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DIFFERENTIAL EFFECTS OF PRESTRUCTURING CLIENT'S
EXPECTATION OF COUNSELOR EMPATHY ON CLIENT'S
ANXIETY AND EVALUATION OF THE COUNSELOR USING
TWO TYPES OF ANALOGUES.

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1975

Differential effects of prestructuring client's expectation of
counselor empathy on client's anxiety and evaluation of
the counselor using two types of analogues

by

Janet Elteser Helms

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1975

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Introduction

Investigators of counseling and psychotherapy process variables have emphasized the centrality of the human interpersonal relationship in producing salubrious therapeutic effects. In the area of counseling, Williamson (1961), for example, views the counseling interview as a benign, benelovent interpersonal relationship whose primary purpose is aiding the individual in maximizing her/his potential in every area, while Thorne (1950) stresses the importance of a harmonious and trusting relationship in enhancing client suggestibility. A variety of psychotherapists, including Rogers (1957), Shoben (1953), and Truax (1963), theorized about the importance of the therapeutic relationship. In addition, a number of scales have been constructed for the purpose of defining the ideal therapeutic relationship (e.g., Chase, 1946; Fiedler, 1950; Sundland and Barker, 1962). Yet, because many of the studies designed to identify the qualities necessary for a salutary therapeutic relationship have been primarily naturalistic and correlational, the interpersonal relationship within a counseling interview remains largely an ambiguous entity.

However, within recent years, four forces have become instrumental in providing the means by which counseling relationships can be investigated via an experimental framework. These include (a) the impetus of the client centered movement in identifying discrete counselor characteristics as being necessary for beneficial counseling relationships, (b) the proliferation of empirical investigations concerned with the placebo effects and demand characteristics of counseling process (i.e., the expectancy research), (c) the increasing recognition of social psychology as a

source of significant counseling hypotheses and methodological approaches, and (d) the increasing legitimization of analogue studies to investigate counseling variables.

The client centered movement: The client centered approach, as originally promulgated by Rogers (1957) and later modified by Truax and Carkhuff (1967), has identified three therapist characteristics which appear to define a successful counseling relationship: warmth, genuineness, and empathy. While it is not clear whether these characteristics are personality traits, attitudes, or interpersonal skills, Truax and Mitchell (1971), Truax (1961) and Carkhuff and Berenson (1967) cite a number of psychotherapy studies which suggest that their presence facilitates "good" outcomes while their absence leads to deterioration or "bad" outcomes. However, much of the research concerned with essential therapeutic ingredients has sought to determine the relationship between these therapist characteristics and product outcomes, (i.e., the overall outcomes which occur following completion of counseling), but has virtually ignored any possible relationship between such characteristics and process outcomes (i.e., intra and inter-interview changes which occur while counseling is in progress). Since overall or product outcome is probably related to some complex process of internalization of the products of therapy (Kelman, 1960), presumably, process outcomes are more elemental and should be more readily related to interpersonal antecedents.

The expectancy research: The expectancy research has evolved primarily from the contentions of various investigators that the attitudes or expectations which individuals bring with them to the therapeutic

setting bear some relationship to progress in counseling. Rosenthal and Frank (1956), who proposed that the client's expectations about therapy were so strong that these expectations rather than any particular therapist skills might account for any observed benefits of counseling, used the term "placebo effects" to describe the fortuitous effects of counseling. Demand characteristics refer to the person's expectations about how s(he) should behave following therapy. Thus, according to Lick and Bootzin (1970), clients who believe that they received authentic treatment may be under more demand to report improvement on postmeasures, whether or not such improvement actually occurred, than are those people who do not believe that they have received authentic treatment.

The relationship between client expectations and demand characteristics and counseling outcomes can be viewed as resulting from a sequential process. Initially, the client enters counseling with some presuppositions about what will happen to her/him while in counseling. A number of theorists have speculated about how such expectations might have developed. Frank (1959) has suggested that expectations develop largely in response to cultural mores which identify therapy as an appropriate method of problem solving. Goldstein and Shipman (1961) and Greenberg (1972) indicate that the client's favorable or unfavorable attitudes toward counseling may be shaped by referral sources.

The client's extratherapy expectations presumably have some effect upon her/his in-therapy behavior. Different expectations, then, should lead to different in-therapy behaviors which, in turn, should lead to

different outcomes and potentially to different self-evaluations as a result of these outcomes. Although the sequential nature of expectations is evident in much of the theorizing (e.g., Frank, 1959, 1961) and investigations (e.g., Heine and Trosman, 1960) about the influence of expectation upon counseling outcome, typically, investigators of the demand characteristics and/or expectational effects of therapy have also searched for a link between initial extratherapy attitudes and some measure of product outcome while ignoring the possibility of a relationship between such attitudes and intherapy behavior and/or immediate post-therapy reactions.

Obviously, one set of attitudes which may have far reaching consequences for counseling behavior is the client's precounseling attitudes toward the counselor. In reviewing the literature related to expectation and therapeutic outcome, Goldstein (1962) concluded that the therapist-patient relationship was the primary mode by which therapeutic placebo effects were transmitted. Therefore, enhancing the client's attraction to the therapist within the relationship should be a primary counseling goal since this enhancement would probably increase the client's influenceability. Perhaps one way in which attraction can be augmented is by structuring the client's expectations about her/his counselor's personality or attitudes prior to actual contact.

Extrapolation from social psychology research: Social psychology has contributed to significant empirical investigations and theoretical speculations in the area of interpersonal attraction and person perception. One theory which seems applicable to the present study is Asch's

(1946) central trait theory. Asch's theory appears to offer a technique whereby one person's expectations about another's personality characteristics can be structured.

The legitimizing of analogue studies: Those counseling theorists who have advocated the use of social psychology in studying the counseling relationship, e.g., Goldstein (1962, 1966, 1971), Heller (1963), and Strong (1968, 1971) have also supported the use of experimental laboratory or analogue techniques for studying counseling interactions. Typically, analogues, as used in counseling research, have varied greatly in form and have involved different levels of participant involvement. Keeping in mind Bordin's (1965) admonition that an analogue (of therapy), bear some resemblance to the real phenomena (actual therapy), it is necessary to determine the extent to which the analogues used to study the counseling relationship yield comparable results.

Each of the previously mentioned investigative approaches has been individually used to generate data pertaining to the counseling relationship. However, no single study has investigated the combined effects of manipulating one or more variables from each of the approaches. There were two purposes for the present study. The first purpose was to investigate the effects of precounseling structuring of client's expectations regarding counselor characteristics on client anxiety, and attraction to the counselor. The second purpose was to study the comparability of various client behaviors and evaluations across two types of counseling analogues.

Review of Literature

Counselor Empathy as a Necessary Condition for Counseling

Of the three ingredients which Truax and Mitchell (1971) have identified as constituting the therapeutic triad, empathy has been conspicuously neglected as an independent variable in counseling research. According to Truax and Carkhuff (1967), accurate empathy is defined as both the therapist's "sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings (p. 46)." Recent investigators of the counseling relationship (Heck and Davis, 1973; Grantham, 1973; Dalton, Sundblad, and Hylbert, 1973; McWhirter, 1973) have adhered to the Truax-Carkhuff definition of empathy when conducting research.

Still other authors have offered alternative definitions of empathy. For Dymond (1949), empathy is "the imaginative transposing of oneself into the thinking, feeling, and acting of another and so structuring the world as he does (p. 127)." Luborsky and Spence (1971) and Truax and Carkhuff (1967) suggest that accurate interpretation and accurate empathy are virtually synonymous. Common to all of the definitions of empathy, however, is the requirement that the therapist attempt to communicate understanding to the client.

In his review of the literature in which empathy was related to counseling, Gladstein (1970) could locate only six relevant studies--Lesser (1961), Katz (1962), Gonyea (1963), Dickenson and Truax (1966), Kratochvil, Aspy, and Carkhuff (1967), Hountras and Anderson (1969). Only two of these (Kratochvil et al., 1967; Hountras and Anderson, 1969) investigated the relationship between empathy and process outcomes.

Kratochvil et al. found no relationship between counselor empathy as rated by judges and client depth of self-exploration, while Hountras and Anderson found that, in general, the higher the counselor's rated empathy, the greater the client's self-exploration. Both of these studies used judges' ratings of tape-segments to measure empathy. Both used client's self-exploration within the counseling situation as a measure of reaction to empathy. Yet, the two studies yielded conflicting results.

Typically, empathy has been investigated by extracting segments of a taped therapy session to which trained judges or raters apply some form of an empathy scale. Since the higher the rated empathy, the more improvement should a client show, an assumption implicit in the use of judges to ascertain level of empathy is that an external observer can predict how clients will respond to a counselor. Of course, the judge is not actually involved in the counseling interaction and how much her/his evaluation would actually correspond to the feelings of an actual participant is questionable.

Perceived Empathy

Rogers (1957) has emphasized the importance of the client's perception of the necessary conditions in promoting personality change. In fact, Helms (1974) has reported that most of the present day Truax-Carkhuff interpersonal scales have represented attempts to operationalize the conditions as presented by Rogers. Yet, interestingly enough, most of these scales investigate such characteristics as empathy from a rater's perspective rather than the client's.

However, a few investigators have attempted to measure counselor empathy from the participant's perspectives. Using Dymond's definition of empathy, Lesser (1961) developed an Empathic Understanding Scale which he administered to students who sought counseling. His results indicate that empathy was related to length of time in therapy. Clients who felt better understood, i.e., attributed greater empathy to their counselors, remained in counseling for a larger number of sessions than clients who felt less understood: Clients who felt less understood terminated counseling sooner, but improved more than "understood" clients as measured by the correspondence between their real and ideal self Q-sorts. Lesser suggests that greater empathy may have reduced client anxiety to a level below that necessary for facilitative counseling. An alternative explanation offered by Kelman (1960) is that greater empathy resulted in a more "attractive" relationship from the client's perspective. Attractiveness, according to Kelman, are those qualities of an influencer (therapist) which cause the influencee (client) to want to maintain the relationship. Lesser's study was a naturalistic investigation, but Pierce and Mosher (1967), who used the Barrett-Lennard Relationship Inventory to look at the relationship between perceived empathy and anxiety in a counseling analogue, found that client perceived empathy scores were inversely correlated with postinterview anxiety scores. Also, clients, who reported feeling anxiety with counselors whom they perceived as empathic, reported that such anxiety occurred primarily during the initial stages of their interview.

Because judges' ratings rather than clients' ratings of empathy are so often used, some researchers have investigated the extent to

which both measures are related to various outcome variables. Using elementary children as clients, Stoffer (1968) found that their ratings of untrained parents acting as therapists tended to agree with those of outside raters. Helpers who were judged high in empathy were more successful in achieving desirable outcomes such as gains in motivation.

Several other studies have found no significant relationship. Burstein and Carkhuff (1968) found no relationship between judges' evaluations of empathy and client and therapist evaluations when experienced and inexperienced counselors were the subjects. Similarly, Bozarth and Grace (1970) and Hansen, Moore, and Carkhuff (1968) found essentially no significant correlations between raters' perceptions of counselor empathy and clients' perceptions. Hansen et al. did find that judges' ratings of empathy were significantly related to client change in self-concept, while client ratings were not. Truax (1966) also found that patient evaluations of empathy were less predictive of positive therapeutic outcomes than were judges' ratings.

McWhirter (1973), who found no correlation between ratings on the Barrett-Lennard Relationship Inventory (a client perception measure) and the Accurate Empathy Scale (a rater measure), has suggested several explanations for the difficulty in obtaining significant correlations between clients' and judges' ratings of empathy. A possible explanation which he offers is that the perception of subjects in his particular study may have been biased or more selective because of their desire to be "good clients." A related explanation may be that clients are not structured initially to think of the counseling relationship in terms of empathy while raters are. Thus, the clients' responses may reflect

their expectations about what they are supposed to say rather than any actual impressions about empathy. Then, it should be possible to discover the extent to which the client's expectations influence subsequent evaluations of the counselor as well as in-counseling and postcounseling behaviors.

Expectations and/or Demand Characteristics

Pre-therapy expectations and outcome. The initial expectancy research involved various attempts to relate the pre-therapy expectations of the client to a variety of outcome measures. The primary reason for this type of research was to determine the extent to which improvement or nonimprovement was attributable to the expectations with which a person entered therapy. Heine and Trosman (1960) devised a questionnaire for the purpose of surveying the range of attitudes held by patients who applied for therapy. They found that people who continued in therapy were more likely to have expectations which were consistent with the therapist's expectations for an ideal patient. Heine and Trosman's expectancy measure included questions concerning the client's expectations about the kind of help that they would receive, their views on how the help would be delivered, and their degree of conviction that therapy would help them. Their outcome measure was whether a person discontinued therapy (stopped treatment within six weeks) or continued (remained in treatment at six weeks).

Brady, Reznikoff, and Zeller (1960) and Goldstein and Shipman (1961) studied the relationship between the client's expectation of improvement and actual improvement. Brady et al. could find no evidence of any relationship. However, both of their expectancy measures were

projective tests and consequently required a therapist's interpretation of the results as did the outcome measure, therapist rated degree of improvement. Goldstein and Shipman found a curvilinear relationship between expectation of symptom reduction and actual symptom reduction as reported by clients following an initial interview and a positive linear relationship between pre-therapy symptom intensity and expectation of symptom intensity and expectation of symptom reduction. Patients with moderate expectations were more likely to improve and the greater the number and intensity of symptoms the greater was the client's expectancy for improvement.

Although expectation-outcome studies tend to be concerned with very broad expectational effects rather than those which might be attributable to the counseling relationship, Garfield and Wolpin (1963) included within their measure items designed to tap the clients' expectations concerning the therapist. The majority of their sample assumed that the role of the therapist was to listen to their problems, talk to them, and understand how they felt. Apfelbaum (1958) performed a cluster analysis of Q-sort responses designed to measure patients' pre-therapy expectations. His analysis of patient responses revealed three relatively independent clusters of therapist characteristics: nurturant, model, and critic. Clients in the nurturant category wanted a therapist who was guiding and protective. Model clients expected a permissive listener and critic clients expected a critical and analytic therapist. Begley and Lieberman's (1970) cluster analysis of responses of referrals to an outpatient clinic yielded two distinct clusters. Cluster I subjects desired a therapist who was totally involved in the therapeutic relation-

ship, i.e., exhibited warmth, disapproval, anger, and friendship. Cluster II subjects rejected all personal involvement by the therapist. They preferred a therapist who was detached and objective. All three studies suggest that clients may have definite ideas regarding their therapist's behavior or role.

Perceived and expected counselor empathy per se were the independent variables in Severinsen's (1966) study. His subjects rated both the level of empathy that they expected prior to a simulated counseling interview and that they had perceived during counseling by selecting one of six possible counselors responses in hypothetical counseling situations. When he attempted to relate these expectations to client satisfaction, Severinsen found that dissatisfaction was associated with divergence from expectation in either direction. That is, clients who perceived that their counselor was more empathic than they had anticipated were as dissatisfied with counseling as were those who perceived that their counselor was less empathic. In their investigation of the relationship between anxiety and therapist violation of client expectancies, Clemes and D'Andrea (1965) similarly found that greater anxiety was associated with an initial interview which deviated from preinterview expectations.

Structuring expectations. Some few studies have attempted to structure client expectations regarding therapy prior to an initial session. Orne and Wender (1968), for instance, developed a socialization interview in which they explain to the potential client the basic nature of therapy, describe the therapist's task, and delineate appropriate client behavior. No mention is made of therapist characteristics. Sloane, Cristol, Pepernik, and Staples (1970) used Orne's anticipatory

socialization interview to structure expectations and investigated the influence upon client condition after four months of treatment. They found that subjects given anticipatory socialization improved moderately, but significantly more than subjects who were led to expect improvement within four months or whose expectations were not structured. In a comparable study, Nash, Hoehn-Saric, Battle, Stone, Imber, and Frank (1965) found that clients rated unattractive by independent therapists had outcomes which were almost as favorable as those of attractive clients when they received a role-induction interview. Without such preparation, unattractive clients did not fair as well.

Expectation and/or demand characteristics research. The possibility that expectations rather than counseling could conceivably account for the presumed benefits of counseling has been investigated by means of a variety of experimental paradigms. In general, this research has been conducted by those theorists with a behavioristic orientation and most of these investigators have not made the distinction between expectations and demand characteristics which Lick and Bootzin (1970) make.

Lick and Bootzin compared an actual therapy, contact desensitization, with an attention placebo (the expectancy manipulation), instructions to simulate the effects of the attention placebo (the demand characteristics condition), and no treatment. Contact desensitization was superior to all of the other treatment conditions as indicated by four fear assessment measures. However, subjects in the role-play or demand characteristics group did improve on at least one of the four fear measures (behavioral approach). The attention placebo or expectancy condition was no more effective than the no-treatment control, a finding

also supported by Baker and Kahn (1972).

Efran and his associates (Efran and Marcia, 1967; Marcia, Rubin, and Efran, 1969) have developed a simulated therapy which they use to measure the effects of expectation on subsequent outcomes. A portion of those subjects reporting an extreme animal phobia are exposed to what Efran and his coworkers have called T-scope therapy. T-scope therapy is an artificial therapy in which subjects receive shocks in conjunction with the tachistoscopic presentation of allegedly subliminal phobic-related stimuli. Actually, only blank cards are presented. Subjects are then shown physiological evidence indicating that they are reacting less to the phobic stimuli.

Expectancy is manipulated by informing subjects that the treatment is based on established principles and should be effective or by informing them that some crucial part of the therapy is missing, a treatment control condition. The latter condition should lead clients to not expect improvement. Efran and Marcia (1967) found that subjects in the treatment and the treatment control conditions improved on the Runaway Test, a measure of ability to approach a phobic object, but not on the Fear Thermometer Scale, a self-report of the level of anxiety which occurred during the test situation. Marcia et al.'s (1969) T-scope therapy subjects with high expectancy for improvement improved as much as those subjects who were actually exposed to an abbreviated form of Systematic Desensitization. Using written therapy rationales, Borkovec and Nau (1972) found that the higher a subject's anxiety the more likely he/she was to accept T-scope therapy as a valid therapy. Also, Goldstein and Shipman (1961) found that greater symptom severity was associated

with greater client expectancy for relief. Therefore, because Marcia et al.'s subjects were selected precisely because of their initially high anxiety, it is difficult to decide whether structuring expectations actually contributed to symptom reduction for high anxious subjects or whether high anxious subjects are just naturally more gullible or whether the results can be due to a simple regression effect. Of course, the same ambiguity is present in most of the behaviorally oriented investigations of expectation or placebo effects.

Leitenberg, Agras, Barlow, and Oliveau (1969) and Oliveau, Agras, Leitenberg, Moore, and Wright (1969) investigated the effects of Systematic Desensitization in reducing phobic responses under a variety of conditions. Subjects indicating and demonstrating a fear of snakes were given either traditional desensitization instructions plus praise for their alleged improvement, instructions without praise, praise without instructions, or neither instructions nor praise. The two sets of authors found no reinforcement effects, but did find that subjects who were given an accurate explanation of what should happen in therapy improved more, approached a snake to a greater extent, than did subjects in the other conditions.

Parrino (1971) devised an operant procedure which he combined with different types of pre-therapy information in order to modify subjects' fear of snakes. The "therapy" consisted of token reinforcement and praise for successively closer approach to a phobic object. Subjects received pre-therapy information which either explained basic principles of reinforcement theory, explained how the therapist and client

would behave or was a combination of both reinforcement theory and expectation structuring. Control groups received the therapy in combination with either no information or relationship information which was irrelevant to operant procedures. Parino found that his operant techniques were effective in eliminating avoidance responses to snakes, and that the technique was particularly effective if it was combined with relevant pre-therapy information of whatever type.

Two studies have dealt with the structuring of expectations from other than a behavioristic orientation. Bednar and Parker (1969) and Kaul and Parker (1971) exposed clients to programmed Self-theory therapy. Self-theory emphasizes the importance of openness of feelings in establishing good relationships and therefore is similar to client centered theory. Expectation was manipulated by having a high credibility experimenter point out the advantages of the procedure prior to participation or a low credibility experimenter explain that the therapy was only experimental and part of a research program. Neither study found any significant expectancy effects. That is, client attitudes and value change, satisfaction with therapy, or acquisition of therapy content were not differentially influenced by type of expectation.

However, the therapy in Bednar and Parker's and Kaul and Parker's studies was entirely self-administered. Thus, the experimenter may not have received an adequate opportunity to transmit expectancy effects. Marcia et al. (1969) had similar difficulty in creating high and low expectancy for their desensitization subjects because the experimental design prevented the therapists from stressing expectancy effects during therapy.

To summarize the expectancy and demand characteristics research, then, expectations prior to actual therapy appear to influence eventual outcomes. The extent of influence differs somewhat depending on whether outcome is defined as symptom or affect reduction, continuance in counseling, client satisfaction with counseling, or client attractiveness. The variety of studies also suggest that structured expectations can lead to reduction of anxiety as measured by behavior indicants and self-evaluations to some extent. Implicit evidence (i.e., Heine and Trosman, 1960; Goldstein and Shipman, 1961; Clemes and D'Andrea, 1965; Severinsen, 1966) suggests that the absence of structured expectations may contribute to greater anxiety.

However, expectancy studies have primarily investigated the effects of prior and manipulated expectations regarding an entire therapy rather than any particular aspect of the therapy or of the therapeutic relationship. Yet, a series of studies (i.e., Garfield and Wolpin, 1963; Apfelbaum, 1958; Begley and Lieberman, 1970) suggest that clients may have definite attitudes concerning how their counselors should behave. By the same token, clients who experience treatment conditions without a therapist (i.e., Bednar and Parker, 1969; Kaul and Parker, 1971; Marcia et al., 1969) or whose therapist deliberately does or can not attempt to manipulate expectations do not demonstrate improvement which covaries with expectation.

Kaul and Parker have pointed out that the persuasion and healing hypothesis asserts that the client improves because of her/his belief in the counselor. Cartwright and Cartwright (1958) have suggested that belief in the therapist may actually hinder client improvement. As

Kaul and Parker have suggested, what is lacking in the expectancy research seems to be any expectancy treatment which is specifically designed to structure expectations around a particular person, the counselor, rather than an entire treatment style or therapy.

Central Trait Theory

Asch's (1946) central trait theory was developed as a means of exploring the processes by which people form impressions of one another. Rather than emphasizing the actual traits within people or the objective accuracy of impressions, Asch was concerned with the subjective processes of impression formation or personal judgments. He contended that forming an impression of a person involved "a certain orientation to, and ordering of, objectively given, observable characteristics (p. 260)" which though perhaps unique to the individual in many ways, involved some common tendencies across individuals.

The Asch approach to investigating impression formation involved presenting to a subject a series of one or more adjectives or traits on the basis of which the subject was asked to describe the person who would possess such characteristics. Reporting the results from a series of related studies, Asch found that not only was it possible for subjects to form coherent impressions of an imagined person from a series of discrete traits, but also that it was possible to alter the direction of the impression by changing one or more of the adjectives. Thus, for example, subjects who heard read a list of adjectives containing the word "warm" (i.e., "intelligent, skillful, industrious, warm, determined, practical, cautious") tended to describe a person with more positive characteristics than subjects who heard an identical list in which the

word "cold" was substituted for warm.

Theorizing from his research findings, Asch developed several hypotheses which he believed described the processes by which people form impressions. Basically, he contended that people attempt to form an integrated impression of an entire person. When information is observed or presented piecemeal, the observer strives to make her/his impression complete by incorporating other compatible characteristics. Presented alone, warm, for example, appears to be compatible with a number of positive traits including generous, happy, and popular while cold is compatible with a different set.

According to Asch, traits which are attributed to a single person tend to be viewed as existing within an organized structure in which some characteristics are central and govern the direction of the impression and some are peripheral and do not influence the direction of the impression. Warm and cold were found to be direction governing while the substitution of blunt-polite did not alter the direction of the impression. Although Asch did not present a a priori method by which the centrality of traits could be predetermined, he did provide a variety of evidence which suggested that some traits were more crucial in yielding differing personality descriptions.

Asch also contended that combinations of traits led to impressions or expectations about the person's characteristic attitudes or actions. Inconsistent or contradictory information would be altered in a manner least likely to interfere with the unity of impression. Asch further suggested that a trait which was central to one person might be secondary to another and centrality depended to a large extent on the environment

in which a trait was perceived. Empathy, for example, should be central to the counselor according to client centered theory, but might or might not be central in other interpersonal relationships.

Even though his procedures for studying the impression formation process involved the use of written or oral descriptions of an imagined target person, Asch did speculate that similar processes might be at work in the active relations between one person and another.

Trait structuring. In a subsequent modification of Asch's paradigm, Kelley (1950) attempted to demonstrate that similar impression-formation processes operated in actual interpersonal interactions. Also, utilizing the warm-cold variable, he informed class members that an instructor would be warm or cold prior to their actually meeting him. He found that subjects who expected a warm as opposed to a cold instructor interacted more and evaluated the instructor more positively. As Asch had predicted, contradictory traits were modified so that they agreed with premeeting expectations. For instance, the instructor, who typically behaved in such a way as to be described by Kelley as "unpopular" and "humorless," was described by the subjects in a more favorable direction as regards those traits under warm instructions.

Kelley's modification of the Asch paradigm has relevance for the expectancy research in counseling because it seems to offer evidence that structuring expectations prior to meeting can contribute to the formation of the initial impression of the counselor as well as influencing the extent to which the client is willing to interact with the counselor--regardless of the counselor's behavioral characteristics.

Within the area of counseling/psychotherapy research, Greenberg has also produced a modification of the Asch paradigm. In a series of studies, Greenberg and his associates (Greenberg, 1969; Greenberg, Goldstein, and Gable, 1971; Greenberg, Goldstein, and Perry, 1970) have presented subjects with an audio tape of a neutral simulation of a counseling interaction to which they are to listen while imagining that they are the clients. Like Kelley's subjects, Greenberg's subjects also receive warm or cold prestructuring of expectations. Greenberg (1969) found that undergraduate subjects who were given warm instructions, were more attracted to the therapist, were more persuaded by his communications, evaluated his work more positively, and were more willing to meet with him at a later date. Greenberg, Goldstein, and Gable (1971), comparing normal and disturbed adolescents, found that warm structuring resulted in greater attraction to the counselor for both groups. Greenberg et al. found similar results with psychotic patients.

However, difficulties arise from Greenberg's research. His method is similar to Asch's pioneering research in that perceivers do not actually interact with the object of their perceptions. So it is difficult to determine how similar structuring of expectations would influence an actual interaction. In addition, Greenberg describes his simulated counseling interview as "relatively neutral" as to the warmth-cold dimension. As a result, there is no way of knowing whether structuring would work with a normal counseling situation--which presumably would not be neutral--as the stimulus.

Pope and Siegman (1967, 1968) tested the effects of preinterview structuring of the warmth-cold variable on client verbal behavior. In

addition to the structuring of expectations, interviewers were trained to behave in a manner consistent with the clients' expectations. Both studies found greater verbal productivity in the warm treatment condition. In another study which investigated the warm-cold set and its effects upon an actual interaction, Allen, Wiens, Weitman, and Saslow (1968), found that persons participating in an alleged employment interview did not choose adjectives descriptive of their interviewer on the basis of their preinterview set. However, set did seem to effect behavior within the interview. Subjects given a warm set had a significantly shorter latency between the interviewer's completion of an utterance and their own response.

None of the modifications of the Asch paradigm have attempted to use empathy or any of its synonyms as a central trait in manipulating attraction and/or in determining initial impressions. Asch did use "sensitivity," but he combined it with stronger or negative traits such as aggressive and/or weak. As a result, subjects tended to view sensitivity as a negative characteristic rather than a positive one.

Related research. Recently, Strong (1968), Kelman (1960), and Abroms (1968) have begun to recognize and discuss the similarities between counseling and other social influence situations. This new awareness has resulted in a series of counseling/psychotherapy investigations in which an attempt has been made to structure client perception of counselor characteristics.

In his discussion of counseling as an interpersonal process, Strong (1968) has suggested that client's perception of counselor credibility and attractiveness serve to make her/him more amenable to the counseling

process. Hovland, Janis, and Kelley (1953) have subdivided credibility into two components, expertness, whether or not the communicator is perceived as a valid source of assertions, and trustworthiness, the degree of confidence which can be placed in the communicator's assertions. Strong defines attractiveness as the "perceived similarity to, compatibility with, and liking for the influencing recipient (p. 216)."

Much of the manipulation of client perceptions has occurred in analogues and has involved either the expertness or trustworthiness of the counselor. Hartley (1969), who manipulated expertness in an actual counseling interaction, introduced the group leader as a professional counselor and emphasized his positive attributes or as a graduate student with no mention of his attributes. He found that, for his fifth grade sample, the effects of precounseling structuring persisted throughout throughout several weeks of counseling. Nevertheless, since he did combine attributes and level of expertise, his results may have reflected an additive effect between credibility and attractiveness.

Strong and Schmidt (1970) attempted to separate the effects due to perceived attractiveness from those due to perceived expertness. They found that expertness obscured the effects of attractiveness. That is, when a person was perceived as an expert, attractiveness or unattractiveness did not significantly effect the interviewer's ability to influence subjects' self-ratings, but attractiveness was important when the influencer was perceived as inexperienced. Level of expertness was manipulated by introducing the interviewer as a "Dr." or a student substitute, but attractiveness was manipulated by training the interviewer to engage in different behaviors during the interview for the attractive-unattractive

conditions. Patton (1969) also manipulated attraction by differential interviewer actions in combination with experimenter structuring.

Clients' changes in preference for discussion topics advocated by the interviewer were contingent upon how attracted to the interviewer they were as well as the degree to which the structure of the interview agreed with their expectations.

Sprafkin (1970) and Roll, Schmidt, and Kaul (1972) investigated the expertness and trustworthiness components of credibility respectively. Sprafkin used preinterview structuring of level of expertness, but his interviewers also behaved differently according to whether or not they were to be perceived as expert. Subjects' changes in ratings of word meanings and their confidence in using psychological concepts were not related to level of interviewer expertise. Instead clients tended to agree with the counselor regardless of his level of expertness. Roll et al. did not directly structure expectations regarding trustworthiness, but they did provide a portion of their subjects with a definition of the term. Subjects viewed videotaped segments of actor-portrayed interview situations in which behavior and content were altered to reflect different combinations of trustworthiness. There was no difference in ratings of segments as a result of whether or not a definition of trustworthiness preceded viewing of the film segments.

In general, the credibility research offers some support for the contention that perceived credibility determines the persuasiveness of the interviewer. Attempts to modify credibility primarily have occurred during the interview. The focus of the present study, however, is on the efficacy of structuring perceptions before the interview.

Binderman, Fretz, Scott, and Abrams (1972) manipulated credibility (expertness) by having the interviewer introduce himself as a "Ph.D." or a counseling psychology practicum student before presenting positive or negative interpretations of test results. Interviewers interacted under both labels. Binderman et al. found that the label Ph.D. tended to result in greater change in client self-evaluation than did the practicum label. Their results may indicate that information about the counselor is as potent in producing client willingness to change as her/his actions.

Kelman (1960) has suggested that components of credibility, expertness and trustworthiness, are important in stabilizing corrective changes once the client has committed her/himself to counseling, but it is the attractiveness of the counselor which entices the client to commit to the counseling process in the first place. In the previously cited research in which attractiveness was a variable, it was usually defined in terms of the similarity of the counselor to the client. While within the broad area of interpersonal attraction similarity has been found to contribute to greater attraction (Berscheid, 1966), it is debatable whether the client who needed help would be satisfied with a counselor whom he/she perceived as being just like him/her. The ambiguity of similarity as an indicant of attraction in counseling research is reflected in the large number of studies which have yielded contradictory findings (e.g., Mendelsohn, 1966; Mendelsohn and Geller, 1965, 1967; Greenberg, Goldstein, and Gable, 1971).

Kelman has implied that attractiveness within the therapeutic setting would be more appropriately defined in terms of the concepts

which client centered theorists have used to describe the ideal therapeutic relationship, i.e., permissiveness, skill in listening, etc.

Analogue Studies

By Cowen's (1961) definition, an experimental therapy analogue involves a controlled laboratory situation in which the experimenter attempts to simulate the therapist's behavior along some relevant dimension(s) and in which the subject's state parallels in some way the symptoms which might lead a client to seek therapy. For purposes of his review of laboratory studies, Heller (1971) added the additional stipulations that an analogue should "utilize an experimental methodology involving the manipulation and control of variables (p. 128)" while dealing with factors which mediate behavior change. Additionally, for a study to be considered a counseling analogue, one or both co-participants should enter the relationship with the understanding that its primary purpose is that of providing research data rather than securing or providing research data rather than securing or providing therapeutic benefits. An analogue, then, can span a wide range of "counseling-like" situations, extending from "vicarious participation (Zytowski, 1966)" to actual interaction.

Measurement of anxiety within analogues. Besides manipulation of client perceptions of counselors, various analogue techniques have been used to investigate the course of anxiety during therapy. From a client centered orientation, anxiety is an important variable because it is assumed that decreasing client anxiety frees her/him for subsequent personal growth (Beier, 1951). Sometimes anxiety has been measured by

means of physiological indicants. More often it has been measured by personal evaluations.

When anxiety has been operationally defined in terms of physiology, the Galvanic Skin Response (GSR) has often become the dependent variable. Levinson, Zax, and Cowen (1961), after conditioning a GSR to a loud buzzer, predicted that the response would be reduced most by therapy, somewhat less by irrelevant talk, and least of all by rest. Their results were in the direction predicted, but not significantly so. An incidental post hoc finding was that subjects in the two talk conditions who were most able to talk were more likely to reduce their anxiety than the subjects who were less able to talk.

Gordon, Martin, and Lundy (1959), using GSR as a physiological measure of anxiety, compared the effects of verbalization to nonverbalization during a forty-five minute interview. Ten female subjects were under posthypnotic suggestion to recall during an interview parental conflicts, which had been recalled while hypnotized, under one of three conditions: (1) subjects were told not to think about conflicts (repression); (2) they were instructed to think about the conflicts, but not to discuss them (suppression); (3) they were advised to discuss the conflict material with the interviewer. The authors reported that GSR increased no matter what the experimental treatment, but that a steeper conductance rise was observed for the suppression treatment when compared to the verbalization condition.

In an experiment investigating the trend of GSR under conditions in which subjects talked about their personal life either to a therapist who responded verbally, to a therapist who responded nonverbally, or to a

tape recorder, Martin, Lundy, and Lewin (1960) found that physiological anxiety appeared to rise in all conditions over several interviews. However, although the skin resistance of the tape recorder and the non-verbal groups tended to stabilize at a relatively high level, skin resistance initially increased and then decreased for the subjects interacting with a verbal therapist even though they were discussing emotionally laden material. The pattern of skin resistance exhibited by the verbal group was interpreted by the authors as evidence that subjects were initially anxious about discussing emotional material during early sessions, but became more comfortable with self-revelation as treatment progressed.

Gendlin and Berlin (1966), also using increments in skin resistance as a measure of arousal, instructed subjects to engage in different forms of "experiencing." Experiencing structuring involved telling subjects to think about problems, to talk out loud, or to focus their attention on objects in the room. Greater increments occurred during silence than when the subjects were speaking. Externally focused experiencing appeared to result in less resistance increment than problem oriented experiencing.

The verbal-interaction evidence, then, seems to suggest that just perceiving that one is about to participate in a situation paralleling counseling tends to increase anxiety as measured by GSR, but that verbalization of whatever type helps arrest that anxiety to some extent. Active interaction seems to be superior to nonverbalization or rest conditions. However, no studies could be located which related results from different kinds of vicarious counseling participation to

physiological measures of anxiety.

Regarding the evidence concerning the correspondence between physiological anxiety and self-report of conscious anxiety, research results are ambiguous. Martin et al. (1960) found that even though physiological anxiety was increasing, subjects reported a decrease in experienced anxiety. Wytowski (1966) has suggested that the inconsistency between self-evaluation and other measures of anxiety may indicate that self-report measures are more susceptible to the social influence pressures, viz., the demand characteristics of the counseling situation. However, this susceptibility probably requires that the client perceive an immediate relationship between the postmeasure and the counseling or therapy situation.

Attraction and influenceability. Another area which has received perhaps more attention in counseling research than in social psychology, but insufficient attention in both fields is the relationship between attraction and influenceability. Although many studies have looked at the correlation between high attraction and similarity between attitudes and preferences (Byrne, 1969; Byrne, London, and Griffitt, 1968; Moran, 1966), only a few have actually looked at how attraction contributes to change in the direction of greater similarity.

Back (1951) and Sapolsky (1960) structured expectations for one or both members of dyads. Back's subjects, each believing that they should be strongly or weakly attracted to their partners, wrote stories about pictures, discussed their individual versions, and then rewrote the stories. Interpersonal influence was measured in terms of story changes in the direction of the partner from the initial to the final story.

Back found that high attraction resulted in more successful influence regardless of whether the attraction was structured around personal attraction, task importance, or group prestige.

In his counseling analogue, previously referred to, Patton (1969) found that client persuasibility was contingent upon a combination of prior structured expectations concerning liking and upon how congruent the counselor's discussion preferences were with the client's preinterview preferences. Schmidt and Strong (1971) found that expert interviewers were influential regardless of whether or not they were liked, but Strong and Dixon (1971) found that attraction contributed to ability to influence if the counselor were perceived as inexperienced. Greenberg's (1969) subjects, who listened to a taped therapy simulation, were more influenced by the therapist's communication under the attraction enhancement condition than under the attraction reducing condition. In general, the evidence relating client attraction to influenceability tentatively indicates that greater attraction should result in greater behavioral change in a direction advocated by an influencer (counselor).

Perhaps verbal behavior can also be enhanced by how attracted to the interviewer the interviewee is. Besides Pope and Siegman's (1967; 1968) findings that warmth instructions and behaviors increased client verbosity during interviews, Sapolsky (1960) found that subjects' verbal behavior was more readily conditioned if they had been structured for high as opposed to low attraction toward an experimenter. Although Goldstein (1971) was unable to successfully induce levels of attraction by utilizing Back's procedure in an actual therapy setting, he did find that high "resultant attraction (i.e., patient attraction

independent of experimental manipulations)" was associated with high levels of patient talk.

From the preceding review of analogue research, at least two approaches to the experimental manipulation of therapeutic conditions can be identified: direct interaction (DIA) and vicarious participation (VP). In the direct interaction analogue, counselors (experimenters) and clients (subjects) actually interact with one another on some level. The DIA analogue has been used by Levinson et al. (1961), Gordon et al. (1959), Martin et al. (1960) in studying anxiety and by Truax and Carkhuff (1965), Holder, Carkhuff, and Berenson (1967), Piaget, Berenson, and Carkhuff (1967), and Carkhuff and Alexik (1967) in studying client centered variables. Typically, client centered use of DIA has involved either the therapist's or the client's deliberate offering of different levels of therapeutic conditions during different stages of an interview.

Vicarious participation analogues involve the subject as an observer rather than as an actual participant. This involvement may be in the form of viewing or listening to taped presentations. Early client centered studies incorporated a vicarious participation technique. For example, Sonne and Goldman's (1957) subjects compared client centered and eclectic counseling via tape recordings; Snelbecker (1967) used *filmed therapy interviews*. Although the vicarious participation technique is rarely used by contemporary client centered investigators for research purposes, it has been used extensively by researchers investigating variables which may relate to the Truax-Carkhuff therapeutic ingredients. In his research program, Greenberg, for example, has relied exclusively on taped interviews to investigate therapeutic interpersonal

processes, while Haase (1970) and Dinges and Oetting (1972) have used photographs.

Both of the aforementioned analogues ostensibly involve different levels of client involvement. Vicarious participation seems to require more client role-playing and is, perhaps, more susceptible to the influence of demand characteristics. In other words, client postinterview measures may reflect in some way the differing levels of client involvement. However, to date, no attempt has been made to compare the data obtained from clients following participation in different kinds of analogues.

Derivation of Hypotheses

Implicit in the foregoing literature review has been the assumption that structuring of client expectations about the counselor can lead to greater attraction to the counselor and, consequently, to differential interview and postinterview behaviors. Specifically, if prior to actual interaction a client is led to expect a counselor who is empathic, the question is whether or not the client will be more attracted to the counselor than the client who is led to expect an unempathic counselor. Greater attraction should be observable through changes in behavioral measures, e.g., anxiety level, influenceability, where direct interaction is involved.

However, if empathy is actually something that the counselor does and is also something that the client is independently capable of perceiving that the counselor does, then differential prestructuring should have no effect on attraction to the counselor where information due to personal interaction is available as a basis for impression formation.

When interaction is prevented as in vicarious participation studies, prestructuring may be expected to greatly influence attraction to the counselor simply because the subjects must make their empathy estimations on the basis of limited information. That is, the less personally structured information a person has about a counselor, the more he/she should be influenced by information from extraneous sources.

While client centered theorists (Rogers, 1957; Beier, 1951) have stressed the desirability of reducing client anxiety by offering high levels of empathy, it is not entirely clear whether the theory refers to phenomenological (consciously expressed), physiological, or behavioral anxiety. The previously cited analogue studies suggest that the three types of anxiety do not necessarily covary in the same direction. Martin et al.'s (1960) study indicates that conscious anxiety may be more susceptible to interpersonal influences such as attraction than physiological arousal. The evidence concerning behavioral anxiety suggests that it may also be influenced by interpersonal processes: Clients should talk more to a counselor to whom they are positively attracted (Pope and Siegman, 1967; 1968); They should be more influenced by such counselors (Greenberg, 1969). However, only Pope and Siegman have used actual interactions in arriving at their conclusions.

Studies by Levinson et al. (1961), Gordon et al. (1959), and Dinges and Oetting (1972) lead to the conclusion that both physiological and phenomenological anxiety will be aroused when participation in a situation similar to counseling is anticipated, but that verbal interaction with a counselor will reduce physiological (Levinson et al., 1961) and conscious (Martin et al., 1960) anxiety.

According to Rogerian theory, attraction (perception of empathy) should reduce anxiety to a greater extent than perception of a lack of empathy. Rest conditions or nonverbal participation have been found to contribute to stabilization of physiological anxiety at a comparatively high level (Gendlin and Berlin, 1966; Gordon et al., 1959; Levinson et al., 1961). To the extent that the vicarious participation analogue used in the present study parallels the rest or nonverbal conditions of the various reported studies, then it is to be expected that physiological anxiety will neither be increased nor decreased by attraction prestructuring. Thus, if participants enter the vicarious participation analogue at a level of anxiety comparable to that of direct interaction subjects, then VP subjects should remain at that level regardless of type of empathy prestructuring.

However, Greenberg's vicarious participation research demonstrates that subjects in such situations can become more attracted to and more influenced by a counselor under attraction enhancement instructions. If these results generalize to interaction situations and if greater attraction leads to less anxiety, then subjects under positive empathy instructions in both the direct interaction and the vicarious participation analogues can be expected to report less experienced anxiety than subjects in neutral and negative empathy conditions.

Most efforts to structure attraction in counseling have involved the manipulation of variables such as similarity, credibility, and the warmth-cold dimension. Since only one of these, warmth, is firmly anchored within the realm of counseling theory, the present study was designed to investigate the feasibility of structuring a condition,

empathy, postulated by client centered theorists to be crucial to the counseling relationship, in order to improve the interpersonal relationship. Structured expectations were compared across two types of analogues: direct interaction (DIA), the client and counselor actually discussed a problem; and vicarious participation (VP), the subject listened to a tape of an alleged counseling interview. In both analogues, one-third of the subjects received empathy enhancement structuring, one-third received empathy reducing structuring, and the final third received no instructions regarding empathy.

Several dependent variables were adapted from the previously cited analogue studies. These included measures of physiological anxiety or arousal (palmar-sweat index), self-reported anxiety (the Concept-Specific Anxiety Scale), attraction to the counselor, influenceability (Goldstein, 1971), and verbal productivity (Mahl, 1956). All of the dependent measures will be described more extensively in the methodology section.

Hypotheses. The purpose of the present study was to test the following hypotheses:

1. Phenomenological and physiological anxiety will be greater for subjects who participate in the vicarious participation analogue than for subjects who participate in the direct interaction condition.
2. Following a counseling simulation, subjects exposed to the direct interaction condition with empathy enhancing instructions will demonstrate least phenomenological and physiological anxiety. Negative empathy structuring will contribute to

greatest physiological and self-reported (phenomenological) anxiety. The no empathy (neutral) set will produce results intermediate between the two extremes.

3. Within the vicarious participation condition, actual level of physiological anxiety (PSI) will not differ regardless of type of empathy structuring. However, self-reported anxiety will be least under the empathy enhancing condition, most under the empathy reducing condition, and intermediate for the neutral condition.

4. In both analogues, subjects will report greatest attraction to the counselor in the enhancement condition, least attraction in the reduction condition, and an intermediate level of attraction for the control or neutral condition.

5. Greatest influenceability will occur in the empathy enhancing condition for both analogues. Least influenceability will occur in the empathy reducing condition. The neutral empathy set will lead to an intermediate level of influenceability.

6. Subjects in the direct interaction analogue will talk most under the empathy enhancing condition and least under the empathy reducing set. Amount of talk for the neutral set will be intermediate between the extremes.

Method

Design of the Study

The experimental design was a 2 X 3 factorial. Two levels of analogues, direct interaction and vicarious participation, and three levels of empathy instructions, empathy enhancing (positive), empathy reducing (negative), and neutral empathy (control), were manipulated.

Since the vicarious participation condition was yoked to the direct interaction condition, the majority of the direct interaction interviews were conducted prior to the vicarious participation sessions. Each session, regardless of treatment condition, was conducted individually.

Subjects

Subjects were 85 female and male undergraduate students, enrolled in introductory psychology courses, who volunteered to participate in the study in order to receive extra credit toward their course grades. All of the subjects used in the study volunteered by signing their names to a sign-up sheet which indicated that they had to be willing to discuss a personal problem with a counselor for research purposes.

Counselors

Counselors were two female doctoral students and two male masters level counselors. All had received at least a part of their training through the counseling psychology practicum and all had had some experience in a university counseling service. The counselors were aware that the study dealt with client expectations concerning counseling, but were unaware of the exact nature of these expectations or that client expectations had been structured. Counselors were instructed to conduct the

interview as they normally would conduct an intake interview including referring clients for additional counseling where indicated. Also, they were instructed to interview the client for not less than twenty minutes and not more than thirty-five.

Instruments

Because studies by Goldstein and Shipman (1961) and Borkovec and Nau (1972) have suggested that susceptibility to structuring manipulations might be directly related to the level of precounseling anxiety, two precounseling measures were used, the Problem Pathological Potential Scale (Blumberg, 1968) and the palmar-sweat index (Thomson and Sutarman, 1953).

Problem Pathological Potential Scale (PPPS). The PPPS is an eight-item scale which was developed by Blumberg (1968) for the purpose of ascertaining how debilitating a particular problem area is from the client's perspective. The eight items of the scale are answered by placing a check somewhere on a line directly beneath the question. The line is divided into ten equal parts which results in an item score of from 1 to 10 and a total test score ranging from 8 to 80. In pilot reliability studies, Blumberg found test-retest correlations of .957 for a half-hour interval and .901 for a one-week interval. In the present study, Blumberg's original instructions were slightly modified so as to be appropriate for use in the analogue situations. Also, one additional question ("Briefly describe the problem which you are willing to discuss with a counselor.") was added to the questionnaire.

Palmar-sweat index (PSI). Thomson and Sutarman's (1953) technique was used to measure physiological anxiety. Montague and Coles (1966)

have reported that the PSI provides information similar to that obtained from the GSR and Kuno (1956) has reported that the PSI is independent of thermoregulatory sweating. Both McManus (1972) and Paul (1966) have presented evidence which suggests that the PSI is a measure of anxiety. The PSI was used as both a pre and postanalogue measure.

Speech duration. Mahl's (1956) Patient Silence Quotient was determined from a timing analysis of the taped interviews. The silence quotient (SQ) is an index representing how much the client spoke during the session in relation to the total amount of time available for her/him to speak.

Postcounseling measures. In addition to taking their own PSIs, all subjects also completed the Concept-Specific Anxiety Scale, an attraction questionnaire, and an influenceability measure.

Concept-Specific Anxiety Scale (CSAS). Cole and Oetting's (1968) CSAS consists of 15 seven-interval scales which utilize a semantic differential format. The CSAS was designed to elicit anxiety responses to specific stimuli or situations as opposed to trait measures of anxiety which can be obtained from more global anxiety measures. The scale yields three scores: a Factor I Score (a measure of physiological response), a Factor II Score (a measure of mood), and a Total Score (the sum of all 15 scales). Test-retest reliability to a pictorial stimulus over a two day interval was .79 (Factor I), .69 (Factor II), and .86 (Total). That the scale provides a measure that is sensitive to the anxiety provided by interpersonal situations was demonstrated by Dinges and Oetting (1972).

Attraction questionnaire. Subjects indicated on four twenty-one point scales how much they liked the counselor as a counselor, how much they liked the counselor as a person, how understanding they felt the counselor was, and how much they would like to have more sessions with the counselor.

Influenceability measure. In order to determine to what extent differential experimental structuring would enhance counselor attractiveness and, consequently, increase influenceability, twenty items were selected from Goldstein's (1971) Persuasibility Scale. Subjects were asked to rate each statement on seven-point scales in terms of degree of agreement or disagreement. At the same time, they were informed that the counselor had also completed the attitude scale and that the counselor's answers were included on the subject's questionnaire for comparison. On ten items, the counselor allegedly marked the extremes, i.e., strongly agree or strongly disagree. On the remaining ten items, the counselor's answers were presented as falling within the slightly agree to the slightly disagree range.

Subjects' responses were scored in terms of the extent of agreement between their answers and those of the counselor on those questions which the counselor had answered in an extreme direction. It was assumed that responses of the subjects, if uninfluenced, would typically fall in the middle range of the scale. Therefore, the greater the agreement in the extreme directions advocated by the counselor, the more was the subject influenced by the counselor.

Procedures and Instructions

Since the subjects in the vicarious participation (VP) analogue heard an interview which had been conducted under empathy structuring which was equivalent to their own, the first 43 subjects who volunteered for the study were randomly assigned to the direct interaction (DIA) treatment. The remaining 42 subjects were randomly assigned to the other conditions.

The experimenter met the subjects in the reception room of the Student Counseling Service and conducted them to an interview room where a general explanation of the experiment was read to them. Subjects were then given the set of instructions for completing the PPPS which corresponded to their particular experimental condition. After the subjects had completed the questionnaires, they were then ostensibly given training in taking their own PSI. Actually, this "training" constituted the preinteraction PSI measure.

An attempt was then made to structure the subject's expectation regarding counselor empathy by presenting them with written material concerning the counselor as adapted from Asch (1946) and Greenberg (1969). For example, subjects in the positive empathy condition were given these instructions: "Because you won't have as much time to interact with the counselor as clients normally do, I am going to give you a little information about the counselor you will meet (or hear). The counselor you will talk with (or hear) is (name inserted). She/he has counseled at the Student Counseling Service for about three years. Questionnaires submitted to the clients whom he/she saw last month seem to reveal that he/she is a very understanding, sensitive, intelligent, skillful, indus-

trious, determined, practical, cautious person." For the negative empathy condition, the instructions remained the same except that "not very understanding" and "insensitive" were substituted for the first two descriptive traits. For the no empathy set condition, the list of adjectives minus the first two items was used.

Subjects in the DIA condition were then informed that the interview would be taped. Subjects in the VP condition were exhorted to put themselves in the client's place and imagine that they were actually talking to the counselor as they listened to the tapes. Subjects in the DIA condition were also cautioned against discussing with the counselor the information which they had been given about the counselor.

After asking for questions, the experimenter took the subjects in the DIA condition to an interview room where they were introduced to the counselor. The E turned on the tape recorder and left the room. When the interview was completed, the subjects returned to the initial interview room where they completed the postcounseling measures.

Instead of actually participating in an interview, subjects in the other analogue listened to the first twenty minutes of a DIA tape and then completed the postcounseling measures. Upon completion of the postmeasures, most subjects received a debriefing questionnaire and a general explanation of the experiment. Any questions concerning the experiment were answered.

Results

Multiple linear regression was used to analyze the data. Independent variables were the three types of empathy instructions and the two types of counseling analogues. Several additional variables were included in the prediction equations. In most cases, these were the variables which are shown in Tables 7 and 10.

Hypothesis 1. Phenomenological and physiological anxiety will be greater for subjects who participate in the vicarious participation analogue than for subjects who participate in the direct interaction condition: Phenomenological anxiety was measured via three scores on the CSAS: physiological, mood, and total anxiety. When these variables were independently regressed on the independent variables, no significant results were obtained. Although the anxiety level of VP subjects was slightly higher than that for DIA subjects, it was not significantly higher ($F = 2.89$). The overall F of 1.27 ($df = 1, 72$) for self-reported physiological anxiety suggested that neither analogue type nor instruction set significantly influenced level of physiological anxiety. In addition, the t tests of the beta weights of the variables contributing to the prediction equation yielded no significant results. None of the variables clearly influenced the level of reported physiological anxiety.

Table 2 shows that no significant treatment effects occurred when mood anxiety was the dependent variable. The overall F of .91 ($df = 12, 72$) was not significant. Neither instructions nor analogue types appear to have influenced subjects' reported level of mood anxiety. Also, total anxiety was not significantly related to treatment conditions (Table 3). Instructions did not influence total anxiety level ($F = .11$). Again

Table 1
Analysis of Mood Anxiety

Source	df	MS	F
Regression	12	2.03	1.27
Instructions (I)	2	2.40	.10
Analogue Type (A)	1	1.80	2.89
I X A	2	2.26	.58
Residual	72	1.59	
Total	84		

subjects in the VP condition reported higher anxiety as predicted (Figure 1), but the difference between the two analogues was not significant ($F = 2.85$). A correlation matrix (Table 5) was computed in order to determine the interrelationships among the dependent variables. Physiological anxiety correlated .91 with total anxiety and .63 with mood anxiety. Mood anxiety correlated .83 with total anxiety. All of these correlations were significantly different from zero ($p < .01$). Therefore, it is likely that the various anxiety scores could have been used interchangeably.

The second portion of Hypothesis 1 relates to measured physiological anxiety as opposed to expressed anxiety, i.e., PSI level versus CSAS scores. PSI level was computed by subtracting the sum of three judges' readings of subjects' postanalogue PSI scores from the sum of the judges' preanalogue readings. Thus, a negative mean value indicates that the postanalogue PSI was higher than the PSI readings prior to participation in an analogue. The more negative the mean, the higher was the postanalogue PSI. As shown in Figure 2, subjects in the VP condition tended to have higher postanalogue PSIs, particularly in the control and positive instruction conditions. Although the trend of the results was in the predicted direction, the difference between the analogue types barely missed statistical significance ($F = 3.21$). Also, the overall F of .58 was not significant (Table 6). PSI was negatively correlated with physiological, mood, and total anxiety, indicating that negative PSI difference scores were associated with high self-reported anxiety. However, none of the correlations were statistically significant.

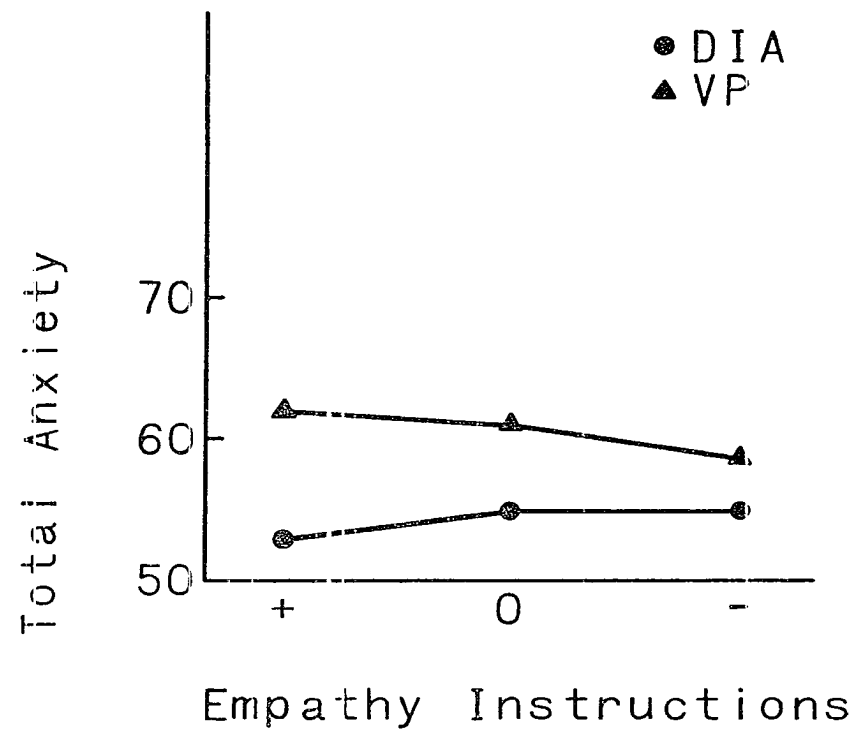


Figure 1. Total Self-reported Anxiety of DIA and VP Subjects

Table 2
Analysis of Physiological Anxiety

Source	df	MS	F
Regression	12	.86	.91
Instructions (I)	2	.41	.43
Analogue Type (A)	1	1.55	1.66
I X A	2	.15	.17
Residual	72	.94	
Total	84		

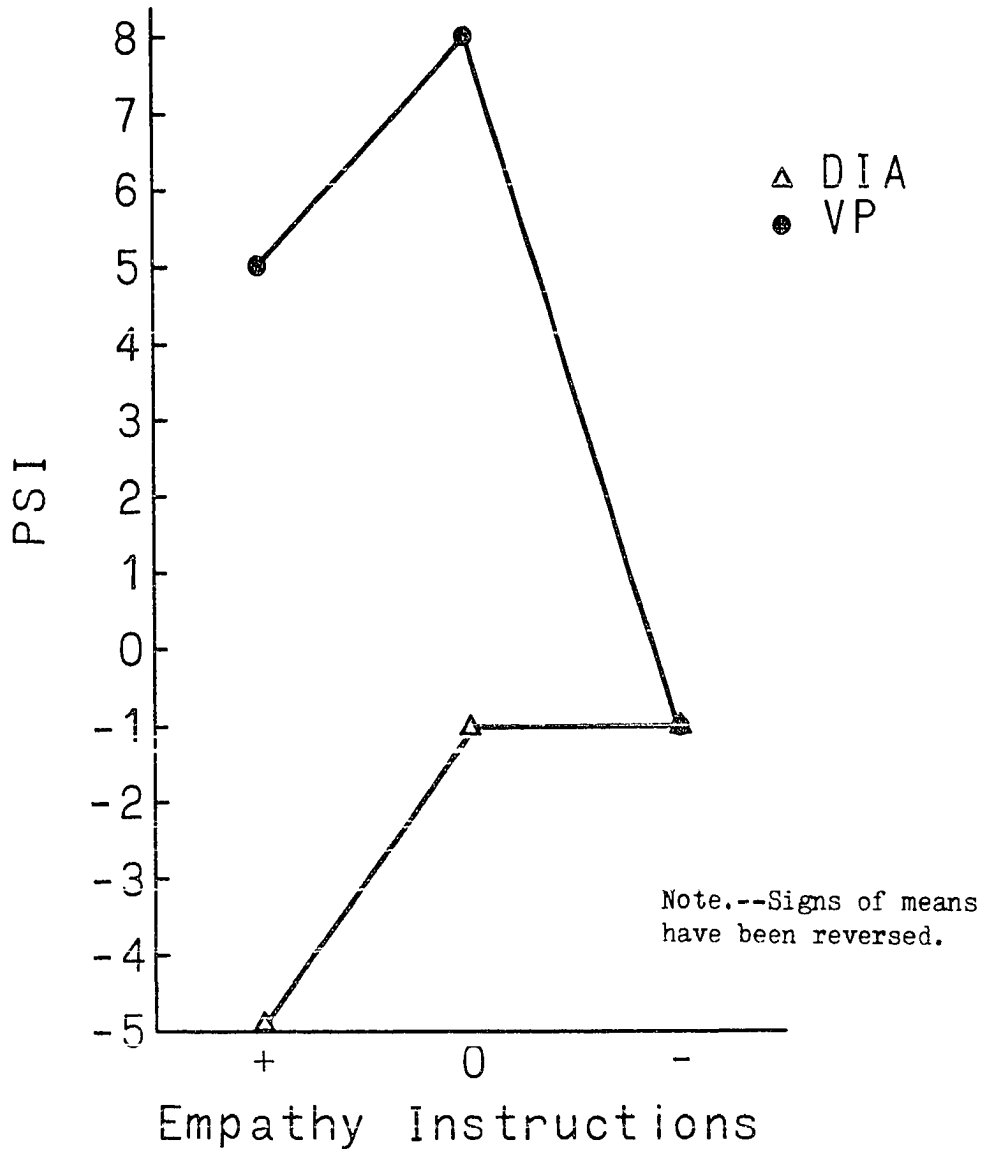


Figure 2. DIA and VP PSIs

Hypothesis 2. Following a counseling simulation, subjects exposed to the direct interaction condition with empathy enhancing instructions will demonstrate least phenomenological and physiological anxiety. Negative empathy structuring will contribute to greatest physiological and self-reported phenomenological anxiety. The no empathy (neutral) set will produce results intermediate between the two extremes: A further examination of Figure 2 suggests that for subjects in the DIA counseling simulation, negative empathy (empathy reducing) structuring yielded essentially equal PSI levels while positive (empathy enhancing) structuring yielded lowest postanalogue PSIs. However, the data trend was not statistically significant. Table 4 shows that instruction type did not significantly influence PSI level ($F = .59$).

In addition, total self-reported (phenomenological) anxiety scores paralleled the results of measured anxiety (Figure 1). Subjects in the DIA condition with positive instructions reported least total anxiety, while subjects in the other two instruction sets reported slightly higher and essentially equal levels of anxiety. Again these results were not statistically significant (Table 3).

Hypothesis 3. Within the vicarious participation condition, actual level of physiological anxiety (PSI) will not differ regardless of type of empathy structuring. Self-reported anxiety will be least under the empathy enhancing condition, most under the empathy reducing condition, and intermediate for the neutral condition: Actual level of physiological anxiety (PSI) did not significantly differ with type of empathy structuring in the VP analogue either. Figure 2 indicates that highest postanalogue anxiety occurred in the control condition, followed by the

Table 3
Total Anxiety

Source	df	MS	F
Regression	12	214.65	1.06
Instructions (I)	2	22.51	.11
Analogue Type (A)	1	575.64	2.85
I X A	2	22.50	.11
Residual	72	201.98	
Total	84		

Table 4

Analysis of Physiological Anxiety (PSI)

Source	df	MS	F
Regression	12	1658.18	.58
Instructions (I)	2	1693.45	.59
Analogue Type (A)	1	9153.81	3.21
I X A	2	1210.81	.42
Residual	72	2853.03	
Total	84		

Table 5
Correlations: Dependent Variables
n = 85

	Phys.	Mood	Total	Attr.	Infl.	PSI
Physiological Anxiety	1.00					
Mood Anxiety	.63**	1.00				
Total Anxiety	.91**	.83**	1.00			
Attraction	-.06	-.23*	-.15	1.00		
Influenceability	-.09	.24*	.15	-.07	1.00	
PSI	-.06	-.15	-.13	.14	-.11	1.00

* $p < .05$
** $p < .01$

positive empathy condition. Lowest PSI occurred in the negative condition. Thus, anxiety level due to type of empathy instructions was in an opposite direction from that due to instruction type in the DIA analogue. None of these trends were statistically significant as indicated by the insignificant F tests for instruction type ($F = .59$) and for the interaction between analogue type and instructions ($F = .42$) as presented in Table 4.

Total self-reported anxiety tended to be highest in the positive and neutral instruction conditions. The means for these two conditions were 62 and 61 respectively. The mean of 59 for the negative condition indicated that subjects in this condition tended to report less total anxiety. Of course, the F of .11 suggests that differences between means were not significant (Table 3). Also, contrary to the DIA results, the trend in the VP analogue tended to be the opposite of that which was predicted; lowest anxiety was associated with negative instructions while highest was associated with positive instructions.

When self-reported physiological anxiety was the dependent variable, treatment means for the positive, neutral, and negative conditions were 4.2, 4.5, and 3.9. Means for mood anxiety were 3.8, 4.0, and 3.8. The F of .10 for physiological anxiety (Table 1) and of .43 for mood anxiety (Table 2) suggests that none of these differences among means were significant.

Hypothesis 4. In both analogues, subjects will report greatest attraction to the counselor in the enhancement condition, least attraction in the reduction condition, and an intermediate level of attraction for the control or neutral condition: When individual counselors were dis-

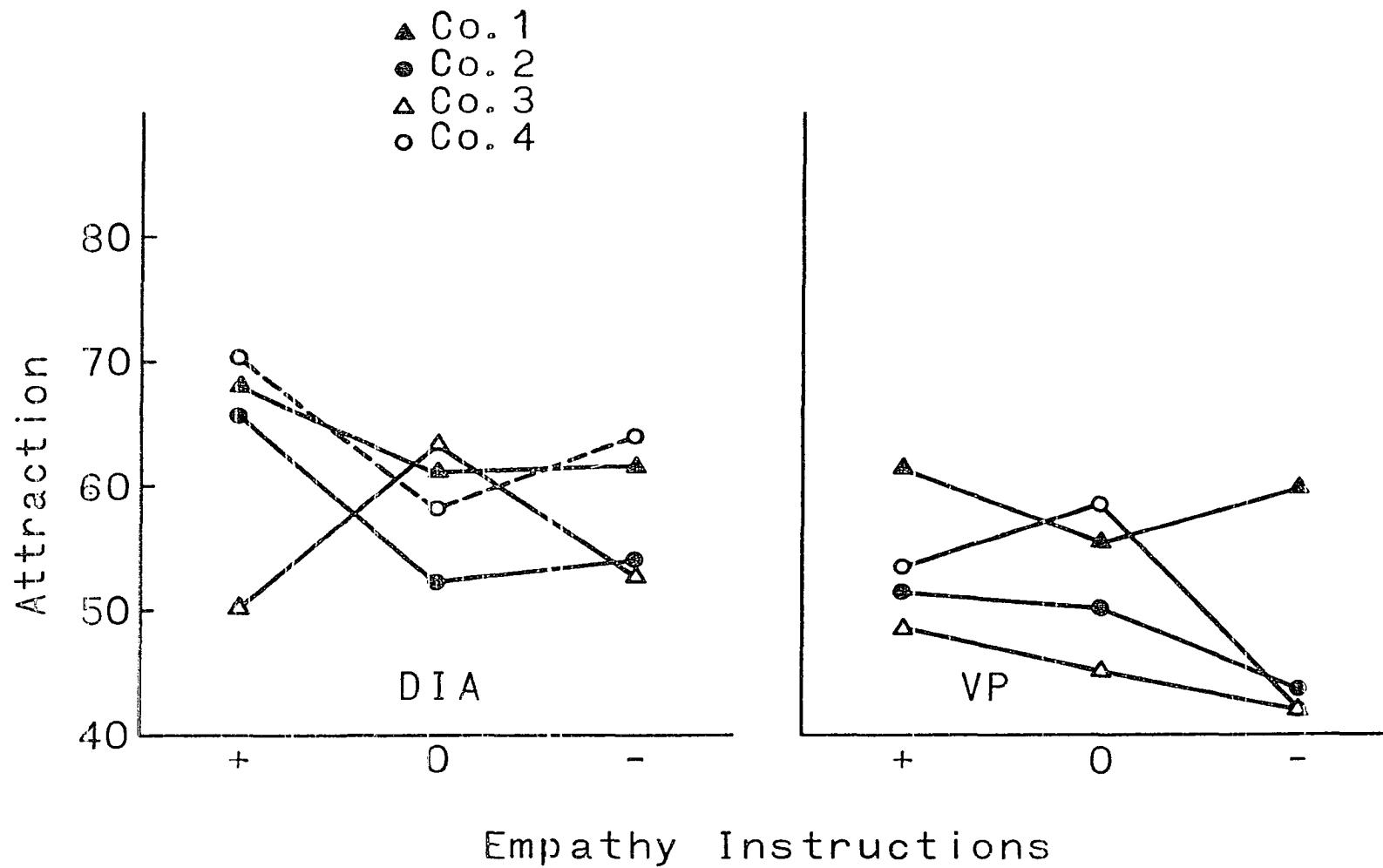


Figure 3. Attraction to Counselor

Table 6
Analysis of Attraction Data

Source	df	MS	F
Regression	12	349.14	2.82**
Instructions (I)	2	185.64	1.50
Analogue Type (A)	1	1735.34	14.00**
I X A	2	73.62	.59
Residual	72	123.99	
Total	84		

** $p < .01$

Table 7

Variables Contributing to Prediction Equation (Attraction)

Predictors	R^2	r	t
1. Counseled Before		.16	.61
2. Counselor's Sex (CS)		.03	.04
3. Client's Sex (CLS)		-.02	-.33
4. (CS X CLS)		-.03	-.18
5. Comparison of Male Counselors		.31**	3.52**
6. Comparison of Female Counselors		.00	1.57
7. + vs - Instructions		.22	1.72
8. 0 vs + Instructions		.02	.17
9. Analogue Type (A)		.37**	3.74**
10. Variable 7 X A		.00	-.24
11. Variable 8 X A		.11	1.06
12. PPS		-.02	.83
	.32		

Note.--df = 1, 72

** $p < .01$

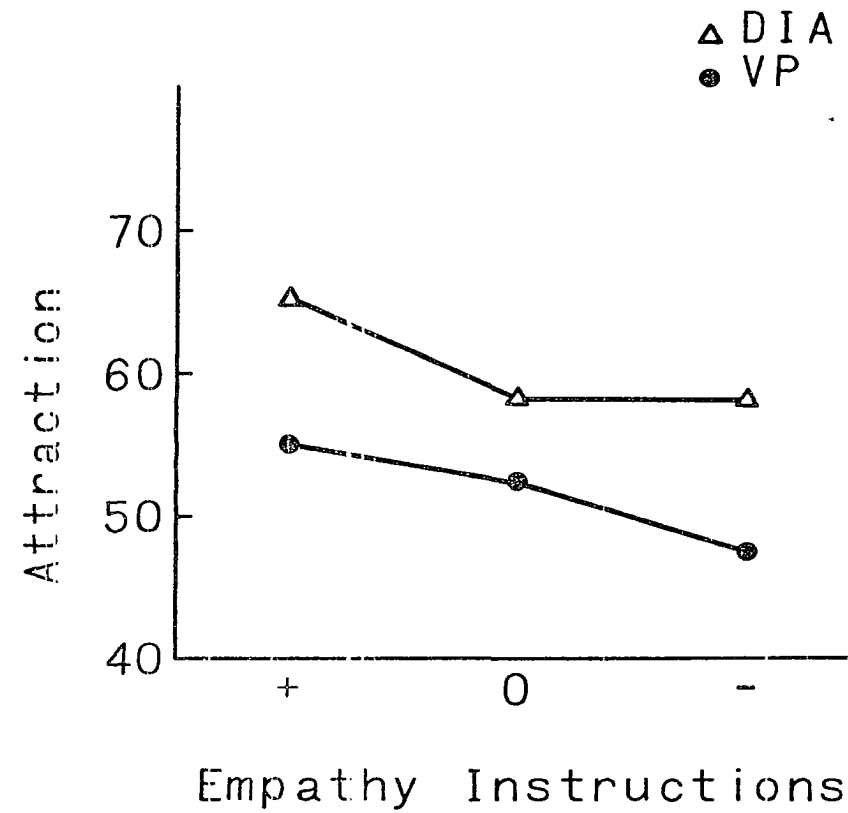


Figure 4. Attraction Across Analogues

regarded in the data analysis, subjects appear to have been overwhelmingly attracted to the counselors in the DIA condition. That is, all counselors in that condition were rated more favorably than they were in the VP condition. The F of 14.00 for the difference between attraction levels for the two analogues was significant ($p < .01$). There was a tendency in both conditions for empathy enhancing instructions to be associated with higher attraction ratings (Figure 4). However, the t test of the effect of instructions upon level of attraction was not quite significant ($t = 1.72$).

The means for the empathy enhancing, neutral, and empathy reducing instructions in the VP condition were 55, 53, and 48. Thus, the trend of the means was in the predicted direction. The means for the DIA condition were 65, 59, 59, demonstrating an unwillingness of subjects who actually talked to a counselor to make negative evaluations of that counselor. The effects of instructions ($F = .59$) were not significant (Table 6). However, a significant correlation of $-.23$ ($p < .05$) indicates that high mood anxiety was correlated with low attraction to the counselor and vice versa.

Examination of the individual variables contributing to the prediction of attraction indicates that in addition to analogue type ($t = 3.52$) which has previously been discussed, particular counselor also was related to level of attraction. Counselor 1, one of the male counselors, was rated significantly more attractive ($t = 3.74$) than the other three counselors (Table 7). Figure 4 shows that only Counselor 1 was rated similarly in both analogues. That is, in both analogues, positive and

negative instructions seem to have resulted in greater attraction toward Counselor 1 than did control instructions.

The pattern of responses for the other three counselors was not consistent. For example, Counselor 4's results paralleled those of Counselors 1 and 2 in the DIA analogue. She was evaluated most positively in the empathy enhancing and reducing conditions. In fact, of all the counselors, Counselor 4 received the highest evaluation. Yet, in the VP condition, the evaluations of her were much more negative--especially in the negative empathy condition. Evaluations of her in the VP condition were much like those of Counselor 3 (a male counselor) in the DIA condition. Only Counselors 2 and 3 were ever evaluated in the predicted directions and that only occurred in the VP analogue. Figure 3 suggests that personal characteristics of the counselors may have camouflaged the effect of type of empathy instructions.

Hypothesis 5. Greatest influenceability will occur in the empathy enhancing condition for both analogues. Least influenceability will occur in the empathy reducing condition. The neutral empathy set will lead to an intermediate level of influenceability: Influenceability was not effected by type of empathy instructions. The means for influenceability in the DIA were 46 for all three types of instructions. Subjects in the VP condition were slightly more influenced by alleged counselor responses. The means for the positive, negative, and neutral conditions were 49, 48, and 50. Thus, greatest influence was slightly correlated with negative instructions. Of course, the difference among means was not significant as evidenced by the F of .44

($df = 2, 72$) for instructions (Table 9). The F of 3.01 ($df = 1, 72$) for type of analogue barely missed significance at the .05 level. However, the correlation between mood anxiety and influenceability was significant. Subjects seem to be more susceptible to influence attempts when they are aware of their anxiety.

Hypothesis 6. Subjects in the direct interaction analogue will talk most under the empathy enhancing condition and least under the empathy reducing set. Amount of talk for the neutral set will be intermediate between the extremes: A silence quotient for each subject was determined by finding the ratio of the number of seconds of silence to the number of seconds available to the subject to talk (seconds of silence/total interview seconds - number of seconds talked by counselor). Therefore, the higher SQ, the less the subjects talked during the interview time available to them. Table 8 shows that empathy instructions did not significantly influence the silence quotient. The F of .16 ($df = 2, 32$) was not significant.

However, the overall F of 2.54 ($df = 9, 32$) was significant ($p < .05$). An investigation of the variables contributing to the prediction equation indicated that the SQ was higher for Counselor 3 and for Counselor 2 (Table 10). The t test of the beta weight for Counselor 3 was significant ($t = 4.12, df = 1, 32, p < .01$) as was that for Counselor 2 ($t = 2.48, p < .05$). Thus, for these two counselors, subjects either talked less or had less time available to talk because the counselor talked more. Interestingly enough, these two counselors were evaluated similarly on attraction in the VP analogue (Figure 3) which might suggest that their counseling styles were similar to one

Table 8

Analysis of Silence Quotient (SQ)

Source	df	MS	F
Regression	9	.02	2.54*
Instructions	2	.00	.16
Residual	32	.01	
Total	41		

* $p < .05$

Table 9

Analysis of Influenceability

Source	df	MS	F
Regression	12	25.67	.53
Instructions (I)	2	22.80	.44
Analogue Type (A)	1	154.76	3.01
I X A	2	3.49	.07
Residual	72	51.46	
Total	84		

Table 10

Variables Contributing to Prediction Equation
(Silence Quotient)

Predictors	R^2	r	t
1. Counseled Before		-.04	.25
2. Counselor's Sex (CS)		-.17	1.97
3. Client's Sex (CLS)		.14	1.81
4. (CS X CLS)		.01	2.02
5. Comparison of Male Counselors		-.43*	4.13**
6. Comparison of Female Counselors		.13	2.48*
7. + vs - Instructions		.07	.40
8. 0 vs +, - Instructions		.03	.39
9. PPPS		.21	1.11
	.41		

Note.--df = 1, 32

* $p < .05$

** $p < .01$

another's, but different from those of the other two.

On the other hand, the SQ correlation matrix (Table 11) shows that self-reported physiological and total anxiety were significantly and positively correlated with SQ. Thus, high self-reported anxiety appears to have been demonstrated behaviorally by an unwillingness to talk. Counselor 3, one of the male counselors, interviewed a greater percentage of female subjects than the other three counselors, while Counselor 2 interviewed proportionately more males. The t test for the interaction between counselor's and subject's sex barely missed the 2.04 value necessary for significance at the .05 level of significance. Subjects may have been less willing or more anxious about talking to a counselor of the opposite sex.

Furthermore, significant correlations between whether or not a subject had been counseled before and attraction suggested that (for DIA subjects) prior experience with counselors may have influenced how the SS reacted to the counselors in the study. The positive correlation suggests that prior counseling was associated with "liking" the counselor. It may have been easier for experienced clients to disregard the empathy instructions.

Table 11

Correlations: Silence Quotient with Dependent
and Independent Variables

Variables	1	2	3	4	5
1. Counseling Before	1.00				
2. Counselor's Sex	.10	1.00			
3. Client's Sex	-.19	-.14	1.00		
4. Instructions	-.47**	.00	.00	1.00	
5. FPPS	-.19	-.21	-.02	-.11	.19
6. Physiological Anxiety	-.21	.05	-.25	.08	.16
7. Mood Anxiety	-.13	.16	-.32	.12	.12
8. Total Anxiety	-.15	.04	-.29	.08	.14
9. Attraction	.31*	.02	.03	.17	.05
10. Influenceability	-.14	-.05	.05	.00	-.07
11. Silence Quotient	-.04	-.17	.14	-.07	.21

* $p < .05$

** $p < .01$

Table 11 (Continued)

6	7	8	9	10	11
1.00					
.66*	1.00				
.95**	.81**	1.00			
.05	-.21	-.06	1.00		
.13	.23	.15	.14	1.00	
.32*	.15	.30*	-.09	.11	1.00

Discussion

An obvious conclusion to be drawn from the results of the present study is that instruction set did not significantly influence subject's anxiety level, their attraction to the counselor, nor their influenceability. That is, neither empathy enhancing (positive), empathy reducing (negative), nor control (neutral) instructions caused significantly different levels on any of the dependent variables in either the DIA or the VP analogue. At first glance, such results seem to favor client centered theory, since one of the basic premises of the present study was that if empathy were something that the counselor actually did and were also something that the client was independently capable of perceiving that the counselor did, then type of instructions should not have influenced anxiety level nor attraction to the counselor.

Therefore, the lack of significant results due to the type of empathy instructions seem to have supported this premise. However, a number of interesting trends in the data suggested that not only may the premise concerning empathy not necessarily have been confirmed, but also reveal some of the problems involved in any attempt to experimentally investigate client centered theory.

Can Empathy Be Experimentally Defined?

One contradictory trend was that the results from the two analogues did not duplicate each other. Anxiety, for example, occurred at different levels depending on the type of analogue. When measured level of physiological anxiety (i.e., PSI) was the dependent variable across analogues, highest postanalogue PSI occurred in the neutral empathy set in the VP analogue. For the DIA analogue, PSI was equal for the nega-

tive and control conditions, but both were higher than the positive condition. In the VP analogue, lowest PSI occurred in the negative set. Thus, the PSI level from the two analogues was in opposite directions where positive and negative instructions were concerned. The trend of the DIA results appeared to be more compatible with client centered theory and consequently to be more consistent with the study's predictions concerning empathy. That is, the clients may be just as anxious about counseling when they have no information about the counselor's empathy as they would be had they negative information.

A similar trend was evident when total phenomenological anxiety was the dependent measure. In the DIA analogue, lowest anxiety was associated with the negative and neutral instructions. In the VP analogue, lowest analogue anxiety was found in the negative and neutral empathy sets, while highest was found in the positive set. The VP analogue was exactly the reverse of what would be logically predicted from client centered theory. It is not clear why this should be so. Maybe for a VP subject anxiety scores actually reflected desire to interact. Then the low anxiety ratings in the negative condition would mean that subjects did not wish to interact with that counselor while high anxiety would reflect high anticipation or desire to interact.

In all fairness, however, client centered theory was not originally designed to make predictions about what should happen to anxiety level when one is merely listening to an interaction. Yet, as previously reported, the method whereby empathy is usually evaluated requires that a judge listen to counseling interviews and, in a sense, predict how the client will react to the counselor. If responses to a tape result in

evaluations which are opposite to those which actually do occur in interactions among participants, then it is likely that the traditional methods of assessing empathy are inadequate. Perhaps incongruence between interaction and vicarious participation situations accounts for the inability of evaluators to discover significant correlations between judges' and clients' perceptions of counselor empathy.

Problems involved in operationalizing client centered theory. The main significant finding of the study was that subjects who actually discussed a problem with counselors (DIA subjects) liked the counselors much more than did those who did not. Patton (1969) found that attraction to the counselor was related to his willingness to discuss topics which the subject preferred. Perhaps just finding that the counselors were willing to provide time to discuss a problem which concerned the subjects was enough to endear the counselors to them.

The problem of the "goodbye effect" has plagued counseling outcome researchers for many years. A likely explanation for it is that clients, upon leaving counseling, evaluate the counselor positively simply because they were gratified by the counselor's willingness to discuss a problem which the client considered important. Furthermore, perhaps the rather complicated concept of empathy can be explained more simplistically as the counselor's ability to listen and/or discuss a client-relevant problem with her or him.

A drawback to the experimental investigation of client centered theory--at least via the method of prestructuring expectations--is that the opposite poles of the necessary conditions are not easily defined. For example, is the opposite of a "genuine" counselor a phony counselor?

In the present study, understanding and sensitive were used to operationalize the positive dimension of empathy while not understanding and insensitive were used for the negative pole of the dimension.

Maybe the latter pole was more discordant with client expectations and, thus, was easier to disregard. The attraction data for the individual counselors in the DIA condition somewhat supported this interpretation. For three counselors, negative instructions resulted in a level of attraction which was almost equal to that which was due to positive instructions.

Not only was this contrary to the hypotheses of the study, but was also inconsistent with the number of previously cited analogue studies which had involved manipulation of attraction related variables. Of those studies which did not confound behavior of the counselor with structuring or prestructuring of expectations, Greenberg (1972) was able to produce positive and negative impressions in vicarious participation analogues; Binderman et al. (1972) found that client susceptibility to influence attempts appeared to be altered by prior information about the counselor; Allen et al. (1968) found that subjects who were prestructured "cold" had longer response latencies, viz., longer silences, during a simulated employment interview.

A legitimate question, then, is why virtually none of these results were duplicated in the present study. A possible explanation is that subjects may have been more sensitive to the personal characteristics of the counselors than to the empathy instruction set. For all of the counselors except Counselor 1, evaluations across analogues were dif-

ferent. Therefore, it is possible that factors such as physical characteristics (i.e., age, sex) or style of counseling (e.g., voice, counseling technique) may have interacted with attraction evaluations.

Heinecke (1974), who used judges' evaluations of counselor empathy, found no evidence that voice of counselor transmitted empathy. Empathy advocates might use such results to suggest that the reason evaluations tended to differ across analogues was because empathy involves the use of nonverbal communication as well as verbal.

It is also conceivable that nature of the problem may have interacted with attraction level. The Greenberg counseling analogues have typically used neutral counseling interviews and have succeeded in altering impressions of the counselor. However, when Greenberg et al. (1970) required psychotic patients to listen to a tape which was personally relevant, they found that it was possible to obtain positive attraction ratings which were significantly different from a control group's ratings, but not negative ratings which were. A comparable trend was evident in the total attraction data of the DIA subjects in the present study. Total attraction for VP subjects was in the hypothesized direction: empathy enhancing instructions were associated with highest attraction; empathy reducing instructions were associated with least attraction; the control condition was intermediate between the two extremes.

Implications for Future Analogue Studies

Problems in instrumentation. An unusual trend in the data was that the paper-and-pencil and the physiological measures of anxiety appeared to have been congruent with one another. High postanalogue PSIs tended

to be slightly (but not significantly) correlated with high self-reported anxiety on all three CSAS measures. Typically, in the area of anxiety measurement, analogue researchers have not found much correspondance between self-evaluation of anxiety and behavioral indicants of anxiety. Of four self-report measures used by Parrino (1971), only one indicated different levels of fear reduction or anxiety for treatment groups. Yet, approach behavior resulting from his therapy conditions greatly increased, suggesting that anxiety or fear on all self-evaluation measures should have decreased.

Perhaps the reason for the disparity between the two types of measures has occurred because the subjects did not perceive a relationship between the two measures. The CSAS included items which pertained to anxiety as experienced via the hands. Believing that the experimenter actually had an independent measure of physiological anxiety may have caused the subjects to be more attuned to their physiological anxiety. Future investigators of anxiety should continue to use more than one type of measure of anxiety. However, such studies would probably yield more informative results were they to incorporate measures whose relatedness is as apparent to the subjects as it is to the experimenter.

Problems in generalization. Interaction analogues are not the most economical means of acquiring data about the counseling relationship. Typically, research of this kind has required one-to-one client and counselor interactions. Consequently, a large amount of counselor time has been required. Unfortunately, it may be difficult to find enough practitioners who are willing to donate the necessary time.

Counseling researchers have usually solved the time constraint problem by using inexperienced counselors or by using noncounselors who have been trained to use certain counseling techniques. The information obtained from beginning counselors may provide information about counseling variables which have not been contaminated by factors such as age and experience, but use of information derived from more experienced counselors might provide more information about how important variables actually do function within the counseling interaction.

One way to resolve the conflict between the need for analogue information concerning experienced counselor variables and the lack of available experienced counselors is by using more vicarious participation analogues. Ideally, then, one counselor interview could be used to test the reactions of many people. Increasing the amount and kinds of vicarious participation techniques would require determining which kinds of analogues yield information paralleling that which would result from an interaction.

In addition, investigators will have to determine how to alter dependent measures from VP research so that they are relevant to interaction situations. Influenceability is a case in point. Greenberg (1969) found that college students in a VP analogue were susceptible to influence attempts. Greenberg et al. (1970) found that psychotic patients were not. A difference between the two studies was that the latter group listened to a tape which was designed to be relevant to their problems.

Subjects in the present study responded to a truncated version of Greenberg's influenceability scale. No significant influence effects

were obtained although the VP group appeared to have been slightly more susceptible to influence attempts. Greenberg's scale was used in the present study because the questions appeared to be "Barnum" items. That is, they were items which were probably descriptive of everyone to some extent. The assumption was that DIA subjects probably would not have given much thought to them unless an item accidentally happened to coincide with their presenting problem. Therefore, without the input by the therapist they should have evaluated themselves at an intermediate or moderate point along the scale. Likewise, the VP group having no information about the person on the tape, would ordinarily have rated him or her at a moderate level unless they were influenced by the counselor.

The reason that the influence attempt was not successful may have been because the attraction induction was not successful. If subjects in all three conditions were equally attracted to the counselors, then they should have been equally influenced by the counselors.

The slightly higher influence score for the VP subjects suggests a second explanation. Perhaps the DIA group had definite impressions about themselves in relation to the qualities mentioned in the questionnaire. Since the counselors did not really attempt to alter these impressions, the impressions were not altered. Greenberg et al.'s (1970) findings and the VP results of the present study might be explained in a similar way. Subjects did not hear the counselor attempt to influence the taped client in any way so they used their own knowledge of what patients or clients are like when they responded to the influenceability measure. Binderman et al. (1972) were able to influence

subjects' opinions in opposite directions by using artificial test results. The subjects believed that they would obtain test results by participating in the analogue. A tentative hypothesis concerning extrapolation from VP to DIA analogues where influenceability is concerned is that the influence attempt should involve some aspect of the subject's presenting problem.

Demand characteristics. It is likely that some of the instruments used in the present study were more susceptible to the demand characteristics of the experimental situation than were others. For example, only the attraction scale yielded statistically significant results. This instrument was the only one which was obviously related to participation in a counseling analogue. Subjects in the DIA condition could have convinced themselves that they had received legitimate therapy more easily than could VP subjects. As Lick and Bootzin (1970) pointed out, belief that one received legitimate therapy may have been enough to induce positive evaluations of the therapy-related situation.

Use of the CSAS was an attempt to assess the subject's anxiety about counseling. Although the assumption was that structured experience with the counselors in the analogues would influence subject's attitudes about counselors in general, they were not really asked to react to the counselor with whom they had just interacted or to whom they had just listened. But the length of time during which the subjects participated in an analogue was short relative to an actual counseling interview. Goldstein (1971) defines "resultant attraction" as "patient attraction to the therapist (independent of experimental procedures) that follows from the sum of his previous therapy-relevant experiences--his past ex-

perience with other therapists or physicians, impressions gleaned about therapy and therapists from mass media and other individuals, his referral to the Center--as well as his initial interactions with his therapist (p. 24)." The analogues may not have lasted long enough to alter the subjects' resultant attraction toward counselors in general. Had they been asked to react to a particular counselor, they may have responded in the predicted direction.

Additionally, subjects may have been attempting to be "good subjects" by keeping an open mind. Open-mindedness would require disregarding experiment-related impressions of counselors as much as possible, while at the same time attempting to recapture their original expectation or set concerning counselors. These explanations could be tested by asking some subjects to respond to the concept of "analogue counselor" and others to respond to the general concept of counselor. If differences in the former measure occurred in the directions predicted in the present study, such results could reasonably be assumed to indicate that insignificant results in the present study was due to the subjects' failure to see a connection between the instrument and analogue participation.

Apparently, demand characteristics may influence the results obtained in analogue studies. When subjects can perceive a relationship between the analogue and the postanalogue evaluations which they are expected to make, they may be more likely to respond in what they believe is the desirable direction. Relying exclusively on results obtained from compliant subjects could be disastrous as far as the process of unraveling the beneficial aspects of the counseling relationship is

concerned. On the other hand, instruments must be obviously relevant to the specific experimental situation so that the subjects realize that they are expected to react to the situation in which they were involved rather than expressing resultant attraction toward counselors in general.

The solution to this obvious contradiction in experimental requirements is not readily apparent. Maybe combining spontaneous measures with paper-and-pencil instruments would prevent obtaining information which was totally determined by the demand characteristics of the situation. Spontaneous measures would involve processes which are not automatically monitored by people. Examples might include various speech, proximics, and physiological measures. In the present study, for instance, the significant correlations between the silence quotient and physiological and total anxiety suggest that subject's responses may not have been entirely determined by the demand characteristics of the situation. In both cases, a high silence quotient (an indicant of anxiety) was positively correlated with self-reported anxiety.

Deficiencies in Counseling Process Theory

Designing a counseling analogue which will yield results which are meaningful to the area of counseling is a rather complicated task. Part of this difficulty can be attributed to the lack of sufficient counseling process theory. Most theories of counseling deal with the issues of how client's personality and/or problems develop and what the client will be like once he or she has changed (outcome). Few deal with the issue of how the counselor does what he or she does to effect

the client change or with how the counselor even knows when a change has occurred.

Client centered theory was selected as the basis for the present study because the theory identified definite counselor characteristics which were required for successful counseling to occur. The basic premise of the theory is that exhibiting facilitative conditions will free the client to express his or her feelings. Because successful therapy results in changes in the client's internal frame of reference, it is virtually impossible to define changes in the client during the interview which will allow the counselor to know when he or she has been offering helpful therapeutic conditions. Furthermore, since the theory stresses that therapeutic change depends upon the client's perception of the counselor's personality, attitudes, and techniques, counseling would undoubtedly be facilitated were more emphasis placed on determining which counselor actions would lead to which client perceptions and reactions. The variety of counseling analogues, particularly in the areas of persuasive communication and impression formation offer a methodology whereby mini-theories of counseling process can be developed.

Implications for Counseling

The primary reason for conducting counseling analogue research is to provide information germane to applied counseling. The relationship between the two divisions of counseling should be much like that between medical science and applied medicine or between educational science and teaching. However, the experimental laboratory approach to investigating counseling variables is so recent a development that

researchers still feel the need to justify this type of research. One result of the newness of analogue research is that, to a certain extent, it is not yet possible to state specifically which analogue variables have been crucial to which counseling outcomes. During this stage of development, perhaps the most significant contribution that experimental counseling can make to applied counseling is to reveal and eventually lead to examination of problem areas in counseling. In that regard, the present study has been no exception.

The role of anxiety in counseling. Two significant findings of the study were that attraction was negatively correlated with mood anxiety and that influenceability and mood anxiety were positively correlated. The first finding was not particularly surprising. Logically people should feel anxious when required to react on a personal level to someone whom they do not like. The second correlation was intriguing because the role of client anxiety within the counseling relationship is ambiguous. One tenet of client centered theory is that anxiety makes the client more receptive to the counselor's ministrations. However, the reason the counselor attempts to be facilitative is so that he or she can reduce client anxiety. The negative correlation between anxiety and influenceability in the present study suggested that if the counselor wanted to be most influential, he or she would use techniques designed to maintain some anxiety. The behavioral therapists deal almost exclusively with "high-anxious" clients. Bergin (1971) reported that the behavior therapies have yielded the most consistently positive outcomes. Lesser (1961) concluded from his study that high levels of counselor empathy may have reduced client anxiety to a level below that necessary

for facilitative counseling to have occurred. The various studies seem to suggest that some client anxiety is necessary for successful counseling to occur, but as far as the counselor is concerned, the issue of how much client anxiety is optimal remains unresolved and largely unexplored.

Characteristics of counselors. Another interesting finding was that subjects do react differently to various counselors. For some of these counselors differences occurred on attitude measures. For others they occurred on behavioral measures (e.g., silence quotient). Additional information is needed about what counselor characteristics elicit certain client evaluations.

Relatively little information is available about how client stereotypes, expectations, and reactions to people in general influence the counseling relationship. Counseling theorists have begun to realize that every counselor is not an appropriate therapist for every client (e.g., Kiesler, 1966). Successful matching of counselor and client during counseling may require that counseling practitioners devote more attention to determining which of their own personal characteristics--particularly as perceived by the client--contribute to the desired outcome.

Summary

Counseling researchers have recently begun to use an experimental laboratory approach to investigate counseling interaction variables. The area of social psychology has been a prime contributor as far as methodology and experimental direction have been concerned. However, in general, the investigations which have resulted from such extrapolations have not involved the manipulation of variables which counseling theorists and practitioners have considered to be vital to the counseling process. In the present study, a modification of the Asch-Greenberg vicarious participation paradigms was used to operationalize empathy--a concept considered by client centered theorists to be crucial to the counseling relationship.

The purposes of the study were twofold: (1) to compare the results obtained from Ss in two types of analogues and (2) to investigate the effectiveness of prestructuring Ss expectations about counselor empathy prior to participation in a counseling simulation.

Subjects were 85 male ($n = 43$) and female ($n = 42$) undergraduates. The interviews were conducted by two male and by two female counselors. The experimental design was a 2×3 factorial. Independent variables were type of analogue and type of empathy structuring. Half of the Ss participated in an interview with a counselor (DIA) and half listened to a tape of an interview (VP). Prior to participating in the counseling analogue, Ss read information about the counselor which was designed to lead them to expect either an empathic or a nonempathic counselor or to provide them with no information concerning counselor empathy.

Dependent variables were physiological, mood, and total anxiety scores on the Concept Specific Anxiety Scale; measured physiological anxiety (PSI); evaluations of the counselor (attraction); and scores on an influenceability scale.

Hypotheses were that (a) self-reported and physiological anxiety would be greater for VP subjects than for DIA subjects; (b) DIA subjects with empathy enhancing instructions would experience least self-reported and physiological anxiety, negative empathy structuring would contribute to greatest physiological and self-reported anxiety, and the no empathy set (neutral) would produce intermediate results; (c) within the VP analogue, PSI would not differ regardless of empathy structuring, but self-reported anxiety would be least under the enhancing condition, most under the reducing condition, and intermediate for the neutral condition; (d) in both analogues, greatest attraction to the counselor would be reported in the enhancement condition, least in the reduction condition, and an intermediate level would be reported in the neutral condition; (e) greatest influenceability would occur in the empathy enhancing condition, least would occur in the empathy reducing condition, and an intermediate level would occur in the neutral set; (f) subjects in the DIA analogue would talk most under the empathy enhancing condition and least under the reducing set.

Multiple linear regression was used to analyze the data. None of the experimental hypotheses were confirmed by the analyses. However, several interesting trends were observed. DIA subjects were significantly ($F = 14.00$, $df = 1, 72$) more attracted to the counselors than were VP subjects regardless of instructions. Subjects appeared to react

to counselors more on the basis of individual counselor characteristics than on the basis of the experimental manipulations.

Problems involved in the experimental investigation of the concepts postulated by client centered theory were discussed. Results were discussed in terms of the difficulties involved in generalizing from analogues to actual counseling situations. Issues and modifications for future counseling analogues were also presented.

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General Explanation and Instructions to Direct Interaction
Subjects (DIA)

Counselors are always interested in improving their helping skills and techniques so that they can help more people solve their problems more effectively and so that they can teach beginning counselors to be better counselors. Of course, the best way of determining which skills are most helpful to the client would be to study an actual counseling interaction. But we can't do that because it might interfere with the counseling process. So instead we are asking people to participate in different situations which are like counseling so that we can get a better idea of what actually happens during counseling and about how different people feel about what happens.

Now before we continue, you indicated on the sign-up sheet that you would be willing to discuss a personal problem with a counselor. Are you? Would you fill-out this questionnaire describing your problem (Subjects were given the PPPS to complete).

Your interview with the counselor will be taped and afterwards I'll ask you to complete a number of measures describing how you felt about the interview. I'd like to train you to use one of these measures now (Subjects were trained to take their own PSI).

Because you won't have as much time to interact with the counselor as clients normally do, I am going to give you a little information about the counselor you will meet. Please don't discuss this information with the counselor because I'd like her or him to behave as he or she normally does with clients. Do you have any questions (Subjects were given empathy information)?

General Explanation and Instructions to Vicarious Participation
Subjects (VP)

Counselors are always interested in improving their helping skills and techniques so that they can help more people solve their problems more effectively and so that they can teach beginning counselors to be better counselors. Of course, the best way of determining which skills are most helpful to the client would be to study an actual counseling interaction. But we can't do that because it might interfere with the counseling process. So instead we are asking people to participate in different situations which are like counseling so that we can get a better idea of what actually happens during counseling and about how different people feel about what happens.

Now before we continue, you indicated on the sign-up sheet that you would be willing to discuss a personal problem with a counselor. Are you?

You won't actually be participating in a counseling interview, instead you will be listening to a tape of an interview in which a person is discussing a problem with a counselor. The nature of the person's problem is indicated on your questionnaire. I want you to imagine that that problem is your problem and that you have come in to talk to a counselor about it. Fill out the questionnaire to indicate how you would feel if you had this problem (Ss were given a PPPS questionnaire with a problem filled in).

You will listen to a short segment of a tape of an interview. After you've finished listening, I'll ask you to complete a number of

measures describing how you felt about the interview. I'd like to train you to use one of these now (Ss were trained to take their own PSIs).

As you listen to the tape, I want you to try to put yourself in the person's place. Imagine that you are talking to the counselor about the problem. In order to make this easier for you to do, since you won't actually be talking to the counselor, I am going to give you a little information about the counselor you will hear (Ss were given empathy information).

Problem Pathological Potential Scale

Problem-in-Living Scale

Everyone experiences problems in living from time to time. Very often, these are the kinds of problems which bring people into a university counseling center for help. Of course, you may not choose to seek outside help for your problems, but I'm sure you do occasionally have a problem of some sort. I'd like you to think about a present or recent problem and briefly describe it for me.

My problem is (problem was filled in for VP subjects)

Imagine that you planned to seek help in a counseling center, and that you needed to really assess your problem before you could start solving it. Use items 1 - 8 to give me that assessment by placing a check somewhere on the line.

1. How serious do you feel this problem is?

Very _____ Not
very

2. Will this problem be good for you in the long run, i.e., will it educate you, or make you stronger through experience, toughen you, etc.?

Very _____ Not
much so at all

3. Do you spend much time thinking about this problem?

A great _____ None
deal

4. Do you think many others share this problem?

Many _____ No others

5. To what extent do you feel this problem interferes with your daily routine?

Greatly _____ Not
at all

6. Would you feel comfortable discussing this problem with a friend?

Very _____ Not
at all

7. Could this problem ever have disastrous consequences?

Very _____ No
probably

8. How readily do you feel you will be able to overcome this problem?

Very _____ Never
readily

Empathy Structuring Information (Negative Structuring)

Counselor Information Sheet

The counselor you will meet (hear) is (Name of counselor filled in). She or he has counseled at the Student Counseling Service for about 3 years. Questionnaires submitted to the clients whom he or she saw last month seem to reveal that she or he is a not very understanding, insensitive, intelligent, skillful, industrious, practical, cautious person.

Empathy Structuring Information (Control Structuring)

Counselor Information Sheet

The counselor you will meet (hear) is (Name of counselor filled in). She or he has counseled at the Student Counseling Service for about 3 years. Questionnaires submitted to the clients whom he or she saw last month seem to reveal that she or he is an intelligent, skillful, industrious, practical, cautious person.

Concept Specific Anxiety Scale

Number _____

Date _____

Instructions

We want you to try something different. Sometimes, because of your experiences, a word or a situation will evoke negative and/or positive feelings.

On the following page, a concept has been presented above a set of scales that can be used to indicate how the concept makes you feel. For example, the stimulus concept "snake" would be presented in the following manner:

How I feel when I see a snake

(Me)

Tense _____:_____:_____:_____:_____:_____:_____ Relaxed

(Fear)

Shallow _____:_____:_____:_____:_____:_____:_____ Deep

(Anxiety)

Clear _____:_____:_____:_____:_____:_____:_____ Hazy

Now, imagine you are faced with a snake. How would you check the above scales? When you see a "snake," how would you use the first pair of adjectives to describe yourself (Me)? Are you tense or relaxed? Are you just a little one way or the other--or are you neither? (You'd check the middle position in that case.) Next how about (fear)? Does it seem to be shallow or deep? How about (anxiety) in "snake" situations? Would you describe (anxiety) as clear or hazy?

This is a very difficult test because the concept you are to rate may have very little meaning for you--perhaps you've had few experiences in which it was involved. (For example, if you've never seen, heard about or read about "snakes," you probably have few feelings about them one way or the other.)

It is a difficult test for another reason also: You will have to use your imagination to project yourself into a situation that may have little to do with your present life--but do the best that you can. Use your imagination; then look at each word in parentheses and check the space between the adjectives below that best indicates your own response.

How feel when I talk to a Counselor

(Me)

Frightened _____ Fearless

(Hands)

Dry _____ Wet

(Fingers)

Stiff _____ Relaxed

(Today)

Loose _____ Tight

(Me)

Tense _____ Relaxed

How I feel when I talk to a Counselor

(Breathing)

Loose _____ Tight

(Words)

Cold _____ Hot

(Me)

Worried _____ Carefree

(Today)

Near _____ Far

(Anxiety)

Hazy _____ Clear

How I feel when I talk to a Counselor

(Me)

Jittery _____ Calm

(Yesterday)

Clear _____ Hazy

(Breathing)

Careful _____ Carefree

(Hands)

Good _____ Bad

(Me)

Helpless _____ Secure

Influenceability Scale (DIA)

Survey of Characteristics

This is a survey to find out what characteristics people, who volunteered for this study, believe describe themselves.

There are no definite "good" or "bad" answers to these questions. They are matters of personal opinion based on what you know about yourself. The best answer is your own opinion.

These questions were also submitted to your counselor, after your interview. For each question, the counselor has put down her/his opinion so that you can see how your opinion compares with hers/his.

Please read the instructions and begin.

Instructions:

Read each of the following statements.

The counselor's opinion is given following each of the statements.

Give your own opinion about the statement on the line below by drawing a circle around the words which best tell how you feel about the statement.

Please give your opinion for all of the statements.

1. The client is a more serious person than most other people (Disagree Slightly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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2. The client probably often leaves work unfinished (Agree Strongly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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3. The client has a good sense of humor (Neither Agree nor Disagree).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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4. The client would rather work with things than with ideas (Agree Strongly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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5. The client would go out of his way to help other people (Agree Strongly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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6. The client daydreams frequently (Disagree Strongly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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7. The client is probably more creative than the average person (Disagree Slightly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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8. The client is likely to overestimate a person's abilities (Disagree Strongly).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

9. It is probably unusual for the client to express strong approval or disapproval of the actions of others (Neither Agree nor Disagree).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

10. The client finds it hard to take no for an answer (Agree Strongly).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

11. The client is more nervous than most other people (Agree Slightly).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

12. The client is careful not to hurt people's feelings (Neither Agree nor Disagree).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

13. The client is not easily impressed (Disagree Strongly).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

14. The client does things at a rather slow pace (Disagree Strongly).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

15. The client probably has many friends (Agree Slightly).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

16. The client probably often becomes jealous of others (Neither Agree nor Disagree).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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17. The client probably often has difficulty falling asleep or staying asleep (Agree Strongly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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18. The client misinterprets the behavior of others (Agree Slightly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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19. The client is likely to give advice to other people in trouble (Disagree Strongly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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20. The client is probably much more outspoken outside of counseling (Disagree Slightly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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Influenceability Scale (VP)

Survey of Characteristics

This is a survey to find out what characteristics people believe describe counseling clients.

There are no definite "good" or "bad" answers to these questions. They are matters of personal opinion based on the impressions you got by putting yourself in the client's place. The best answer is your own opinion.

After the interview was completed, these questions were also submitted to the counselor who conducted the interview. For each question, the counselor has put down her/his opinion so that you can see how your opinion compares with hers/his.

Please read the instructions and begin.

Instructions:

Read each of the following statements.

The counselor's opinion is given following each of the statements.

Give your own opinion about the statement on the line below by drawing a circle around the words which best tell how you feel about the statement.

Please give your opinion for all of the statements.

1. The client is a more serious person than most other people (Disagree Slightly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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2. The client probably often leaves work unfinished (Agree Strongly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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3. The client has a good sense of humor (Neither Agree nor Disagree).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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4. The client would rather work with things than with ideas (Agree Strongly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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5. The client would go out of his way to help other people (Agree Strongly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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6. The client daydreams frequently (Disagree Strongly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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7. The client is probably more creative than the average person (Disagree Slightly).

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8. The client is likely to overestimate a person's abilities (Disagree Strongly).

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strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

9. It is probably unusual for the client to express strong approval or disapproval of the actions of others (Neither Agree nor Disagree).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

10. The client finds it hard to take no for an answer (Agree Strongly).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

11. The client is more nervous than most other people (Agree Slightly).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

12. The client is careful not to hurt people's feelings (Neither Agree nor Disagree).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

13. The client is not easily impressed (Disagree Strongly).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

14. The client does things at a rather slow pace (Disagree Strongly).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
strongly	fairly	slightly	agree nor	slightly	fairly	strongly
	much		disagree		much	

15. The client probably has many friends (Agree Slightly).

Agree	Agree	Agree	Neither	Disagree	Disagree	Disagree
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16. The client probably often becomes jealous of others (Neither Agree nor Disagree).

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20. The client is probably much more outspoken outside of counseling (Disagree Slightly).

Agree strongly	Agree fairly much	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree fairly much	Disagree strongly
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Debriefing Questionnaires

Direct Interaction Condition

Number _____

Date _____

1. Have you ever had counseling before?

Circle one: Yes No

2. What do you think was the purpose of this study?

3. How well did you know the counselor, who conducted the interview, before you participated in the counseling simulation?

Very well _____:_____:_____:_____:_____:_____ Not at all

Vicarious Participation Condition

Number _____

Date _____

1. Have you ever had counseling before?

Circle one: Yes No

2. What do you think was the purpose of this study?

3. How well did you know the counselor, who conducted the interview, before you participated in the counseling simulation?

Very well _____:_____:_____:_____:_____:_____ Not at all

4. Do you think you recognized the client in the interview?

Circle one: Yes No

Explanation of Experiment

Experiment 22

The purpose of the experiment in which you participated was to study the effects of client expectations on counselor-client interactions. The information about the counselor which you were given was not true, but was designed to structure your expectations in a positive, negative, or neutral direction. Several measures of your level of anxiety were taken. A more complete explanation of this experiment will be available upon request in late November. So that the results of the study will not be biased, please do not discuss this study with your friends until the end of the month.

Thanks,

Janet Helms
206 Building H

Attraction Scale (DIA)

Subject Reaction Questionnaire

1. How much did you like the counselor as a counselor?

Very _____ Not
much _____ at all

2. How much did you like the counselor as a person?

Very _____ Not
much _____ at all

3. How understanding do you feel the counselor was?

Very _____ Not
at all

4. How much would you like to have more sessions with the counselor?

Very _____ Not
much _____ at all

Attraction Scale (VP)

Subject Reaction Questionnaire

1. How much did you like the counselor as a counselor?

Very _____ Not
much at all

2. How much did you like the counselor as a person?

Very _____ Not
much at all

3. How understanding do you feel the counselor was?

Very _____ Not
much at all

4. How much would you like to have an interview with the counselor?

Very _____ Not
much at all