THE EFFECT OF SHARED HISTORY OF ALCOHOLISM ON CLIENT PERCEPTIONS OF COUNSELOR CHARACTERISTICS

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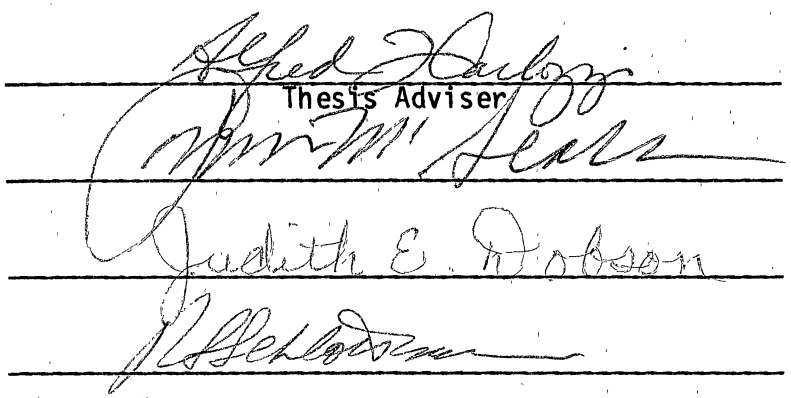

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CHAPTER I

INTRODUCTION

In recent years, an interest appears to be developing relative to the dimensions of counselor behavior and characteristics as perceived by clients (patients), and the relation of these perceptions to counseling outcome (Corrigan, Dell, Lewis & Schmidt, 1980). Counseling effectiveness is determined to a large extent by the client's perceptions of counselor's behavior. The counselor's interview behavior may be said to represent a "medium through which the client derives and organizes perceptions about the counselor as well as the perceptions the counselor acquires or experiences about himself" (Barak & LaCrosse, 1977, p. 2). Strong (1968) viewed client perceptions as the bases for the development of a counselor's influence potential. Social influence theory (Strong, 1968) has suggested that counseling is an interpersonal influence process. Clients usually seek counseling because they are in a static behavior state that is a result of being unable to control the difficulties in their lives. It is the counselor's task to analyze the client's experiences and encourage clients to reattribute their difficulties in such a way as to develop a more effective means of resolution (Dorn, 1984). Social influence theory proposes that the counselor's attributional efforts are intended (a) to increase the accuracy of client's attributions so that clients can better guide their own behavior and, thus, live more effectively and (b) to externalize socially undesirable

behavior to diminish and eliminate intense emotional reaction to such behavior (Strong, 1982).

The counselor, through verbal and nonverbal behavior, attempts to influence the client's basic attitudes with the belief that attitude change will subsequently result in behavior change (Strong, 1982). Strong and Matross (1973) outlined this process of change as: the counselor's remark, its impact on the client, and, finally, the client's response. The client complies with the counselor's request to the extent that power is greater than opposition and resistance, and he/she does something else to the extent that resistance and opposition are greater than power. The ideal alternative would be for the client to accept the counselor's suggested causes of the client's behavior (Strong, 1982). Borrowing from social psychological research on opinion change, Strong (1968) noted that in order for the counselor to achieve this end, the client must perceive the counselor as expert, trustworthy, and socially attractive.

Client perception of counselor empathy has also been viewed as a powerful force for client change and growth (Rogers, 1975). Barrett-Lennard (1962) offers a specific conceptual formulation of empathy:

> Qualitatively it [empathic understanding] is 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 present. It is an experiencing of the consciousness 'behind' another's outward communication, but with continuous awareness that this consciousness is originating and proceeding in the other (p. 3).

Empathy is clearly related to positive counseling outcomes. The more the counselor is sensitively understanding, the more likely is constructive client change (Barrett-Lennard, 1962; Bergin & Strupp, 1972; Kurtz

& Grummon, 1972; Rogers, 1974; Truax, 1966). As stated by Bergin and Strupp (1972, p. 25), various studies "demonstrate a positive correlation between therapist empathy, patient self-exploration and independent criteria of patient change."

As previously stated, counseling effectiveness is determined to a large extent by the client's perceptions of the counselor's behavior. Social influence theorists postulate that client perceptions of counselor expertness, trustworthiness, and attractiveness are important considerations. Client-centered theorists emphasize client perceptions of counselor empathy. There are those who advocate that a counselor and a client must share a similar background if counseling is to be maximally effective. Gunnings (1971) stated that only a black counselor can relate effectively to a black client. Lewis (1970) made a similar point with regard to treating clients from lower socioeconomic groups.

Perhaps nowhere is the use of counselors of similar background more prevalent than in the treatment of alcoholism. There are many varied approaches to the treatment of alcoholism, but most have in common the use of alcoholism counselors in one-to-one relationships with alcoholic patients. Many studies have been conducted regarding the effectiveness of counseling in the treatment of alcoholics (Emrick, 1974; Hill & Blane, 1967; Voegtlin & Lemere, 1942) and the importance of the counselor in treatment outcomes (Fiske, Luborsky, Parloff, Hunt, Orne, & Reiser, 1970; Pattison, 1966; Smart, 1970), yet little data are available to answer the question posed by Baekeland, Lundwall, and Kissin (1975, p. 307), "How effective are recovered alcoholics as counselors as compared with alcoholism counselors who are not recovered alcoholics."

A review of studies directed at this question reveals that the

findings are inconclusive. Mayer and Myerson (1971) maintain that for the most part aid to the alcoholic ultimately depends on a positive relationship between the client and the therapist, whatever the orientation of the latter. Covner (1969) and Rosenburg, Gerrein, Manohar, and Liftik (1976) indicate that a history of alcoholism neither precludes nor enhances counselor effectiveness.

Other studies suggest different implications in regard to counseling the alcoholic. Lawson (1982) found that alcoholic patients provided higher ratings to counselors who were themselves recovering alcoholics than to counselors who were not recovering alcoholics. Argeriou and Manohar (1978) found that positive changes in drinking behavior of alcoholic patients occurred significantly more often in patients counseled by counselors who were recovered alcoholics than in patients counseled by counselors who were not recovered alcoholics. Mann (1973) observed that many members of Alcoholics Anonymous genuinely believe that only an alcoholic can help an alcoholic.

It is evident upon review of the relevant literature, in response to the question posed by Baekeland et al. (1975), that three primary limitations have been present in the previous research. First, the prior research has not investigated adequately the perceptions of alcoholic patients in inpatient treatment settings, the most widely used setting for the treatment of alcoholism. Second, the prior research has not investigated the change in patient perceptions of counselors as a function of the number of days in treatment. Finally, the prior research has not utilized adequate sample sizes in the studies examining the effect of counselor-client similarity on the basis of history of alcoholism.

Statement of the Problem

The purpose of this study was to investigate the effect of client-counselor similarity, in terms of a history of alcoholism, on client perceptions of the counselor. More specifically, this study investigated the effect of client-counselor similarity on client perceptions of counselors on social influence dimensions of counselor behavior and on the more client-centered dimension of empathy. Alcoholism patients who were (a) in counseling with a counselor who was also a recovering alcoholic and (b) in counseling with a counselor who was not a recovering alcoholic were asked to evaluate the counselor on dimensions of perceived counselor effectiveness. Patient perceptions of counselor expertness, attractiveness, and trustworthiness were measured by the Counselor Rating Form (Barak & LaCrosse, 1975). Patient perceptions of counselor empathic understanding were measured by the Empathic Understanding scale of the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962). An additional variable examined in the study was change in patient perceptions of counselors as a function of the number of days in treatment. Additional demographic data were collected for the purpose of describing the participants in the study (clients and counselors), such as age, gender, educational level, years of experience as an alcoholism counselor, and total number of years of experience as a counselor (the latter two for counselors only).

The present study addressed the limitations in the prior research by using a large sample of alcoholic patients currently in treatment at eight inpatient treatment centers. Also, the study investigated changes in patient perceptions of counselors as a function of number of days in treatment.

Statement of the Hypothesis

In view of the relevant research, the following hypothesis is proposed:

> Alcoholic clients' perceptions of counselor expertness, trustworthiness, attractiveness and empathic understanding for counselors who are themselves alcoholic and counselors who are not alcoholic will not vary as a function of the number of days in treatment.

Definition of Terms

The terms which were of particular relevance to the study are defined as follows:

(a) Alcoholism - the addiction to ethel alcohol with manifestations of harmful consequences in the mental, physical, social, and spiritual dimensions of the individual's life.

(b) Shared History of Alcoholism - the counselor and client both have in the past and/or are currently experiencing the symptoms of alcoholism.

(c) Attractiveness - an individual's apparent familiarity, friendliness, likability, and relevant attitudinal or group membership similarity.

(d) Trustworthiness - an individual's apparent sincerity, fairness, objectivity, honesty, and lack of vested interest or pervasive interest.

(e) Expertness - an individual's apparent competence, relevant education, special training or experience, history of success in solving problems, seniority status and prestige.

(f) Empathic understanding -

> Qualitatively it [empathic understanding] is 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 present. It is an experiencing of the consciousness 'behind' another's outward communication, but with continuous awareness that this consciousness is originating and proceeding in the other (Barrett-Lennard, 1962, p. 3).

Limitations of the Study

The cross-sectional data-collection method is a limitation to be considered in the present study. This limitation is of particular significance in interpreting results related to the investigation of change in client perceptions as a function of number of days in treatment. An additional limitation related to the data-collection method is that all alcoholism counselors utilized in the study are not "represented" by an equal number of client perceptions.

A de-limitation for consideration on the present study was the reading level of Counselor Rating Form. As reported by Corrigan and Schmidt (1983) the Counselor Rating Form is at a 10th grade reading level. For the purposes of this study it was not feasible to ascertain the reading level at each client involved in the study. The potential impact of these limitations is examined and discussed in Chapter V.

Organization of the Study

Chapter I includes a brief introduction to the study, the statement of the problem to be investigated, the limitation of the study, the research hypotheses, the definition of terms, and organization of the study. Chapter II consists of a review of the related research with particular emphasis on social influence theory, empathy in the counseling relationship and client-counselor similarity. Chapter III

includes a presentation and description of the methods and procedures that were utilized in the study, the selection of subjects, instruments used, and the procedures for data-collection and analysis. Chapter IV states each hypothesis, and summarizes the findings. Chapter V summarizes the major elements of the study and presents an interpretation of results, offers recommendations for further research, and implications for practioners.

CHAPTER II

REVIEW OF THE RELATED RESEARCH

Introduction

This chapter consists of a review of theoretical positions and empirical research findings relevant to the present study. The variables of counseling effectiveness, as proposed by social influence theory, of counselor expertness, trustworthiness, and attractiveness are explored. Empathy and its impact in the counseling relationship, as emphasized by client-centered approaches to counseling, also is examined. Finally, counselor-client similarity, with particular focus on alcoholism counseling, is addressed in this review.

Counseling as a Social Influence Process

In the counseling relationship, counselors attempt to help clients attain some change in their behaviors, attitudes, values, or views of the world. These attempts can be considered to be "purposeful influence", whether or not the counselor or client conceptualize the events as such (Corrigan, 1980).

One of the earliest examinations of social psychological research in relation to the counseling process was carried forth by Frank (1961). He examined the shared features of apparently diverse forms of persuasion and healing such as miracle cures, thought reform, religious conversion, placebo effects, and psychotherapy. Extrapolating from

areas of social psychology, Goldstein (1966) wrote more explicitly about psychotherapy, specifically including interpersonal attraction. Extensively elaborating this approach, Goldstein, Heller, and Sechrest (1966) developed a basis for their presentation of a series of research hypotheses relevant to psychotherapy. Their review of research in the areas of interpersonal attraction, interpersonal influence, attitude change and persuasion generated great interest in examining the psychotherapy process in these dimensions.

Stimulated by these propositions, Strong (1968) wrote what has become a classical paper on counseling as an interpersonal influence process. Basing his work on cognitive dissonance theory (Festinger, 1957), Strong hypothesized that counselor's attempts to change client's behavior or opinions would create dissonance on clients. Clients can reduce dissonance by responding in one of five ways: (a) change in direction advocated by the counselor, (b) discredit the counselor, (c) discredit the issue, (d) change the counselor's opinion, or (e) see others who agree with the client. Strong states that counselors could increase the likelihood that the first alternative would occur by reducing the likelihood of the second or third alternative. Drawing upon research in social psychology, Strong postulated that the extent to which counselors are perceived as being expert, trustworthy and attractive would reduce the likelihood of their being discredited. By increasing the client's involvement in counseling, the likelihood of discrediting the issue would be reduced. From these hypotheses Strong suggested a two-stage model of counseling. In the first stage, counselors enhance their perceived expertness, attractiveness and trustworthiness and clients involvement in counseling. In the second stage, counselors use their

influence to precipitate opinion and/or behavior change in clients.

Strong's (1968) identification of expertness, attractiveness and trustworthiness as source characteristics that control the extent to which counselors may be discredited by clients follows from the work of Hovland, Janis, and Kelly (1953). More recent reviews of social psychological theory and research reveal that these three source characteristics continue to be emphasized as important to the effectiveness of social influence attempts, although additional source characteristics are sometimes identified. McGuire's (1969) review of source characteristics considered (a) credibility, consisting of the sources apparent ability to know the correct stand on an issue (expertise) and motivation to communicate this knowledge without bias (objectivity); (b) attractiveness, which includes familiarity, similarity and liking; and (c) power, consisting of control over positive or negative sanctions to be applied to the recipient, concern over whether or not the recipient complies, and scrutiny, the extent to which the source can discern recipient compliance.

Tedeschi and Linkskold (1976) identified five source characteristics: expertise, legitimate status, resource control, trustworthiness, and attractiveness. Similarity to McGuire's (1969) review is evident. Expertise and trustworthiness comprise credibility, resource control corresponds with power, and attractiveness appears in both.

Simons, Berkowitz, and Moyer (1970) distinguished between cognitive and affective bases for a receiver's image of the source of influence. The cognitive category, termed respect, was associated with source characteristics of expertise and prestige. The affective category, termed attraction, was associated with source characteristics of likability

and friendliness. Both respect and attraction may affect a third component of the receiver's image, trust, associated with source characteristics of sincerity and fairness.

Thus there seems to be theoretical support for considering expertness, attractiveness and trustworthiness as prominent source characteristics. These theorists suggest that expertness is inferred from a person's apparent competence, relevant education, special training or experience, history of success in solving problems, seniority status and prestige. Trustworthiness may be inferred from a person's apparent sincerity, fairness, objectivity, honesty, and lack of vested interest or pervasive intent. Attractiveness may be inferred from a person's apparent familiarity, friendliness, likability, and relevant attitudinal or group membership similarity.

Social psychological research consistently implicates the perceived expertness, attractiveness and trustworthiness of a source as important determinants of that sources' ability to effect social influence. Recent research indicates that subjects can use these three source characteristics to report their differential impressions of observed counselor performances.

Expertness

Expertness has been shown to make a counselor more influential (Bergin, 1962) and attractive to clients (Atkinson & Carskaddor, 1975; Goldstein, 1971; Greenburg, 1969) as well as to offset the effects of undesirable counselor behavior (Schmidt & Strong, 1971; Strong & Dixon, 1971; Strong & Schmidt, 1970a, 1970b). Client perceptions of counselor expertness are promoted by evidential cues, reputational cues, and

behavioral cues (Corrigan, Lewis, Dell, & Schmidt, 1980).

Evidential cues of perceived expertness include the counselor's attire, office decor, presence of diplomas, and counselor sex and race. Kerr and Dell (1976) found that counselors in casual attire were viewed as less expert than those in more professional attire, though a casual versus professional setting had no effect. Heppner and Pew (1977) and Siegel and Sell (1978) found that the presence of degrees and certificates in the interview room enhanced counselor's perceived expertness.

Brooks (1974) investigated the effect of sex of counselor on client perceptions of counselor expertness and found no differences in client perceptions of male and female counselors. Heppner and Pew (1972) found that different status levels of counselors (high status introduction versus low status introduction) did elicit different perceptions of counselor expertness between male and female counselors. High status as opposed to low status male counselors were evaluated more favorably by subjects, whereas the reverse was the case for female counselors.

The influence of reputational cues on perceived counselor expertness has been primarily investigated by manipulation of introductions of counselors to clients. Scheid (1976) investigated the effect of high status versus low status introductions on perceived expertness. This study suggested that counselors introduced as having greater experience and higher status are viewed as being more competent than those introduced as having less experience and lower status.

In investigating the impact of behavioral cues on perceived counselor expertness, Atkinson and Carskadden (1975) varied counselor's use of psychological jargon in videotaped interviews. Although those using jargon were attributed greater knowledge of psychology, there was

no difference in subjects' willingness to see the counselors for help.

Attractiveness

Various evidential, reputational, and behavioral cues appear to result in differential perceptions of counselor attractiveness. The impact of counselor physical attractivness (Cash & Kehr, 1978; Cash & Salzback, 1978; Cash, Begley, McGowan, & Weise, 1975) appears to be limited. Studies of other evidential cues such as setting, attire, and sex have shown mixed results (Amira & Abramowitz, 1979; Carter, 1978). Investigation of reputational cues such as direct and trait structuring indicate that the effects of these manipulations diminish in actual counseling (Patton, 1969; Savitsky, Zarla, & Keedy, 1976; Schmidt & Strong, 1971). Behavioral cues appear to result in more robust effects. Though complex patterns of non-verbal behavior have not shown consistent effects, counselor self-disclosures does seem to have a significant impact on client perceptions of counselor attractiveness (Daher & Barikiotes, 1976; Davis & Skinner, 1974; Davis & Sloan, 1974; Derlega, Harris, & Chaikin, 1973).

Davis and Sloan (1974) found that subjects' reactions to an interview were most favorable with a moderately self-disclosing counselor, whereas no disclosure or high disclosure conditions were rated equally unfavorably. Hoffman-Graff (1977) found that counselor disclosures of similarity to client behaviors produced more favorable ratings of counselors by clients than did dissimilar self-disclosures.

Trustworthiness

Counselors' perceived trustworthiness has not received a great deal of research attention. Strong and Schmidt (1970b) attempted to

manipulate counselor's perceived trustworthiness by both introductions and behavior; however, subjects attributed trustworthiness to counselors in both conditions. Kaul and Schmidt (1971) designed a study to isolate cues that subjects use to assess counselors' trustworthiness. This study was successful in eliciting differential ratings of counselors, and the results suggest that clients may attend more to counselor's manner than to content of the counselor's verbilizations. Roll, Schmidt, and Kaul (1972) replicated these findings and extended them to conclude that there is a cross-cultural consensus among black and white subjects regarding trustworthiness cues.

As previously stated, perceived trustworthiness studies are few and the manipulation of cues affecting perception of trustworthiness has had limited success. This may be due to the generally held societal beliefs about the trustworthiness of counselors. Strong (1968) suggested trustworthiness may be inherent to the social role of the counselor. A study by Rotter and Stein (1971) would support this conclusion. Among 20 professions investigated in the study, psychologists and psychiatrists received high ratings of altruism and truthfulness. Only physicians and clergymen were given higher ratings on altruism. Only physicians, clergymen, dentists, and judges were given higher ratings on truthfulness.

Empathy and the Counseling Relationship

Rogers' (1957) paper, "Necessary and Sufficient Conditions of Therapeutic Personality Change," initiated significant interest in empathy and its role in the counseling process. Literally hundreds of studies, articles and books have emanated from views concerning empathy.

Essentially irrespective of theoretical orientation, the concept of empathy, originating in the German word "Einfulung" (which means literally to feel within), refers to the ability of one person to experientially "know" what another is experiencing at any given moment, from the latter's frame of reference, through the latter's eyes (Bachrach, 1976). This seems to be the essence of what client-centered counselors have referred to as adopting the client's frame of reference, or what psychoanalysts have referred to as transient, controlled identifications. Greenson (1960) defines empathy as:

> In order to help one has to know a patient emotionally. One cannot grasp subtle and complicated feelings of people except by this emotional knowing, the experiencing of another's feeling that is meant by the term empathy. It is a very special mode of perceiving (p. 418).

Rogers (1975) describes empathy as:

> . . . it is the counselor's function to assume insofar as he is able the internal frame of reference of the client, to perceive the client himself as he is seen by himself, and to lay aside all perceptions from the external frame of reference while doing so (p. 4).

Schafer (1959, p. 343) describes empathy as: ". . . the inner experience of sharing and comprehending the momentary psychological state of another person."

A basic premise of counseling is to assist the client in developing new, more adaptive and satisfying conceptual structures and to find ways of integrating needs with like circumstances (Bachrach, 1976). This involves assisting the client in clarifying and modifying attitudes and self-perceptions. To do this effectively the counselor must gain awareness of the perceptions of which the client is not aware as well as those that he is. Empathy serves as a "keystone" in this process. Schafer (1959) illustrates what is to be gained through empathy by writing:

> . . . a hierarchic organization of desires, feelings, thoughts, defenses, controls, superego pressures, capacities, self-representations, and representations of real and fantasized personal relationships. This organization is recognized as existing in another person who is coping with a particular set of life circumstances, and these circumstances have past, present and future aspects and thereby come to see how and at what cost the patient is trying to make the best of a bad internal situation - and is perhaps compelled to make the worst of a not necessarily so-bad external situation (pp. 345-346).

The comprehension of the client's internal frame of reference guides the counselor's interventions both in terms of the content of his/her communications and their timing, wording, and feeling, also knowing when it is best to remain silent. Communications guided by empathy are experienced as meaningful and relevant by the client and lead to a sense of conviction. Many aspects of a counselor's skill, security, warmth, and accurate reflection of feeling therefore depend on empathy (Bachrach, 1976).

Considerable research has been conducted regarding the relationship between counselor empathy and effective counseling outcome (Barrett-Lennard, 1962; Cartwright & Lerner, 1973; Dombrow, 1966; Lesser, 1961; Truax & Carkhuff, 1967; Rogers, Gendlin, Kiesler, & Truax, 1967). Some of these studies emphasize more than others the positive contributory effect of counselor empathy to effective counseling outcomes, yet in recent years, others have challenged their conclusions. Bergin and Suinn (1974, p. 515) concluded their review of the literature by suggesting that empathy and other facilitative conditions are probably not sufficient "except in highly specific, client-centered type conditions". In separating counseling and psychotherapy studies, Gladstein (1970; 1977, p. 75) found that evidence was mixed, "In effect, despite the large number of theory, discussion, case and process articles describing the positive relationship between empathy and counseling outcome the

empirical evidence still remains equivocal."

Gladstein (1983) explains the differing conclusions regarding empathy and counseling outcome as being primarily due to the fact that various theoretical models have been used in measuring empathy. A few early studies made some limited comparisons between different operational measures of counselor empathy (Hanseh, Moore, & Carkhuff, 1968; Lesser, 1961; Truax, 1966). These studies found little to suggest that different measures of empathy are in fact closely related to each other.

Measures of counselor empathy can be classified under four general approaches; situational, predictive, tape-judged ratings, and perceived empathy (by both counselor and client). The situational approach to measuring empathy employs a standardized test situation to elicit counselor's response. Empathy is treated as a trait in the sense that counselors scoring high in the test situation are presumed capable of greater empathy with their clients. The Affective Sensitivity Scale (Kagan, Krathwohl, Goldberg, Campbell, Schauble, Greenburg, Danish, Resnikoff, Bowes, & Bondy, 1967) is the most widely used situational measure of counselor empathy. While not measuring empathy per se, this test measures the ability to perceive and identify affective states in others, an important component of empathy.

The predictive approach to the measurement of counselor empathy asks the counselor to predict how his or her client will respond on a personality inventory or other series of self-descriptive items. The Interpersonal Checklist (LaForge & Suczick, 1955) and the Kelly Role Concept Repertory Test as modified by Langfield (1967) are often used as predictive measures of counselor empathy.

Judged taped ratings approach to the measurement of counselor empathy is characterized by the use of an independent judge that rates

the level of counselor empathy present in a counselor-client interview. The most popular measurement instruments utilized within this approach include Carkhuff's (1969) Empathic Understanding in Interpersonal Process Scale and the Truax Accurate Empathy Scale (1967).

Perceived empathy measures ask the client to "rate" the counselor's level of empathy based on the client's perceptions of the counseling relationship. The Empathic Understanding Scale of the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962) is widely used in perceived empathy approaches to the investigation of counselor empathy. The scale consists of 16 statements such as "He tries to see things through my eyes" and "She understands my words but not the way I feel." The client indicates three degrees of agreeement or disagreement with each statement with no neutral position provided.

A study by Kurtz and Grummon (1972) has proved to be of particular significance when considering the investigation of counselor empathy. The researchers studied the relationship among six measures of counselor empathy, representing the four general approaches to empathy measurement. The six different empathy measures were found to be unrelated in terms of significant or substantial correlations; however, the study did prove to advance the concept that empathy is comprised of various dimensions which are "tapped" differentially by different measures.

Barrett-Lennard (1981) in responding to the extensive research on empathy, and particularly the aforementioned work by Kurtz and Grummon (1972), sets forth a sequence of distinct stages involved in empathic interaction. In his outline of the "empathy cycle" Barrett-Lennard describes three phases within five steps. In Step 1, A (counselor) is actively attending to B (client), who is in some way expressing her own experience and hoping that A is receptive. In step 2, A "resonates" to

B in such a way that directly or indirectly expressed aspects of B's experience become vivid and known to A. Within Step 3, A expresses felt awareness of B's experiencing. Step 4 is evidenced in that B is attending to A's responses to be able to form a sense of the extent of A's immediate personal understanding. In Step 5, B continues visible self-expression that also carries feedback elements for A, potentially of two kinds. One kind being confirming or corrective feedback regarding the shared view of B's experience and the other kind of feedback being informative regarding the extent to which B is perceiving a relationship of personal understanding with A.

The three phases of Barrett-Lennard's (1981) empathy cycle, each being distinct and different in locus and content, emerge once the process of relational empathy has been initiated. Phase 1 is described as the inner process of empathic listening, resonating, and personal understanding. Phase 2 involves expressed empathic understanding and Phase 3 is characterized by received empathy, or empathy based on the experience of the person empathized with. The term perceived empathy is often used to describe Phase 3.

In applying the empathy cycle model to the research findings of Kurtz and Grummon (1972), Barrett-Lennard (1981) provides a sound theoretical illustration for the different dimensions, or "phases" of empathy. The framework this illustration provides demonstrates how different empathy measures examine different phases of relational empathy. Within this framework, the Empathic Understanding Scale of the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962), using client data and representing the received or Phase 3 level (Barrett-Lennard, 1981), was found to be much more strongly related to counseling outcome than other empathy measures (Kurtz & Grummon, 1972).

Counselor/Client Similarity

A counselor and a client may be alike by virtue of attitudinal similarity or group membership similarity. It is assumed that attitudinal similarity is inferred from group membership similarity (Simons, Berkowitz, & Moyer, 1970). Group membership similarity can be further defined as having experienced very similar, if not the same, "problems". The argument has been made that clients from special populations will perceive counselors from the same population as being more influential. Literature in social psychology indicates that this may be due to attractiveness (McGuire, 1969) and credibility (Freedman, Carlsmith, & Sears, 1970; Hovland, Janis, & Kelly, 1953; Jones & Gerard, 1967) that are derived from similarity to the client and may lead the client to view the counselor as an appropriate person to help him with his problem (Strong & Matross, 1973).

In regard to counselor-client similarity, psychoanalytic theory supports the hypothesis:

> The psychotherapist who experiences person anxiety, depression or any other painful emotional symptom, will have a greater ability to empathize with his patients suffering. It goes without saying that unless he works this through, with or without personal analysis, he will not be effective as a therapist (Kaplowitz, 1969, p. 448).

A common view of client-centered theorists is that the counselor's own general experiences of failure are important to his empathy, although their specific content is not (Nehrer & Dicken, 1975).

Investigations of the effect of counselor-client similarity have been conducted, but the results have been essentially unequivocal. Merluzzi, Banikiotes, and Missback (1978) reported that counselor-client similarity on the basis of gender was an important determinant of subjects

perceptions of counselor expertness. Dell and Schmidt (1976) and Hoffman-Graff, (1977), however, found subject's evaluations of counselors to be unaffected by either counselor or client gender. Investigation of effects or racial similarity of counselor and client have resulted in contradictory (Merluzzi, Merluzzi, & Kaul, 1977) or paradoxical findings (Acosta & Sheehan, 1976). Strohmer and Biggs (1983) found that shared group membership (physically disabled) of counselors and client did not favorably influence client perceptions of counselor expertness or attractiveness.

Spiegel (1976) investigated the interactive effects of similarity and expertness on client perceptions of counselor competence. The results of this study demonstrated that attributed expertness was far more effective than attributed similarity in facilitating perceptions of high counselor competence, regardless of the nature of the client's presenting problem.

Following observations made by Simons et al. (1970), Corrigan et al. (1980) suggested that group membership may be important if the defining characteristic of membership is relevant to a problem being addressed in counseling. Corrigan et al. (1980) state what is needed is specific investigation of those issues or problems for which counselor influence is moderated by group membership similarity between client and counselor.

Counselor-client similarity group membership similarity on the basis of alcoholism is an area which has received considerable attention in recent years. Root (1973, p. 46) stated that "having gone through their own horrendous experience with alcoholism generally provides alcoholic counselors with a greater understanding of the alcoholic than

someone who has not." Lawson (1982) found that patients of counselors who were recovering alcoholics reported higher total scores on the Barrett-Lennard Relationship Inventory than did patients of non-alcoholic counselors.

Argeriou and Manohar (1978) investigated the effect of alcoholism counselor status (alcoholic versus non-alcoholic) on treatment outcomes among alcoholism patients. The results of this study indicated a positive change in drinking behavior occurred significantly more often among the younger patients (under 35) served by counselors who were recovering alcoholics than among young patients served by counselors who were not alcoholic. This difference was not evident in patients aged 35 and over. These findings lend support to the idea that an alcoholic's past experience facilitates his relationship with alcoholic patients.

Summary

A review of the relevant literature indicates that the social influence theory dimensions of expertness, attractiveness, and trustworthiness and the more client-centered dimension of empathy are related to positive counseling outcomes. The interactive effect of counselor-client similarity upon these dimensions has not consistently been demonstrated to be significant; however, counselor-client similarity on the basis of shared history of alcoholism in the treatment of alcoholism does seem to be significant.

To date, the research examining the effect of shared history of alcoholism by counselor and client upon the counseling relationships has been limited. This may be due to the relatively recent involvement of professional psychologists and counselors in the treatment of alcoholism (Kalb & Propper, 1976).

CHAPTER III

METHODOLOGY

Introduction

This chapter consists of a presentation and description of the methods and procedures that were utilized in this investigation. The selection of subjects for the study are detailed and the instruments described. The procedures for data collection and analysis also were presented.

Subjects

Subjects were 122 recovering alcoholics currently in treatment for alcoholism at eight in-patient, 30-day treatment centers in the southwestern United States (see Table 1). Subjects were randomly selected from one of six treatment conditions: (a) in counseling with non-recovering alcoholic counselor (NRC) at 1 to 10 days in treatment, (b) in counseling with recovering alcoholic counselor (RAC) at 1 to 10 days in treatment, (c) in counseling with NRC at 11 to 20 days in treatment, (d) in counseling with RAC at 11 to 20 days in treatment, (e) in counseling with NRC at 21 to 30 days in treatment, and (f) in counseling with RAC at 21 to 30 days in treatment. The sample size of approximately 20 subjects per condition was determined to arrive at an appropriate power level (.80, α = .05).

Sampling biases considered in this study included the potential for

Table 1

Demographic Data Describing Clients Involved in the Study

		1-10 Days in Treatment	11-20 Days in Treatment	21-30 Days in Treatment
NAC *	X Age -	32	34	32
	Married -	37%	40%	47%
	Male -	68%	80%	66%
	H.S. + education -	75%	70%	81%
	Treatment before -	52%	35%	28%
		n = 19	n = 20	n = 21
RAC**	X Age -	34	32	34
	Married -	45%	15%	35%
	Male -	72%	75%	80%
	H.S. + education -	91%	95%	75%
	Treatment before -	27%	40%	20%
		n = 22	n = 20	n = 20

* In counseling with non-alcoholic alcoholism counselor

** In counseling with alcoholic alcoholism counselor

significant differences in counseling approaches and/or treatment orientations at the different treatment centers and the potential for significant differences in levels of counselor training and experience. Possible sampling bias may be found in that a significant number of subjects have been in treatment for alcoholism on repeated occasions.*

Instrumentation

Counselor Rating Form

Client perceptions of counselor behavior were measured by the Counselor Rating Form (CRF), developed by Barak and LaCrosse (1975) to measure the social influence dimensions of perceived counselor expertness, attractiveness, and trustworthiness as originally proposed by Strong (1968) and later defined by Strong and Schmidt (1971) and Kaul and Schmidt (1971). The CRF consists of 36 seven-point bipolar scales. Each dimension is measured by 12 items and the range of scores for each dimension is 12 - 84. LaCrosse and Barak (1976) reported split-half reliabilities of .85, .87, and .90 for attractiveness, expertness, and trustworthiness, respectively. Though moderate intercorrelations among scores on the three dimensions were found, subsequent investigations (Barak & Dell, 1977; Barak & LaCrosse, 1977) showed that the CRF differentiated attribute dimensions within and between counselors.

Validation of the CRF has been substantial when compared to alternate methods of measuring the social influence dimensions; however, some questions can be raised about its research validity. Most of the validation studies of the CRF were conducted on samples drawn from college

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*Data were collected to address these issues in discussion in Chapter V.

populations and used analogue counseling situations. Means and standard deviations reported for the CRF indicate that respondents do not use the full range of ratings available on the seven-point bipolar scales. Finally, 18% of the adjectives used in the CRF require a 10th grade or above level of education for reliable comprehension of word meaning (Corrigan & Schmidt, 1983).

Empathic Understanding Scale - Barrett-Lennard Relationship Inventory

Perceived counselor empathy was measured by the Empathic Understanding Scale of the Barrett-Lennard Relationship Inventory (see Appendix B) (EUS-BLRI; Barrett-Lennard, 1962). The EUS-BLRI, in contrast with observer/judge methods, relies in the most widely used form (OS: other/self) on the receiving person's descriptions of the other's responses in the relationship. The 16 items of the EUS-BLRI vary along a six-point continum from "I strongly feel that it (a particular statement about the counselor) is true" (3), to "I strongly feel that it is not true" (-3). The answers to the 16 items of the EUS-BLRI provide a measure of perceived empathic understanding.

Numerous studies have reported results in which the EUS-BLRI based on client perceptions has yielded effective predictions of positive counseling outcome. Studies in which the EUS-BLRI and other measures of perceived empathy have both been used in predicting outcomes have shown the EUS-BLRI to be more strongly predictive (Feitel, 1968; Gurman, 1977; Kurtz & Gurman, 1972).

The low and insignificant correlations frequently reported between judge-rated accurate empathy and EUS-BLRI (Caracena & Vicory, 1969;

Feitel, 1968; Fish, 1970; McWhirter, 1973) may reflect validity limitations of one or both approaches; however, as Barrett-Lennard (1981, p. 97) states "these findings are quite understandable on theoretical grounds." More specifically, the low correlations reflect different measures "tapping" different levels of empathy. When empathy is viewed as a process, as in Barrett-Lennard empathy cycle (1981) it becomes evident that different empathy measures may focus on differing phases and/or steps within the empathy cycle, thus the low are insignificant correlations between various empathy measures.

Gurman (1977) reports reliability coefficients of .80 or above for the EUS-BLRI, based on figures given in a large and varied sample of studies. Reliability estimates of the EUS-BLRI are limited by; (a) the EUS-BLRI is used in different forms and in different settings and (b) the construct of perceived empathy, as measured by the EUS-BLRI, is theoretically viewed as not remaining constant, that is a subject's perceptions are changing, thus, yielding different measures (Barrett-Lennard, 1978).

Research Design

The design of the present study is a 2 X 3 factorial design with the factors being status of counselor (NRC versus RAC) and number of days in treatment (1 - 10, 11 - 20, 21 - 30). This design was utilized to allow for examination of each independent variable independent of the effect of the others. Also, this design allowed for a determination of any interaction between the independent variables.

The causal-comparative/cross-sectional method was employed in this study. This method was chosen due to the impossibility of the

manipulation of the independent variable of counselor status and the practicality of data collection which a cross-sectional method afforded. In respect to this research method, caution was utilized in interpreting the results. Examination of direct cause/effect is limited by this method; however, possible relationships may be examined. Two primary control procedures utilized in the study was randomization and collection of data which enabled the researcher to assess equality, or inequality, of the research groups in regard to interpretation of results.

Procedure

Each counselor was asked to complete a "Counselor Questionnaire" (see Appendix A) which elicited data pertinent to the variables under study (alcoholic or non-alcoholic status, age, gender, experience, marital status, education) (see Table 2). The counselors were also asked to "code" their current caseload of patients on a separate card for each patient. The coded information (coded to protect anonymity of the patients) included number of days in treatment, status of counselor, and the patient's first initial (to enable the counselor to identify the cards which represent his/her patients). The coded cards were then categorized on the basis of number of days in treatment and counselor status (alcoholic or non-alcoholic) resulting in a total of six categories, representing the six experimental groups under investigation in the study. The researcher randomly selected subjects from each category with the sample being comprised of patients from each counselor's caseload. The researcher then returned to each counselor the coded cards which were selected for inclusion in the study. The counselors were

Table 2

Demographic Data Describing the Counselors Involved in the Study

	NAC n = 16	RAC n = 14
Mean Age	34	43
Sex		
Male	50%	64%
Female	50%	36%
Marital Status		
Married	38%	78%
Divorced	19%	21%
Educational Level		
Paraprofessional	6%	71%
Bachelor's Degree	38%	21%
Master's Degree	50%	7%
Doctorate	6%	0%
Counseling Experience		
Time as Counselor		
0-12 months	0%	14%
12-24 months	25%	7%
over two years	75%	79%
Time as Alcoholism Counselor		
0-12 months	19%	14%
12-24 months	25%	7%
over two years	56%	79%
% of patients in treatment before	38%	30%

then asked to identify for the treatment center director the subjects randomly selected for their caseload. The director in turn asked the selected subjects to complete the Counselor Rating Form (Barak & LaCrosse, 1975); the Empathic Understanding Scale of the Barrett-Lennard Relationship Inventory (see Appendix B) (Barrett-Lennard, 1962); and a "Patient Information Questionnaire" (see Appendix C) providing relevant information such as number of days in treatment, status of counselor, age, gender, education, and marital status. Each counselor had an average of four clients participating in the study.

Analysis of Data

One two-way analysis of variance was performed on the data. The analysis was a MANOVA with four dependent variables: perceived trustworthiness, expertness, attractiveness, and empathic understanding. The independent variables for the analysis were number of days in treatment and counselor status. For the purposes of this study, number of days in treatment was divided into three levels with level 1 representing 0 to 10 days in treatment, level 2 representing 11 to 20 days in treatment, and level 3 representing 21 to 30 days in treatment. The second independent variable was counselor status (recovering alcoholic counselor [RAC] and non-recovering alcoholic counselor [NAC].

For the MANOVA analysis, examination of the error correlation matrix showed values above .3, thus a multivariate analysis was pursued and the Wilkes Lambda test of significance was used. This test did not reveal statistical significance for the interaction of counselor status and number of days in treatment, thus the multivariate tests for the main effects were examined. A significant multivariate F was not found

for the main effect of number of days in treatment. The multivariate test for the main effect of counselor status was significant and the univariate test for each dependent variable was examined to determine how the independent variable was contributing to their variance. The Roy-Bargman Stepdown $\underline{F}$'s and eta^2 were examined as post hoc procedures.

CHAPTER IV

RESULTS OF THE STUDY

This chapter includes a description of the multivariate and univariate analyses applied to the data and a summary of the findings. Additional post analyses are also summarized.

Research Hypothesis

> Hypothesis: Alcoholic clients' perceptions of counselor expertness, trustworthiness, attractiveness and empathic understanding for counselors who are themselves alcoholic and counselors who are not alcoholic will not vary as a function of the number of days in treatment.

The means and standard deviations for the perceived counselor characteristics are presented in Table 3. An examination of the error correlation matrix (see Table 4) for the four direct ratings showed values above .3, thus a multivariate analysis of variance was performed. The independent variables for the analysis were counselor status (NAC/ RAC) and number of days in treatment (1-10, 11-20, 21-30). The four dependent variables were perceived counselor expertness, trustworthiness, attractiveness and empathic understanding.

A significant multivariate *F* was not found for the interaction of counselor status (RAC/NAC) and number of days in treatment (1-10, 11-20, 21-30) (see Table 5), thus the null hypothesis was supported and the multivariate tests of main effects were examined. The multivariate test for the main effect of number of days in treatment did not yield a

significant F value (see Table 5). A significant multivariate F was found for the main effect of counselor status (RAC/NAC), F (4,113) = 2.64, $p < .05$. An examination of the combined means (see Table 6) and subsequent univariate analysis (see Table 7) seemed to support the main effect of counselor status on all dependent variables except perceived trustworthiness. The recovering alcoholic counselors (RAC) were perceived as being more expert ($\bar{X}$ = 75.35) than the non-alcoholic counselors ($\bar{X}$ = 71.06), F (1,116) = 5.75, $p < .05$. RAC counselors were perceived as being more attractive ($\bar{X}$ = 70.30) than the NAC counselors ($\bar{X}$ = 65.66), F (1,116) = 5.78, $p < .05$, and the RAC counselors were perceived as being more empathic ($\bar{X}$ = 22.37) than the NAC counselors ($\bar{X}$ = 16.89), F (1,116) = 6.75, $p < .05$. On the dimension of perceived trustworthiness, a significant difference was not found between RAC counselors ($\bar{X}$ = 75.13) and NAC counselors ($\bar{X}$ = 72.18), F (1,116) = 2.50, $p > .05$.

As a post hoc procedure, the Roy-Bargman Stepdown F's were examined. This procedure was utilized to examine the dependent variables in the following order of entry: expertness, trustworthiness, attractiveness and empathic understanding. That is, expertness had all variability shared with the other three dependent variables removed, trustworthiness had all variability shared with attractiveness and empathic understanding removed, attractiveness had all shared variability with empathic understanding removed. The Roy-Bargman Stepdown F results (see Table 7) indicated that perceived expertness, F (1,116) = 5.75, $p. < .05$, accounted for the significant main effect on counselor status (RAC/NAC). It is important to note that this post hoc procedure should not be considered a pure test of stepdown due to the ordering of the items (dependent variables). This is illustrated by the finding

Table 3

Means and Standard Deviations of Perceived Counselor Characteristics as Measured by the CRE* and EU-BLRI**

	RAC n = 62			NAC n = 60		
	n	$\bar{X}$	SD	n	$\bar{X}$	SD
Expertness						
Days in Treatment						
1 - 10	22	74.04	10.96	19	73.36	8.97
11 - 20	20	75.55	5.63	20	68.35	14.83
21 - 30	20	76.45	6.98	21	71.47	8.77
Trustworthiness						
1 - 10	22	72.18	12.55	19	72.52	7.40
11 - 20	20	76.50	6.86	20	70.35	13.13
21 - 30	20	76.70	7.74	21	73.66	7.45
Attractiveness						
1 - 10	22	66.96	12.48	29	67.89	9.13
11 - 20	20	72.35	5.08	20	65.05	13.93
21 - 30	20	71.60	10.78	21	64.04	9.32
Empathic Understanding						
1 - 10	22	20.72	14.45	29	17.47	9.51
11 - 20	20	23.75	10.05	20	16.10	10.92
21 - 30	20	22.65	11.99	21	17.09	11.27

*Counselor Rating Form

**Empathic Understanding Scale - Barrett-Lennard Relationship Inventory

Table 4

Error Correlations for Perceived Counselor Characteristics as Measured by the CRF and EU-BLRI

	Expertness	Trustworthiness	Attractiveness
Trustworthiness	.86		
Attractiveness	.73	.74	
Empathic Understanding	.51	.57	.62

Table 5

Summary of Multivariate Analysis of Perceived Counselor Characteristics as Measured by the CRF and EU-BLRI

Source	df	F approximation of Roa's F
Counselor Status (RAC/NAC) X days in treatment	8	.75
Days in Treatment	8	1.43
Counselor Status (RAC/NAC)	4	2.64*
Error	113	

*$p < .05$

Table 6

Combined Observed Means for Counselor Status (RAC/NAC) as Measured by the CRF and the EU-BLRI

	NAC n = 60	RAC n = 62
Expertness	71.06	75.35
Trustworthiness	72.18	75.13
Attractiveness	65.66	70.30
Empathic Understanding	16.89	22.37

Table 7

Multivariate, Univariate F's and Multivariate Stepdown F's of Perceived Counselor Characteristics for Counselor Status as Measured by the CRF and EU-BLRI

Source	df	SS	SS_E	MS	MS_E	F	eta^2
Multivariate F for Counselor Status	8,113					2.64	.09
Univariate for Counselor Status							
Expertness	1,116	556.76	11,231.06	556.76	96.81	5.75*	.05
Trustworthiness	1,116	244.59	10,722.42	244.59	92.43	2.64	.02
Attractiveness	1,116	643.39	12.901.99	643.39	111.22	5.78*	.05
Empathic understanding	1,116	902.11	15,487.01	902.11	133.51	6.75*	.05
Stepdown							
Expertness	1,116			556.76	96.81	5.75*	
Trustworthiness	1,115			17.74	23.38	.75	
Attractiveness	1,114			75.75	46.65	1.62	
Empathic Understanding	1,113			185.06	76.91	2.32	

*$p < .05$

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 for Wilkes Lambda

that the F value for the univariate test of perceived expertness is identical to the stepdown F value of perceived expertness.

As an additional post hoc procedure, eta squared, was computed for each of the four dependent variables. The results (see Table 7) indicate that very little of the variance in the main effect of counselor status (RAC/NAC) is attributable to any of the dependent variables. Eta squared for expertness was .05, which indicates that only 5% of the variability in this dependent variable is due to the independent variable (counselor status).

Summary

The multivariate analysis for the interaction of counselor status and number of days in treatment supported the null hypothesis, thus the multivariate tests for the main effects were examined. Multivariate testing of the main effect of number of days in treatment was not significant. The multivariate test for the main effect of counselor status did reveal a significant difference between the two counselor groups (RAC/NAC) on the four dependent variables. Subsequent univariate analysis and post hoc procedures offered minimal support for concluding that the variance on the four dependent variables is primarily attributable to counselor status (RAC/NAC).

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

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

Summary

Client perceptions of counselor characteristics have been demonstrated to be an important factor when evaluating the impact of counseling (Strong & Dixon, 1971). The counselor characteristics of expertness, trusworthiness, attractiveness and empathic understanding are considered by many counseling authorities to be key elements in the counselor-client relationship (Strong, 1968; Strong & Schmidt, 1970). Some counseling researchers have also suggested that shared background similarity of the counselor-client diad is also an important element, particularly if the focus of the counseling is relevant to the shared background similarity (Strohmer & Biggs, 1983). Counselor-client shared history of alcoholism, within the alcoholism counseling context, has received increasing attention by counseling researchers in recent years (Lawson, 1982). This study investigated the effect of shared history of alcoholism on client perceptions of counselors' characteristics, and how this effect may vary as a function of the number of days in treatment, within an in-patient alcoholism treatment setting. The specific hypothesis was:

Hypothesis: Alcoholic clients' perceptions of counselor expertness, trustworthiness, attractiveness and empathic understanding for counselors who are themselves alcoholic and counselors who are not alcoholic will not vary as a function of the number of days in treatment.

The individuals who served as subjects for this study were 122 adults who were currently patients at eight in-patient alcoholism treatment centers in the southwestern United States. The randomly selected, cross-sectional sample included six research groups: (a) Clients in treatment at 1 - 10 days with a recovering alcoholic alcoholism counselor (RAC); (b) clients in treatment 1 - 10 days with a non-alcoholic alcoholism counselor (NAC); (c) clients in treatment 11 -20 days with RAC; (d) clients in treatment 11 - 20 days with NAC; (e) clients in treatment 21 - 30 days with RAC; (f) clients in treatment 21 -30 days with NAC. These subjects were asked to rate their counselors using the Counselor Rating Form (Barak & LaCrosse, 1975) and the Empathic Understanding Scale of the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962).

The multivariate analysis for the interaction of counselor status and number of days in treatment supported the null hypothesis, thus the multivariate tests for the main effects were examined. Multivariate testing of the main effect of number of days in treatment was not significant. The multivariate test for the main effect of counselor status did reveal a significant difference between the two counselor groups (RAC/NAC) on the four dependent variables. Subsequent univariate analysis and post hoc procedures offered minimal support for concluding that the variance on the four dependent variables is primarily attributable to counselor status (RAC/NAC).

Conclusions

The null hypothesis was supported for no interaction was found between the main effects of counselor status (RAC/NAC) and the number of days in treatment (1 - 10, 11 - 20, 21 - 30). This finding would seem to indicate that alcoholic client perceptions of RAC counselors and NAC counselors do not significantly vary as a function of the number of days the clients have been in treatment. Furthermore, the results of the multivariate test for the main effect of number of days in treatment indicate that overall client perceptions, that is client perceptions of RAC and NAC counselors together, do not significantly vary as a function of the number of days in treatment. These findings suggest, in general, that the alcoholic client-alcoholism counselor vary as a function of the number of days in treatment. These findings suggest, in general, that the alcoholic client-alcoholism counselor relationship is not significantly impacted, along the dimensions examined in this study, by how long the client has been in treatment for alcoholism. The interpretability of this finding is greatly limited by the design methodology of this study. The cross-sectional design aspect of this study is a considerable limitation in regard to drawing any conclusions concerning the results of the testing of the main effect of number of days in treatment.

Multivariate testing of the main effect of counselor status (RAC/NAC) did indicate significance, revealing that RAC counselors were rated higher than NAC counselors on the construct of perceived counselor characteristics. This construct comprised perceived counselor expertness, trustworthiness, attractiveness and empathic understanding. Subsequent univariate analysis and post hoc procedures essentially provided only minimal support to a finding that would suggest that the variance between

the two counselor groups (RAC/NAC) on perceived counselor characteristics (expertness, trustworthiness, attractiveness and empathic understanding) is attributable to counselor status (RAC/NAC). Previous research investigating client-counselor shared history of alcoholism suggests that the variance between RAC and NAC counselors, on these same dimensions, is attributable to counselor status (RAC/NAC), with RAC counselors receiving the higher ratings. Although this study did find some significant variance in perceived counselor characteristics between RAC and NAC counselors, post hoc procedures utilizing stepdown ordering and strength of association measures indicate very minimal support to the conclusion that the difference in perceived counselor characteristics is attributable to counselor status (RAC/NAC). It should be noted that this study utilized a larger random sample than the prior research (Lawson, 1982), thus allowing the use of a stricter statistical analysis.

The results of this study may support the implication that the variance between RAC and NAC counselors on the dimensions of perceived counselor characteristics is not necessarily attributable to counselor status (RAC/NAC) but may, in fact, be due to other variables. Examination of the demographic data collected on the two counselor groups (RAC/NAC) reveals that these two groups differ on many variables. These differences are more fully addressed in the following section.

Recommendations for Further Research

As indicated, this study demonstrated a significant difference between RAC and NAC counselors as perceived by their clients within an in-patient alcoholism treatment setting. However, this study provided minimal support to a finding that would suggest that this variance is

primarily attributable to counselor status (RAC/NAC). An important question for future research in this area seems evident: what other potential contributors to the variance in perceived counselor characteristics, other than counselor (RAC/NAC) can be identified? Future researchers should control for the counselor variables of age, sex, marital status and counseling experience. Examination of the demographic data collected on the two counselor groups in this study (RAC/NAC) reflects two groups of counselors that are very different. The RAC counselors were generally older, more often male, more often married and had worked longer as an alcoholism counselor. The NAC counselors were at a higher educational level and were working with more clients who had been in treatment before. Age, marital status, sex and counselor experience could have impacted client perceptions of counselor characteristics in this study. Also, working with clients who had previously been in alcoholism treatment may have impacted the results, as these may be clients more prone to relapse, more resistant to counselor interventions and experiencing more intense symptomology of alcoholism. These clients may yield lower perceptions of counselor characteristics, regardless of the status (RAC/NAC) of the counselor. In alcoholism counseling research, the above mentioned variables have not been an area of focus. Shared history of alcoholism has often been isolated as the source of variance between RAC and NAC counselors. Again, this study suggests and recommends that further research should turn to a closer examination of these other variables within the alcoholism counseling context.

The investigation of the effect of the number of days in treatment on client perceptions of counselor characteristics was greatly limited by the cross-sectional design methodology utilized in this study.

Further research should implement a longitudinal design, following the same alcoholic clients throughout the treatment process and gaining their perceptions at distinct phases.

Perhaps the most important recommendation for further research, based on this study, concerns alcoholism treatment outcome; what alcoholism counselor variables are most highly correlated with positive alcoholism treatment outcome? Shared history of alcoholism, counselor age, education, experience and marital status should all be investigated as correlates of alcoholism treatment outcome.

Thirty-four percent of the clients participating in this study had previously been in alcoholism treatment. Although these clients were essentially equally distributed among the six research groups of clients, overall the NAC counselors were working with more clients who had been in treatment before. It seems that this may be a significant variable for further study. Is there a significant difference in client perceptions of counselor characteristics between clients who have previously been in alcoholism treatment and clients who have not previously been in alcoholism treatment?

Implications for Practitioners

The findings of this study suggest that counselor-client shared history of alcoholism may be a sufficient, but not a necessary condition in working with alcoholic clients. One possible interpretation of these findings is that shared history of alcoholism by the counselor may compensate for formal counselor training in the treatment of alcoholism. That is, alcoholic alcoholism counselors, with minimal formal counseling training, are rated as highly by alcoholic clients as non-alcoholic

counselors with formal counseling training (graduate degrees). This essential equivalency of RAC and NAC counselors is most likely due to the area of focus; the treatment of alcoholism. It is recommended that both RAC and NAC counselors are represented on the treatment team of in-patient alcoholism treatment centers. For some alcoholic clients, the RAC counselor status may be very important, for other the NAC counselor status may be more important. It is important to emphasize here that counselor-client shared history of alcoholism or formal counselor training are not the sole counselor variables to attend to in understanding the composition of an alcoholism counseling team. The findings of this study suggest, although does not define, that other counselor variables may be impacting how alcoholism clients perceive their counselors.

The results and conclusions derived from this study do not minimize the potential positive contributory effect of shared history of alcoholism by the counselor-client dyad, but does underscore that other counselor variables may be equally important. It is often debated as to whether counseling is more a trained skill or a developed art. Although this study does not add considerable clarification to this debate, it is suggested that yet to be defined variables, in addition to formal counselor training and shared history of alcoholism, may play a vital role in the alcoholic client-alcoholism counselor relationship.

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APPENDIXES

APPENDIX A

COUNSELOR INFORMATION QUESTIONNAIRE

Treatment Center_____ Date_____

Counselor Information Questionnairre

Thank you for your participation in this project. All information that you share will remain confidential. Upon completion of the project, feedback regarding the results of the study will be provided to the director of your treatment center and will be available to you upon your request.

Age_____ Sex: Male Female

_____ I am a recovering alcoholic (chemically dependent)

_____ I am not a recovering alcoholic (Chemically dependent)

Educational level: (please circle one)

Para-professional training Bachelors Degree

Masters Degree Doctoral Degree

other

Marital Status: (circle)

Married Single Divorced other

How long have you been working as a counselor?

(circle) 0 to 12 months 12 to 24 months more than 2 years

How long have you been working as an alcoholism counselor?

(circle) 0 to 12 months 12 to 24 months more than 2 years

Again, thank you for your participation!

APPENDIX B

RELATIONSHIP INVENTORY

Code: Date:

(BARRETT-LENNARD) RELATIONSHIP INVENTORY -- FORM OS-F-64

Below are listed a variety of ways that one person may feel or behave in relation to another person.

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

Mark each statement in the left margin, according to how strongly you feel that it is true, or not true, in this relationship. Please mark every one. Write in +3, +2, +1, or -1, -2, -3, to stand for the following answers:

+3:	*Yes, I strongly feel that it is true.*	*-1:*	*No, I feel that it is probably untrue, or more untrue than true.*
+2:	*Yes, I feel it is true.*	*-2:*	*No, I feel it is not true.*
+1:	*Yes, I feel that it is probably true, or more true than untrue.*	*-3:*	*No, I strongly feel that it is not true.*

_____ 1. She respects me as a person.

_____ 2. She wants to understand how I see things.

_____ 3. Her interest in me depends on the things I say or do.

_____ 4. She is comfortable and at ease in our relationship.

_____ 5. She feels a true liking for me.

_____ 6. She may understand my words but she does not see the way I feel.

_____ 7. Whether I am feeling happy or unhappy with myself makes no real difference to the way she feels about me.

_____ 8. I feel that she puts on a role or front with me.

_____ 9. She is impatient with me.

_____ 10. She nearly always knows exactly what I mean.

_____ 11. Depending on my behaviour, she has a better opinion of me sometimes than she has at other times.

_____ 12. I feel that she is real and genuine with me.

---

*Form OS-M-64 is identical to this one except for the gender of pronouns referring to the other person in the relationship.

_____ 13. I feel appreciated by her.

_____ 14. She looks at what I do from her own point of view.

_____ 15. Her feeling toward me doesn't depend on how I feel toward her.

_____ 16. It makes her uneasy when I ask or talk about certain things.

_____ 17. She is indifferent to me.

_____ 18. She usually senses or realises what I am feeling.

_____ 19. She wants me to be a particular kind of person.

_____ 20. I nearly always feel that what she says expresses exactly what she is feeling and thinking as she says it.

_____ 21. She finds me rather dull and uninteresting.

_____ 22. Her own attitudes toward some of the things I do or say prevent her from understanding me.

_____ 23. I can (or could) be openly critical or appreciative of her without really making her feel any differently about me.

_____ 24. She wants me to think that she likes me or understands me more than she really does.

_____ 25. She cares for me.

_____ 26. Sometimes she thinks that I feel a certain way, because that's the way she feels.

_____ 27. She likes certain things about me, and there are other things she does not like.

_____ 28. She does not avoid anything that is important for our relationship.

_____ 29. I feel that she disapproves of me.

_____ 30. She realises what I mean even when I have difficulty in saying it.

_____ 31. Her attitude toward me stays the same: she is not pleased with me sometimes and critical or disappointed at other times.

_____ 32. Sometimes she is not at all comfortable but we go on, outwardly ignoring it.

_____ 33. She just tolerates me.

_____ 34. She usually understands the whole of what I mean.

_____ 35. If I show that I am angry with her she becomes hurt or angry with me, too.

_____ 36. She expresses her true impressions and feelings with me.

_____ 37. She is friendly and warm with me.

_____ 38. She just takes no notice of some things that I think or feel.

_____ 39. How much she likes or dislikes me is not altered by anything that I tell her about myself.

_____ 40. At times I sense that she is not aware of what she is really feeling with me.

_____ 41. I feel that she really values me.

_____ 42. She appreciates exactly how the things I experience feel to me.

_____ 43. She approves of some things I do, and plainly disapproves of others.

_____ 44. She is willing to express whatever is actually in her mind with me, including any feelings about herself or about me.

_____ 45. She doesn't like me for myself.

_____ 46. At times she thinks that I feel a lot more strongly about a particular thing than I really do.

_____ 47. Whether I am in good spirits or feeling upset does not make her feel any more or less appreciative of me.

_____ 48. She is openly herself in our relationship.

_____ 49. I seem to irritate and bother her.

_____ 50. She does not realise how sensitive I am about some of the things we discuss.

_____ 51. Whether the ideas and feelings I express are "good" or "bad" seems to make no difference to her feeling toward me.

_____ 52. There are times when I feel that her outward response to me is quite different from the way she feels underneath.

_____ 53. At times she feels contempt for me.

_____ 54. She understands me.

_____ 55. Sometimes I am more worthwhile in her eyes than I am at other times.

_____ 56. I have not felt she tries to hide anything from herself that she feels with me.

_____ 57. She is truly interested in *me*.

_____ 58. Her response to me is usually so fixed and automatic that I don't really get through to her.

_____ 59. I don't think that anything I say or do really changes the way she feels toward me.

_____ 60. What she says to me often gives a wrong impression of her whole thought or feeling at the time.

_____ 61. She feels deep affection for me.

_____ 62. When I am hurt or upset she can recognise my feelings exactly, without becoming upset herself.

_____ 63. What other people think of me does (or would, if she knew) affect the way she feels toward me.

_____ 64. I believe that she has feelings she does not tell me about that are causing difficulty in our relationship.

Please also provide the following information about yourself *and* the other person.

	Yourself	*Other Person*
Age:	_____ years	_____ years (known or estimated)
Sex:	_____ (M or F)	_____ (M or F)
Occupation:	_____	_____
	_____	_____
Position in this relationship:	Son	Mother
Examples:	Client/or patient	Counsellor (therapist)
	Friend	(Best) Friend
Actual: (Please fill in)	_____	_____
	_____	_____

APPENDIX C

PATIENT INFORMATION QUESTIONNAIRE

Treatment Center_____ Date_____

Patient Information Questionairre

Thank you for your participation in this project. All information that you share will remain confidential. No data will be provided such that any one person can be identified. Again, thank you for your participation.

Age: _____ Sex: Male Female

_____ My counselor is a recovering alcoholic (chemically dependent)

_____ My counselor is not a recovering alcoholic

_____ I don't know if my counselor is or is not a recovering alcoholic

Number of days you have been in treatment: (please check)

1 to 10 days _____ 11 to 20 days _____ 21 to 30 days_____30+ days_____

Marital Status: (please circle one)

Married Single Divorced Widowed other

Educational level:

under 12 yrs._____some college_____college degree_____some graduate study____
graduate degree_____high school diploma_____high school plus techincal train.____

Have you been in treatment before? yes no

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* Please complete the two attatched questionairres. Please read the directions carefully and mark your responses carefully. Again, thank you for your participation!

VITA

John August Simmering

Candidate for the Degree of

Doctor of Philosophy

Thesis: THE EFFECT OF SHARED HISTORY OF ALCOHOLISM ON CLIENT PERCEPTIONS OF COUNSELOR CHARACTERISTICS

Major Field: Applied Behavioral Sciences

Biographical:

Personal Data: Born in Oklahoma City, Oklahoma, October 27, 1955, the son of Dr. and Mrs. J. V. Simmering.

Education: Graduated from Norman High School, Norman, Oklahoma, in May, 1973; received Bachelor of Arts degree in Psychology from Oklahoma State University in 1978; received the Master of Science degree in Community Counseling from Oklahoma State University in 1982; completed requirements for the Doctor of Philosophy degree at Oklahoma State University in July, 1985.

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