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The Relationship of Gender and Level of Depression to Perceptions of Therapist Nonverbal Behavior

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THE RELATIONSHIP OF GENDER AND LEVEL OF DEPRESSION
TO PERCEPTIONS OF THERAPIST NONVERBAL BEHAVIOR

by

Robert Jeffrey Jackson

A Thesis Submitted to the Faculty of the Graduate
School of Loyola University of Chicago in Partial
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Master of Arts

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VITA

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CHAPTER I

INTRODUCTION

Nonverbal behavior, long considered an important component of the therapeutic interaction, has only become subject to systematic clinical inquiry in the past two decades. Such research in psychotherapy reflects a departure from the traditional, nearly exclusive focus on verbal content. This therefore seems to be an empirical response to the observation that "clinical lore has it that some of the most significant interaction between patients and therapist transpires by means of the nonverbal channel" (Mahl, 1968, p. 295). Thus, while clinical research in this area has recently been burgeoning, it is only now addressing the therapeutic implications raised by reports of nonverbal behavior in more general social interactions. That is, the external validity of findings regarding the effects of nonverbal behavior in typical interpersonal exchanges is just beginning to be examined in the setting of the psychotherapy situation.

Explorations in this area have continued to consider two basic processes, the encoding and decoding (Mehrabian, 1972) of nonverbal behavior. Decoding pertains to the perception of behavior in others and the subsequent interpretation of that behavior. Encoding refers to the emission of a given behavior, or more specifically, to the enactment or behavioral display of a particular emotion or intention in nonverbal

channels. Investigations of the decoding of nonverbal behavior generally find that "immediate" behaviors--eye contact, forward lean, smiling, and direct torso orientation--are associated with positive judgments of the therapist. However, with the introduction of additional independent variables (e.g., sex, verbal content) this relationship becomes much more complex as significant interactions begin to specify the conditions under which the general finding remains true. Typically these conditions have been concerned with the nonverbal or verbal communications of the person in the role of interviewer. Thus, the manipulations of this aspect of nonverbal behavior have involved the therapist to a far greater extent than the client. Studies involving encoding, however, have rather clearly demonstrated nonverbal differences corresponding to the behavior exhibited by patients/clients of various pathological states and as a function of personality characteristics and mood states of normal subjects. Taken together these general observations of the encoding and decoding processes seem to indicate that there may exist a reciprocal relationship between nonverbal behaviors. Research incorporating individual differences in both these processes has supported this idea. The current conclusion, then, is that the behavior of one member of the dyad has a profound effect on the partner. This has obvious implications for the conduct of psychotherapy. Mahl (1968) addresses this issue with the comment:

Nonverbal behavior occurs during psychotherapy and is apparently relevant to factors and processes of concern to psychotherapists. The point is to study it and determine its principles of operation(p. 344).

This point is precisely the purpose of the present investigation.

While the research to date has begun to isolate those variables critically affecting the display and interpretation of nonverbal behavior, too few studies have followed Mehrabian's (1972) recommendation to combine encoding and decoding processes into their design. Thus, many studies fail to evaluate all dimensions of the therapeutic process, the client, the therapist, and the interaction of the dyad (Garfield, 1978). In keeping with these goals this project explores the operation of these two processes in a psychotherapy analogue interview. The specific purposes of this research are: 1)to determine if certain types of individuals, namely depressives, decode the nonverbal cues exhibited by the therapist in a way that differentiates them from non-depressed persons; 2)to examine sex differences in the decoding of nonverbal communication; and 3)to explore the relationship between measures of individual differences and judges' ratings of the therapist. The broader goals are: 1)to isolate therapist behaviors that contribute to a positive therapeutic relationship; 2)to promote research in the area of nonverbal behavior that integrates encoding and decoding in the experimental design; and 3)to investigate the interaction of social and interpersonal aspects of behavior (situational factors) with the psychological state of the individual (internal condition).

CHAPTER II

REVIEW OF THE LITERATURE

Nonverbal behavior is a fundamental aspect of interpersonal communication. Indeed, nonverbal cues have been found to be of overwhelming importance in the communication process, with facial expression and eye contact being most influential (Tepper & Haase, 1972). Research has shown that nonverbal behavior is tantamount to verbal content in the communication of empathy (Tepper & Haase, 1972; Haase & Tepper, 1978), in signaling change in the quality of the interpersonal relationship (Ekman & Friesen, 1968), and in contributing to judgments of the therapist's helping skill (Dooley, 1978). Most investigations, however, do not make a direct comparison between the efficacy of verbal and nonverbal behavior. Rather, the recent emphasis has been to vary either the encoding or decoding dimensions of nonverbal communication and to examine the impact on the subsequent interactions. This has contributed to an expanding body of literature on nonverbal behavior and seems to represent the combination of technological advances in overcoming methodological limitations and the desire for greater experimental rigor in testing important beliefs about nonverbal cues.

The importance of nonverbal behavior can be traced to an early treatise by Darwin (1872) regarding the expression of emotion in man and animals. He proposed that affective displays were originally innate and

first appeared in the mother-infant interaction. During the course of development certain aspects of these behaviors become increasingly susceptible to conscious and voluntary control, although much of nonverbal behavior continues to be displayed and interpreted without an awareness of the processes involved (Fairbanks, McGuire, & Harris, 1982). Furthermore, as a result of the phenotypic predisposition, the expression of emotion in man is universal. There are specific cues for each emotion, and facial and bodily movements are said to reveal the thoughts and intentions of the sender (Waxer, 1978). Thus, through the epigenetic and ontogenetic processes "nonverbal behavior is a developmentally earlier and more primitive form of communication which man shares with animals" (Mehrabian, 1972, p. 14) and with all of mankind.

Although there are common aspects of communication in the higher species, Danziger (1976) noted that human infants are restricted to the visual channel, that is, eye contact, for establishing a face-to-face relationship. This, of course, is due to maturational differences in the ability to initiate physical contact. Because of this dependence on just one nonverbal mode for creating a relationship, Danziger (1976) came to this conclusion:

Eye contact keys the basis for interpersonal communication in man. It begins that fundamental two-way process of communication--looking at and being looked at--that will continue to play an important role in all the individual's human relationships"(p. 151).

While visual behavior is of compelling significance in the interpersonal interaction, and of critical importance in the appraisal of another person's behavior, it has a somewhat more limited role in the display of thoughts, feelings, and intentions. That is to say, the

decoding of physical behaviors, excluding paralanguage, is contingent on visual monitoring of such actions by the observer. For encoding, however, gaze may not be a necessary or sufficient condition to enact a particular emotion or intent in nonverbal channels. Therefore, to express reliably a feeling or attitude and/or to influence the behavior of those within the social context the encoder may need to exhibit some combination of nonverbal cues.

The point being made here is that there are two, not entirely independent nor exclusive, distinctions between decoding and encoding processes. One pertains to the function of the nonverbal behavior, which essentially is to either send or receive a message. The second distinguishing characteristic is the channel or means through which the communication can be displayed or perceived. Encoding may be accomplished through a variety of nonverbal channels, but there is an exclusive reliance on the visual sense modality for the decoding of physical behaviors. While these features appear to be distinguishing, the fact that they are conducted concurrently and are interactive complicates the study of either of them. Thus, these three processes, encoding, decoding, and the interaction, represent the inchoate literature in this area. A review of each of these aspects of nonverbal behavior with particular reference to the therapy context should clarify some of the current limitations and conclusions.

The Decoding of Nonverbal Behavior

As noted, decoding involves the processes of both perception and interpretation. The act of perception for decoding purposes is equivalent to Kendon's (1967) monitoring function of gaze direction. Gaze direction, of course, will determine what aspects of the environment will be attended to, which in turn affects the attribution and judgment processes (e.g., Schneider, Hastorf, & Ellsworth, 1979). Such selective perception is apparently quite important, for the prevailing belief in the field is that nonverbal channels outweigh verbal channels in determining how messages are interpreted (Archer & Akert, 1977). Put bluntly, people do interpret nonverbal behavior and assign great meaning to it.

The monitoring function is, in many respects, an information gathering behavior in which interactants seek feedback that may guide their subsequent behavior (Kendon, 1967). Monitoring behavior, however, varies with the role of the participant. Thus, each member can be expected to spend considerably less time looking while speaking than while listening. When listening the duration of time engaged in gaze aversion is considerably less than when speaking. Therefore, the individual who is listening is typically attending much more than being attended to by the other. There are, however, large individual differences in the proportion of time one participant looks at another. Indeed, visual monitoring has been reported to range from 28% to 70% in a natural conversation (Kendon, 1967), and of those with interpersonal problems, 34% engaged in excessive monitoring whereas another 18% were abnormally low in eye contact (Cook, 1979). In the case of the latter this pattern may be over-

lapping with encoding, but it nevertheless alludes to the idea that differences in monitoring behavior can affect the subsequent interaction.

While monitoring behavior seems to be quite important, it has yet to be investigated. Instead, the research on decoding has emphasized the interpretive aspect of assessing another's behavior. That is, the perceptive process in decoding has been neglected in favor of a focus on the judgments and attributions of the perceived person's nonverbal behavior.

Research on this second facet of decoding, interpretation of behavior, has typically utilized one of two methods: 1) subjects view a videotaped interview (usually a psychotherapy/counseling analogue) and subsequently rate the interviewer (e.g., Fretz, Corn, Truemmler, & Bellet, 1979; Haase & Tepper, 1972; LaCrosse, 1975; Scherer & Rogers, 1980; Siegel, 1980; Smith-Hanen, 1977; Tepper & Haase, 1978; Tipton & Rymer, 1978), or 2) subjects act as participants in the interaction and evaluate their partner (e.g., Cook & Smith, 1975; Dimatteo & Taranta, 1979; Ellsworth & Carlsmith, 1968; Fretz et al., 1979; Fugita, 1974; Kleinke, Staneski, & Berger, 1975; Seay & Altekruise, 1979; Young, 1980). The consistent finding from both paradigms is that therapist's portraying Mehrabian's (1972) immediacy behaviors--eye contact, touching, proximity, forward lean, and/or direct torso orientation--are rated as possessing more positive attributes relative to counselors who appear deficient in these behaviors. Specifically, therapists demonstrating one or more of these positively viewed nonverbal behaviors are regarded as

empathic, congruent, and respectful--in the Rogerian sense of unconditional positive regard (Fretz et al., 1979; Haase & Tepper, 1972; Seay & Altekruise, 1979; Tepper & Haase, 1978), more attentive (Fugita, 1974; Kleinke, Staneski, & Berger, 1975), persuasive (LaCrosse, 1975), expert (Siegel, 1980), and more effective (Scherer & Rogers, 1980; Tipton & Rymer, 1978). In general, such therapists are seen as more attractive and are liked more. These findings are typified in the experiments conducted by Tepper and Haase (Haase & Tepper, 1972; Tepper & Haase, 1978). These investigators had clients and counselors observe and rate a videotaped interaction with varying levels of verbal and non-verbal behavior. Their results indicated that nonverbal cues are of overwhelming importance in the communication of facilitative therapeutic conditions, with facial expression, eye contact, and trunk lean, respectively, being the most potent behavioral cues.

This kind of observation appears to be consistent across a wide range of conditions when judges are used to evaluate therapist behavior. Thus, the research seems to indicate that therapists who are immediate in their behavior are considered to have more positive qualities regardless of whether the raters are male or female, clients or counselors, regardless of whether the interaction is depicted or conducted as a brief vignette or longer interaction, regardless of the intervention strategy, and regardless of whether judges participate as actors or observers in the evaluation vis-a-vis the therapist. Consequently, these results rather strongly support the idea that nonverbal behavior has a major role in affecting the quality of the therapeutic relation-

ship.

Although a main effect is typically found for high levels of non-verbal behavior and positive judgments of the therapist, there are situations in which these "immediate" behaviors are regarded as inappropriate. As a rule, when the nonverbal message is congruent with the verbal communication the individual will be more highly regarded than when displaying an inconsistent pattern.

One of the early studies exploring the specificity of the relationship between nonverbal behavior and the content of the interaction was conducted by Ellsworth and Carlsmith (1968). These researchers, investigating female-female interactions, employed two levels of visual engagement (frequent or infrequent) and two levels of verbal content (favorable or unfavorable). Although somewhat limited in gender and nonverbal channels their results are quite interesting. Based on interviews of ten to fifteen minutes duration, they found that subjects in the favorable condition liked their partner more if she made frequent eye contact. Conversely, subjects liked the interviewer less if she looked at them when the conversation was indirectly, but persistently, critical. These subjects not only had less positive judgments about the interviewer, they also reacted more negatively to the interview itself. Perhaps the most fascinating result was that there was not a significant difference in judgments of liking between the favorable/look and the unfavorable/no-look conditions. Therefore, subjects equally preferred partners who made frequent eye contact when the disclosure was favorable and those who averted their gaze when the discussion was negatively

toned. The authors explain the ratings from the unfavorable condition in this way:

A person who is attempting to establish frequent eye contact may be seen as threatening, whereas a person who looks away and signifies his interest merely by keeping quiet may be the ideal companion. Religious confessions and psychiatric sessions are analogous to the unfavorable/no look condition, in that the speaker is encouraged to say negative things about himself in the presence of someone who avoids all eye contact (p. 19).

Kleinke and Pohlen (1971) reached a very similar conclusion using a different approach with male subjects. In their research a confederate in a two-person game behaved in either a cooperative or competitive manner and either gazed steadily at the subject or looked down. On the basis of these different behaviors, subjects in the competitive condition felt friendlier when the confederate maintained, rather than avoided, eye contact. The converse was true in the cooperative interaction, as subjects felt hostility toward a partner making relentless eye contact and felt friendly only when the cooperative partner looked down. As Kleinke and Pohlen (1971) suggest, "the high reported feelings of competitiveness in the 100% cooperative-gaze condition may again be due to the perceived inappropriateness of constant gaze and interpretation of such behavior as a challenge" (p.312). As in the Ellsworth and Carlsmith (1968) study, judgments of the partner are more positive when the messages from verbal and nonverbal channels are consistent.

Recent research of more direct clinical relevance yields similar results. Graves and Robinson (1976) used a 2 x 2 x 2 factorial design to ascertain the effect of inconsistency on ratings of therapist genuineness and physical distance separating the dyad. The factors were

nonverbal behavior (eye contact, body orientation, and trunk lean displayed frequently or infrequently), verbal statements (positive or negative), and sex of the subject. Although subject gender was an independent variable, all subjects were seen by a male counselor which limited the groups to same sex male pairs and mixed sex dyads. Consequently, and unfortunately, sex differences, had they been reported, would have been difficult to interpret meaningfully. Nevertheless, the relationship between the nonverbal behavior and verbal statement conditions proved to be important. It appears that consistent conditions yield closer distances and higher ratings of therapist genuineness than inconsistent messages. Subjects were physically and psychologically closest to a therapist conveying positive/immediate nonverbal behavior and favorable verbal statements. However, when the verbal statement was positive and accompanied by nonverbal behavior inconsistent with the oral communication, these analogue clients were significantly more distant from the interviewer. These results suggest that therapists whose communication is unambiguously conveyed are likely to have closer relationships with their clients, in terms of both physical proximity and in the subjects' experience of genuineness in the interaction.

In a methodological variation Seay and Altekruze (1979) evaluated the effects of nonverbal behavior in two different treatment modalities using an analysis of in situ, uncontrolled interviews. They observed that when counselors employing a behavioral approach (an active style using probes, interpretations, and confrontation) emitted high levels of eye contact, smiling, nodding, and forward trunk lean their ratings

became lower on a relationship questionnaire (Barrett-Lennard Relationship Inventory). As an explanation of this finding the authors speculated that these immediacy behaviors exhibited in conjunction with this directive style may have been perceived as intrusive or incongruent in a brief, initial encounter. Consequently, these client subjects may have felt intimidated or threatened and therefore responded negatively to this package of therapist verbal and nonverbal behavior. In contrast, the use of these same behaviors by "affective" counselors (an open-ended approach using restatement, reflection, and clarification of content and feeling) produced a much different outcome. In this interaction immediate nonverbal behaviors supplemented the verbal techniques and resulted in more positive ratings of the therapist and higher judgments of effectiveness.

On the basis of the evidence from the clinical analogue experiments and generalizing from the social psychological studies on the decoding of nonverbal behavior, it seems imperative that the therapist be intently aware of not only the verbal interventions but also the manner in which it is encoded. While this conclusion creates implications of great magnitude for the interviewer, it is somewhat attenuated by criticisms raised by Seay and Altekruze (1979). The authors make two key points. The first is that a number of the studies reporting the paramount import of nonverbal behavior have employed an experimental design that restricts verbal interactions and thereby forces the weight of communication into the nonverbal realm. Their second observation is that in their study using naturally occurring behaviors, the nonverbal

cues did not account for nearly as much variance as in other studies. Consequently, although the effects of nonverbal behavior can be legitimately observed in the laboratory setting, such results may not directly parallel the relationship between verbal and nonverbal messages in a therapeutic dyad.

In fact, this was demonstrated in a very thorough project by Fretz et al. (1979). In a series of laboratory studies they demonstrated that counselors displaying high levels of eye contact, forward lean, and direct torso orientation were rated as more facilitative than counselors enacting low levels of such behavior. Furthermore, regardless of the level of verbal empathy communicated by the counselor, subjects perceived therapists portraying immediacy behaviors as significantly more empathic, congruent, and higher in level of regard. However, in their subsequent investigation of this relationship in an actual therapy setting these results were not replicated. Clients did not differentially rate the facilitative conditions or attractiveness of three male therapists exhibiting high or low levels of immediate behavior in their interview. The authors interpreted this finding as a result of internal invalidity; the immediacy manipulation was inadequate in that counselors could have been overcompensating in other areas for the deficit in the nonverbal channel. A plausible alternate hypothesis, as suggested by the Seay and Altekruze (1979) study cited previously, is that the issue may be one of external validity. Accordingly, the complex combination of verbal and nonverbal behaviors is differentially effected by the amount of control introduced by the experimental design, thereby reduc-

ing the generalizability of findings from the lab to the clinical setting. Further applied research is necessary to determine the contributions of each of these conjectures and to ascertain the degree to which nonverbal behavior is a factor in the therapy situation.

Sex differences in decoding. In reference to monitoring behavior and gender, Mehrabian (1972) and others have reported that females engage in more eye contact than males. Not only do women look more, they are also regarded as more skillful decoders--although this difference is only slight (Hall, 1978; Rosenthal & DePaulo, 1979). It is not apparent, however, that increased monitoring behavior leads to more accurate interpretation of behavior in others, for no project has yet controlled for duration of monitoring. Furthermore, the empirical research that has been conducted has not adequately elucidated the relationship between sex and ratings of therapist attributes. This is typically a result of not examining such differences and/or failing to recruit adequate comparison groups. The investigations that have explored sex differences suggest that the evaluations of the therapist vary in a complex fashion as a function of different combinations of nonverbal behaviors, personality of the subject, and attributes being assessed. Conclusions concerning sex differences are further complicated by the Rosenthal and DePaulo (1979) results which suggested that "women are more polite in nonverbal aspects of their social interactions than are men" (p. 283). More concretely, females are guarded in reading the cues being sent but are relatively more open in the expression of their own affective states. The conservative interpretation of nonver-

bal behaviors by women would quite likely be reflected on scales intended to judge an interviewer.

Encoding of Nonverbal Behavior

It has been maintained that the decoding process is one in which each member of the dyad observes, evaluates, and interprets the ongoing behavior of the other. The goal of this information gathering function is to obtain feedback which may guide the subsequent actions of the interactants. This latter process comprises encoding, which is defined as the particular manner in which information is imparted to the partner regarding the affective state and personality traits of the sender and the response to the relationship. Thus, encoding entails both expressive and regulatory functions.

The original notion of the expressive function was that nonverbal behaviors reflected the feelings of the sender. The domain of this function has expanded somewhat, still within the parameters of encoding behavior, to encompass manifestations of psychopathology and more enduring personality traits as well as feeling states. Similarly, the regulatory function has broadened beyond behaviors whose purpose is to facilitate smooth exchanges in communication to now include behaviors adjusting the felt harmony and balance within the affective realm of the interaction. These functions, while both under the aegis of encoding, will be reviewed as separate components.

Expressive Functions. Perhaps of greatest interest to the clinician are behavioral signs which are suggestive or pathognomonic of a specific psychological disturbance. Such expressive cues have been

investigated in a variety of diagnostic categories (e.g., Rime, Bouvy, Leborgne, & Rouillon, 1978; Rutter, 1973; 1978; Waxer, 1974a; 1974b; 1977; 1978), mood states (Fromme & Schmidt, 1972; Natale, 1977), and personality characteristics (Exline, Gray, & Schuette, 1965; LaFrance & Carmen, 1980; Libby & Yaklevich, 1973; Wiens, Harper, & Matarazzo, 1980).

The most widely researched expressive behaviors might be those associated with depression. Indeed, Waxer (1978) reported that the cues emitted by the eyes, mouth, hands, and angle of the head are those most highly related to depression. Specifically, poor eye contact, downward contracture of the mouth, downward angling of the head, and lack of hand movements have been identified as signs of depression (Waxer, 1976). Since eye contact occurs only one-fourth as often in depressed compared to nondepressed psychiatric controls, it is a very potent index of an affective disorder. Additionally, the largest decrease in visual engagement is observed in the duration of mutual gaze more than in the frequency of looking (Waxer, 1974a). Thus, when the depression is remitting it is precisely these expressive cues that will manifest such change; there will be an increase in both the duration and frequency of looking behavior (Waxer, 1978) and therefore in the overall amount of eye contact as well.

The salience of such encoding behaviors renders depressives rather easy to identify. In a series of studies, Waxer (1974a; 1974b; 1976) instructed undergraduate, graduate, and psychology faculty subjects to make a dichotomous distinction of depression--the individual being pre-

sented was either depressed or nondepressed. The repeated finding was that the patient groups could be differentiated with excellent facility by all observers. Furthermore, undergraduate and graduate student subjects were able to assess the depth of depression from nonverbal cues alone. While these studies implicate decoding processes by the observers, they rather clearly demonstrate that depressives are uniform and distinctive in the message they are expressing.

This pattern of nonverbal behavior, especially visual behavior, in affective states is not limited to individuals experiencing a mood disorder of pathological proportion. In two independent laboratory investigations it was found that similar results could be obtained if the mood state was experimentally induced. Natale (1977) used Velten's mood induction procedure to arouse elated, neutral, and depressed affective states in non-psychotic females. The subjects then met with a female confederate to talk about the world situation. From observations of these same sex dyads it was found, as predicted, that depressed subjects made the least total eye contact and elated subjects the most. Although engaging in less frequent eye contact than participants in a neutral mood, the subjects in the elated mood established greater mutual gaze by maintaining their eye contact with the interviewer. Those in a depressed mood appeared to make the least eye contact as a result of both infrequent gaze and shorter durations of eye contact when established. This observation is very similar to Waxer's (1974a) empirically based description of depressed psychiatric patients.

Fromme and Schmidt (1972) found similar behaviors in males who

were enacting different affective states. Subjects were instructed to encode the characteristic behavior of fear, sorrow, anger, and neutral emotions and to then approach a same sex confederate. Consistent with the other studies, those in the sorrow (depressed) condition established eye contact less than half as often as the other affective conditions. It seems that they not only maintained psychological distance by engaging the confederate less often in a visual modality, but those in a depressed mood also maintained a greater physical distance than all other conditions, except when encoding fearful feelings. The conclusion to be drawn from this and other investigations is that alterations and disorders of mood are encoded, in quite a pronounced way, in deviations in visual behavior. This seems to be most marked and well researched in the case of depression, for different depths of depression all seem to be expressed in the visual mode, although this is not the only channel of expression.

A second diagnostic category which has received the attention of some researchers is that of the schizophrenic disorders. Rutter (1973; 1978) has found that schizophrenics generally make less eye contact than nonpsychiatric individuals. Beyond this global finding the research is somewhat at odds. Rutter (1978) reported that schizophrenics do not seem to encode their psychopathology by gazing at their partner's face at abnormal times in the conversation. Rather, the author contends that these patients are embarrassed by personal conversation and respond in a healthy way by averting their gaze. This is somewhat contradictory to an earlier study (Rutter, 1977) in which it was found that both remitted

therefore appears that just as there is heterogeneity in the presentation of patient's labelled schizophrenia there is a corresponding lack of uniformity in the nonverbal behavior displayed by such patients.

As further testimony of the heterogeneity of behaviors encoded by schizophrenics, Silk (1978) reported observations of two patients who were noted to stare. The author acknowledges that this is an exception, that the disorder is typically conveyed, in part, by either actively or subtly avoiding eye contact with others. The intensive case study of these individuals revealed that these two patients initiated a relentless gaze of a piercing nature when feeling weak or empty with longings for the therapist. This account is heavily allied with psychoanalytic theory and consequently considers the eyes as representing organs of incorporation. From this the "face-breast equation" has been postulated, which argues that "the mouth, eyes, breasts and wish for satiation appear intricately bound up with one another in the unconscious" (p. 19). According to this conceptualization, the gaze communicates the feelings of devouring and being devoured--the wish for and fear of intense closeness. This theoretical article, if nothing else, does provide an entertaining exception to the nomothetic conclusion that schizophrenics engage in less eye contact.

There are few studies concerning other classifications of psychopathology, and these tend to be scattered throughout the literature. Waxer (1977), arguing that "along with depression, anxiety is most commonly seen in the therapy context" (p. 307), attempted to explore this

symptom. The conclusion reached was that the eyes are not the major encoders of anxiety, as they are for depression. The hands appear most expressive of nervousness, followed by the eyes, mouth, and torso. Furthermore, eye behaviors alone would be inadequate cues for differentiating between anxiety and depression, for the behaviors are generally similar for both groups. It appears that the two groups are not always readily distinguishable, for Fairbanks et al. (1982) found that a factor analysis of the Brief Psychiatric Rating Scale yielded a factor of Anxiety-Depression. Since this indicated a high intercorrelation of items measuring these symptoms, one would expect similarities in the nonverbal behavior of depressed and anxious patients.

Rime, Bouvy, Leborgne, and Rouillon (1978) concerned themselves with the nonverbal behaviors expressed in psychopathy. These investigators found that those in the psychopathic group emitted greater intrusive behaviors than non-psychopaths. That is, the experimental group looked for longer periods at their partner's eyes (a male graduate student), they made more hand gestures, and they further decreased the interpersonal distance by leaning forward. Since they behaved in such a manner the psychopaths were far more "readable" for their judged character style than non-psychopaths.

Thus, some of the literature indicates that various psychiatric disorders and emotional states are encoded nonverbally in rather deviant and obvious ways. Other studies in the lab using normal subjects attest to the power of nonverbal behavior to express feelings and personality traits. One of the areas of such work has been embarrassment, which is

considered, in somewhat pathological terms, as an acute, short-lived loss of self-esteem that is situational and social in nature (Modigliani, 1971).

Modigliani (1971) created conditions in which subjects would experience either embarrassment or increased self-esteem as a result of their participation in a two-person problem solving task. Those in the public-failure conditions, that is, those who failed before their partner and thus were responsible for poor team performance, decreased the amount of their eye contact during the embarrassing post-failure interaction in the presence of the constantly gazing confederate. While this appears to support the hypothesis that embarrassment is manifested by decreased eye contact (which was suggested by Rutter for schizophrenics), the author suggested that a better explanation of this finding is that this behavior reflects a dislike for the criticizing partner. Other studies have demonstrated that decreased eye contact reflects dislike for the alter or a desire to not affiliate. Consider too that this condition, as the author makes clear, is very much like the unfavorable/look condition in Ellsworth and Carlsmith's (1968) research reported previously. This was the situation in which the confederate disparages the partner while making relentless eye contact. In that situation the confederate was not well liked and not often engaged visually, a behavior which was found in this study as well.

Exline, Gray, and Schuette (1965) attempted to induce embarrassment by asking their subjects very personal questions. In response to this situation, male and female subjects looked at the interviewer sig-

nificantly less than those subjects answering innocuous questions, although females always made eye contact more often than males. Studies in the next section will elaborate on the relationship between topic intimacy and immediacy behavior.

In an interesting condition of the Exline et al. experiment, half of the subjects were instructed to conceal their true feelings while the other half were given no such direction. The authors found a significant interaction between sex of subject and concealment set. It was reported that women instructed to conceal "looked 74.8% of the time the experimenter spoke compared to 69% recorded for the uninstructed women. The reverse was true for men who looked 60.8% when instructed compared to 66.8% when uninstructed" (Exline et al., 1965, pp. 205-206). While these figures do reach statistical significance, one wonders if they are clinically meaningful. The possibility that these differences in looking behavior are not readily apparent, or even detectable, makes Freud's marvelous (and oft cited) quote quite insightful:

He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent he chatters with his fingertips; betrayal oozes out of him at every pore (Freud, 1959, p. 94).

Thus, nonverbal behavior, which is said to be under less conscious control than verbal behavior (Pope, 1979), can indicate the true feelings of the encoder.

Another finding culled from this research was that willingness to engage in mutual eye contact was more characteristic of those who are oriented toward inclusive and affectionate interpersonal relations. Exline et al. argue that this accounts for the observed sex differences

in willingness to make and maintain eye contact. The finding that females engage in more mutual gaze is a well replicated result. LaFrance and Carmen (1980) reported that women engaged in more "feminine" behaviors--gazing and smiling--than did men. Androgynous individuals, however, demonstrate a blend of sex-typed masculine and feminine behaviors. This blend is best described as the addition of some cross sex behavior and the deletion of some sex-consonant behavior. Consequently, the strength of sex role identification seems to be revealed in nonverbal behaviors and this provides further information pertaining to the individual's personality. It is apparent then that nonverbal behaviors express not only psychopathological and mood states, but also personality characteristics of the sender.

This was clearly demonstrated in an empirical design by Libby and Yaklevich (1973). Using the Edwards Personal Preference Scale to assess personality characteristics they found that "the person with strong needs to be nurturant, to assist others in trouble, to treat others with kindness and sympathy, to forgive other's faults and transgressions, and to be generous, thus shares himself openly through his ocular behavior" (p. 202). That is to say that high nurturant subjects maintained eye contact during an interview significantly more than subjects low on this trait. Interestingly, there was not a significant interaction between the sex of the subject and nurturance scores, although there was a main effect for sex. This indicated, as has been repeatedly shown, that females maintain more eye contact than males.

The primary finding that these authors reported was that the trait

of abasement has a very specific effect on the direction of gaze aversion. Those scoring high on abasement, and therefore willing to describe themselves as having a greater tendency to feel guilty, submissive, depressed over their lack of assertiveness and efficacy, and inferior, manifest their low self-esteem by averting their gaze to the left. Personality style is a better explanation of this behavior than situational embarrassment, for left looking was observed on embarrassing as well as impersonal questions. However, gaze aversion in this direction may have been situational in that the door was always located to the interviewer's left. Therefore, lateral gaze aversion may have been communicating both the discomfort experienced and the wish for the interview to end.

Wiens, Harper, and Matarazzo (1980) designed an experiment in which they could measure nonverbal behaviors associated with personality characteristics and the impact of interviewer behavior on these manifestations. In their experiment two groups of subjects were individually interviewed for two periods. Period one was the same for both groups with the interviewer engaging in expected and appropriate interview behavior. Period two involved the experimental condition, in which the interviewer changed his behavior for one of the groups. This manipulation required the interviewer to increase the latency of his verbal response to 15 seconds and to simultaneously avert his gaze laterally to the right as if pondering a thought. In the control condition the interviewer continued period one behavior.

The results of period one, which was identical for both groups,

indicate that subjects sensitive to emotional arousal engaged in more hand movements in the interview. This is similar to Waxer's (1977) description of the nonverbal behavior of anxious subjects. In terms of visual behavior, both state anxiety and emotional lability were directly related to interviewee gaze. Extraversion and introversion were found to relate to gaze duration in accordance with earlier studies; extraversion is quite positively related to eye contact whereas introversion is inversely related to gaze duration.

The analyses based on period two demonstrate the effect of interviewer behavior on the interviewee. Under the relatively normal circumstance of the control condition behaviorally impulsive subjects reduced their hand movements and gaze. However, when the interaction contained the awkward silence of the experimental condition subjects of this character increased their fidgeting and looking. Furthermore, subjects describing themselves in favorable terms (on an adjective checklist) increased their gaze duration throughout the interview. In contrast, similar subjects exposed to the experimental interview decreased their looking behavior. Those considered to be less well adjusted--as measured by neuroticism and trait anxiety--exhibited the converse; they tended to increase their gaze. Thus, personality characteristics of the encoder reveal themselves only in a complex person by situation interaction.

Preliminary research of this nature had been conducted several years earlier. Exline and Messick (1967) found an interaction between FIRO-B personality traits and reinforcing behavior of the partner.

Dependent subjects who received few smiles, head nods, and verbal encouragers from a constantly gazing interviewer returned the gaze the most. Dominant subjects in the same condition looked least. One suspects that the dependent subjects were searching for some form of approval or signaling the renouncement of the speaking role. With the opposite intention the dominant individuals may have been unwilling to provide visual cues to reverse roles or may have been attempting to influence the interviewer through a different nonverbal channel. Nevertheless, this study suggests that personality traits are mediated by variations of the context in which they occur. That is, like the Wiens et al.(1980) study, this report demonstrates the influence of the behavior of one member of the dyad on the partner.

To recapitulate, expressive encoding conveys information about the individual's current feelings, psychopathological condition, and more enduring personality characteristics. Furthermore, the enactment of these nonverbal behaviors provides an accurate indication of that person's true state, for communication at this level is generally not consciously controlled. Thus, nonverbal behaviors which signal interpersonal withdrawal--typically evident in decreased eye contact and increased physical distance--are salient correlates of depression, schizophrenia, characterological abasement, or embarrassment. In contrast, heightened immediacy behaviors are indicative of elated moods, antisocial proclivities, and femininity. The behavioral manifestations of inner states, however, are effected by the behavior of the partner. Nevertheless, the differential encoding of such behavior as eye contact,

hand movements, trunk lean, and torso orientation provide reliable information for assessing different types of people.

Regulatory Functions. It is generally agreed that snap judgments or more complicated inferences are commonly made about individuals from their nonverbal behavior (Schneider et al., 1979; Wiens et al., 1980). In other words, perceivers interpret/decode the nonverbal behavior observed in others. Individuals also expressively encode their reactions to situations and their personality characteristics. This is typically regarded as reactive or unintentional behavior, although Goffman (in Schneider et al, 1979) has been reported to argue that such behavior stems from an intentional strategy designed to create a particular effect. Such differential encoding, whether consciously manipulated or sincerely expressed, often does have some effect on the other person in the pair. This would explain the behaviors which transpired in the Wiens et al. (1980) interviews. Interactions of this sort and in general provide a context for the confluence of encoding and decoding, which together influence the course of the interpersonal interaction sequence. This process, aptly labelled the regulatory function of nonverbal behavior, addresses the ongoing effect of each individual's behavior on the other.

Much of the research on this regulatory function has been designed to investigate Argyle and Dean's (1965) affiliative conflict theory. Far fewer studies have been generated by Kendon's (1967) conceptualization, which maintains that visual behavior controls the flow and synchronization of speech through the encoding of signals by one interac-

tant to the other. Those projects addressing Kendon's (1967) formulation have only considered the role of eye contact in facilitating smooth exchanges at junctures in the communication. Research directed at the affiliative conflict theory has been much broader through the inclusion of other nonverbal behaviors and functions.

According to Kendon (1967), the primary function of gaze direction is to designate "floor apportionment". This occurs when the speaker looks to the partner at the end of the utterance as if to say: "That is what I wanted to say. Now what is your answer" (p. 56). As evidence for this hypothesis that eye contact helps to synchronize speech, it was observed that the partner looks at the speaker more often during fluent than hesitant speech. Thus, even though individual looking varies for each person in the dyad, mutual gaze does seem to facilitate an even flow in the dialogue.

While intuitively and theoretically plausible, this behavioral transaction does not always occur. Rutter, Stephenson, Ayling, and White (1978) expected eye contact during these exchanges to be typically observed, particularly since they found that in most cases when the speaking role was to change the present speaker ended the monologue by looking at the listener. However, in two studies they found that mutual gaze, at these times in the dyadic conversation, occurred in only slightly more than half of the exchanges (50% in one experiment and 66% in the second). To explain their findings, they argued that either the speaker was inadequately sending the signal to switch or the listener was failing to indicate that a switch should occur.

The Rutter et al. (1978) data, while not what they expected, did suggest some relationship between mutual gaze and speech. Indeed, it has been reported (Hodge, Everett, & Frith, 1978) that gaze is not independent of the individual's own speech. While "this does not necessarily imply that gaze is important in controlling the flow of dialogue" (p. 468), Hodge et al. found that gaze does seem to have a regulatory role in the dialogue of friends. However, Lazzerini, Stephenson, and Neave (1978) take exception to such accounts, and maintain that "the looks of the two halves of the dyad are independent of each other" (p. 229).

Perhaps the inconclusive findings regarding the regulatory function of eye contact can be explained by the multifaceted functions of gaze. That is, too great a demand is placed on gaze for synchronizing speech, for this same behavior may concurrently encode characteristics of the sender and monitor the partner. Furthermore, nonverbal behavior is important in adjusting the subjective level of intensity experienced in the relationship. Certainly a great deal of the nonverbal communication literature has concentrated on the felt intimacy in the dyad. Even Kendon (1967) observed this when suggesting that gaze aversion may serve to regulate the arousal experienced in the interaction.

Empirical work on the nonverbal regulation of dyadic intimacy began with the development of the affiliative conflict theory. Argyle and Dean (1965) postulated that there are both approach and avoidance forces effecting nonverbal encoding and that there exists an equilibrium level of these motives in a dyad. Deviations from equilibrium will

engender anxiety by altering the level of intimacy experienced in the encounter. Intimacy is a joint function of many factors, including eye contact, physical proximity, amount of smiling, and intimacy of topic, and "if one of the components of intimacy is changed, one or more of the others will shift in the reverse direction to maintain the equilibrium" (p. 293). Therefore, the dyad attempts to restore the equilibrium through the interaction of its members who adjust their behavior in a compensatory manner to either increase or decrease the level of intimacy until homeostasis is achieved.

Since its inception a number of studies have generated support for the equilibrium theory of Argyle and Dean (1965). However, there is also substantial evidence of equivocal and even contradictory findings. In an attempt to reconcile theoretical limitations which might account for this, Patterson (1976) has offered "a model of intimacy that, while encompassing equilibrium theory, extends considerably beyond it to include a wider range of phenomena" (p. 235). The basic proposition of this model is that, in an interaction, changes in one person's intimacy behaviors will produce arousal changes in the other person. The subsequent labelling of this arousal as positive or negative will determine the intimacy changes that will occur. Negatively labelled interactions will precipitate compensatory behaviors so that the relationship returns to a more comfortable or appropriate level of intimacy. Positive emotional reactions have the opposite effect, generating reciprocity of the original intimacy behaviors which lead to a new and different level of intimacy. The function of both reciprocal and compensatory reactions is

to maximize one's comfort or satisfaction in the interpersonal interaction.

The study of equilibrium theory has frequently been directed toward two dimensions, manipulating either physical distance or psychological distance. Argyle and Dean (1965) conducted the first experimental tests of their theory by examining the effects of physical distance. In the first study they had subjects approach a life-sized photograph of the face of the first author, the first author with his eyes shut, and the first author with his eyes open. As would be predicted from the affiliative conflict theory, subjects stood closest to the photograph and furthest from the author when his eyes were open. Furthermore, they found that when the "eyes shut" condition preceded the "eyes open" situations the subjects decreased their distance. This was taken to suggest a persistence of the social system that was first established. This latter finding on order effects, however, has not been replicated.

In the second study subjects were engaged in a conversation with a constantly gazing confederate who sat a distance of 2', 6', and 10' from the subjects. Subject eye contact was observed to decrease with spatial proximity and it was especially diminished in mixed-sex pairs. Just as total eye contact was reduced in close interpersonal encounters so was the duration of the glance. Longer looks occurred as distance from the confederate increased. Even in the closest of conditions, however, subjects still made eye contact. Even so they were judged to be very uncomfortable (suggesting that equilibrium was not restored) and the authors presented as a plausible explanation that their vigilance was to



obtain some feedback and to avoid appearing rude. Overall these initial studies were consistent with their hypotheses and thus provided some preliminary validation of the theory.

This relationship between eye contact and physical distance has been replicated many times (Coutts & Ledden, 1977; Patterson, 1977; Schulz & Barefoot, 1974; Stephenson, Rutter, & Dore, 1973). In each case eye contact was found to increase as the distance between interactants increased, suggesting that intimacy was being adjusted for the circumstances. Furthermore, close interaction conditions were related to less direct body orientations (Patterson, 1977) and decreased smiling and looking (Coutts & Ledden, 1977). In the distant conditions subjects increased the immediacy of their gaze, smiles, body orientation, and body lean relative to control subjects (Coutts & Ledden, 1977). While such data are in support of the affiliative conflict theory, Schulz and Barefoot (1974) found that the mean smiling ratio was higher in the near condition than in the far situation. The authors explain this discrepancy in terms of the multifaceted meanings of smiling. Thus, it is plausible that this was more indicative of anxiety than intimacy.

The research of Schulz and Barefoot (1974) points to an additional consideration which may qualify the generality of the direct relationship between immediacy behavior and intimacy. These investigators partitioned their measure of looking into two variables, looking while talking and looking while listening. By doing so they found that the distance manipulation had an effect only when the subject was listening. That is, listening subjects looked at the interviewer significantly more

when the distance was far than near. When subjects were talking they engaged the interviewer less, but distance had no effect on this. The authors point out that no other investigation presented these separate measures for looking, and speculate that the distance effect found in previous studies was based on differences in looking when listening.

A number of other studies have also examined the effect of distance on nonverbal behavior in the dyadic encounter, but rather than manipulating physical distance these investigations have varied psychological distance. To test directly this effect on eye contact, Lesko (1977) had female pairs interact in either a psychologically near or far condition while holding physical distance constant. The psychologically far condition was created by placing a glass partition between the interactants; in the psychologically near condition this partition was removed. From observations made of the ensuing discussion between partners, the analysis indicated that significantly more mutual gaze occurred in the psychologically distant condition. These findings certainly parallel the previously cited research.

A second procedure for varying psychological distance, and thereby effecting intimacy equilibrium, is to manipulate the intimacy of the topic presented to the subject. Schulz and Barefoot (1974) requested male subjects to disclose to randomly presented questions representing three levels of topic intimacy. Subjects did not change their smiling behavior according to this manipulation, but they did respond by looking less as the intimacy of topic increased. However, this was true for only looking while talking and not looking while listening. It appeared

that regardless of the intimacy of the topic subjects visually engaged the interviewer when listening to him. Further, intimacy of topic did not interact with distance between participants. Thus, the major finding supportive of the affiliative conflict theory was the main effect of decreased looking while talking as the topic became more personal.

Anderson (1976) was unable to replicate the conclusion that intimacy of topic has a linear effect on the amount of eye contact by the interviewee. Instead, this study found a trend which suggested a curvilinear relationship between these two variables. Eye contact was observed to increase in level from the low to medium intimacy topic and decrease in amount from the medium to the highly personal topic. These results fit nicely into Patterson's (1976) arousal model of interpersonal intimacy with both compensatory and reciprocal reactions to immediacy in the interview. The possibility remains, however, that the behavior of subjects was compensatory for all levels of topic intimacy. This argument can be propounded because the investigator did not separate eye contact into two measures (looking while listening and looking while talking). Although this is a meaningful theoretical consideration, the major point is that the level of topic intimacy engenders an adjustment to this condition through nonverbal channels.

Still another way to effect the intimacy equilibrium in terms of psychological nearness is to vary the intimacy/approach behavior of the interviewer. In a rather interesting study, Breed (1972) had subjects spend four minutes recalling an interesting event in the presence of either a high, medium, or low intimate confederate. In the high inti-

macy condition the confederate faced the subject, leaned forward, and made constant eye contact. For medium intimacy the confederate faced the subject directly, sat erect, and made intermittent eye contact. The low intimacy situation was created by having the confederate sit at a 45 degree angle to the subject, lean backward, and look only twice at the subject's face. In response to these conditions subjects engaged in more eye contact in the high and medium intimacy conditions than the low intimacy situation. Furthermore, forward lean by the subject was directly related to the intimacy encoded by the confederate--the number of forward leans increased as intimacy increased. While these results clearly contradict the affiliative conflict theory, the author presents some evidence that this may be a function of the particular procedure employed. When the interview was divided into equal halves, it was found that eye contact occurred less often in the second segment. Since eye contact serves several purposes, a plausible explanation of the initial vigilance may be that subjects were primarily concerned with monitoring their interviewer over and above regulating the level of intimacy. If this was the goal of the subjects, then one might not expect the speaker to devote visual behavior to the task of adjusting the felt intimacy in the interaction. Therefore, examining the data in this way suggests that Breed's results are not inconsistent with the affiliative conflict model.

The analysis of the data in this manner could, however, also be interpreted as a manipulation of the evidence to fit the theory. Consequently, Patterson (1976) cites Breed's research as evidence for his

model, with subjects engaging in reciprocal rather than compensatory behavior with the confederate. Again, it is important to discern whether such findings support the extended model of Patterson or the original equilibrium theory. Unfortunately, the methodology does not permit such differentiation. Nevertheless, interviewer behavior effects the partner's behavior, and in this case, facilitative behavior seems to elicit reciprocity in the interviewee.

A fourth method for varying psychological distance between interactants is to recruit pairs of subjects who are already acquainted. Rutter and Stephenson (1979) and Coutts and Schneider (1976) had pairs of subjects consisting of either friends or strangers. Coutts and Schneider (1976) found that friends were more immediate than strangers in a cooperative story telling task. Friends engaged in more individual gaze--that is, looked at the eye area of their partner more--made more eye contact, and spent more time smiling than strangers. However, when one partner was later solicited as an accomplice and instructed not to look at the coactor, this behavior did not elicit a compensatory increase in the immediacy behaviors of the other member. Since this is contrary to what would be predicted by the intimacy equilibrium hypothesis the authors explained this finding as a function of either the parameters of nonverbal behavior or of the meaning attributed to the accomplice's behavior. Both of these explanations concern aspects of Patterson's (1976) arousal model. In the first case the authors argued that reduced eye contact may not be a very potent disruptor of equilibrium, thus compensatory efforts may not be necessary. In Patterson's

terms, the level of arousal may not exceed the individual's threshold, and therefore produce no reaction. Although logical, this argument is tenuous, for accomplices were observed to decrease their smiling and alter their torso orientation in addition to reducing their amount of looking. Alternatively, they proposed that the accomplices' behavior was perceived as an attempt to concentrate on the task rather than to reduce intimacy. Since the appraisal of the partner's behavior determines the reaction, such an interpretation should not produce a strong approach motive to increase intimacy equilibrium, but rather may engender reciprocity of such behavior.

Rutter and Stephenson (1979) did not replicate the previous observation that friends engage in more eye contact than strangers. Instead, they found that friends looked less than strangers on several dimensions, evident in less eye contact, a smaller proportion of time spent looking, a shorter duration of looks, and a smaller proportion of time spent looking while listening. The authors interpreted these results as supporting their hypothesis that visual interaction in friends is more concerned with affect than information. This is based on the premise that friends would look more if the primary function of looking was affective (indicating more liking) and they would look less for the purposes of information gathering since they already knew their friends well. The point that these investigators overlook, and which would drastically attenuate their conclusions, is that the interaction consisted of a discussion of topics on which the participants disagreed. Therefore, although subjects observed their instructions in participat-

ing in this antagonistic conversation, they may have been regulating the negative aspects of this by visually disengaging and thereby maintaining the relationship. As a plausible rival hypothesis this has not been empirically tested. It does, however, suggest that the regulatory function of eye contact, as further demonstrated in these studies, becomes quite complex when dealing with acquaintances who have already established their thresholds for intimacy equilibrium. Such complexity is more adequately explained by Patterson's (1977) arousal model of interpersonal intimacy than by Argyle and Dean's (1965) affiliative conflict theory.

All of the preceding studies addressing the regulatory function of eye contact have exclusively employed experimental conditions in which interactants faced one another and inevitably engaged in mutual gaze. While this seems to be a necessary condition to explore this phenomenon, studies creating conditions in which eye contact is precluded shed additional light on the regulatory function.

The most interesting of these studies was conducted by Bond and Komai (1976). In their research each subject was interviewed by two different interviewers, each for four minutes. In counterbalanced order the subjects were instructed to look at either the interviewer's eyes or the interviewer's knees. Similarly, the interviewers also looked at the subject's eyes or knees, but they did so within the same interview session. Thus the design was a 2 x 2 factorial with repeated measures on the second factor--direction of interviewer gaze. This research produced three main findings. First, interviewer gazing is an effective

variable in changing interviewee's nonverbal behavior. When the interviewer looked at the subject's eyes the response latencies of the subjects were shortened, their torso movements were reduced, and there was a tendency toward a diminution of hand gestures. The authors used this descriptive evidence in support of the metaphor that one can be frozen by another's gaze. Furthermore, these effects were unchanged whether the subject was reciprocating the visual engagement or looking at the interviewer's knees. This was the second major finding which suggested that the effects of eye contact are just as great regardless of whether eye contact is actually established or whether the partner merely knows he is being visually observed. Thus it would appear that it is not the unique property of eye contact per se that creates this situation, rather it is the perception that the partner is engaged in monitoring behavior. In terms of the affiliative conflict theory and the arousal model, cognitions about the behavior of the other member of the pair are sufficient to motivate compensatory behavior.

Finally, when the subjects looked in the direction of the interviewer's eyes their behavior changed, but it was functionally different than when the interviewers gazed at the subject's eyes. In these instances subjects increased the self-manipulations of their hands, whether the interviewer was reciprocating the gaze or had averted the gaze by looking at the subject's knees. (Self-manipulations were defined as times when the hand(s) was (were) in moving contact with some other part of the body. This observation was understood in terms of reflecting the upsetting effects of monitoring the interviewer's face.

That self-manipulations of the hand are indicative of some disturbance is suggested elsewhere (Fairbanks et al., 1982) when it was found that grooming was a significant discriminator of psychiatric group membership. Taken as a whole, this study rather clearly demonstrated the impact that visual behavior has on the dyadic partner.

Other studies in this area are somewhat more pedestrian in comparison with the Bond and Komai (1976) research, but they do support the contention that nonverbal behavior in one person catalyzes a behavioral adjustment in another. For example, Mahl (1968) conducted a study in which subjects were interviewed in face-to-face or back-to-back conditions. In the back-to-back interview there was a significant increase in the frequency of communicative gestures. These data support the compensatory hypothesis in that "autistic actions are inhibited when the performer realizes that the other participant is aware of them" (p. 334).

Danziger (1976) reported a study in which some members of the dyad were prevented from looking because they were blindfolded or seated behind a one-way mirror. These subjects reported a great deal of discomfort apparently due to the lack of reciprocity of gaze. The conclusion was that when there is no opportunity for mutual looking "the relationship is likely to prove unstable and to be marked by poor coordination of activities and by conflict over acceptable levels of intimacy and dominance" (p. 69). The implication is that visual monitoring is a critical means of assessing the other in order to regulate one's behavior in accordance with the quality of the relationship.

The regulatory function, in summary, addresses the interplay of the decoding and encoding processes of nonverbal behavior as they guide the ensuing actions of the interactants. The major premise is that the nonverbal behavior of one person effects the other by influencing the synchronization and flow of speech and by governing the level of intimacy in the dyad. The majority of the research in this area has been directed toward the adjustment of interpersonal intimacy. Two hypothetical models have been advanced to explain the regulation of interpersonal intimacy, both of which state that the behavior acts to shift the intensity of the interaction to a new level of homeostasis. Nonverbal compensation serves to balance the felt intimacy of the relationship, whereas reciprocal behavior matches the approach or avoidance motives of the partner. Argyle and Dean (1965) have argued that compensation alone regulates interpersonal intimacy. Patterson (1976), citing studies in which compensation was not observed, maintains that either compensation or reciprocity may operate to restore interpersonal equilibrium. The literature lends greater support for Patterson's (1976) arousal model. Although a number of studies have demonstrated that subject's compensate for interpersonal immediacy when the physical and psychological distance of the dyad is varied, several other studies have reported that reciprocity of nonverbal behavior occurs when intimacy of topic, approach behavior of the interviewer, and familiarity with the dyadic partner is manipulated. Thus, the effect of these situational variables in determining whether reciprocity or compensation occurs has been inconclusive. Perhaps this relationship is mediated by the characteristics of the

interactants. However, the dimension of individual differences has been neglected in the research on the nonverbal regulation of intimacy.

Regulatory Behavior in Clinical Interviews. It has been noted that the nonverbal behavior expressed by patient groups differs from nonpsychiatric controls. This differential encoding is also evident in their regulatory behaviors, for client-therapist relationships with various diagnostic groups appear to be different from interactions with nonpatients. Several studies have either directly or incidentally observed this pattern.

Working with schizophrenic patients, Rierdan and Wiener (1977) found that the thought disordered patients were more self-disclosing at intermediate levels of intimacy whereas nonschizophrenics were more verbally immediate when the interviewer sat farther away and faced the subject obliquely. The schizophrenic group seemed to experience the greatest interpersonal contact when the interviewer was sitting quite close (18") and at an indirect angle to avert the gaze from the patient, or when the interviewer was far away (8') and sitting face-to-face with continuous gaze. Since the schizophrenics differed from the nonschizophrenics under the conditions in which they would be most immediate with the interviewer, this suggested that the two groups have a different equilibrium point for regulating the felt intimacy of the situation.

Psychopathic behavior is also associated with a difference in the regulation of the interview. Recall that Rime et al. (1978) found that individuals diagnosed as antisocial personality disorder demonstrated more intrusive behavior, including increased eye contact, forward lean,

and hand gestures. Such behavior has been shown to heighten physiological arousal, and if this is labelled negatively it could lead to compensatory behavior in the partner. Consistent with this conceptualization the authors found that the interviewer decreased the amount of his speech when conversing with a psychopath. This was taken as reflective of the intrusiveness encoded by the patient.

Compensatory behavior regulating intimacy equilibrium does not always assume the channel through which anxiety is engendered. As just described, the interviewer did not respond to the psychopath's physical and visual intrusiveness by retreat in these behaviors, but instead by a diminution in amount of speaking time. Thus, one member of the dyad can regulate the felt intimacy in the relationship by altering any of the immediacy behaviors. This was implicated in a study by Hobson, Strongman, Bull, and Craig (1973), where gaze aversion did not decrease the anxiety level of the participants. They found that neither state nor trait anxiety effected eye contact or gaze aversion. While this does not support the notion of behavioral compensation, the untested possibility is that some other nonverbal channel served to adjust the intensity of the interaction.

Although gaze aversion as a correlate of anxiety was not observed in the Hobson et al. (1973) study, less eye contact was found to be an indicator of patients scoring high on an Anxiety-Depression factor (Fairbanks et al., 1982). Moreover, smaller amounts of looking by such patients were found to occur in the presence of a therapist who increased his looking toward the patient, decreased smiling, and further

modified the behavior by decreasing extraneous body movement. The same therapist behaviors were found in interactions with patients identified as withdrawn. In terms of other psychiatric factors, therapists did not alter their behavior according to the level of thought disorder exhibited by the patient. However, the patient's level of mania was directly associated with forward lean by the therapist, and, as might be expected, the more the patients scoring high on this factor spoke the less the therapist was observed to talk. Conversely, with withdrawn patients who were less likely to speak, the therapist correspondingly spent more time talking.

All of these therapist-patient interactions emerging from this study in the generalist-naturalistic tradition demonstrate the reciprocal relationship of nonverbal behavior (Fairbanks et al., 1982). These observations strongly suggest that behavior by one member of the dyad has a profound effect on the partner. This was true even when the therapists conducted their interviews with normal controls. The behavioral differences that occurred between patient and nonpatient groups (patients scored higher on frowning, grooming, and posture shift while controls were higher for leg asymmetry, eye contact, and smiling) are consistent with the interpretation that patients have a more socially distant intimacy equilibrium point. Typically, they tended to demonstrate less socially engaging behaviors while the therapist correspondingly increased some behaviors in what may have been an attempt to establish contact.

Implications for Psychotherapy

Many of the issues concerning the relationship between nonverbal behavior and psychotherapy have been incorporated into the review of decoding and encoding processes. Therefore, only brief mention will be made of the more significant points.

Perhaps Fairbanks et al. (1982) address the topic of the regulatory function most clearly as they conclude their article on observations of patient-therapist interactions:

The interaction between the nonverbal behavior of both the therapist and the patient found in this study has important implications for therapy. For example, an increase in looking away on the part of the patients was accompanied by an increase in looking toward the patient by the therapist. Interpretation of this behavior according to the affiliative-conflict theory would indicate that the therapists and patients have different equilibrium points between attraction and avoidance in social situations. The therapist's attempts to increase contact, whether consciously or unconsciously, may have the opposite effect of increasing avoidance responses in the patient (p. 118).

Alluded to in the above quotation was the idea that the members of the dyad may not be cognizant of the messages being encoded. In addition to the sender not being aware of communicating nonverbally, the receiver may not be aware of receiving a message. Nevertheless, the nonverbal channel is open for transmission of unspoken information (Waxer, 1978) and this creates the potential for some impact on the pair. Since this is true it behooves the clinician to recognize and utilize the message(s) encoded by the client for diagnostic purposes and to establish a therapeutic alliance. The latter may be facilitated by engaging in the necessary behavior to create and sustain a sense of appropriate intimacy. That this is a critical skill is evident in the

observation that the ability to detect and respond to minimal cues in an accurate manner is one of the major variables which distinguish experienced from novice interviewers (Waxer, 1979). This skill is positively regarded by other psychologists (Lee, Hallberg, Kocsis, & Haase, 1980; Lee & Hallberg, 1982) who report that the therapist needs to be attuned to the nonverbal cues emitted by the client and should be capable of appropriately communicating the perception of these behaviors to the client. It is important, however, that the verbal and nonverbal message is congruent, for inconsistency is associated with increased distance from the interviewer (e.g., Graves & Robinson, 1976; Kleinke & Pohlen, 1971). Apparently Freud chose to avoid therapist difficulties in the area of encoding messages by sitting out of view of the analysand. It seemed as if face-to-face therapy "demanded too much self-control not to betray his immediate reaction through facial expressions and their changes as he listened to the patient's communications" (Waxer, 1978, p. 12).

The main consideration is that clinicians use their decoding skill to understand the encoded messages of the client not only to undertake the task of differential diagnosis, but to also assess the quality of the interpersonal relationship and appropriately adjust their behavior to achieve a therapeutic level of intimacy. Since the patient's adaptation to this relationship is likely to be reflected in nonverbal behavior, the therapist should pay particular attention to the role he/she plays in the patient's manner of presentation. The goal is to preserve an equilibrium in intimacy so as to avoid jeopardizing the rela-

tionship by arousing the avoidance motives so characteristic of patient groups. The import of this is that the psychotherapeutic relationship has been found to be a very significant variable in effecting behavior change (Bergin & Lambert, 1978). Consequently, clinicians should recognize the impact of nonverbal behavior and emit those behaviors most compatible with the interviewee's threshold of intimacy equilibrium. The research of Fairbanks et al. (1982) suggests that interviewers are adjusting the intensity of the interaction to their parameters rather than to those of the patients. While this can be a useful diagnostic tool the patient may find such behavior arousing and label it negatively. The behavior of therapists with patients whose symptoms include interpersonal withdrawal exemplify this. As noted, these interactions were marked by numerous immediacy behaviors on the part of the therapist to compensate for the distance.

The effective regulation of intimacy is contingent on the decoding and encoding skills of the therapist. Lee and Hallberg (1982) examined the relationship of these variables by analyzing interviews by counselor trainees. They recorded client interviews with trainees who had been rated as good or poor by their practicum advisors. Good counselors were no more skillful at decoding than poor counselors, and there was no difference in the behaviors encoded by the two groups of therapists. Furthermore, judge-rated frequency of nonverbal behavior (encoding) did not correlate with decoding ability. However, the client's evaluation of the counselors behavior correlated negatively with decoding skill. In their discussion of this finding the authors report that "the reason for

this is not clear" (p. 416). Obviously more work needs to be done to understand how client perceptions are effected by the behaviors exhibited by the therapist. At this point one can only conclude that there is a dyadic process and this interaction is effected by the perceptions of its members. As Ekman and Friesen (1968) state in psychoanalytic terms:

Psychotherapy is interactive; the patient's behavior can be considered as responsive to the therapist or an imagined other person; the therapist likewise is responding to the patient, or in countertransference terms, to an imagined other (p. 195).

Statement of Problem and Hypotheses

It has been maintained that nonverbal behavior serves as a significant form of communication. Phylogenitically and ontogenitically based, it is typically regarded as a sincere indication of the person's state and consequently conveys information pertaining to the individual's personality characteristics and the response to the interpersonal relationship. This logically requires that such behavior be perceived and interpreted, and it is evident that people analyze such behavior in the process of decoding. This does not necessitate conscious awareness of the processes of decoding and encoding, but it does indicate that this channel of communication is open. Thus, one may not be cognizant of sending information nor may one realize that the inference or intuition is derived from information gathered through such channels, but such unspoken dialogues take place at a different level in all interactions.

The literature on the decoding of nonverbal behavior--the process

in which information is culled and interpreted from the behavior of another--has typically indicated that perceivers construe immediacy behavior as reflective of positive characteristics of the sender. Although eye contact, forward lean, and direct orientation are customarily related to attributes of being therapeutically facilitative, this perception is contingent upon the context in which such behaviors occur. This behavior is regarded as inappropriate in combination with a directive verbal style, when dealing with anxiety provoking material, or when engaging in a cooperative task. Conversely, this behavior affirms the potential for conflict in a competitive activity, yet is seen as positive when conveyed with an understanding interpersonal style.

The research on decoding has generally considered situational factors related to nonverbal behavior. Consequently, there has been a corresponding dearth of research examining individual differences as a functional variable. The research that has been conducted has inconclusively explored sex differences, tentatively indicating that females are more skillful decoders but tend to be quite conservative in their use of such information.

Nonverbal behavior provides information because it has an expressive function. This is one aspect of the broader topic of encoding, which addresses the manner in which the psychological states and traits of one person are conveyed to another. The behavioral enactment of these feeling states are sometimes quite differentially signaled. The discussion of this has reported that psychological factors associated with interpersonal withdrawal and low self-esteem, such as depressed

states or moods, schizophrenic disorders, embarrassment, and the trait of abasement, manifest themselves in distant nonverbal behaviors, particularly averted gaze. Other psychological states, such as mania and psychopathy, are evident in very immediate, and at times, intrusive behavior. Even gender impacts upon the display of nonverbal behavior, with women encoding more smiling and eye contact in comparison to androgynous and traditional males. Thus, nonverbal behavior rather clearly communicates direct and relatively uncensored information about the interviewee, regardless of whether the individual is a patient or normal subject.

The ongoing interplay between information gathering and the encoding of messages contributes to a sequential process in which the members of the dyad adjust the interpersonal intensity that is subjectively experienced. Thus, "nonverbal behavior can be considered a relationship language, sensitive to, and the primary means of signaling changes in the quality of an ongoing interpersonal relationship" (Ekman & Friesen, 1968, p. 180). Two models have been offered to explain these processes. Argyle and Dean (1965) theorize that dyadic nonverbal behavior is compensatory in order to maintain intimacy equilibrium. Compensation is included in Patterson's (1976) conceptualization, which also includes the reciprocity of behavior depending upon whether the interaction has been labelled positively or negatively. The inclusion of these cognitive elements seems to make the arousal model more powerful in terms of explaining the effects of nonverbal behavior.

Consistent with these models, much of the empirical work demons-

tates behavioral compensation which appears to restore intimacy equilibrium in the dyad. Other studies, however, indicate reciprocity of immediacy behaviors, particularly between friends. While such interactions are expected to be labelled positively, other situations are more than likely perceived as anxiety provoking and initially dysphoric. The early interviews with a mental health professional are particularly so, as the client is asked to disclose highly personal, and generally negative aspects of his/her life style and personality. Consequently, it is not surprising that people in this circumstance have a more distant equilibrium in the relationship. This is further stimulated by the approach behaviors of the therapist. Given this situation, it would seem that the interviewer could be more facilitative by inhibiting the prototypical immediacy behaviors in favor of a more reserved posture. According to the theory, this would reduce the arousal experienced by the client, and thereby enhance the relationship as significant material is disclosed.

With this conceptualization under consideration, the purpose of this experiment is to determine the effect of individual differences on the interpretation of distant and immediate therapist behaviors. Specifically, the aim is to understand the impact of level of depression, gender, and certain personality traits on the perception of different nonverbal behaviors. This experimental inquiry thus addresses the issue of whether differences in these characteristics effect the decoding process in a way which discriminates depressed from nondepressed individuals, males from females, and those high on certain traits from those low

on the same characteristics.

This is the basic argument for the first major hypothesis, which posits that individuals who typically withdraw from relationships, specifically depressives, will respond more favorably to an interviewer who reciprocates rather than compensates the lack of immediacy. Specifically, depressed subjects will rate the interviewer as more facilitative on the dimensions of empathy, congruence, and unconditional positive regard, and will report a greater likelihood of returning to such a therapist for continued treatment.

A second hypothesis concerns the effect of gender on perceptions of therapist behavior. Since women are generally shown to be more responsive to nonverbal cues, the impact of such cues should be more evident on ratings of the therapist's technique.

The third area of inquiry is the relatively unexplored avenue of personality factors which may effect the reaction to nonverbal behaviors. It is anticipated that individual differences will mediate the influence of the behavior of another. In particular, persons that are more externally than self-focused will respond more strongly to variations of therapist behavior.

CHAPTER III

METHOD

Subjects

Sixty-three subjects were recruited from a larger sample (N = 800) of undergraduate psychology students who had been pretested with the Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). From the obtained distribution of scores, four groups of subjects were composed. These four groups were depressed males, depressed females, nondepressed males, and nondepressed females.

The range of criterion scores for the depressed group was 9 and greater on the BDI. Scores of 5 and below were considered nondepressed. Prior research (Bumberry, Oliver, & McClure, 1978) has classified individuals obtaining scores of 0 to 9 as nondepressed and 10 and above as indicating increasing amount and severity of depressive symptomatology. Using the slightly lower cutoff score of 9 for depression in this investigation permitted the inclusion of subjects who otherwise would not meet the rigid criterion of depression. Thus, a total of 33 depressed subjects were enlisted in this research, 15 of these were male and the remaining 18 were female. The mean BDI score for this group was 16.1. The nondepressed group, with an average BDI score of 2.5, was comprised of 14 males and 16 females for a total of 30 nondepressed subjects.

Design

The study was a 2 X 2 x 2 factorial design with level of depression (depressed, nondepressed), interview condition (therapist encoding either immediate or distant behaviors), and subject gender (male, female) constituting the three factors.

Measures

Materials used to measure the personality variables of interest were the following:

Beck Depression Inventory (BDI). Level of depression experienced by the subjects was ascertained through the use of the BDI, a useful and common research tool in the area of depression (Beck et al., 1961). Clinically derived, the BDI is a 21 item self-report inventory that assesses affective, cognitive, motivational, and physiological areas of depressive symptomatology with very acceptable levels of reliability and validity (Beck et al., 1961; Bumberry et al., 1978). Consequently, the depressed group was considered to be quite discrepant from the nondepressed group in terms of these symptoms.

Maudsley Personality Inventory (MPI). Two independent dimensions of personality, neuroticism and extraversion, were measured by the MPI (Buros, 1965; Eysenck, 1962). The MPI is a 48 item questionnaire with half of the items keyed for each of these traits. The neuroticism dimension evaluates general emotional instability, emotional overresponsiveness, and predisposition to neurotic breakdown. The extraversion scale refers to outgoing, uninhibited, impulsive, and sociable interactions.

Taylor Manifest Anxiety Scale (TMAS). The neuroticism scale of the MPI correlates quite highly with the scale developed by Taylor (1953) to identify manifestly anxious individuals. Therefore, The short form constructed by Hicks, Ostle, and Pelligrini (1980) was employed in an attempt to obtain a more pure measure of anxiety. This 20 item true-false scale is reported to provide a more nearly unidimensional measure of anxiety than the longer form.

The following materials were used to operationalize the dependent variables.

Barrett-Lennard Relationship Inventory (BLRI). The BLRI was developed in accordance with the therapeutic mechanism theoretically operating in client-centered therapy (Barrett-Lennard, 1962). The concern of the scale is with the client's feelings about the therapist's response and not just the observation of that behavior. The 64 Likert-scale items which comprise this measure represent the four factors associated with Rogerian nondirective therapy--empathic understanding, level of regard, unconditionality of regard, and congruence. The complete scale is reproduced as Appendix A.

Empathic understanding is "the extent to which one person is conscious of the immediate awareness of another" (p. 3). It is concerned with experiencing the process and content of another's awareness in all its aspects. Representative items of this scale are "The therapist nearly always knows exactly what I mean" and "The therapist understands me".

Level of regard is the affective aspect of one's response to

another. It is the "composite 'loading' of all distinguishable feeling reactions of one person toward another, positive and negative, on a single abstract dimension" (p. 4). Items from this scale include "The therapist respects me as a person" and "The therapist feels a true liking for me".

Unconditionality of regard, in contrast to level of regard, is concerned with how little or how much variability there is in one person's affective response to another. "It is defined as the degree of constancy of regard felt by one person for another who communicates self-experiences to the first" (p. 4). The following item illustrates how this is measured: "The therapist's attitude toward me stays the same: he/she is not pleased with me sometimes and critical or disappointed at other times".

Congruence refers to the functional integration in the context of the relationship such that there is no conflict or inconsistency between the therapist's total experience, awareness, and overt communication. There is maximal discrimination between the therapist's feelings or attitudes and those of the client. Items comprising this factor include "I feel that the therapist is real and genuine with me" and "The therapist is openly himself/herself in our relationship".

Therapist Credibility Scale (TCS). This scale was employed to assess whether different nonverbal behaviors effect the amount of trust engendered by the therapist (Beutler & McNabb, 1981). Previous research (Beutler, Jobe, & Elkins, 1974) has indicated that credible therapists are more effective in facilitating treatment gains. The scale itself

consists of twelve adjective pairs which form a continuum. Subjects evaluate the therapist by assigning a score to each of these Likert scale items.

In addition to the overall credibility score obtained from this scale, the dimension warm-cold was added to see if therapist behaviors were related to these adjectives.

Questionnaire. The final measure was a three part open-ended questionnaire. The first page asked subjects to describe how the remainder of this therapy session would proceed. From this two measures of self-disclosure were coded, (1)subject's productivity in terms of generating content areas, and (2)their personal involvement in the response. Thus, there were quantitative and qualitative dimensions in terms of the affective concern expressed in the response. The subject's responses were rated on a five-point scale by two independent coders. The productivity dimension concerned the number of topic or content areas generated by the subject which the therapy session might address. Personal involvement was rated according to the amount of affect expressed and the degree of personal investment in the description of the interview. Inter-rater reliability was sufficiently high for both of these dimensions, with $r=.87$ for productivity and $r=.88$ for personal involvement.

The second item had subjects indicate whether or not they would continue in therapy with the counselor they had just seen on the tape. Following this they provided a rationale for the decision they had made. These responses were coded according to the reasons offered. Each

response was classified into one of seven major categories: (1)general therapeutic competence; (2)positive aspect of client-centered therapy; (3)positive aspect of therapy not associated with the nondirective approach; (4)negative perceptions of the therapy/therapist; (5)therapist nonverbal behaviors; (6)personal factors of the client; and (7)other. The categorization of these responses was quite similar for the two independent raters, as their percent agreement was .90.

Several of these seven categories were so infrequently endorsed that it became more meaningful to collapse some classifications. For example, the nonverbal behavior category was used only four times and was invariably negative. Therefore, this was combined to make a broader category of negative perceptions of the therapy/therapist. Ultimately, three classifications were used: (1)negative perceptions; (2)positive aspects of the therapy/therapist; and (3)personal factors of the client.

Therapy Condition Manipulation

Interview condition was varied by having subjects view a videotape of a therapy session in which the therapist behaved in such a way to convey either immediate or distant nonverbal messages. Three major nonverbal behaviors were manipulated, these were eye contact, torso lean, and torso orientation. In the immediate condition the therapist was presented facing the "client"/subject directly, leaning forward, and looking in the direction of the client's eyes/camera approximately 90% of the time. Conversely, in the distant condition the therapist appeared leaning backwards, obliquely aligned relative to the client/camera, and engaging in eye contact merely 10% of the time.

On each tape only the therapist was visible, although the voices of both the client and interviewer were audible. The therapeutic dyad presented on the videotape was a same sex pair. Correspondingly, subjects were assigned to view the tape matching their gender. Thus, all interview conditions involved same sex male or female interactants and same sex subjects.

As a vehicle for the nonverbal behavior manipulation, a therapy transcript was enacted by graduate students in clinical psychology. One male and one female at the internship level acted as therapists in both conditions. The client's voices were provided by two other clinical graduate students with practicum experience in diagnostic interviewing and therapy. As a result of such training these actors were able to maximize the realistic aspects of the simulation.

In order to create further a situation with which subjects could realistically identify, an actual therapy transcript was modified to include problems that are quite prevalent among the college aged population (Wechsler, Rohman, & Soloman, 1981). The content of the session was on the client's interpersonal difficulties, adjustment to academic life, and the attendant feelings of anxiety and depression. The orientation of the therapy was person-centered, as the transcript is an adapted version of an early case of Carl Rogers (Snyder, 1948). The verbatim transcript is reproduced as Appendix B.

The verbal content was constant in all conditions and only the nonverbal behavior was varied. In so doing, each condition began by showing the therapist assuming the posture and behavior characteristic

of either nonverbal immediacy or distance. Furthermore, only the upper body of the therapist was visible. This was for the purpose of making an obvious display of the interviewer's visual behavior and to eliminate confounds which could be attributed to movements or postures of the lower extremities.

Procedure

Subjects were recruited by phone to participate in an experiment investigating the general procedures of counseling and psychotherapy. Each subject was seen alone in order to simulate accurately the interpersonal conditions of individual psychotherapy. Upon arrival, each subject was greeted by the experimenter and escorted into a private office. Seated in a comfortable chair, the subject faced a television monitor located at eye level and listened as E began informing S about the experiment. All subjects received the following instructions:

Today we will be attempting to learn more about the conduct of a counseling session. As you may know, counseling, and other forms of therapy, are procedures in which someone experiencing some emotional distress comes to a professional who uses their training to help the person with their problem. At this point a great deal of research is being done to learn exactly what makes a good counselor. This project is a way of learning more about the way different people react to different styles and types of therapists.

In order to do this you will first be asked to complete some questionnaires. Then you will watch a videotape of a counseling session which will last approximately 15 minutes. In this session you will hear both the client and the therapist, but you will see only the therapist. The tape has been made this way so that you can put yourself in the position of the client. That is, as you listen and watch the interaction, try to imagine that you are actually the one speaking to the therapist. Since we are trying to make this seem as real as possible I have even arranged the chairs so that you are about the usual distance away from what would be the counselor, although in this case its a TV monitor.

When the tape has ended I will again ask you to fill out some questionnaires. Essentially these forms will be used to see how

you, and others like you, react to this particular counselor. Once you have done that I will be able to answer any questions that you may have about this research. Before we start, however, are there any questions about the things you'll be doing? The entire procedure will last between 30 and 40 minutes.

When the subject indicated an understanding of the sequence of events he/she completed the BDI, MPI, and TMAS. The videotape was then played, followed by the completion of the dependent measures. All subjects were debriefed prior to termination of the experiment.

CHAPTER IV

RESULTS

Manipulation Check

To ascertain whether the manipulation of the therapist's nonverbal behavior was differentially perceived by the subjects, t -tests were performed on the subject's estimation of the behavior they observed. That is, all participants assessed the percentage of time the interviewer engaged in eye contact, forward lean, and direct torso orientation. The group means of these estimates were then statistically compared. The results of these analyses show that nonverbal behaviors in these conditions were significantly discrepant, $p < .01$. The mean percentage for eye contact in the high immediate condition was 80%, while the distant therapist was seen as engaging in eye contact only 34% of the time. Similar differences were evident in forward leaning and torso orientation, with means of 68% and 77% respectively in the immediate condition and 12% and 38% in the distant condition. It is thus apparent that the manipulation was effective in presenting contrasting immediacy behaviors.

Since one's level of depression is subject to change over time, all experimental participants were administered the BDI a second time at the beginning of the actual experimental procedure. Examination of these depression scores indicated that some subjects no longer met the

criterion for their original classification, particularly the depressed subjects. Although the mean depression score remained in the specified range ($M=11.2$), 13 of 33 subjects now had BDI scores of less than nine. Eight of these subjects had scores which placed them in the mid-range, neither depressed or nondepressed according to the criterion, and five subjects now appeared to be nondepressed.

For those 30 subjects initially identified as nondepressed, 29 were also not depressed at the time of the experiment. Only one subject appeared substantially different, to the point of meeting the depressed group criterion. Nevertheless, the mean BDI score for this group remained quite low at 1.7.

Due to the fluctuation of level of depression in certain individuals, it was necessary to investigate the impact of a shift in the experience of depression on the dependent variables. Reclassifying subjects according to their level of depression at the time of the experiment and according to their overall experience of depression yielded findings which replicated those analyses based on the original level of depression. Thus, no differences emerged as a function of the change in depression scores. Consequently, only the results of the original classification will be presented.

Level of Depression and Response to the Interview Conditions

The first hypothesis stated that depressives would consider distant interviewers more therapeutically facilitative and would therefore evaluate such therapists in positive terms and respond to them more favorably than would nondepressives. This hypothesis predicts an interac-

tion between level of depression and interview condition on the various dimensions of the dependent variables. Such a prediction receives only partial support from the evidence.

Evaluation of the Therapist. The results of these two-way analyses of variance (ANOVA) procedures, illustrated in Table 1, indicated that depressed individuals did not perceive distant therapists as more empathic, $F(1,55)=.376$, $p>.05$, congruent, $F(1,55)=.034$, $p>.05$, nor were these therapists considered to relate with greater unconditional positive regard, $F(1,55)=.012$, $p>.05$, or even a higher level of regard, $F(1,55)=.684$, $p>.05$. Furthermore, the interaction of level of depression and interview condition had no significant effect on judgments of the therapist's credibility, $F(1,55)=.016$, $p>.05$, on appraisals of the interviewer's warmth, $F(1,55)=.009$, $p>.05$, or on the subject's rating of their liking for the therapist, $F(1,55)=1.234$, $p>.05$. Thus, depressed individuals did not report more positive attributes to therapists who reciprocate/reflect withdrawal behavior.

Self Disclosure. While depression and therapist immediacy behaviors did not appear to effect the subject's attitude toward the therapist, there is some evidence that these variables effected the subject's reported behavior. Although this finding is not statistically significant, there is a strong trend, $F(1,55)=2.99$, $p=.089$, for depressed subjects to be more personally and emotionally involved with the issues when the therapist was least intrusive (see Table 1). Thus, depressed subjects in the distant condition were more self-disclosing of personal/emotional material than subjects in other conditions when describing how

TABLE 1

Therapist Ratings by Level of Depression and Interview Condition

Interview Condition	Depressed		Nondepressed	
	Distant	Immediate	Distant	Immediate
Therapist Ratings:				
Empathy	6.18	15.75	11.56	16.14
Congruence	-1.88	-0.44	0.69	3.36
Level of regard	2.35	15.06	11.06	16.64
Unconditional positive . regard	10.71	13.50	11.94	13.71
Credibility	52.53	54.19	57.31	60.43
Warmth	3.41	4.13	3.88	4.50
Liking	4.06	4.81	4.56	4.50
Self-disclosure				
Productivity	2.91	2.81	2.09	2.36
Personal involvement*	3.09	2.34	1.81	1.89

df (1,55)

*p=.089

the remainder of the therapy session would unfold. Nondepressed subjects showed a slight decrease in their self-disclosure in the distant condition.

Continuation in Therapy. There is more evidence lending support to the idea that client subjects, through their reports of projected behavior, favor a therapist who patterns his/her approach behaviors after those which are characteristic of the client. This support appears in the data provided by the subject's response to the question of whether or not they would continue in therapy with this counselor. Support would be indicated by greater acceptance of therapy with interviewers demonstrating behaviors compatible with the subjects, and greater rejection of those therapists whose behavior was at odds with that customarily encoded by depressed and nondepressed subjects. Specifically, depressed subjects should wish to continue with a distant therapist and terminate with an immediate one. Nondepressed individuals should show the opposite pattern in their strong preference for an immediate interviewer. This is precisely what was found in the results of the chi square procedure, which are displayed in Table 2 and Table 3.

These results, for depressed individuals only, indicate that a relatively high percentage of subjects are willing to remain in therapy with a distant counselor (42.4%) and that a reasonably high proportion would not remain in therapy with the immediate interviewer (24.2%). This significant relationship, $\chi^2(1)=3.88$, $p<.05$, is more apparent when analyzing only the subjects responding affirmatively to continuation in therapy. Of these depressed subjects indicating that they would attend

TABLE 2

Continuation in Therapy for Depressives by Interview Condition

Interview Condition	Depressed	
	Distant	Immediate
Decision		
Continue	42.4%	24.2%
(Row %)	(64)	(36)
Not continue	9.1%	24.2%
(Row %)	(27)	(73)

TABLE 3

Continuation in Therapy for Nondepressives by Interview Condition

Interview Condition	Nondepressed	
	Distant	Immediate
Decision		
Continue	20.0%	33.3%
(Row %)	(37)	(63)
Not continue	33.3%	13.3%
(Row %)	(72)	(29)

additional sessions, the majority (64%) were those who had seen the distant interviewer. For those preferring not to continue with additional sessions, 73% had been exposed to a therapist encoding immediate behavior whereas only 27% had observed the distant condition.

These results are similarly patterned in the corresponding examination of only nondepressed subjects. Although this relationship is only marginally significant, $\chi^2(1)=3.45$, $p=.06$, it parallels the findings for depressed subjects and is consistent with the hypothesis. Thus, the highest percentage for continuation and non-continuation are in the compatible and incompatible cells respectively. Exactly one-third of these nondepressed subjects express interest in continuing with an immediate therapist and the same percentage rejects a distant therapist. Again, this relationship appears magnified in the row percentages. Looking only at the group which is willing to continue with therapy, the highest percentage (63%) represents those who have seen immediacy behaviors. Conversely, in the group rejecting treatment, 71% of these rejected the therapist who interacted with distant behaviors and only 29% said they would not continue with an immediate therapist.

To determine if the rationale for the decision to remain in therapy systematically differed as a function of interview condition and level of depression, a chi square analysis of the three coded categories of the subject's responses was performed. Subjects in both conditions uniformly indicated that they would continue in therapy with a positive therapist and terminate with a therapist they perceived negatively, $\chi^2(2)=16.29$, $p<.01$ immediate condition, $\chi^2(2)=19.01$, $p<.01$ distant

condition.

There was an interesting pattern which emerged when considering the subject's decision, rationale/category, and condition and level of depression. Whereas depressed subjects in the immediate condition unan-
imously rejected a therapist they evaluated negatively, similar subjects in the distant condition were far more equivocal in rejecting therapy with a negatively regarded interviewer. Of the depressives viewing a distant therapist and attributing negative qualities to the therapist/interaction, 50% reported that they would continue therapy and 50% indicated that they would not.

The corresponding pattern is again found with the nondepressed subjects. There is uniform rejection of a distant therapist when that therapist is viewed in negative terms, but there is a split in the decision to continue in therapy for subjects who perceive an immediate interviewer negatively. Almost as many nondepressed subjects observing the immediate therapist and perceiving this negatively will continue in therapy as discontinue. It appears that once again the presumed reciprocity of behavior influences the decision of the subject, even though the rationale does not differ.

Other noteworthy findings, not related to the hypothesis, are main effects for interview condition. Replicating the results of other studies, immediacy behavior was regarded more positively than distant behavior on two dimensions. The immediate therapist was attributed a much higher level of regard than the distant therapist, $F(1,55)=5.53$, $p<.05$, and was furthermore considered more empathic, $F(1,55)=3.56$, $p=.06$. The

empathy factor, however, was only marginally significant. There were no other significant main effects or interactions for interview condition related to the first hypothesis.

Sex Differences in Response to Interview Conditions

A second purpose of the research was to test the conjecture that women would manifest greater sensitivity to the manipulation of therapist behavior by endorsing more extreme responses. Similar to the hypothesis for level of depression, it was predicted that an interaction would occur between subject gender and interview condition. It was expected that women in the immediate condition would have a greater positive reaction to the therapist than women viewing a distant interaction. The men would not show such variation as a function of the interviewer's nonverbal behavior. To test this hypothesis, 2 (Sex) x 2 (Interview condition) analyses of variance were conducted on each of the dependent variables.

Evaluation of Therapist. The predicted differences for males and females did not occur at this level of analysis for therapist's level of regard, $F(1,55)=.039$, $p>.05$, unconditional positive regard, $F(1,55)=.363$, $p>.05$, empathy, $F(1,55)=.018$, $p>.05$, or congruence, $F(1,55)=.799$, $p>.05$. Furthermore, regardless of condition and sex of subject, therapists were not perceived differently in the amount of trust they engendered, $F(1,55)=.190$, $p>.05$, in the degree to which they were liked, $F(1,55)=2.792$, $p>.05$, or in the amount of warmth they conveyed, $F(1,55)=.020$, $p>.05$. Table 4 presents the mean ratings of the interviewer for these variables.

TABLE 4

Therapist Ratings by Interview Condition and Subject Gender

Interview Condition	Male		Female	
	Distant	Immediate	Distant	Immediate
Therapist ratings:				
Empathy	7.20	13.93	10.11	17.69
Congruence	-0.73	-3.07	-0.56	5.19
Level of regard	4.33	13.00	8.44	18.25
Unconditional positive regard	10.60	11.29	11.89	15.63
Credibility	57.00	56.93	53.06	57.25
Warmth	3.67	4.29	3.61	4.31
Liking	4.50	4.81	4.56	4.06
Self-disclosure				
Productivity	2.00	2.54	2.94	2.66
Personal involvement	1.80	1.96	3.03	2.28

$df(1,55)$

* $p=.085$

** $p=.06$

Self Disclosure. Sex of subject was, however, a major variable in effecting the amount of material disclosed during the remainder of the session. Females generated significantly more topics than males about which they would discuss with the therapist (\bar{M} males=2.26, \bar{M} females=2.81), $F(1,55)=4.715$, $p<.05$, and they were also much more personally involved in their disclosure (\bar{M} males=1.88, \bar{M} females=2.68), $F(1,55)=9.321$, $p<.01$. Furthermore, there is a marginally significant interaction on the self-disclosure measures by interview condition and subject gender.

While this is more of a trend for producing self-disclosing material, $F(1,55)=3.070$, $p=.085$, women in the distant condition were more revealing than women experiencing an immediate therapist (\bar{M} distant=2.94, \bar{M} immediate=2.66), whereas men showed a reverse pattern, becoming somewhat more taciturn as intimacy diminished in the relationship (\bar{M} immediate=2.54, \bar{M} distant=2.00). The same pattern was observed in terms of the emotional tone expressed in these narratives. Women appeared more emotionally involved as the therapist withdrew, and men, conversely, reciprocated their lack of involvement, $F(1,55)=3.644$, $p=.06$.

Subject Personality and Evaluation of the Therapist

The third area of inquiry was directed at determining whether the evaluations of the therapist were influenced by personality characteristics of the subjects. It was speculated that the traits of neuroticism, introversion-extraversion, and/or anxiety would effect the perception of therapist nonverbal behaviors and therefore have an impact on attribu-

tions of the interviewer. However, each of these traits correlated quite highly with the subject's level of depression. The correlation coefficient for neuroticism and BDI score was $r=.67$, for anxiety it was $r=.69$, and for extraversion, $r=-.24$.

The relatively low intercorrelation for extraversion and the fact that interpersonal approach and avoidance behaviors are so paramount in this research justified further investigation of this variable. Specifically, a median split test would indicate whether the subject's trait of extraversion or introversion would have an effect on their ratings of the interviewer. In the immediate condition it would seem most viable to expect extraverted subjects to show a more positive attitude toward the therapist than introverted subjects. Conversely, in the distant condition one would anticipate that introverted subjects would regard the therapist more favorably than those high on extraversion.

Since subject selection was not based on extraversion scores, post hoc testing using a median split procedure was conducted to analyze the impact of extraversion and interview condition on ratings of the therapist. The results obtained from the analysis of variance for these variables generally proved to be insignificant. Although there was a significant correlation for extraversion scores and unconditionality of regard, $r=-.25$, $p<.05$, extraversion did not have a significant effect on judgments of the therapist's unconditional positive regard. This trait, introversion-extraversion, had no significant effect on empathy, congruence, credibility, warmth, or level of regard. The only finding of significance was for attractiveness of the therapist, and this was

only marginally significant, $F(1,59)=3.791$, $p=.056$. These results indicated that introverted subjects liked the immediate therapists the most and extraverts preferred the distant interviewers. Although such findings are contrary to the hypothesis, they do provide inferential support for the affiliative conflict theory of Argyle and Dean (1965). That is, these data suggest that these individuals prefer to interact with a partner whose behavior compensates for their characteristic style of approaching interpersonal situations.

CHAPTER V

DISCUSSION

This psychotherapy analogue investigation examined the perception of therapist nonverbal behaviors by individuals who differed in their level of depression and gender. By presenting different levels of therapist nonverbal immediacy to depressed and nondepressed males and females, it was possible to test the hypothesis that these characteristics influence the response to the therapeutic interaction. The results provide partial support for the idea that one's reaction to different nonverbal behaviors witnessed in the therapist is a function of that person's level of depression and gender. There is evidence to indicate that depressed individuals responded in a favorable fashion to a therapist behaving in a somewhat distant manner, and, in kind, nondepressed persons reacted in some quite positive ways to an interviewer who was actively engaging through nonverbal behavior. In addition, women were more self-disclosing (in terms of material revealed and affective investment in that material) with a distant interviewer than with an immediate one. Males, conversely, tended to be more reserved in the distant than in the immediate condition. Findings of this nature are consistent with the arousal model of interpersonal equilibrium in that both compensatory and reciprocal reactions were observed.

Subject Depression and Interview Condition

The therapist's nonverbal behavior in the interview influenced certain aspects of the individual's response to the therapeutic relationship. Overall, a therapist that was nonverbally immediate was perceived as demonstrating a higher level of regard and as being slightly more empathic than an interviewer who appeared more detached from the interaction. However, the interviewer who made frequent eye contact, leaned forward, and related in a face-to-face orientation was not more positively regarded on other attributes. Such behavior did not seem to convey congruence or unconditional positive regard in the relationship, and furthermore, these interviewers were not considered any more trustworthy, likeable, or warm than distant counselors.

More critical to the purpose of this project, it appears that the interviewer can foster an atmosphere for therapeutic gain by exhibiting behavior which matches the approach or avoidance behaviors characteristic of the client. Depressed individuals involved in an interaction with a therapist who behaved in a distant manner--leaning backwards, avoiding eye contact, and in an indirect orientation to the client--were self-disclosing of highly personal material and demonstrated a greater likelihood of remaining in therapy. Those who were not depressed were more reticent with a distant therapist, and preferred not to interact with such a counselor on a regular basis. They would, however, continue therapeutic contacts with an interviewer who related to them with immediate nonverbal behaviors. Thus, these results demonstrate that depressed subjects reacted more positively to distant therapists and

that nondepressed individuals favored immediate therapist behavior. Based on prior research which has described depressed behavior in terms of interpersonal withdrawal (e.g., Natale, 1977; Waxer, 1976; 1978), it can be speculated that it is the coordination of similar behavior which facilitates these aspects of the therapeutic relationship.

These patterns for depressed and nondepressed individuals to indicate a preference for interviewers who equilibrate the interpersonal intimacy at a comfortable level are supportive of Patterson's (1976) arousal model. It appears that there is greater attractiveness, in a very global way, for therapists who are sensitive, in their nonverbal regulation, to the client's threshold for interpersonal immediacy. Consequently, depressed individuals seem to interpret therapist distance as positive in the same way that nondepressed persons perceive immediacy favorably. Dissimilar approach motives, on the other hand, are anxiety arousing and avoided. By inference, it may be reciprocity of behavior rather than the compensation which enhances the dyadic relationship.

Matching behavior in this way parallels the work reported by Falzett (1981). In this experiment it was found that therapists who communicated through the client's modes of experiencing and representing the world were regarded as more trustworthy. Therapist statements manipulated to match the meaning inferred from subjects eye movements contributed to a better relationship than those interventions which were discrepant from the client's representational system. The interesting implication is that by manipulating verbal language the therapist was able to speak directly to the nonverbal level. Thus, the dyad, unbe-

knownst to the client, communicated on two levels, the more highly developed verbal-symbolic mode and the more rudimentary nonverbal channel. Considering both the work of Falzett and the research reported here, the interviewer is effectively able to improve the quality of the relationship by adjusting his/her verbal and nonverbal behavior in accordance with clients' nonverbal expression of their experience in the situation.

Nonverbal behavior which is compatible with the approach-avoidance motives of the client-subject, however, does not influence other judgments of the therapist's ability to convey facilitative conditions. Depressed persons interpreted distant and immediate therapist nonverbal behaviors in approximately the same way as nondepressed individuals. The three nonverbal behaviors--trunk lean, orientation, and eye contact--did not differentially affect the perceptions of credibility, warmth, and Rogerian facilitative conditions by persons of different mood states. Thus, the extent of one's depressive symptomatology does not seem to influence the decoding of varied nonverbal behaviors in attitudinal judgments as it does with the behavioral responses of continuing in therapy and self-disclosure.

The lack of support on these attitudinal dimensions is contrary to both the hypothesis and prior research. Three explanations are offered for this inconsistency. First, the therapy stimulus presented verbal and nonverbal behaviors for an extended duration. Whereas other studies have typically provided relatively short demonstrations of nonverbal behavior, ranging from very brief vignettes to five minute interactions,

the nonverbal behavior stimulus in this study exceeded ten minutes. Consequently, this method differed from other studies, as Seay and Altekruze (1979) have observed, in that the emphasis of the interaction was not forced into the nonverbal realm. In other words, the ample amount of dialogue presented the opportunity for verbal content to influence the judgments of some of the therapist's attributes differently than others. By presenting a somewhat protracted interview stimulus, the ongoing dialogue may have been more salient than the restricted nonverbal behaviors. Therefore, since the verbal content was constant for both conditions, the lack of any significant differences could reflect the absence of differences in the more prominent verbal exchange rather than the less salient nonverbal variations.

The second explanation is somewhat more speculative. It seems possible that many of the measures may have required a certain intellectual level that made them inadequate for assessing the influence of nonverbal communication. Since many of these variables were presented as a numerical continuum in a structured format, the scientific appearance and specific content of these scales may have engendered a detached, analytical response set in the client subject. Thus, the formation of these attitudes may have been far more cognitively mediated than the intuitive, "gut-level", emotional reaction to the open ended questions evaluating prospective behavior. In terms of social development one would anticipate a greater correspondence between verbal content and cognitive appraisal and a greater sympathetic interplay between the nonverbal behavior of the therapist and the more primitive, affectively

laden, ontogenetically earlier response. Since the verbal content remained the same for both conditions, the dialogue that occurred at the nonverbal level may have been obscured by these verbal symbols, consequently remaining unrecognized and ineffable. In some ways this is the point that Falzett (1981) seemed to be making, that only by manipulating the subtleties of language is it possible to sensitively integrate verbal and nonverbal behavior. As a result of this lack of sensitive measurement, the groups did not differ on these dimensions as they did on unstructured items.

A third, and related possibility, is that the differences in subjects' level of depression were not of sufficient magnitude for variations in therapist ratings to occur. Since the subjects' level of depression was, on the average, only mild, the affective and cognitive differences between the depressed and nondepressed groups may have been minimal. Consequently, their perceptions would not be particularly discrepant, as might be the difference between nondepressed and severely depressed subjects. Thus, there is only partial support for the hypothesis. By reciprocating interpersonal behavior which seems characteristic of the other, the therapist regulates the felt intimacy to positively affect certain aspects of the therapeutic relationship, namely, the willingness to remain in therapy and to reveal highly personal material.

Subject Gender and Interview Condition

The sex of the client perceiving various nonverbal behaviors encoded by the therapist does not seem to affect judgments regarding the counselor. Both men and women considered the same-sex therapist they observed very similarly in terms of empathy, congruence, level of regard, unconditionality, credibility, attractiveness, and warmth. This perception was shared regardless of the nonverbal behavior of the therapist. This is to say that not only were there no main effects for subject gender on these dimensions, there were also no significant interactions. The impact that sex of subject did have was on self-disclosure in the imagined therapy session. Females reported more areas of concern about which they would discuss with their therapist, and they were also more personally invested in these issues. This was more true of women involved with a distant interviewer than of those responding to the immediate interaction. In contrast, males were slightly more revealing when the interaction was immediate than when it was less intimate. Taken as a whole, these results do not indicate that women are uniformly more responsive to nonverbal cues than men, but females are influenced by the nonverbal behavior of others in very specific ways.

The self-disclosure responses of men and women to the different nonverbal conditions can be accounted for by the arousal model of interpersonal equilibrium. The absence of sex differences on other variables can not unequivocally be explained. However, plausible interpretations involve sex roles and experimental conditions.

Although women did not attribute more favorable characteristics to

the immediate therapist than to the distant one, they did show a difference in their prospective behavior. The nature of this was somewhat surprising in that women in the distant condition were more self-disclosing than those in a situation promoting reciprocal intimacy. Perhaps the immediate condition was perceived as relatively comfortable and did not affect the threshold for interpersonal intimacy. The distant condition, in contrast, may have been accurately seen as detached, consequently stimulating a compensatory reaction to restore the level of intimacy to its equilibrium. Having a limited number of channels by which to alter the relationship, these women became more self-disclosing.

Men differed from women in their reactions. The males, it seems, tolerated the distance in the far condition and were content to maintain the relationship at this level of intimacy. In the immediate situation, however, male subjects appeared motivated to reciprocate the approach behavior of the therapist. Interestingly, therapist immediacy sanctioned intimate behavior by the male client. In comparing both sexes, whereas women seemed to seek intimacy regardless of the situation, men seemed more intent on achieving equality or of sharing the experience in the same way it was perceived.

As with subject's level of depression, gender and interview condition did not affect the perceptions of the therapist on a number of attributes. Once again, perhaps this is a function of the extended verbal dialogue in vitiating the impact of nonverbal behavior. Different explanations concern the sex role of the subject. One possibility is

that sex differences did not emerge on these variables because subjects were not clearly sex-typed males and females. That is, many of these participants may have been androgynous in terms of their sex role orientation. LaFrance and Carmen (1980) have reported that sex role orientation affects the encoding of nonverbal behavior. Speculatively, decoding may also be influenced by such a factor. Scrutinizing the mean scores of the dependent variables by sex and interview condition, the data are very similar but uniformly higher for females. Although females evaluate the therapist more favorably than males in both conditions--which is contradictory to the hypothesis--the differences that do exist suggest that sex has some role in the decoding of nonverbal behavior. If it was possible to separate subjects in terms of the strength of their sex role orientation, perhaps the expected differences might be evident.

An alternative hypothesis is taken from the work of Rosenthal and DePaulo (1979), who suggested that women are guarded in decoding nonverbal cues, but are more open in communicating their own affective states. Such a comment directly addresses this research, where no differences were found for evaluations of the therapist, but women were more self-disclosing than males. Women, in fact, were not only more open with their emotional expression, they were also more polite in endorsing fewer negative statements about the therapist. The speculation that this pattern of results is a consequence of conventional sex roles is diametrically opposed to the alternative advancing androgyny as the mitigating factor. Although the data lend more direct support for the

idea that women inhibit their interpretation of nonverbal behavior, to accept such a conclusion would be premature. It will be the task of future research to determine which, if either, of these sex role explanations applies.

Personality Characteristics and Perceptions of the Therapist

Although it was expected that one's personality traits would influence the interpretation of the therapist's nonverbal behavior, such a conjecture did not receive much support. All of the personality measures used were related to subject's level of depression, and therefore did not permit an independent exploration of this problem. Anxiety, neuroticism, and introversion-extraversion tended to cluster with depressive symptomatology, confounding the analysis of the effects of these traits on perceptions of the counselor. The investigation of the introversion-extraversion characteristic, which bore the least relationship with depression and seemed most relevant to the interpersonal situation in the therapy context, proved unfruitful. Extraverts and introverts construed the therapist in very similar terms on the dimensions of empathy, congruence, level and unconditionality of regard, credibility, and warmth. The only notable difference was in how well they liked the counselor. Introverted individuals reported a significantly greater attractiveness toward a therapist portraying immediate behaviors and extraverted subjects demonstrated a preference for the distant therapist.

These responses are interesting in suggesting a compensatory rather than a reciprocal reaction to the different levels of the thera-

pist's behavior. Interpersonal behavior which generated a relatively high degree of social stimulation, as in the immediate condition, was perceived positively by introverted subjects. Conversely, when extraversion was an enduring feature of one's personality, the individual seemed more comfortable interacting with a partner who was less immediate. In essence, when the approach-avoidance traits of the interactants appeared to be complementary, the attitude toward the interaction was positive.

These results provide little evidence for the hypothesis that one's disposition influences the perception of social behavior. Certainly therapists who were quite different in their behavioral style were not regarded in very dissimilar ways. It would seem, however, that these two therapeutic styles would be attributed different qualities if the subjects were responding to the nonverbal behavior. As suggested before, it is possible that these psychometrically recorded reactions addressed the verbal content more predominantly than the nonverbal behavior. Since the dialogue was the same in both conditions, the evaluations of the therapist indicated a corresponding lack of differences. The nonverbal communication did not have the opportunity to be "translated" into the verbal-symbolic mode and became either masked or neglected by the emphasis on the cognitively mediated judgments of the therapist.

Implications for Psychotherapy

The results of this study suggest several interesting implications for the conduct of the psychotherapeutic interview. The nonverbal behavior displayed by the therapist does have an impact on the quality of the relationship and on the client's reactions to the interaction. Therefore, the therapist should be sensitive to the effect of his/her behavior on the comfort level of the client and attempt to gauge his/her nonverbal behavior to avoid provoking a defensive response. By being aware of the client's threshold of intimacy equilibrium, the therapist may be able to reduce compensatory reactions and promote an atmosphere conducive to behavioral change.

Specifically, the alert therapist may be able to understand changes in the quality of the interaction with depressed individuals. Knowing that depression is often manifested in withdrawal behaviors, the counselor can examine variations in interpersonal intimacy according to his/her own nonverbal behaviors. By understanding this dyadic process the therapist can observe the client's behavior as a means of assessing the intensity of the interaction. Furthermore, the therapist may then be able to make nonverbal interventions which restore the level of intimacy to a comfortable state. With at least one study (Fairbanks et al., 1982) indicating that therapists are typically very immediate with depressed patients, the therapist can attempt to re-establish interpersonal equilibrium by decreasing the number and/or degree of immediacy cues--eye contact, forward lean, torso orientation, and smiling. In effect, the diminution of these behaviors reciprocates the behavior

which is characteristic of the depressed person. The perception of this behavior, as was found in this investigation, might encourage self-disclosure and strengthen the commitment to treatment. Thus, by being alert to the impact of one's behavior on another and understanding the meaning of client's behaviors, it may be possible to promote a stable and productive working relationship.

Such a strategy may also be useful when considering the sex of the client. By appraising the nonverbal behavior of the client in terms of addressing the quality of the relationship at that particular moment, the therapist is provided with feedback about the perception of his/her behavior in the session. The interviewer can subsequently adjust his/her nonverbal to accommodate the interpersonal equilibrium of the male or female client. For example, male subjects paired with a male therapist were more highly disclosing when the therapist's nonverbal behavior was immediate than distant. Female subjects with a same sex counselor exhibited the opposite pattern, revealing more about themselves when the therapist made little eye contact, leaned backward, and did not face the subject directly. If a therapist felt that the client was inhibiting the expression of some material during the session, the therapist might first consider the influence of his/her immediacy on this behavior, and subsequently shift the nonverbal cues to a different level of intensity. Such regulation of nonverbal immediacy may be an attempt to increase the self-disclosure of the client. Since self-disclosure is conceived of as a critical change agent (Jourard, 1971), the manipulation of interpersonal equilibrium through nonverbal behavior increases the potential for

therapeutic benefit.

These suggestions for the conduct of psychotherapy, however, are offered only with several limitations. First, this is a generalization from a laboratory investigation to the clinical setting. Subjects, although depressed, were not seeking treatment. Second, these nonverbal behaviors occurred in combination with a person-centered approach. The response to such immediacy and distance would quite likely differ as the treatment orientation changed (e.g., Graves & Robinson, 1976; Seay & Altekruise, 1979). Third, the results are based on videotaped interviews in which the subject was an observer. The impact of these nonverbal behaviors would probably be much greater in live interactions with the subject as participant. Fourth, the encoded behaviors were entirely static and did not involve the dynamic interplay of the relationship or otherwise deal with temporal changes. The effect of this is unknown. Fifth, the measurement of therapist attributes may have been more directly assessing the verbal rather than the nonverbal communications. Thus, the impact of these nonverbal behaviors may not have been truly observed. Multiple measurement techniques, such as the use of open-ended questions and videotaping of the nonverbal behavior of the subject client, would certainly be recommended. Each of these limitations, that is, questions regarding the internal and external validity, provides direction for needed future research. Thus, while this project endeavored to combine the encoding and decoding dimensions of nonverbal behavior with interpersonal and intrapersonal aspects of behavior in the therapeutic relationship, continued experimental inquiry is indicated in

this area.

In sum, the results of the present study are promising in making an initial effort in demonstrating that therapist behaviors are responded to according to the interpretation of these behaviors by clients. Understanding of the client's perceptions of immediacy and distance can enhance the therapeutic relationship, facilitate greater productivity in the interview, and possibly promote more successful treatment outcome.

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APPENDIX A

BARRETT-LENNARD RELATIONSHIP INVENTORY

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

Please consider each numbered statement with reference to the present relationship between the client and the therapist. Each statement is phrased in such a way that it will help to remind you that you are to act as if you are the client in this interview.

Mark each statement in the answer column on the right, according to how strongly you feel that it is true, or not true, in this relationship. Please be sure to 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.

+2: Yes, I feel it is true.

+1: Yes, I feel that it is probably true, or more true than untrue.

-1: No, I feel that it is probably untrue, or more untrue than true.

-2: No, I feel it is not true.

-3: No, I strongly feel that it is not true.

The therapist respects me as a person _____

The therapist wants to understand how I see _____

things _____

The therapist's interest in me depends on
the things I say or do

The interviewer is comfortable and at ease
in our relationship

The therapist feels a true liking for me

The therapist may understand my words but
he/she does not see the way I feel

Whether I am feeling happy or unhappy with
myself makes no real difference to the way
the therapist feels about me

I feel that the therapist puts on a role
or front with me

The interviewer is impatient with me

The therapist nearly always knows exactly
what I mean

Depending on my behavior, the therapist has
a better opinion of me sometimes than he/
she has at other times

I feel that the therapist is real and
genuine with me

I feel appreciated by the interviewer

The therapist looks at what I do from his/
her point of view

The interviewer's feeling toward me doesn't
depend on how I feel toward him/her

It makes the therapist uneasy when I ask or
talk about certain things _____

The interviewer is indifferent to me _____

The therapist usually senses or realizes
what I am feeling _____

The interviewer wants me to be a particular
kind of person _____

I feel that what the therapist says usually
expresses exactly what he/she is feeling and
thinking at that moment _____

The therapist finds me rather dull and un-
interesting _____

The interviewer's own attitudes toward some
of the things I do or say prevent him/her
from understanding me _____

I can (or could) be openly critical or
appreciative of the therapist without really
making him/her feel any differently about me _____

The interviewer wants me to think that he/
she likes me or understands me more than he/
she really does _____

The therapist cares for me _____

Sometimes the therapist thinks that I feel a
way, because that's the way he/she feels _____

The therapist likes certain things about me,
and there are other things he/she does not
like _____

The therapist does not avoid anything that
is important for our relationship _____

I feel that the therapist disapproves of me _____

The interviewer realizes what I mean even
when I have difficulty in saying it _____

The therapist's attitude toward me stays
the same: he/she is not pleased with me
sometimes and critical or disappointed at
other times _____

Sometimes the interviewer is not at all
comfortable but we go on, outwardly ignoring
it _____

The interviewer just tolerates me _____

The therapist usually understands the whole
of what I mean _____

If I show that I am angry with my therapist
he/she becomes hurt or angry with me, too _____

The interviewer expresses his/her true
impressions and feelings with me _____

The therapist is friendly and warm with me _____

The interviewer just takes no notice of some
things that I think or feel _____

How much the interviewer likes or dislikes
me is not altered by anything that I tell
him/her about myself _____

At times I sense that the therapist is not
aware of what he/she is really feeling with
me _____

I feel that the interviewer really values me
The therapist appreciates exactly how the
things I experience feel to me _____

The therapist approves of some things I do,
and plainly disapproves of others _____

The therapist is willing to express whatever
is actually in his/her mind with me,
including personal feelings about either of
us _____

The therapist doesn't like me for myself _____

At times the interviewer thinks that I feel
a lot more strongly about a particular thing
than I really do _____

Whether I happen to be in good spirits or
feeling upset does not make the therapist
feel any more or less appreciative of me _____

The therapist is openly himself/herself in
our relationship _____

I seem to irritate and bother the therapist _____

The interviewer does not realize how
sensitive I am about some of the things we
discuss _____

Whether the ideas and feelings I express are
"good" or "bad" seems to make no difference
to the interviewer's feeling toward me _____

There are times when I feel that the
therapist's outward response to me is quite
different from the way he/she feels
underneath _____

The therapist feels contempt for me _____

The interviewer understands me _____

Sometimes I am more worthwhile in the
therapist's eyes than I am at other times _____

The interviewer doesn't hide anything from
himself/herself that he/she feels with me _____

The therapist is truly interested in me _____

The interviewer's response to me is usually
so fixed and automatic that I don't really
get through to him/her _____

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

What the therapist says to me often gives a
wrong impression of his/her total thought or
feeling at the time _____

The therapist feels deep affection for me _____

When I am hurt or upset the interviewer can
recognize my feelings exactly, without
becoming upset too _____

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

I believe that the therapist has feelings
he/she does not tell me about that are
causing difficulty in our relationship _____

APPENDIX B

. PSYCHOTHERAPY ANALOGUE SCRIPT

- T: I really know very little as to why you came in.
Would you like to tell me something about it?
- C: Its a long story. I can't go on like this--everything I do seems to be wrong; I can't get along with people; if theres any criticism or anyone says something bad about me I just can't take it. Like this summer when I was working, if anyone said anything bad about me I was just, well, crushed.
- T: You feel things are all going wrong and that you're just really hurt by criticism.
- C: Well, it doesn't even need to be meant as criticism. Its gotten worse lately where I don't feel like I belong around people. I sometimes try to feel superior about myself, but then I'd get down when things went bad with the other people.
- T: The feeling that you don't fit in has really gotten bad rather recently.
- C: Yea, lately its been worse. Sometimes I think I'm going crazy, that my mind is really messed up.
- T: Things have been so bad you feel that you have really serious problems.
- C: For the past, I don't know how long its been, but I've just studied all the time--or tried to anyway.

I haven't been going out with anybody. I sorta shut myself away because I was upset a lot. So I--

T: (interrupting) You said that you were upset a lot?

C: Yea, because when I was with people I just didn't feel comfortable. I felt so left out of social situations and things like that. And well, I guess I just sorta--when I studied it was sort of an escape for me and I tried to forget. But I didn't study with the attitude that I would learn things, it was more like I made it a different world. Basically I just kept to myself. You know what I mean? It wasn't that my studying was something that was making me feel any better or helping me get together with people, you know, having something in common with them and doing something productive.

T: It was more that your studying was just something sort of separate from the rest of your life and didn't help you very much.

C: M-hm. Thats right. And I--and that wasn't what I should've been doing, I know that. I wasn't doing it to help myself, it was just an escape.

T: You feel your studying was a way of getting away from things?

C: Thats right. And everybody else wondered why I put in so much time doing homework and stuff. It wasn't

that I enjoyed it or that I was getting good grades or anything like that, it just, well, it gave me something--it was like something I could do but I haven't learned much from it--because well--my memory doesn't seem to be good at all now. Its pretty mixed up I'd say. I mean, I've been thinking it all over in my mind trying to figure out whats going on and... (pause) But I just don't seem to be able to. And then when I think about all that stuff its like something would have to be done. You know, its not right; its not normal. Its a strain for me to even do some of the most basic things. Its pretty crazy sometimes.

T: Even just little things--just ordinary things, give you a lot of trouble.

C: M-hm. And I can't seem to get over it. I mean it just--every day seems to be over and over again the same little things that shouldn't matter.

T: So instead of making progress, things don't really get any better at all.

C: Thats right. And I just seem to have lost faith in everything. I don't know, I can see things working out for other people, but I can't--I can't believe its true when it happens to me. Its pretty lousy. Its nice to be--to think that things will work out

but it seems--I don't know... I sort of get on myself a lot. And its been growing for a long time.

T: So that you--get down on yourself in a way that you don't think much of yourself and thats gradually getting worse.

C: Yea, m-hm(pause). I don't even like to attempt things--I mean I just feel like I'm going to fail. Its pretty terrible but--

T: You feel that you might as well give up before you even start.

C: Yea, and its mostly when I'm around other people. Like when I'm in class. When I think of myself in it, not really looking at the fears you know but just thinking of myself in that situation--I get too nervous and then I can't do anything, and well, it seems that nobody else has those problems. Seeing how they do it, you know, react to things and all, makes me feel that I know I'm not like everyone else. Then I feel like I'm not with it, like I'm not normal. Thats what always gets me.

T: Other people do things you just feel that you can't measure up to. Its like you're not on the same level with them.

C: M-hm, its like a comparison. And when I compare myself to other people here I just don't feel at all

like them. And I've been getting more concerned about it. Another thing I look around and see is that, well, I don't know for sure, but everyone seems to be involved in a serious relationship. Its not that I'm jealous or anything because they seem to be ready for it--they just seem so normal in everything they do and this is just one more thing that everybody should do, you know, have a serious relationship with someone. And when I see myself not even near that, well, it really makes you feel like you're pretty worthless. Everybody else seems to have a girl/boyfriend and I should too, but I'm not even making any progress toward that.

T: Its as if you realize that they're ready for a new part of life but you don't feel ready for it.

C: M-hm, and its a terrible feeling. Its just that I should have been because everybody else was, so naturally I guess I should have been too.

T: That made you feel more than ever that somehow you weren't progressing as you ought to.

C: Right(pause). I've tried looking at other people and sort of losing myself and trying to forget myself when I'm with them, and thats all right when I am with somebody, but as soon as I start thinking about what I am, I, well, it makes me feel pretty bad.

Like I say, I just get down on myself and its a terrible feeling. And self-confidence is what everybody needs and I just don't seem to have any.

T: Self-confidence is what you feel you're lacking.

C: Yea(slight laugh). And people always say that I'm acting, I guess because I don't act natural; you know, spontaneous. But I'm so worried about the way I'll come across that, well, they just say I'm not acting natural. (pause) And its something that I can't help because I'm afraid to act natural I guess. I guess its because I don't feel that I like myself or that other people will like me.

T: You find it hard to act natural and yet you're upset that people recognize that you're not being yourself.

C: M-hm, and its, well, its more than that, its this dumb belief that I have that I just can't seem to cope with things. It seems to come down to the fact that I'm stupid.

T: You feel that you don't have enough ability to do these things.

C: Yea, its like I'm not smart enough. I mean, I should be able to look above these things and sort of be able to straighten things out, but I don't seem to be able to.

T: You can tell yourself what you ought to do, but you

can't get it done, is that it?

C: Yea, I seem to be screwing up all the time. Sometimes I don't even feel like trying, like I just want to give up on everything. It seems like things will never work out for me the way they always seem to for everybody else.

T: Things seem to come out OK for other people but as for you, it seems pretty pointless.

C: Yea, pointless and hopeless. You know, other people tell you that its going to pass and things like that but I don't see it that way, I just don't see any change.

T: Some people try to reassure you, but it doesn't help.

C: No, it really doesn't. (long pause) And another thing that bothers me. I say to myself, "Well, if you don't feel as though you are ready for a serious relationship, then don't get involved". But then I say, "That isn't right", I mean everybody else is, so why shouldn't I. I'm just afraid that I won't measure up to things--even the slightest thing--it just wouldn't work.

T: You'd like to convince yourself that it would be all right anyway, but you can't quite make yourself feel that thats all right. You just feel you won't measure up.

C: Right, because, you see, just building a wall around that one thing makes me different from everybody else right there. Because it seems as though love seems to be the major--it seems to be one of the most important things in life. I mean, everywhere you go you just seem to see it. And building a wall around me, that alone makes me not like anybody else.

(pause) Its a very confused thing. I just go around and around with it and it just doesn't feel right for me.

T: And evidently the question of whether or not you can handle a romantic relationship--thats one of the things that makes it even more crucial at the present time.

C: Well, that sort of brought it about more because... well, I'm in college now. When I was younger I thought that it'd work out and not be a problem, you know, that something would happen. But it just kept going that way, the way it is now. And when you get to a certain age, I mean, you don't feel that you're that age, but everyone thinks that now that you're in college you should have everything straightened out. But I've still got these same issues. It isn't right.

T: And thats what gets you down.

C: Yea(sigh, followed by pause). Sometimes I think I must be going crazy, like I really need help instead of just going around in circles. It isn't right.

T: You almost feel as though you must be really abnormal.

C: I definitely feel that way sometimes. It isn't just a matter of feeling either--I mean I--sort of--proved it to myself in a way, by not being able to handle normal situations when they happen. If something goes wrong its a major setback. And if something goes right--I can't--I don't take it as something that I did, I jsut don't even think about it.

T: So that everything seems to weigh out on the negative side.

C: Yea...I don't know whether I like to think negatively --I--don't know how I can, but it looks as though I like to feel negative things and it doesn't get me anywhere. In fact it sort of drags me backwards. Its like seeing life pass you by and you're just there looking on at everybody else. Its a pretty terrible feeling.

T: That really sums up a lot of what you've been saying, doesn't it--that you feel life is passing you by, and here you're not ready to take it.

APPROVAL SHEET

The thesis submitted by Robert Jeffrey Jackson has been read and approved by the following committee:

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

Dec 9, 1983

Date

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