and feelings).

Easy to Talk to

Easy to talk to, refers to the observer's perception of the counselor's ability to facilitate client self-disclosure.

Necessary Condition

Necessary condition refers to the construct formed by the presence of the counselor characteristics of caring, understanding, and easy to talk to.

Touch

Touch refers to any of the following actions: (a) the counselor grasping, with one or both hands, the client's hand(s), (b) placing the counselor's hand on the client's back or shoulder, and (c) the counselor briefly (4-5 seconds) touching the client's hand or knee.

Limitations of Study

Students who agreed to participate in this study were from graduate and undergraduate classes in Psychology and Education at a large, southwestern university and, therefore, may not be a valid sample of all college students at the university, or of college students in general. In addition, the construct of necessary condition (i.e. caring, understanding, and easy to talk to) is limited to the definitions used in this study.

Because of a need to limit the number of independent variables under investigation, only a female portrayed the

client in the videotaped vignettes. This prohibited the examination of observer perceptions of counselor characteristics in a male-male dyad.

One male counselor and one female counselor were involved in the videotaped counseling sessions. Any significant differences found on the variable sex of counselor cannot necessarily be attributed to the counselor being male or female, but may be accounted for by individual counselor differences.

Assumption

This study utilizes the methodologies of simulation research, but careful attention has been directed toward developing videotapes that model real life. Previous research (Braskamp, Brown, & Newman, 1982; Campbell & Stanley, 1966) indicated that, while this may limit the external validity of the study, it strengthened the internal validity. Therefore, for this study it is assumed observer perceptions, although not equal to actual client responses, are possible measures of client reactions.

CHAPTER II

REVIEW OF LITERATURE

Introduction

The importance of physical touch in infancy and early
childhood has been under investigation for many years, with
most empirical research on touch appearing in the past ten
years (Thayer, 1982). Research concerning the effects of
touch in a counseling setting has received minimal
investigation. People implicitly assume the importance of
touch in their everyday lives by incorporating references
to it in the way they speak. People talk of "rubbing" an
individual the wrong way, or say a person has an "abrasive"
personality, or suggest people get "in touch" with other
people.

This chapter summarizes the research concerning touch,
especially as it pertains to humans and the importance of
touch in their counseling. A brief summary of research
with animals and human infants has been included as a
necessary foundation for later research that deals with
touch in other settings. An overview also has been given
of the different meanings attached to physical touch. The
remainder of the chapter has been devoted to the
interrelation of the variables of touch, sex of client, and

sex of counselor and their effects on perceptions of empathy, regard, and self-disclosure.

Background Research

In a series of landmark studies, Harlow and his colleagues investigated the consequences of maternal deprivation (Harlow, 1958, 1960; Harlow & Zimmerman, 1959). Harlow found that baby monkeys, which had been separated from their natural mothers, preferred to spend time in contact with a terrycloth-covered "surrogate" mother rather, than the uncovered wire-mesh surrogate. Over a 165-day period, the monkeys showed a distinct preference for the cloth mother. All babies spent 15 to 17 hours a day on the cloth surrogate and only one to two hours a day on the wire surrogate. This was true whether the infant monkeys had been nursed utilizing the cloth covered or the wire-mesh surrogate. According to Harlow, these data seem to show that the contact comfort is the variable of critical importance in the development of the affectional response and that nursing seems to play a negligent role. These results may suggest one of the primary functions of nursing is that of insuring frequent and intimate contact between mother and infant.

Igel and Calvin (1960) designed a study to continue Harlow's research and investigate the development of the affectional bond in a specie other than the monkey, namely the dog. The results of the study supported Harlow's

findings in that the dogs, like the monkeys, preferred the cloth mothers to the wire mothers under all conditions of feeding. The study found the dogs spent considerably more time with the non-lactating cloth mother than the lactating wire mothers.

Montagu (1971) suggested that cutaneous stimulation was an important biological need, for both physical and behavioral development, as can be observed in the behavior of young mammals who seek body contact with the mother as well as the bodies of their siblings. These animal studies suggest the importance of cutaneous stimulation for all mammals and provide the beginning for consideration of the importance of physical touch with human infants.

<div align="center">Touch Research Concerning

Infant Development</div>

During the nine months of gestation, the embryo and fetus are constantly stimulated by the rhythmic beat of the mother's heart through the amniotic fluid. Continual stimulation of sensory receptors by the fluid culminates as the fetus is expelled via intense uterine contractions (Montagu, 1971). The contracting uterus provides continued tactual stimulation as the fetus experiences the birth process. Frank (1957) speculated an infant's quick and accepting response to cuddling and patting may largely be derived from these early uterine experiences.

Premature infants are deprived of some degree of this prenatal stimulation. After birth they are isolated in incubators and rarely handled by their mothers or nurses (Thayer, 1982). Rice (cited in Thayer, 1982) taught a special stimulation procedure to mothers of premature infants to provide massage for the infant's entire body. This technique resulted in a significant enhancement of neurological development, enzymatic and endocrine functioning when compared to a control group of premature babies who did not receive the massage. Infants receiving the special stimulation were also found to be more socially adaptive and aggressive.

The infant's need to hold and cling is part of the biological heritage. Even though the human infant's arms are not strong enough to sustain clinging, three reflexive behaviors, the grasp reflex, Moro reflex, and rooting reflex, remain as biological signs of the need for physical contact (Thayer, 1982). Bowlby (1958, 1969) postulated certain infant responses such as sucking, clinging, following, crying, and smiling function to tie mother and child to one another. Furthermore, it was Bowlby's impression the mother's acceptance of clinging and following was consistent with healthy development.

Erikson (1950) suggested a child's first developmental crisis "trust versus mistrust" is chiefly resolved through this early tactile experience. The experience the infant receives while in contact with the mother's body is one

source of learning whether the world is a hostile
rejecting place or a warm, caring one.

Cuddling and patting help to sooth and calm an
infant (Frank, 1957; White & Castle, 1964) but may
also enhance learning. In a study performed by White
and Castle (1964), two groups of six-day old
institutionalized infants were exposed to two different
kinds of physical stimulation. One received the regular
care given by nursing staff while the other was given
two ten-minute periods of extra handling. Extra stimulation
was continued at two-week intervals until the infants were
120 days old. Beginning at 30-days of age, the
responsiveness to the environment was assessed during a
three hour period while the infant was awake. Responsiveness
was recorded if the infant's gaze shifted within 30 seconds.
Results indicated that infants given extra stimulation were
significantly more attentive.

Several other authors support the importance of tactile
stimulation on the healthy emotional and social development
of the infant and young child (Bowlby, 1969; Frank, 1957;
Schaffer & Emerson, 1964; Spitz, 1946). The meaning a child
associates with verbal messages is predicated, in large
part, on apriori tactile experiences associated with facial
expressions, gestures, and words (Frank, 1957). If children
are not provided with tactile stimulation, they must wait
until the capacity for visual and auditory recognition has
developed before communicating with others. Frank (1957)

suggested that an important developmental step was attained when infants learned to distinguish between themselves and others. Physical contact helps infants develop this sense of self (Forer, 1969) as well as a realistic perception of others.

Many references can be cited that project the need for physical contact for healthy infant development, but not all infants seek physical contact at the same level. Schaffer and Emerson (1964) studied individual differences in need for physical contact within a group of infants during their first year and a half of life. These researchers described two different types of infants: the "cuddlers" and the "noncuddlers". Both groups exhibited differences in the amount of physical contact desired from their mothers. The noncuddlers actively resisted being hugged and held, while the cuddlers would actively seek physical contact in all forms. Schaffer and Emerson hypothesized these differences in need for physical contact to be a function of genetic, hereditary characteristics.

The studies discussed up to this point outline the importance of tactile stimulation with animals and the importance of touch in the development of infants. The remainder of this chapter will discuss touch as it relates to adults and, especially, the importance of touch in counseling.

Classifications of Types of Touch

Heslin (1974) made the first attempt to classify types of touch according to their meaning. He proposed five categories:

1. Functional-professional. Performed by a person doing a task while in a special role and must not be accompanied by other verbal, vocal, or kinesic signals that communicate sexuality or disrespect.

2. Social-polite. Performed by strangers, people meeting for the first time, or casual acquaintances; more formal and cordial than warm or intimate.

3. Friendship-warmth. Occurs between people who have shared personal information about themselves and includes some personal concern and affection in their relationship.

4. Love-intimacy. Occurs when the relationship includes strong affection and intimacy. Typically, there is deep concern for the other's welfare, and there would be great distress if the relationship were broken.

5. Sexual arousal. Touching in its most physically intimate, sexual context.

Watson (1975) distinguished between "instrumental" and "expressive" touches. "Instrumental touching is deliberate physical contact initiated to facilitate the performance of another act that is the primary aim of the initiator...

expressive touching is relatively spontaneous and affective" (p. 104).

The manner in which touch is classified is more readily apparent than interpreting the messages communicated by touch (Fisher et al., 1976). The intent conveyed by touch is influenced by the initiator of the touch, the recipient, and the interaction between the two.

Messages Conveyed by Touch

While touch clearly implies an intent to communicate to another person, the message has an inherent ambiguity (Nguyen et al., 1975). Touch is usually assumed to be a positive stimulus for the recipient to the extent it does not impose a greater level of intimacy than the recipient desires or communicate a negative message such as the lower status of the recipient (Fisher et al., 1976).

One of the most prominent messages conveyed by touch is of caring for the recipient (Alagna et al., 1979; Mintz, 1969a; Moy, 1980; Schutz, 1967; Older, 1977; Wilson, 1982). Several authors mention the importance of touch being genuine so the message is clearly communicated (Corey, Corey, Callanan, 1979; Steinzor, 1967). In addition, touch is often used to acknowledge and accept turmoil and distress (Forer, 1969; Corey et al., 1979; Moy, 1980; Patterson, 1976; Wilson, 1982). When considering the messages communicated by touch in counseling one would add to the above a desire to promote personal growth (Holroyd &

Brodsky, 1977) and create an openness to new relationships
(Forer, 1969).

Touch has been used as part of the therapeutic process
to help clients deal more effectively with their emotions
(Corlis & Rabe, 1969; Mintz, 1969a). Clients fall along a
continuum of cognitive/emotional functioning. One extreme
represents being out of touch with reality while the other
consists of being so involved in intellectual matters that
clients lose touch with inner resources. Touch can be used
to help bring clients back to a more fully functioning
place nearer the middle of the continuum. Mintz (1969b)
suggested some clients who are intellectually able to
distinguish between fantasy and reality are almost entirely
preoccupied with the inner world. Physical contact can
bring clients more in touch with their bodies and the outer
world. On the other end of the continuum, physical touch
can provide an avenue to inner feelings that have been
obscured by the excessive use of intellectual constructs
(Corlis & Rabe, 1969).

Geib (1982) identified five aspects of therapy helping
to make touch more therapeutic: (a) client discussions
with the therapist of the touch itself, the boundaries of
the relationship, and sexual feelings; (b) client feeling
in control of initiating or sustaining the contact;
(c) client feeling the contact was not a demand or need of
the therapist; (d) feeling that expectations of therapy
were congruent with the reality the client experienced; and

(e) client and therapist feeling that emotional and physical intimacy proceeded congruently. In addition Geib (1982) identified four factors causing touch to be seen as detrimental to the therapy: (a) client feeling trapped in the gratification of being close; (b) client feeling guilty about being angry at a seemingly nurturant therapist; (c) client feeling responsible for the therapist's well-being in a reversal of normal roles; and (d) recapitualating, in therapy, the client's childhood family dynamics.

The literature reviewed in this section identified messages that could be communicated through physical touch. The following three sections discuss how touch can be used to convey the characteristics of empathy and regard and to facilitate client self-disclosure.

<center>Touch and Empathy</center>

Authors of many theoretical orientations stress counselor and therapist empathy as an important variable in psychotherapy (Fromm-Reichmann, 1950; May, 1939; Rogers, 1957; Truax & Carkhuff, 1967). Rogers has presented a well known theoretical statement concerning the importance of empathy in the therapeutic process. High level accurate empathy means that the therapist is able to sense the client's inner world "as if" it were the therapist's own but without losing the "as if" quality. In Rogers' (1957) early definition of empathy, he saw it as a "state" of being empathic. Rogers's (1975) more current definition of

empathy described it as a "process" rather than a "state":

> It means entering the private perceptual world of the
> other and becoming thoroughly at home in it...it
> includes communicating your sensing of his or her
> world as you look with fresh and unfrightened eyes at
> elements of which the individual is fearful (p. 4).

Barrett-Lennard (1962) saw empathy as:

> an active process of desiring to know the full, present
> and changing awareness of another person, of reaching
> out to receive his communication and meaning, and of
> translating his words and signs into experienced meaning
> that matches at least those aspects of his awareness
> that are most important to him at the moment (p. 3).

Cartwright and Lerner (1963) found clients come to perceive more empathy in the therapist in successful cases and for those cases that were rated unimproved, the therapists made no significant gain in their understanding of the client. Altmann (1973) reported accurate empathy played a vital role in determining whether clients continued or terminated counseling at the initial interview.

Syre (1980) found that female subjects, who observed a videotape of a counselor touching, rated the counselor as more empathic when the recipient of the touch was male but decreased their rating when the recipient was female. Poaster (1970) also studied the relationship between touch and empathy. Three groups of subjects met for a 30-minute

get-acquainted session. One group interacting in a
completely non-verbal tactile manner, one group interacting
by verbal communication, and one group interacted by both
verbal and tactile communication. Subjects who interacted
in only a tactile manner developed at least as much empathy
as the subjects who interacted by verbal or combined verbal
and tactile means. Level of empathy was determined by the
ability of one partner to predict the other partner's
responses to three different questionnaires. These studies
combine to show that empathy plays an important role in the
success of therapy and may be facilitated by touch.

On the other hand, some studies were not able to show
a relationship between empathy and touch. Burley's (1972)
study was such a case. The subjects involved in tactile
interactions experienced more positive change in attitude,
but did not show an increase in empathy. Bacorn (1982)
investigated the impact of counselor touch on depressed and
vocationally undecided clients in an initial interview. The
study looked at the client's appraisal of the counselor's
level of empathy. The results of the experimental
manipulations did not show a significant relationship between
touch and the client's rating of counselor empathy.

Touch and Regard

Standal (cited in Rogers, 1957) presented the early idea of unconditional positive regard as exhibited by the therapist who shows a warm acceptance of each aspect of the client's experience and places no conditions on this acceptance. Rogers (1957) added unconditional positive regard means caring for the client as a separate person with permission to have personal feelings. The therapist communicates a warm caring for the client as a person with human potentialities placing no conditions on this acceptance and warmth. Carkhuff (1969) suggested:

> the degree to which the helping person communicates high levels of respect and warmth for the helpee and his world is related to the degree to which the helpee is able to respect and direct warm feelings towards himself and others (p. 36).

This suggests if people learn someone else cares for them, they may also learn to care about themselves and thus increase their own self-esteem. Moy (1980) established a relationship between touch and self-esteem showing people using touch feel personally nurtured to the degree they are comfortable reaching out to others. It has also been shown as levels of self-esteem increase, intimacy or touching behavior also increase (Silverman et al., 1973).

Several studies indicate touch conveys a sense of caring toward the recipient (Alagna et al., 1979; Mintz, 1969a; Moy, 1980; Schutz, 1967; Older, 1977; Wilson, 1982).

In a study by Boderman, Freed, and Kinnucan (1972), touch in an encounter group setting was investigated. Twenty-one college women were randomly assigned to a touch or no-touch group. In the touch condition, the subject was paired with an accomplice to complete bogus ESP experiments which involved 110 seconds of mutual touching. The subjects in the touch group rated their partners to be more attractive persons than those in the no-touch group. Likewise, Kleinke, Meeker, and La Fong (1974) found that touching couples were seen by both male and female judges as significantly different on the dimension of caring. The judges made these inferences after viewing videotaped couples who were supposedly engaged. Three intimacy behaviors were considered. One group of couples gazed at each other or did not gaze; one group used each others name five times or not at all; and the third group touched each other or did not touch. The judges rated the touching couples as more emotionally close, relaxed, and attentive towards each other than non-touching couples.

Brief or unnoticed touch has also been shown to increase a sense of caring. In a study by Fisher et al. (1976), 101 students were touched briefly as they checked out books from a university library. Three female clerks and one male clerk took part in the experiment. One male took part in the study since only one male was employed by the library at the time of the study. Two additional male clerks were employed the following semester

and were subsequently involved in an experiment to determine whether data from the first male clerk would represent male clerks in general. Analyses revealed no significant differences between the three male clerks for any of the dependent measures used in the study.

In alternate half-hour periods, the library clerks either touched or did not touch each subject for whom they checked out books. In the no-touch condition, the library clerk did not make contact with the subject's hand while returning the individual's library card. For the touch condition, the subject's library card was returned in such a way that the clerk placed his or her hand directly over the individual's palm.

After the subject-clerk interaction, the subject was approached by the experimenter and asked to participate in an evaluation of the library. Each subject who agreed to participate was taken to a private room and given a folder containing the dependent measures. The dependent variables were measures of the subject's affective state, the library clerk, and the library environment.

The multivariate ANOVA on all the dependent measures revealed a significant main effect for touch. The measure of affective state revealed the subject's who were touched experienced a more positive affect even though only 57% indicated they were even aware of the touch. For the library clerk evaluation, the main effect for touch indicated that subjects who were touched rated the clerk

significantly more favorably than those who were not touched. Thus, this study showed the effects of touch were present even when the touch was apparently not perceived.

Major and Heslin (1978) explored perceptions of both same-sex and cross-sex touch along the warmth/expressiveness dimension. Thirty-six men and 30 women undergraduates viewed silhouette slides portraying two persons standing side by side. Half of the subjects viewed slides depicting one person touching the other, and the other half of the subjects viewed slides where the persons were not touching. Within both the touch and no touch conditions, subjects viewed all four possible combinations of male-female pairs. Subjects were asked to rate both the toucher and the recipient in each slide on a series of adjectives. The touchers were rated as significantly more warm whereas, the recipients of the touch were rated as significantly less warm. Overall, women were seen as higher in warmth/expressiveness than men and, in particular when touch interactions were evaluated, female touchers were rated higher than male touchers. Male-male pairs were rated lower on this dimension than any dyad that contained a female.

Some studies show a difference between the way males and females perceive a person who touches them. When forced to sit facing one another with their knees touching, males showed less liking for males than females did for females or people did in mixed-sex groups (Ross, Layton, Erickson, & Schopler, 1973). Hewitt and Feltham (1982)

reported similar results when subjects were touched by an
experimenter placing biofeedback electrodes on seven
different locations of each subject's body. Males reacted
less positively to touch from another male than did the
female-female and mixed-sex dyads. Whitcher and Fisher
(1979) investigated the impact of touch in a hospital
environment. Female nurses touched surgical patients during
a preoperative surgical-instruction period. These
researchers where not able to find a significant difference
in the way male and female patients perceived the nurse on
the variables warmth and friendliness. However, there was
a trend suggesting the female patients who were touched
perceived the nurse to be more friendly and warm.
Conflicting results were found in a study by Silverthorne,
Micklewright, O'Donnel, and Gibson (cited in Hewitt &
Feltham, 1982). Subjects were introduced to either a male
or female confederate who would either give a nod, a firm
handshake, or give a firm handshake accompanied by a left-
hand squeeze on the subject's arm. The male confederate
was more favorably perceived by both sexes when additional
touching was used in the greeting.

Touch and Self-Disclosure

In the process of self-disclosure people share
themselves with others. Jourard (1964) wrote people
cannot be themselves unless they know themselves and one
of the best ways to gain self-knowledge is by deeply sharing

the inner self with another person. Jourard suggested
people with emotional problems often avoid letting themselves
be known to others and thus reasonable self-disclosure can
be a sign of a healthy personality. Egan (1977) stated
several reasons people do not share themselves more
fully with others. He listed such things as family
background, fear of knowing yourself, fear of closeness,
fear of change, fear of rejection, and fear of being ashamed.

Certain factors seem to facilitate self-disclosure
between two people (Jourard & Landsman, 1980). One factor
is the perception of the other person as a trustworthy
individual. Another seems to be a personal level of security
and self-esteem. Individuals who are unafraid and regard
themselves in a positive manner will be more apt to share
than a person who is insecure. A powerful factor
facilitating self-disclosure is the willingness of the
other person to also self-disclose. In a study by Jourard
and Friedman (1970), touch, when paired with interview's
self-disclosure, could elicit more self-disclosure from
the subject than could the interviewer's self-disclosure
without touch. Jourard (1964) felt a full reciprocal
disclosure of self is the essence of relationships of love
or deep friendship. When considering relationships between
men, self-disclosure is one of the most difficult forms of
intimacy to initiate (Lewis, 1978).

Several studies have investigated the impact of touch
among group members. In a study by Cooper and Bowles
(1973), two groups of students met for a two-hour encounter
group session. The experimental group was involved in
touching activities and the control group was not. The
results showed a significant difference between the pretest
and posttest scores of the two groups. Subjects who
participated in physical contact exercises were more
willing to self-disclose. Canino-Stolberg's study (1975)
also supported the hypothesis self-disclosure was greater
in groups were physical contact exercises were performed.
Four 14-hour leaderless marathon groups were run. The
first group engaged in physical and verbal exercises after
viewing a modeling film of contact exercises; the second
group received physical and verbal exercises but no modeling
film; the third group received only verbal exercises, while
the fourth group received neither exercise nor modeling
films. The results seem to show it was the modeling
experience that made the difference between the groups as
far as facilitating positive changes in self-disclosure.

Similar results were found pairing self-disclosure
and touch with individuals rather than in groups. Aguilera
(1967) found psychiatric patients touched by nurses showed
increased verbal interaction when compared to the group in
which the nurses did not touch the patients. Pedersen (1973)
reported similar outcomes when studying 170 male college
students. The students completed a self-disclosure inventory

and an instrument which measured body-accessibility with the
target persons (i.e. mother, father, best female friend, best
male friend). The study resulted in significant correlations
between touch and self-disclosure for all target persons.

The relationship between self-disclosure and touch
seems to also be found in the counseling setting. Clients
who were touched in an initial interview were found to
engage in more self-exploration than clients who were not
touched (Pattison, 1973). Twenty female students requesting
counseling were touched five times by the counselor during
the 50-minute session. Wilson (1982) suggested perhaps the
"most significant" use of touch in therapy is its potential
to encourage self-disclosure.

Not all the research in this area supports the
hypothesis that touch does increase a person's willingness
to self-disclose. During a vocational counseling session
one group of students were touched by the counselor and the
other not. There was no significant difference between the
groups on their rating of self-disclosure (Hubble, Noble,
Robinson, 1981). Self-disclosure ratings were made by the
clients and by a panel of trained judges who rated 36
1-minute segments of the audiotaped interviews.

Dawson (1973) found self-disclosure was not a
function of mutual touch in a conversation between female
strangers. Ninety female graduate and undergraduate
students volunteered for the experiment where the main
task was to get to know a stranger. Subjects were randomly

assigned to groups and partners. Pairs of female strangers were brought together for the expressed purpose of getting acquainted. Each pair was given 45 minutes to get to know one another. After an initial period of conversation, each pair proceeded to complete one of three sets of instructions: one group participated in a series of touch exercises; the second group constructed a simple puzzle together; and a third group was instructed to discuss impersonal topics. After the experimental period, all groups returned to the task of becoming acquainted. The sessions were tape-recorded and self-disclosure analyzed by a panel of judges. The participants also rated their level of self-disclosure and that of their partner. No significant difference was found between touch, puzzle, or impersonal talk groups in the objective scores of self-disclosure. All groups significantly increased their self-disclosing statements in the 10 minutes following the interventions, but in the last 10-minute period of conversation their scores returned to base level.

Studies in group settings have not always found significant relationships between touch and self-disclosure. A significant relationship was not found between the use of touch and interpersonal trust between members of small groups (Clarke, 1971). Two treatment groups were used: one participated in non-verbal activities followed by group discussion and the other group only engaged in discussion. The Rotter Interpersonal Trust Scale revealed no differences

between the group who touched and the group who did not

touch. Walker (1971) found that touch within encounter

groups was a threatening task, making the subjects

feel anxious and generally uncomfortable. The findings did

show the subjects who rated themselves as more comfortable

were also seen by the judges as being the most open subjects

at the end of the interaction.

Counselor Sex as Related to Empathy, Regard, and Self-Disclosure

This section contains a review of literature discussing

the relationship between the sex of the counselor, the

person initiating the touch, and the way touch is perceived

by another person. Studies have also been included

suggesting the impact of sex differences of touch initiators

in non-counseling, but helping relationships.

When looking at how the sex of the counselor relates

to empathy, Cartwright and Lerner (1963) reported

therapists had more initial difficulty understanding

clients of the same sex. Therapists obtain significantly

higher empathy scores on the first meeting with clients of

the opposite sex rather than with clients of the same sex.

Cartwright and Lerner hypothesized therapists, at the

beginning of their contact with a client of the same-sex,

erred by assuming the client was more like the therapist

than was warranted.

The counselor of the opposite sex it not always seen as the most understanding. When Raiche (1977) asked children who could best understood their problems, both boys and girls chose a significantly higher proportion of counselors who were female rather than male and who had engaged in physical touch with the child-clients. In this study touch heightened the children's perception of the female counselor as more understanding, but even without the touch dimension, the female was seen as more understanding than the male counselor. Ninety-eight first, second and third grade children served as subjects for this study. The children were shown two video-taped counseling sessions with child-clients. One session included the touch dimension and one did not. They then were asked to rate which counselor was more caring, more understanding, and easiest to talk to.

When considering the counselor's sex and a rating of how much the person cares (i.e. regard), the results do not seem to be clear-cut. Raiche (1977) found there was no significant difference when the children were asked which counselor cared the most about the child. Fisher et al., (1976), in their study with library clerks, also found that there was no significant interaction between the sex of the person initiating the touch and positive affect observed by the person receiving the touch. The results did show a more positive affect in the touch conditions when female subjects were touched by the library clerk. While the

touch seemed to be more positive for females, it was a more ambivalent experience for the males.

Juni and Brannon (1981) also found the sex of the touch initiator or recipient was not significant when assistance was given to a person who was posing to be blind. Further analysis did show women who helped males used verbal assistance more often than touching, while women helping females used touching more often than verbal assistance.

Several studies have investigated the relationship between the sex of the touch initiator, the touch recipient, and self-disclosure. Jourard and Rubin (1967) did establish a relationship between touching and the sex of the toucher and the recipient. In the college sample studied by Jourard, both men and women initiated touch with their opposite-sex friend nearly three times as much as they did the other target persons (mother, father, and closest same sex friend). Even though the test did not reach a significant level, the trend was for women to disclose more than men to mother, father, and same sex friend and slightly less than males to opposite sex friends. Overall, women appeared to have higher scores for self-disclosing. Jourard developed correlations between the scores for being touched by each of the target persons and the amount men and women would disclose to these people. For men a coefficient of .31 showed a statistically significant relationship between the contact and disclosure

scores to the same sex friend. For women there was a
significant relationship between being touched by a male
friend and disclosing. When considering the total self-
disclosure score correlated with the total being touched
score, it was only found to be significant for women.
Jourard hypothesized that, as a general trait, women
establish contact with others verbally as well as
physically.

<div align="center">Client Sex as Related to Empathy,
Regard, and Self-Disclosure</div>

Research has shown the sex of the recipient of
touch also makes a significant difference, but the results
do not clearly delineate whether men or women report more
benefits from being touched. Cartwright and Lerner (1963)
found that sessions in which client and counselor were of
the same sex, the clients who improved had been initially
perceived as similar to the counselor. Thus seeing the
client as very similar seemed to imply an immediate
emotional acceptance thereby enhancing positive regard.
The reverse was found when client and counselor were of the
opposite sex. Early in therapy, opposite sex clients were
seen as different from the therapist, thus reducing the
likelihood of acceptance and positive regard. Fisher et
al. (1976) found the greatest degree of positive response,
i.e. regard, could be accounted for by female subjects who
were touched by the library clerk.

Maier and Ernest (1978) published a study showing a relationship between self-esteem and touch with sex differences. Men required higher levels of self-esteem than women before viewing touch as positive. Subjects were 25 male and 25 female undergraduate students who completed a personality inventory to measure self-esteem. The subjects were then given a brief, written description of 48 interactions involving one person touching another. They were asked to rate, on a Likert-type scale, how likable the recipient of the touch might feel the toucher to be.

A relationship between client sex and self-disclosure has been established by several studies. Stockwell and Dye (1980) found female clients were significantly more self-exploratory than male clients. Each subject participated in a single vocational counseling session and, during the 50-minute session, the counselor touched the client six times. Three independent judges analyzed an audio segment of the counseling session to assess client self-exploration. Raiche's (1977) study showed children, who observed counseling sessions, would be more willing to self-disclose to a counselor of the same sex as the child. In all cases, however, the children would be more willing to self-disclose to a counselor who touched regardless of sex of counselor.

Touch as Related to the Interaction of
Sex of Counselor and Sex of Client

A considerable amount of research has explored the interaction between the sex of counselor and the sex of the client. Many articles reviewed deal with touch as it relates to counselor and client being of the opposite sex. Alagna et al. (1979) reported the strongest positive effects occurred when female counselors touched male clients and when male counselors touched female clients. For cases in which the counselor and client were the same sex, the main effect for touch was still significant but the size of the effect was reduced. The smallest gain occurred in counseling sessions in which male counselors touched male clients.

Further research related to cross-sex touch was done by Holroyd and Brodsky (1977). In a survey of 1000 psychologists, male therapists perceived more client benefit utilizing nonerotic touch with women clients than did female therapists who touched males clients. In this survey, "benefit" was not defined but left to the interpretation of the individual psychologist.

Some touch differences may be societal in origin. For example, in therapy, girls were hugged significantly more than boys and female clinicians had more extensive physical contact with children than did male clinicians (Cowen et al., 1983). Male therapists reported physical contact being initiated by female clients more often than did female

therapists report initiation of touch by male clients (Holroyd & Brodsky, 1977).

Research with the same-sex, touch interaction, more heavily supports significant perceptions of female dyads than male dyads. This is substantiated by the notion that same sex intimacy is prohibited more for males than for females (Deaux, 1976). Deaux suggested apart from the formal handshake, males rarely touch other males for fear that even a slight brush might be interpreted as a homosexual advance.

When clients were asked to evaluate the counseling experience, the smallest effect size occurred in counseling sessions in which male counselors touched male clients (Alagna et al., 1979). Hewitt and Feltham's (1982) study investigated the level of relaxation experienced by subjects who were touched by an experimenter while placing biofeedback electrodes on seven locations on the subject's body. Males reacted less positively to touch from another male than subjects in any of the groups (female-female, mixed sex). Holroyd and Brodsky's (1977) survey supported similar sex differences. Psychologists reported they engaged in nonerotic hugging and affectionate touching more often in female dyads than in male dyads.

Syre's results (1980), while interesting, ran counter to the vast amount of research in this area which reports touch by the male-male dyad is perceived as less positive. The results indicated the observers perceived the male

counselor as more effective, and the relationship received a more favorable evaluation, when the counselor interacted with the male client.

Summary

This survey of literature indicates that although there is a growing interest in the implications of touch in counseling settings, there has been little empirical research in this area. The importance of physical touch in infancy and early childhood has come under more intensive study and provides the directive for considering touch as a therapeutic interaction.

Studies investigating the effects of physical touch in counseling have produced mixed results. The impact of the touch dimension is difficult to measure and also difficult to isolate from other non-verbal means of communication. Thus, the effects of physical touch are challenging to quantitatively investigate. There is a need for continued research in this area imposing stringent empirical methods and replication. This study is an attempt to achieve that objective.

CHAPTER III

METHODS AND PROCEDURES

In this chapter, the experimental methods and
procedures used in the study are described. It includes
sections dealing with the following areas: (a) subjects,
(b) instrument, (c) research design, (d) procedure, and
(e) vignettes.

Subjects

The sample used for this study was drawn from graduate
and undergraduate classes in the Colleges of Arts and
Science and Education at a large southwestern university.
Observers (i.e. subjects) were randomly assigned to the
treatment groups. Permission to ask for volunteer
participants was attained from individual class instructors
and informed consent was secured from each student. Two
hundred and forty-eight volunteers participated in the
study and provided a power level at .80 (alpha .05 and
effect size of .40) (Cohen, 1969). The mean age for
observers was 21.01 years with the median age being 20.00
years. The researcher acknowledges a degree of sampling
bias due to the exclusive use of volunteers; thus the

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results should only be generalized to other volunteers in similar settings.

Instrument

Perceived Counselor Characteristics
Inventory (PCCI)

The PCCI (see Appendix A) was developed by the researcher and patterned after a similar instrument used by Raiche (1977). The PCCI is composed of two parts: three direct rankings and three summative scales. The direct rankings are Likert-type items that ask the observer to rate the counselor on the following characteristics: "caring" for the client, "understanding" of the client's problems, and ease with which the observer could talk with this counselor (1 = not at all; 6 = very).

Twenty observers participated in a test-retest reliability study to provide reliability coefficients on the three direct ratings (see Table 1). In addition, coefficient alpha was computed and found to be .89 for all three questions. Content validity was obtained from a panel of five judges who have expertise in measurement, counseling theory, and counseling practice.

The second part of the Perceived Counselor Characteristics Inventory was composed of summative scales used to measure the dimensions of caring, understanding, and easy to talk to counselor. As a preliminary step in developing this instrument a list of 69 adjectives were given

Table 1

<u>Test-Retest</u> <u>Reliability</u> <u>Coefficients</u> <u>for</u> <u>Three</u> <u>Direct</u>
<u>Ratings</u> <u>Used</u> <u>to</u> <u>Measure</u> <u>Counselor</u> <u>Characteristics</u>

Posttest	Caring	Understanding	Easy to talk to
Pretest			
Caring	.56		
Understanding		.80	
Easy to talk to			.66

to 40 graduate students (i.e. counseling and education majors) who marked the adjectives that best described the counselor characteristics: caring, understanding, and easy to talk to. This analysis was used to group the adjectives as summative scales to measure the counselor characteristics. The original scales contained 10 adjectives for each counselor characteristic, but five adjectives were deleted based on an item analysis. Any item with a correlation $< .40$ was dropped leaving eight adjectives describing caring, seven describing understanding, and 10 describing easy to talk to. Table 2 presents the final means, standard deviations, and correlations for each adjective in the summative scales. Alpha coefficients (see Table 3) and test-retest reliability (see Table 4) were computed for the summative scales. Test-retest reliability was calculated using a sample of 20 observers.

Research Design

The design utilized in this study was a Posttest-Only Control Group design (Campbell and Stanley, 1966). Observers were randomly assigned to one of the eight treatment groups (see Table 5). This design was chosen because it controlled for all sources of internal validity except mortality, which was not considered to be a threat to this study as each observer was involved for only a brief time period. Even though observers were randomly assigned to treatment groups, external validity was compromised due to the use of volunteer observers.

Table 2

Means, Standard Deviations, and Correlations for

Adjectives Used in Summative Scales

Adjective	Mean	SD	Correlation (part)
pleasurable (3)	3.52	.95	.74
familiar (3)	3.54	.83	.59
happy (3)	3.17	.93	.76
beautiful (3)	2.65	.84	.54
feminine (1)	2.91	1.13	.45
understandable (3)	3.97	.82	.55
fresh (1)	2.98	1.07	.65
perceptive (2)	3.93	.83	.71
bright (3)	3.61	.84	.65
tender (1)	3.32	.92	.73
clear (2)	3.87	.80	.74
fun (1)	2.67	.88	.67
humorous (3)	2.40	.94	.54
responsible (1)	3.87	.67	.42
open (2)	3.77	.94	.73
free (1)	3.41	.89	.70
interesting (3)	3.04	1.02	.76
genuine (1)	3.39	1.00	.67
accepting (2)	3.86	.77	.76
empathic (2)	3.35	.94	.59
sociable (3)	3.61	.73	.75
easy (3)	3.48	.85	.63
intuitive (2)	3.61	.87	.73
kind (1)	3.92	.74	.64
structured (2)	3.76	.89	.45

1 = caring (8 adjectives)
2 = understanding (7 adjectives)
3 = easy to talk to (10 adjectives)

SD = standard deviation

Table 3

Coefficient Alpha for Summative Scales Used to
Measure Counselor Characteristics

Coefficient Alpha			
Caring	Understanding	Easy to talk to	Total
.76	.80	.85	.92

Table 4

Test-Retest Reliability Coefficients for Summative
Scales Used to Measure Counselor Characteristics

Posttest			
	Caring	Understanding	Easy to talk to
Pretest			
Caring	.60		
Understanding		.62	
Easy to talk to			.67

Table 5

Design Paradigm

Groups	Treatment	Posttest
Group 1 Female Ss	Female Cc - Touch	PCCI
Group 2 Male Ss	Female Cc - Touch	PCCI
Group 3 Female Ss	Male Cc - Touch	PCCI
Group 4 Male Ss	Male Cc - Touch	PCCI
Group 5 Female Ss	Male Cc - No-touch	PCCI
Group 6 Male Ss	Male Cc - No-touch	PCCI
Group 7 Female Ss	Female Cc - No-touch	PCCI
Group 8 Male Ss	Female Cc - No-touch	PCCI

Cc = Counselor
Ss = Observer
PCCI = Perceived Counselor Characteristics Inventory

Procedures

Permission to use class groups was attained from
instructors and informed consent was secured from students
at the beginning of each data-collection session.
Volunteer observers were divided according to sex and
randomly assigned to one of eight treatment groups.

The format of the research involved showing each
observer a short, videotaped vignette of a simulated
counseling interview. Each vignette was identical in every
sense except for the touch variable and the sex of the
counselor. On completion of viewing the vignettes, each
observer completed the Perceived Counselor Characteristics
Inventory. At the end of the data-collection session, each
observer was given a debriefing report (see Appendix B)
which stated the intent of the research and provided a
limited bibliography.

Vignettes

Four videotaped vignettes of simulated counseling
interviews were produced (see Appendix C). Two vignettes
depicted a female counselor working with a female client
and the remaining two vignettes were of a male counselor
working with the same female client. Because of a need
to limit the number of independent variables under
investigation, the choice of a female client versus a male
client was made by the flip of a coin. The four vignettes
varied only in the amount of touch and the sex of the

counselor. The same college-age female role-played the client in all four vignettes to minimize differences due to counselor-client interaction.

The script of the vignettes depicted a relationship problem the client was experiencing. The client sought counseling to better communicate areas of concern with her boyfriend. The content of the videotapes was chosen as an area of possible concern for the age of the sample population (18 - 24 years of age).

Before filming the videotapes, the counselors were trained to conduct the counseling session and execute the touching behavior in a uniform manner. The training session included demonstrations of the touching behavior and several role-plays of the counseling session to insure that the physical touch was administered uniformly and that the vignettes were identical other than the touch, no-touch dimension.

In the vignette with the touch treatment, the counselor initiated a firm handshake as the counselor made the introduction. Then while motioning the client from the reception area to the office, the counselor placed his or her hand on the client's back. During the session, the counselor touched the client three additional times on the hand or knee. Each of these touches lasted 3-4 seconds and was paired with an interruption to ask for clarification, to reflect, or to summarize.

Content validity of the script was determined by a panel of experts who were asked to evaluate the authenticity of the dialogue. The five experts were practicing counselors who worked with students of similar ages to the identified population.

The use of vignettes has been acknowledged as a limitation of this study, but simulation research has been useful for systematic examinations of theoretical propositions (Braskamp, Brown, & Newman, 1982). Studies by Syre (1980) and Kleinke et al. (1974) have used videotaped vignettes to gain observer perceptions. After viewing vignettes of actors playing the role of engaged couples (i.e. half touched, the other half did not), Kleinke et al. asked observers to rate couples according to who liked each other the most. Syre asked subjects to rate their perception of the counseling relationship and counselor effectiveness after viewing videotapes in which the touch dimension was varied.

Analysis of Data

Two, three-way multivariate analyses of variance (MANOVA) were performed on the data. The three dependent variables were the observer's perceptions of the counselor on three dimensions: the counselor's "caring" for the client (regard), the counselor's "understanding" of the client's problems (empathy), and ease with which the subject could talk with the counselor (self-disclosure). For the

first MANOVA, the dependent variables were the direct
questions and for the second, the dependent variables were
the summative scales. The fixed, categorical independent
variables were treatment with two levels, touch and no-
touch; sex of counselor with two levels, male and female;
and sex of observer with two levels, male and female.

Examination of the error correlation matrices indicated
values above .3 for both analyses, thus global multivariate
analyses were pursued using Wilke's Lambda test of
significance. Post hoc procedures examined univariate F
tests for each of the dependent variables to determine
major contributors to the construct. The Roy-Bargman
Stepdown F's were then examined to support the contribution
of the separate variables. For the purpose of the stepdown F
procedure, variables were ordered as follows: (1) perception
of counselor caring, (2) perception of counselor
understanding, and (3) ease with which the observer could
talk with the counselor. Reordered stepdown analyses were
performed with the following order: (1) perception of
counselor understanding, (2) ease with which the observer
could talk with the counselor, and (3) perception of
counselor caring.

CHAPTER IV

RESULTS OF THE STUDY

Introduction

The purpose of this study was to examine the
effectiveness of touch in helping counselors to more
adequately communicate empathy and regard to their clients
and to facilitate increased self-disclosure by the client.
The data consisted of demographic information from each
observer with observer responses to three direct ratings and
three summative scales used to assess the dimensions of a
caring, understanding, and easy to talk to counselor. The
procedure involved showing the observers one of four
videotaped counseling vignettes which were identical except
for the touch, no-touch dimension and the sex of the
counselor and then asking subjects to respond to the
Perceived Counselor Characteristics Inventory.

This chapter will state the two hypotheses and after
each will summarize the findings. The multivariate and
univariate analyses, when applicable, will be discussed.

Research Hypotheses

Hypothesis One

There will be a significant interaction between amount of counselor touch, sex of counselor, and sex of observer on observers' perception of the presence of "necessary condition", where necessary condition is measured by three direct ratings of the counselor: caring, understanding, and easy to talk to.

The means and standard deviations for the perceived counselor characteristics are presented in Table 6. An examination of the error correlation matrix for the three direct ratings showed values above .3, thus a multivariate analysis of variance was performed (see Table 7).

Significant multivariate F's were not found for the three-way or two-way interactions of touch, sex of counselor, and sex of observer on the dimensions of caring, understanding, and easy to talk to (see Table 8). Significant multivariate F's were obtained for the main effects of touch ($F(3, 241) = 3.48$, $p < .05$) and sex of counselor ($F(3, 241) = 5.04$, $p < .05$). Subsequent univariate analyses supported the main effect of touch and indicated the major contributor was the dimension of caring ($F(1, 243) = 8.99$, $p < .05$). The Roy-Bargman Stepdown F showed that caring ($F(1, 243) = 8.99$, $p < .05$) accounted for the significant main effect on touch (see Table 9). A reordered stepdown showed that after all relationship to easy to talk

Table 6

Means and Standard Deviations of Perceived Counselor

Characteristics as Measured by Three Direct Ratings

	Male Observers		Female Observes	
	Male Counselor	Female Counselor	Male Counselor	Female Counselor
Touch				
	n = 25	n = 23	n = 43	n = 38
Caring				
$\overline{X}$	4.36	4.70	4.58	5.13
SD	1.15	.97	1.10	.93
Understanding				
$\overline{X}$	4.36	4.78	4.70	5.26
SD	1.15	1.13	1.24	.83
Easy to talk to				
$\overline{X}$	4.32	4.61	4.19	5.03
SD	1.31	.99	1.61	.91
No Touch				
	n = 24	n = 24	n = 41	n = 33
Caring				
$\overline{X}$	4.50	4.50	3.76	4.64
SD	1.14	1.18	1.36	1.17
Understanding				
$\overline{X}$	4.75	4.71	4.10	4.94
SD	1.19	1.04	1.14	1.20
Easy to talk to				
$\overline{X}$	4.54	4.50	3.76	4.61
SD	1.50	1.35	1.58	1.30

Table 7

Error Correlations for Perceived Counselor

Characteristics as Measured by Three Direct Ratings

	Caring	Understanding
Understanding	.74	
Easy to talk to	.73	.65

Table 8

Summary of Multivariate Analysis of Perceived Counselor

Characteristics as Measured by Three Direct Ratings

Source	df	F Value Wilks Lambda
Sex of Observer X Sex of Counselor X Touch	3	.71
Sex of Counselor X Touch	3	.23
Sex of Observer X Touch	3	1.93
Sex of Observer X Sex of Counselor	3	1.48
Touch	3	3.48*
Sex of Counselor	3	5.04*
Sex of Observer	3	.76
Error	241	

*$p < .05$

Table 9

Univariate F's and Multivariate Stepdown F's with Reorder of Perceived

Counselor Characteristics for Touch as Measured by Three Direct Ratings

Source	df	SS	SS_E	MS	MS_E	F
Univariate for Touch						
Caring	1, 243	11.64	314.63	11.64	1.29	8.99*
Understanding	1, 243	3.47	305.06	3.47	1.26	2.76
Easy to talk to	1, 243	3.83	449.80	3.83	1.85	2.07
Stepdown						
Caring	1, 243	11.64	314.63	11.64	1.29	8.99*
Understanding	1, 242	.37	137.94	.37	.57	.66
Easy to talk to	1, 241	.67	197.62	.67	.82	.82
Reordered Stepdown						
Understanding	1, 243	3.47	305.06	3.47	1.26	2.76
Easy to talk to	1, 242	.22	256.52	.22	1.06	.21
Caring	1, 241	3.35	108.45	3.35	.45	7.40*

*p < .05
df = degrees of freedom
SS = sums of squares
SS_E = sums of squares error
MS = mean square
MS_E = mean square error
F = F value

to and understanding was removed, caring ($F(1, 241) = 7.40$, $p < .05$) continued to be the major contributor. An examination of the combined means indicated that touching vignettes had a higher rating on caring ($\overline{X} = 4.72$) than did non-touching vignettes ($\overline{X} = 4.29$). A strength of association measure, eta squared, revealed that 3% of the variability in caring was due to the presence of touch.

Following a similar procedure for the main effect of sex of counselor, univariate analyses supported the main effect and indicated that caring ($F(1, 243) = 12.52$, $p < .05$), understanding ($F(1, 243) = 12.96$, $p < .05$), and easy to talk to ($F(1, 243) = 11.13$, $p < .05$) were all contributors to the construct. The Roy-Bargman Stepdown F showed that caring ($F(1, 243) = 12.52$, $p < .05$) accounted for the significant main effect on sex of counselor (see Table 10), but a reordered stepdown indicated that caring was not significant when examined independently of the other variables. Thus, it appeared that the three variables were so interrelated for the effect of counselor sex that no one variable by itself supported the construct.

An examination of the combined means revealed that the female counselor ($\overline{X} = 4.78$) was rated as more caring than was the male counselor ($\overline{X} = 4.27$). Likewise, the female counselor ($\overline{X} = 4.97$) was rated as more understanding than the male counselor ($\overline{X} = 4.46$); and on the dimension of easy to talk to, the female counselor ($\overline{X} = 4.72$) was again rated higher than the male counselor ($\overline{X} = 4.14$). Eta squared

Table 10

Univariate F's and Multivariate Stepdown F's with Reorder of Perceived Counselor Characteristics for Sex of Counselor as Measured by Three Direct Ratings

Source	df	SS	SS_E	MS	MS_E	F
Univariate for Sex of Counselor						
Caring	1, 243	16.21	314.63	16.21	1.29	12.52[*]
Understanding	1, 243	16.27	305.06	16.27	1.26	12.96[*]
Easy to talk to	1, 243	20.61	449.80	20.61	1.85	11.13[*]
Stepdown						
Caring	1, 243	16.21	314.63	16.21	1.29	12.52[*]
Understanding	1, 242	1.15	137.94	1.15	.57	2.02
Easy to talk to	1, 241	.44	197.62	.44	.82	.54
Reordered Stepdown						
Understanding	1, 243	16.27	305.06	16.27	1.26	12.96[*]
Easy to talk to	1, 242	1.69	256.52	1.69	1.06	1.59
Caring	1, 241	.25	108.45	.25	.45	.55

[*]$p < .05$
df = degrees of freedom
SS = sums of squares
SS_E = sums of squares error
MS = mean square
MS_E = mean square error
F = F value

revealed that 5% of the variability of caring, 5% of the variability of understanding, and 4% of the variability of easy to talk to were due to sex of counselor. Significance was not found for the main effect on sex of observer.

Hypothesis Two

There will be a significant interaction between amount of counselor touch, sex of counselor, and sex of observer on observers' perception of the presence of "necessary condition" where necessary condition is measured by three summative scales: caring, understanding, and easy to talk to.

The means and standard deviations for the perceived counselor characteristics are presented in Table 11. An examination of the error correlation matrix for the summative scales showed values above .3, thus a multivariate analysis of variance was performed (see Table 12).

Significant multivariate F's were not found for the three-way or two-way interactions of touch, sex of counselor, and sex of observer on the dimensions of caring, understanding, and easy to talk to (see Table 13) as measured by the summative scales. Significant multivariate F's were obtained for the main effects on sex of counselor ($\underline{F}$(3, 235) = 6.21, p < .05) and sex of observer ($\underline{F}$(3, 235) = 2.88, p < .05), but not for the main effect on touch. Subsequent univariate analyses supported the main effect on sex of counselor and indicated that all three counselor

Table 11

Means and Standard Deviations of Perceived Counselor

Characteristics As Measured by Summative Scales

	Male Observers		Female Observes	
	Male Counselor	Female Counselor	Male Counselor	Female Counselor
Touch				
	n = 24	n = 23	n = 43	n = 36
Caring[1]				
$\overline{X}$	26.08	27.48	25.72	28.64
SD	3.91	4.68	4.76	2.98
Understanding[2]				
$\overline{X}$	23.75	26.26	26.12	28.27
SD	3.29	4.39	4.70	2.24
Easy to talk to[3]				
$\overline{X}$	31.75	34.52	32.20	35.58
SD	5.38	6.32	6.37	3.17
No Touch				
	n = 22	n = 23	n = 41	n = 33
Caring				
$\overline{X}$	26.27	27.09	24.63	27.12
SD	2.96	5.20	5.41	4.08
Understanding				
$\overline{X}$	26.32	26.43	24.83	27.24
SD	3.00	3.88	4.28	3.62
Easy to talk to				
$\overline{X}$	33.32	33.74	31.15	32.88
SD	3.78	5.88	7.50	5.13

[1] The summed responses of 8 Likert-type items
[2] The summed responses of 7 Likert-type items
[3] The summed responses of 10 Likert-type items

Table 12

Error Correlations for Perceived Counselor

Characteristics as Measured by Summative Scales

	Caring	Understanding
Understanding	.64	
Easy to talk to	.81	.66

Table 13

Summary of Multivariate Analysis of Perceived Counselor

Characteristics as Measured by Summative Scales

Source	df	F Value Wilks Lambda
Sex of Observer X Sex of Counselor X Touch	3	.92
Sex of Counselor X Touch	3	.88
Sex of Observer X Touch	3	2.37
Sex of Observer X Sex of Counselor	3	.92
Touch	3	.99
Sex of Counselor	3	6.21*
Sex of Observer	3	2.88*
Error	235	

*$p < .05$

characteristics were contributors: caring ($\underline{F}$(1, 237) = 14.07, p < .05), understanding ($\underline{F}$(1, 237) = 15.82, p < .05), and easy to talk to ($\underline{F}$(1, 237) = 9.04, p < .05) (see Table 14). The Roy-Bargman Stepdown F's showed understanding ($\underline{F}$(1, 236) = 3.92, p < .05, first order); ($\underline{F}$(1, 237) = 15.82, p < .05, second reorder) to be the major contributor to the significance of sex of counselor. Overall, the female counselor ($\overline{X}$ = 27.21) was rated as more understanding than the male counselor ($\overline{X}$ = 25.31). Eta squared revealed that 6% of the variability of understanding was due to sex of counselor.

Univariate analyses for the main effect on sex of observer found understanding ($\underline{F}$(1, 237) = 2.92, p > .05) to be the major contributor (see Table 15). This was supported by the Roy-Bargman Stepdown F which found understanding ($\underline{F}$(1, 236) = 7.15, p < .05) to be the significant contributor. The reordered stepdown found easy to talk to ($\underline{F}$(1, 236) = 5.02, p < .05) as a second major contributor.

An examination of the combined means revealed that the female observers ($\overline{X}$ = 26.52) rated either counselor as more understanding than the male observers ($\overline{X}$ = 25.66) rated the counselor. However, on the reordered stepdown the female observer ($\overline{X}$ = 32.89) rated the counselor as less easy to talk to than did the male observer ($\overline{X}$ = 33.32). The computation for eta squared showed that 1% of the variability in understanding was due to the main effect of

Table 14

Univariate F's and Multivariate Stepdown F's with Reorder of Perceived Counselor

Characteristics for Sex of Counselor as Measured by Summative Scales

Source	df	SS	SS_E	MS	MS_E	F
Univariate for Sex of Counselor						
Caring	1, 237	271.80	4577.75	271.80	19.32	14.07[*]
Understanding	1, 237	230.34	3450.87	230.34	14.56	15.82[*]
Easy to talk to	1, 237	295.66	7749.90	295.66	32.70	9.04[*]
Stepdown						
Caring	1, 237	271.80	4577.75	271.80	19.32	14.07[*]
Understanding	1, 236	33.57	2020.16	33.57	8.56	3.92[*]
Easy to talk to	1, 235	5.19	2364.10	5.19	10.06	.52
Reordered Stepdown						
Understanding	1, 237	230.34	3450.87	230.34	14.56	15.82[*]
Easy to talk to	1, 236	4.34	4358.92	4.34	18.47	.23
Caring	1, 235	15.69	1452.30	15.69	6.18	2.54

[*]$p < .05$
df = degrees of freedom
SS = sums of squares
SS_E = sums of squares error
MS = mean square
MS_E = mean square error
F = F value

Table 15

<u>Univariate</u> <u>F's</u> <u>and</u> <u>Multivariate</u> <u>Stepdown</u> <u>F's</u> <u>with</u> <u>Reorder</u> <u>of</u> <u>Perceived</u>

<u>Counselor</u> <u>Characteristics</u> <u>for</u> <u>Sex</u> <u>of</u> <u>Observer</u> <u>as</u> <u>Measured</u> <u>by</u> <u>Summative</u> <u>Scales</u>

Source	df	SS	SS_E	MS	MS_E	F
Univariate for Sex of Observer						
Caring	1, 237	5.52	4577.75	5.52	19.32	.29
Understanding	1, 237	42.48	3450.87	42.48	14.56	2.92
Easy to talk to	1, 237	10.44	7749.90	10.44	32.70	.32
Stepdown						
Caring	1, 237	5.52	4577.75	5.52	19.32	.29
Understanding	1, 236	61.24	2020.16	61.24	8.56	7.15*
Easy to talk to	1, 235	11.84	2364.10	11.84	10.06	1.18
Reordered Stepdown						
Understanding	1, 237	42.48	3450.87	42.48	14.56	2.91
Easy to talk to	1, 236	92.78	4358.92	92.78	18.47	5.02*
Caring	1, 235	4.02	1452.30	4.02	6.18	.65

*$p < .05$
df = degrees of freedom
SS = sums of squares
SS_E = sums of squares error
MS = mean square
MS_E = mean square error
F = F value

sex of observer while .12% of easy to talk to was due to sex of observer.

Summary

The purpose of this study was to examine the effectiveness of touch in helping counselors to more adequately communicate empathy and regard to their clients and to facilitate increased self-disclosure by the client. Two hypotheses were established. The first looked at the interaction between amount of counselor touch, sex of counselor, and sex of observer on observers's perception of the presence of "necessary condition" where necessary condition is measured by three direct questions: caring, understanding, and easy to talk to. The second hypothesis looked at the interaction between amount of counselor touch, sex of counselor, and sex of observer on observer's perception of the presence of "necessary condition" where necessary condition is measured by summative scales.

Multivariate analyses of the three direct questions used to measure counselor characteristics of caring, understanding, and easy to talk to revealed no significant interactions. Significant main effects were found for touch on the dimension of caring and sex of counselor on the interrelated dimensions of caring, understanding, and easy to talk to.

Multivariate analyses of the summative scales used to measure caring, understanding, and easy to talk to revealed

no significant interactions. A significant main effect was
found for sex of counselor on understanding. Sex of observer
was found to be significant with the major contributor also
being understanding.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter includes a summary of the major elements of the study. In addition, an interpretation of results and suggestions for further research are included.

Summary

When evaluating the impact of therapy, an important concern is the client's perception of the counselor. Empathy, regard, and the facilitation of client's self-disclosure 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, regard, and client self-disclosure. The study investigated the impact of physical touch, sex of the counselor, and sex of the observer as it related to the research subject's perception of the counselor characteristics of caring (regard), understanding (empathy), and easy to talk to (facilitation of client self-disclosure).

The individuals who served as observers for this study were undergraduate and graduate students from the Colleges of Art and Science and Education at a large southwestern

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university. Two hundred and forty-eight volunteers participated in the study. Forty graduate students in counseling and education took part in a preliminary study to categorize the adjectives included in the summative scales that measured the observer's rating of counselor characteristics. A sample of 20 students provided test-retest reliability for the Perceived Counselor Characteristics Inventory.

The Perceived Counselor Characteristics Inventory (PCCI) was developed by the researcher and is composed of two parts: three direct ratings and three summative scales. Both parts measure counselor characteristics of caring, understanding, and easy to talk to.

In addition to the PCCI, four videotaped vignettes were produced. Two vignettes depicted a female counselor working with a female client and the remaining two vignettes were of a male counselor working with the same female client. The vignettes varied only in the amount of touch included and the sex of the counselor. In one videotape, the female counselor touched the client and in the other, there was no physical contact. The same manipulation 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 three additional times paired with a request for clarification or to reflect or summarize.

Students participated in the study within class
groups. Each volunteer was randomly assigned to one of the
eight treatment groups (i.e. male-touch, male-observer; male-
touch, female-observer; male-no touch, male-observer; male-no
touch, female-observer; female-touch, male-observer; female-
touch, female-observer; female-no touch, male-observer; and
female-no touch, female-observer). The groups viewed a
short, videotaped vignette of a simulated counseling
interview. After viewing the vignettes, each observer
completed the PCCI.

<div align="center">Results</div>

The study revealed significant main effects for touch
and sex of counselor where necessary condition was measured
by three direct ratings. Touch was found to be significant
with the counselor characteristic of caring being the major
contributor. With all the shared variance removed, the
variable of a caring counselor continued to be the major
contributor.

For sex of the counselor, all three counselor
characteristics contributed to the multivariate test of
significance. The stepdown analysis showed caring to be the
major contributor, but reorders indicated that caring was so
interrelated with the observers' perceptions of understanding
and easy to talk to that caring was not significant in its
pure form. Overall, the female counselor was rated as more

caring, understanding, and easy to talk to than was the male counselor.

When looking at the summed measures, the research did not find significant interactions, but did reveal significant main effects for sex of counselor and sex of observer as measured by the summative scales. The main effect on sex of counselor was found to be significant with all three counselor characteristics again being significant contributors to the multivariate test. Understanding was found to be the major contributor in the stepdown and reorder analyses.

When looking at both hypotheses, sex of counselor was found to be a significant independent variable; however different dependent variables were shown to be affected under each hypothesis. When asked in a direct manner, the female counselor was perceived to be more caring. When asked in an indirect manner, the variable most affected was understanding.

The multivariate analyses revealed significance for sex of observer but none of the counselor characteristics reached a significant level in the univariate analyses. However, when examined in their pure form through use of the stepdown and reorder analyses, understanding and easy to talk to were found to be the major contributors. Female observers rated the counselor as more understanding than did male observers, but female observers rated the counselor as less easy to talk to than did the male observers. A strength of association measure revealed that only a slight amount of the variability

of understanding (1%) and easy to talk to (.12%) was due to
the main effect of sex of observer.

Conclusions

Touch was found to be a significant main effect with
the counselor characteristic of caring as the major
contributor. This finding is supported by much of the
literature that makes the association between touch and
communicating a sense of caring for another person. These
findings would seem to indicate that touch can be used to
convey a sense of caring, but may not necessarily convey
counselor understanding of client problems or that physical
touch would facilitate client self-disclosure.

Looking at both hypotheses showed the main effect of
sex of counselor to be significant. When looking at the
differences, the female counselor was seen as more caring,
understanding, and easy to talk to than the male counselor,
with primary emphasis placed on caring. The importance of
early infant-mother bonding through tactile stimulation,
especially nursing, has been supported in research. The
finding of this study could be viewed as an extension of the
female as the first, nurturant provider. Also, counselor
traits of caring, understanding, and easy to talk are more
congruent with the stereotypical perception of women.
Another consideration is the acceptance of touching in
female-female dyads. In this study, cross-sex touching did
not involve a female touch initiator and a male recipient.

When comparing the summative scales and the three direct questions in the Perceived Counselor Characteristics Inventory the former are a more subtle means of measuring the counselor characteristics. Thus the results may not be as evident as those found by asking direct questions. The reliability coefficients for the PCCI would seem to support the notion that the summative scales are not as consistent a measure (e.g. understanding = .80 for direct ratings and .62 for summative scales).

Recommendations

The results of this research have prompted additional questions which should serve as impetus for further research. Previous research on the touch dimension has resulted in mixed outcomes and the present study was not an exception. Replication, because this study only used one male and one female counselor, would add support to the hypothesis that there is greater acceptability of female initiated touch. If sex differences are found in future studies, then it can be more clearly stated that client perceptions are based on sex of counselor, not on individual counselor differences.

The present study investigated the perceptions of young adults, the majority being late teens and early twenties. Raiche's (1977) study asked similar questions of children. It would provide valuable information to answer the same questions for older adults. Would an elderly population also perceive touch as conveying caring,

understanding, and facilitating self-disclosure? The results
may indicate that as other means of perception become less
acute, touch may become even more important as a way to
communicate with others.

Several authors have stressed the importance of
genuineness being associated with the use of touch (Corey et
al., 1979; Steinzor, 1967). The assessment of a counselor's
genuineness as it relates to touch might provide information
on why touch is sometimes evaluated in a positive manner and
at other times, not. It could be assumed clients would not
rate a counselor as caring and understanding if they felt the
counselor did not have genuine feelings associated with the
use of touch.

The body of empirical research on touch does not
include studies that have investigated the relationship
between individual tactual behavior and perception of a
another person who initiates touch. It has been hypothesized
that there may be a positive correlation between high levels of
personal tactile behavior and that person's perception of
touch as a method to convey caring, understanding, and to
facilitate self-disclosure. Further research needs to
investigate this relationship.

There is also a need to consider the relationship
between a counselor's personal tactile behavior in non-
professional settings and how their use of touch is
perceived in the professional environment. If a counselor
engages in high levels of personal tactile behavior, it

might be expected that clients would more positively perceive the use of touch in therapy.

There is empirical research to support the importance of touch especially in infancy and childhood development. Conflicting results have been reported concerning its effectiveness in counseling. To evaluate the merit of touch in counseling is a personal question to be answered by each therapist, but this author hopes it will not be disregarded without careful consideration of its therapeutic potential.

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APPENDIX A

PERCEIVED COUNSELOR CHARACTERISTICS

INVENTORY

PERCEIVED COUNSELOR CHARACTERISTICS INVENTORY

Please provide the following information:

Age: _____

Sex: M   F

Please circle the number that indicates your agreement with each of the following terms as a descriptor of the counselor in the videotape you have just viewed.

(1 = Strongly Agree, 2 = Agree, 3 = Undecided, 4 = Disagree, 5 = Strongly Disagree)

The following term is a good descriptor: The following term is a good descriptor:

1. How "caring" do you perceive the counselor to be in the videotape you have just viewed?

   (Circle the number that best describes your answer)

   Not at all   1   2   3   4   5   6   Very

2. How "understanding" do you perceive the counselor to be in the videotape you have just viewed?

   (Circle the number that best describes your answer)

   Not at all   1   2   3   4   5   6   Very

3. How "easy to talk to" do you perceive the counselor to be in the videotape you have just viewed?

   (Circle the number that best describes your answer)

   Not at all   1   2   3   4   5   6   Very

	SA	A	U	D	SD		SA	A	U	D	SD
serious	1	2	3	4	5	humorous	1	2	3	4	5
pleasurable	1	2	3	4	5	responsible	1	2	3	4	5
traditional	1	2	3	4	5	open	1	2	3	4	5
familiar	1	2	3	4	5	free	1	2	3	4	5
happy	1	2	3	4	5	interesting	1	2	3	4	5
beautiful	1	2	3	4	5	genuine	1	2	3	4	5
feminine	1	2	3	4	5	complex	1	2	3	4	5
understandable	1	2	3	4	5	accepting	1	2	3	4	5
fresh	1	2	3	4	5	empathic	1	2	3	4	5
perceptive	1	2	3	4	5	authoritarian	1	2	3	4	5
masculine	1	2	3	4	5	sociable	1	2	3	4	5
bright	1	2	3	4	5	easy	1	2	3	4	5
tender	1	2	3	4	5	intuitive	1	2	3	4	5
clear	1	2	3	4	5	kind	1	2	3	4	5
fun	1	2	3	4	5	structured	1	2	3	4	5

APPENDIX B

DEBRIEFING REPORT

Research Study

The Effects of Counselor Touch
in Communicating Empathy and Regard, and the
Promotion of Client Self-Disclosure

Thank you for your contribution to this research study
through your participation in viewing the video vignettes
and completing the questionnaires. This study is based on
an interest in gaining more knowledge about what facilitates
a productive counseling relationship.

A relevant concern, when evaluating the impact of
therapy, is how the therapist is perceived by the client.
Empathy and regard for the client, and facilitating client
self-disclosure are considered by many to be core conditions
needed for successful therapy (Brammer, 1979; Egan, 1975).
The purpose of the present study is to evaluate the effects
of touch as a means of conveying empathy and regard for the
client, and facilitating client self-disclosure. The study
will look at the interactions among the independent variables,
treatment (touch vs. no-touch), sex of counselor, and sex
of research subjects and how these influence the subjects'
perception of the aforementioned core conditions: empathy,
regard, and facilitation of client self-disclosure.

    If any additional information concerning this study is
desired, please to not hesitate to contact me (Mary Carver,
624-5472 bus.; 743-2994 home). Listed below is a limited
bibliography of materials concerning this area of research.

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APPENDIX C

COUNSELING VIGNETTE SCRIPTS

Script for Counseling Vignette

(Co. = counselor, Cl. = client)

<u>Male</u> <u>counselor</u> <u>and</u> <u>female</u> <u>client</u> - with touch

(Counselor and client standing)

Co: Hi, my name is Paul. (Co. shakes hands with Cl.)

Cl: Hi, Paul. I'm Joan.

Co: Let's go back to my office so we can sit down and talk.
       (Co. places hand on client's back)

Co: What brings you in to see me?

Cl: Well, it's hard to put into words. I guess I have
       trouble making people understand how I feel about
       things.

Co: You find it difficult to get your ideas across to
       people.

Cl: Especially my boyfriend. I can't seem to talk to
       him about some of the things that bother me.

Co: What is it you would like to say to him?

Cl: Oh, he keeps everything to himself and I feel so left
       out. I'd like him to talk to me once in a while.
       (said with the sound of rejection in her voice)

Co: It's difficult to feel very close to him when he
       doesn't share with you. (Co. lightly touches the
       Cl.'s knee)

Cl: Ya, at times I feel like he treats me like I'm a
stranger. I want him to let me know what he's
feeling so we aren't so far apart.

Co: Let me be sure I know what you're asking. (Co. lightly
touches Cl.'s knee) You believe that you and your
boyfriend would have a better relationship if you
both could communicate more openly.

Cl: Ya, but I don't know how to do that.

Co: There are communication skills that we could talk about
that will help you be a more active listener. That
might encourage your boyfriend to share more. We could
also discuss communication skills that you might use to
express your thoughts and feelings more clearly.
Let's get together again to talk about some ways
that would make it easier for both of you to share your
feelings.

Cl: Sounds like a good idea.

Co: Fine, Let's see when we can schedule an appointment.
(Co. lightly touches the Cl's knee)

Cl: Thanks.

Script for Counseling Vignette

(Co. = counselor, Cl. = client)

<u>Male</u> <u>counselor</u> <u>and</u> <u>female</u> <u>client</u> - without touch

(Counselor and client standing)

Co: Hi, my name is Paul.

Cl: Hi, Paul. I'm Joan.

Co: Let's go back to my office so we can sit down and talk.

Co: What brings you in to see me?

Cl: Well, it's hard to put into words. I guess I have trouble making people understand how I feel about things.

Co: You find it difficult to get your ideas across to people.

Cl: Especially my boyfriend. I can't seem to talk to him about some of the things that bother me.

Co: What is it you would like to say to him?

Cl: Oh, he keeps everything to himself and I feel so left out. I'd like him to talk to me once in a while. (said with the sound of rejection in her voice)

Co: It's difficult to feel very close to him when he doesn't share with you.

Cl: Ya, at times I feel like he treats me like I'm a stranger. I want him to let me know what he's feeling so we aren't so far apart.

Co: Let me be sure I know what you're asking. You believe that you and your boyfriend would have a better relationship if you both could communicate more openly.

Cl: Ya, but I don't know how to do that.

Co: There are communication skills that we could talk about that will help you be a more active listener. That might encourage your boyfriend to share more. We could also discuss communication skills that you might use to express your thoughts and feelings more clearly. Let's get together again to talk about some ways that would make it easier for both of you to share your feelings.

Cl: Sounds like a good idea.

Co: Fine, Let's see when we can schedule an appointment.

Cl: Thanks.

Script for Counseling Vignette

(Co. = counselor, Cl. = client)

<u>Female</u> <u>counselor</u> <u>and</u> <u>female</u> <u>client</u> - with touch

(Counselor and client standing)

Co: Hi, my name is Sally. (Co. shakes hands with Cl.)

Cl: Hi, Sally. I'm Joan.

Co: Let's go back to my office so we can sit down and talk. (Co. places hand on client's back)

Co: What brings you in to see me?

Cl: Well, it's hard to put into words. I guess I have trouble making people understand how I feel about things.

Co: You find it difficult to get your ideas across to people.

Cl: Especially my boyfriend. I can't seem to talk to him about some of the things that bother me.

Co: What is it you would like to say to him?

Cl: Oh, he keeps everything to himself and I feel so left out. I'd like him to talk to me once in a while. (said with the sound of rejection in her voice)

Co: It's difficult to feel very close to him when he doesn't share with you. (Co. lightly touches the Cl.'s knee)

Cl: Ya, at times I feel like he treats me like I'm a stranger. I want him to let me know what he's feeling so we aren't so far apart.

Co: Let me be sure I know what you're asking. (Co. lightly touches Cl.'s knee) You believe that you and your boyfriend would have a better relationship if you both could communicate more openly.

Cl: Ya, but I don't know how to do that.

Co: There are communication skills that we could talk about that will help you be a more active listener. That might encourage your boyfriend to share more. We could also discuss communication skills that you might use to express your thoughts and feelings more clearly. Let's get together again to talk about some ways that would make it easier for both of you to share your feelings.

Cl: Sounds like a good idea.

Co: Fine, Let's see when we can schedule an appointment. (Co. lightly touches the Cl's knee)

Cl: Thanks.

Script for Counseling Vignette

(Co. = counselor, Cl. = client)

Female counselor and female client - without touch

(Counselor and client standing)

Co: Hi, my name is Sally.

Cl: Hi, Sally. I'm Joan.

Co: Let's go back to my office so we can sit down and talk.

Co: What brings you in to see me?

Cl: Well, it's hard to put into words. I guess I have trouble making people understand how I feel about things.

Co: You find it difficult to get your ideas across to people.

Cl: Especially my boyfriend. I can't seem to talk to him about some of the things that bother me.

Co: What is it you would like to say to him?

Cl: Oh, he keeps everything to himself and I feel so left out. I'd like him to talk to me once in a while. (said with the sound of rejection in her voice)

Co: It's difficult to feel very close to him when he doesn't share with you.

Cl: Ya, at times I feel like he treats me like I'm a stranger. I want him to let me know what he's feeling so we aren't so far apart.

Co: Let me be sure I know what you're asking. You believe
that you and your boyfriend would have a better
relationship if you both could communicate more openly.

Cl: Ya, but I don't know how to do that.

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that will help you be a more active listener. That
might encourage your boyfriend to share more. We could
also discuss communication skills that you might use to
express your thoughts and feelings more clearly.
Let's get together again to talk about some ways
that would make it easier for both of you to share your
feelings.

Cl: Sounds like a good idea.

Co: Fine, Let's see when we can schedule an appointment.

Cl: Thanks.

VITA 2

Mary Susan Driscoll

Candidate for the Degree of

Doctor of Philosophy

Thesis: THE EFFECTS OF COUNSELOR TOUCH IN COMMUNICATING
          EMPATHY AND REGARD, AND THE PROMOTION OF CLIENT
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