8-1-1978

Physical Contact in Psychotherapy

Cassandra Lynne Tyson

PHYSICAL CONTACT IN PSYCHOTHERAPY

by
Cassandra Lynne Tyson

Bachelor of Science, Purdue University, 1973

Master of Arts, University of North Dakota, 1975

A Dissertation

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

Grand Forks, North Dakota

August
1978

This Dissertation submitted by Cassandra Lynne Tyson in partial fulfillment of the requirements for the degree of Doctor of Philosophy from the University of North Dakota is hereby approved by the Faculty Advisory Committee under whom the work has been done.

_____
(Chairman)

_____

_____

_____

_____
Dean of the Graduate School

Permission

Title Physical Contact in Psychotherapy

Department Psychology

Degree Doctor of Philosophy

In presenting this dissertation in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the Library of this University shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised my dissertation work or, in his absence, by the Chairman of the Department or the Dean of the Graduate School. It is understood that any copying or publication or other use of this dissertation or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the University of North Dakota in any scholarly use which may be made of any material in my dissertation.

Signature_____

Date_____

ACKNOWLEDGMENTS

I wish to express my appreciation to Dr. James A. Clark under whose supervision I have grown both personally and professionally. I would also like to thank the members of my committee, Drs. J. Dennis Murray, Don M. Tucker, Lila E. Tabor, and Larry J. Dobesh for thier assistance and support. A special note of thanks goes to the therapists, raters, and subjects without whose participation this dissertation would not have been possible. Finally, I would like to thank my friend and finance, Richard G. Carver, for his encouragement and faith in me throughout my years in graduate school.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

Physical contact between therapist and client continues to be an area of both controversy and concern among mental health professionals. Although there has been much theoretical discussion about touching, the literature contains little related empirical research.

Forty undergraduate students participated as subjects in a psychotherapy analogue study. Independent variables were physical contact and sex of therapist. Dependent variables were subject and therapist nonverbal immediacy, speech duration, and affective reaction and subject self-disclosure and perception of therapist interpersonal attitudes. Data on subject experiences with touching and attitudes toward it were also gathered.

The results show no facilitative effects of therapist-initiated physical contact. Quite to the contrary, subjects who were touched reported negative affective reactions and tended to feel less well regarded by the therapist. Only one therapist of each sex was used resulting in a confounding of sex differences with individual differences and, therefore, any differences found between the male and female therapist are most parsimoniously viewed as individual differences including sex differentials but not generalizable to the population of male and female therapists. Neither subject experience with touching nor attitudes toward it were found to significantly influence the

affects of the independent variables. The results are compared with the findings of relevant previous research, implications for psychotherapy are discussed, and directions for future research are sugested.

CHAPTER I

INTRODUCTION

Recent publications in professional journals as well as the latest revision of the APA ethical code indicate that physical contact between therapist and client continues to be an area of both controversy and concern among mental health professionals (Holroyd & Brodsky, 1977; Asher, 1976; Taylor & Wagner, 1976; American Psychological Association, 1977). While there appears to be a general consensus with respect to both the countertherapeutic and the unethical nature of erotic physical contact, a wide range of opinion and practice still exists in the area of nonerotic touching between client and therapist (Holroyd & Brodsky, 1977). Although there has been much theoretical discussion about physical contact, the literature contains little related empirical research.

Theoretical Positions about Physical Contact in Psychotherapy

To understand the current diversity of opinion, it is helpful to briefly review the historical development of the varying theoretical positions currently held with respect to nonerotic physical contact. Several authors (Mintz, 1969a; Forer, 1969) trace the beginning of the therapeutic use of physical contact to healing rituals, such as the "laying-on" of hands, used by primitive medicine, magic, and religion. Physical contact also played an important, though less magical role in the early history of Western European medicine (Mintz, 1969a). For

example, Galen is reported to have used applications of warmth and massage to treat hysteria in women (Veith, 1965). Of more direct relevance to contemporary psychotherapy were the therapeutic strategies of Greatrakes the Stroker and Mesmer (Mintz, 1969a). The former massaged thousands of patients in order to force noxious humors from their bodies while the latter used hand movements in front of the patient's face and around the afflicted body parts to cure a variety of physical and emotional ailments.

Freud is reported to have used physical contact in conjunction with hypnosis: he is described as placing his hands on the patient's forehead in order to facilitate the recall of repressed memories (Freud, 1953; Mintz, 1969a). In his early writings on the treatment of hysteria, Freud makes reference to the beneficial effects of touching and massaging patients (Breuer & Freud, 1955). Freud's subsequent disillusionment with these techniques for the treatment of hysteria and his discovery of transference as well as social forces of his day, including Victorian sexual prudery and the desire of the early psychoanalysts to establish themselves as scientists as opposed to practitioners of religion or magic, are believed to have led to the absolute interdiction of physical contact in traditional psychoanalysis (Mintz, 1969a).

The taboo against touching has been maintained to this day in classical psychoanalysis as well as within psychoanalytically-oriented psychotherapy. This taboo is made explicit by Menninger when he states that "transgressions of the rule against physical contact constitute . . . evidence of the incompetence or criminal ruthlessness of the analyst (1958, p. 40)." Psychoanalytic therapists (Mintz, 1969a; Spotnitz, 1972) describe the current theoretical rationale for this taboo as being

based upon abstinence and transference considerations. According to traditional psychoanalytic theory, physical contact is to be strictly avoided because (1) it leads to therapy becoming a source of gratification in itself; thereby, perpetuating the neurosis and (2) it interferes with the development of an interpretable transference by contributing to a more active role on the part of the therapist.

Within psychoanalytic circles, a distinction has been traditionally made between reconstructive therapy and classical psychoanalytic technique. Reconstructive therapy has been viewed as appropriate for deeply regressed borderline or psychotic clients struggling with pre-oedipal difficulties while classical psychoanalytic technique has been seen as appropriate for neurotic clients working on oedipal conflicts (Bosanquet, 1970). Physical contact, including reassuring touching and possibly the holding and feeding of clients, has been seen as a valuable if not essential aspect of reconstructive therapy (Winnicott, 1954; Little, 1966; Balint, 1968).

The developmental importance of physical contact is frequently referred to by advocates of touching with borderline and psychotic clients (Robertiello, 1974; Bosanquet, 1970; Forer, 1969; Burton & Heller, 1964). In reconstructive therapy, the therapist-client relationship is viewed as one which resembles the mother-child relationship during the first year of life. Therapists who work with these clients emphasize the preverbal nature and particularly the tactile aspects of the interpersonal interactions which characterize the mother-child relationship during the child's first year. For example Forer states, ". . . physical contact is essential to the socialization of the infant, the development of a sense of self, realistic perception of self and others, ability to

establish long-term relationships and to love (1969, p. 229-230)." Research involving primates, maternally deprived children, autistic children, and adult schizophrenics has been cited as experimental evidence for the developmental importance of touching (Harlow & Zimmerman, 1959; Spitz, 1946; Mahler, 1952; Norman, 1955; Fedeen, 1952). On the basis of this early preverbal style of relating, close relationships based on verbal communication are built. Object-relations therapists theorize that disturbances in this early preverbal mother-child relationship result in severe psychopathology. For example, Frank speculates that, "perhaps many personality disorders . . . are due to deprivation of essential tactile experience and to the establishment of signs and symbols upon inadequate or disordered tactile experience (1957), p. 247)." Therefore, it makes sense that reconstructive therapy, which attempts to establish a more solid foundation for developmentally mature, verbally-oriented relationships through a reparative object relationship with the therapist, should involve some of the physical contact which characterizes the intimate relationship of the first year of life.

Although many analytically oriented practitioners (Fromm-Riechmann, 1952; Menninger, 1958; Wolberg, 1967) have chosen to maintain the taboo against touching less disturbed clients in traditional therapy, a few, such as Mintz and Bosanquet, suggest that there are occasions when it is appropriate to engage in physical contact with neurotic clients. For example, Mintz (1969b) encourages the use of touching as symbolic mothering at times when a patient cannot communicate verbally, to convey the therapist's acceptance at times when the patient is overwhelmed by self-loathing, and to strengthen the patient's contact with the external world when it is threatened by anxiety in deep analysis with

neurotic patients. In addition, Bosanquet (1970) views the dichotomy between reconstructive therapy and classical analytic technique as a false one because the client simultaneously functions on a number of developmentally different levels of psychological maturity. For this reason, therapy with neurotic clients may be facilitated by occasionally providing a concrete base for the traditionally symbolic "as if" form. Finally, those psychoanalytically-oriented therapists who sometimes use physical contact as part of their treatment of neurotic clients stress the importance of (1) careful consideration by the therapist of the client's interpersonal dynamics as well as the current state of the therapist-client relationship in deciding whether to make physical contact, (2) discussion and clarification of the significance of the touching as a part of the therapy process, and (3) the counterindication of physical contact for the gratification of client or therapist.

Physical contact has been strongly advocated by some of the therapeutic orientations which have evolved out of classical psychoanalysis, such as Riechian character analysis, those orientations which make up the human potential movement, and as Gestalt and experimental (client-centered) therapy, and by those involved in nonprofessional peer counseling. In character analysis, body therapy, and Gestalt therapy, body work including physical contact is theorized to result in the release of repressed thoughts and feelings (Reich, 1933; Lowen, 1967; Perls, Hefferline, & Goodman, 1951). Experiential therapists emphasize the role of touching in communicating empathy, warmth, and genuineness. For example, Gendlin (1964) views touch as a way of expressing the concern and emotional availability of the therapist. Similarly, Varley (1959)

suggests that touch, better than words, communicates the therapist's understanding and acceptance of the client's emotional state. Jackins (1977), the leader of a nonprofessional peer counseling movement, suggests that physical contact is a basic human need and believes that it facilitates catharsis in peer counseling.

Present concern about sexism in the practice of psychotherapy adds an additional and somewhat new dimension to the debates about the appropriateness of physical contact, especially between male therapists and female clients. Holroyd and Brodsky reviewed articles by several authors who suggest that touching in therapy "reinforces an unequal power relationship between therapist and patient (1977, p. 843)." These authors include Henley (1971), who reports that sex and status determine who touches whom and where, Jourard and Rubin (1968), who found that females are most often touched by males, and Chesler (1971), who describes the power dynamics of the male therapist-female client relationship as closely resembling those of the traditional hierarchial husband-wife relationship.

Summary. Physical contact was an important part of primitive healing rituals and early European medicine. It was used by Freud in his early therapeutic work but eventually became taboo due to his disillusionment with hypnosis, his discovery of transference, and the social forces of his day. Within psychoanalytic circles, the taboo has been relaxed in the treatment of severely disturbed clients and touching is occasionally considered appropriate in therapy with neurotics. Within professional therapy circles, physical contact has received its strongest support from the practitioners of Riechian, Lowenian, Gestalt, and experiential therapy. It is also advocated by those involved in

nonprofessional peer counseling. Recently, concern has been expressed that touching may contribute to sex bias and sex role sterotyping in psychtherapy.

Research on Physical Contact in Psychotherapy

Although theoretical speculation about the effects of touching in psychotherapy is abundant, the literature contains little related empirical research. The research that has been done is limited to (a) an investigation of the effects of touch by psychiatric nurses (Aguilera, 1967), (b) laboratory-analogue studies which involved touching and self-disclosure (Jourard & Friedman, 1970), touching and interpersonal attraction (Boderman, Freed, & Kinnucan, 1972; Breed & Ricci, 1973), and touching and interpersonal openness (Walker, 1975), (c) survey studies in which therapists report their experiences with physical contact (O'Hearne, 1971; Holroyd & Brodsky, 1977), (d) a widely cited experimental study focusing on touch during an initial counseling interview (Pattison, 1973), and (3) an experimental case study investigating the effects of physical contact on client and therapist nonverbal immediacy behaviors and speech duration and on client self-disclosure (Tyson, 1975).

In the earliest study, Aguilera (1967), investigated the effects of touch on interactions between nurses and psychiatric patients. Based on reports of the nurses, patients, and an observer, she concluded that touch gestures initiated by the nurses resulted in increased verbal interaction, improved rapport, more frequent approach behavior, and more positive attitudes on the part of the patients.

The study by Jourard and Friedman (1970) employed a relatively trivial touch manipulation in which the experimenter placed his hand on the subject's back while guilding him into the room. Dependent measures included "client" self-disclosure and positive feelings toward the experimenter and the research setting. Generally, it was found that experimenter self-disclosure, a second independent variable, influenced "client" behavior to a much greater degree than did touching. When the effects of touch were separated from those of experimenter self-disclosure, touch produced no significant results.

Though the use of bogus ESP experiments, Boderman, Freed, and Kinnucan (1972) attempted to provide empirical justification for the encounter group assumption that touching increases interpersonal attraction. They did indeed find that female subjects touched by a female confederate rated the confederate more favorably than did subjects who were not touched; however, their results were not replicated by Breed and Ricci (1973) who controlled for the interpersonal warmth of the confederate.

Walker (1975) studied the behavior of 180 undergraduate students who participated in dyadic encounter group exercises which involved physical contact and were designed to facilitate interpersonal openness. Various personality dimensions were assessed prior to the interaction and dependent measures included openness to touching as rated by trained observers and the subjects' pre and post dyadic exercise responses to an affect adjective check list. Personality characteristics such as sexual guilt, need for affection, and male sexual callousness were found to affect openness to touching. Subjects were seen as not generally open to touching although their openness, as rated by the observers but not by the subjects themselves, did increase with the length of the interaction.

Negative affective reactions were reported and all male dyads were found to be less open than other sex combinations.

O'Hearne (1971) interviewed twenty-five psychotherapists who touch their clients in therapy. The therapists, who used clinical judgment in determining when touching would be helpful, gave very favorable reports. They were aware of possible misinterpretation of their touching behavior but felt that misinterpretation occurred more often among their colleagues than among their clients. The therapists interviewed by O'Hearne also reported that they touched clients more in group settings than in individual therapy.

A more empirically adequate survey was conducted by Holroyd and Brodsky (1977) who assessed the attitudes and behavior of 1000 randomly selected male and female, Ph.D., licensed psychologists. Nonerotic physical contact, including hugging, kissing, or affectionate touching, was viewed as occasionally beneficial by approximately half of the therapists surveyed. They suggested that touching is most appropriate for socially or emotionally immature clients and for those with a history of maternal deprivation. Optimal occasions for physical contact were described as including greeting and termination, periods of acute distress, and other times when emotional support is needed. Sex differences were found with respect to the perceived benefit of nonerotic touching for opposite-sex clients with male therapists perceiving significantly greater benefit for their female clients than did female therapists for their male clients. Sex differences were also present in the reported behavior of male and female therapists: more touching is reported to occur in female therapist-patient dyads and physical contact is said to be more frequently initiated by the female clients of male therapists. Significant

attitudinal and behavioral differences were also found between therapists of different theoretical orientations: humanistic therapists viewed touching as more beneficial and felt it was less often misunderstood by clients than did psychodynamic therapists and humanistic therapists reported engaging in nonerotic physical contact more often than did psychodynamic, behavioral, rational-cognitive, or eclectic therapists.

In the Pattison (1973) study, twenty female subjects who had requested personal counseling were randomly assigned to touch and no touch groups. Those in the touch condition experienced therapist-initiated physical contact during an initial counseling interview. In the physical contact condition, the therapist shook hands with the client prior to the interview, indicated seating position by placing his hand on the client's shoulder, placed his hand on her forearm or hand twice during the interview, and again placed his hand on the client's shoulder as he escorted her out of the office. Both touch and no touch subjects received client-centered counseling stressing reflection of feelings. When the interviews were divided into five minute segments and rated by trained judges using the Depth of Self-Exploration Scale (Traux & Carkhuff, 1967), clients in the touch condition showed significantly greater self-exploration than those who were not touched. However, the touch and no touch groups did not differ in their post-session response to the Relationship Questionnaire, a modified version of the Barrett-Lennard (1962) Relationship Inventory, which assessed the client's perception of the therapist in terms of empathy, regard, congruence, and willingness to be known.

In an experimental ase study, Tyson (1975) used an ABA design to investigate the effects of physical contact during each of four initial

meetings of a male therapist and female client. Dependent measures included therapist and client immediacy (i.e., forward lean, orientation and other-directed gaze) and speech production and client self-disclosure. Time series data for each dependent measure were examined to determine whether client and/or therapist behavior changed in response to touch. Additional correlational analysis were performed to provide information on patterns of concomitant variation, overtime, among immediacy, speech, and disclosure measures. Therapist-initiated touch increased client speech production in two of the sessions but also produced compensatory reductions in client immediacy (e.g., reduced gaze, backward lean), especially in early sessions. The results suggested that the effects of touch on the client-therapist relationship are quite complex and may change as the therapeutic relationship develops. They also highlight the importance of examining the therapist as well as client response to physical contact.

Summary. The available empirical research provides complex and somewhat contradictory findings about the effects of physical contact in therapeutic relationships. Some researchers have found touch to increase verbal interaction, liking, and self-disclosure, improve rapport and lead to more positive patient attitudes while others have found it to produce compensatory reductions in nonverbal immediqcy and elicit negative affective reactions. These contradictory results emphasize the necessity of critically examining the previous research. Along this line, it is important to consider that (a) while Holroyd and Brodsky's recent survey provides more representative data on psychologists' touching behavior than did O'Hearne (1971), opinions about the effects of physical contact

cannot be considered "hard" evidence; (b) Jourard and Friedman used a rather limited touch manipulation which occurred before and not during the interview; (c) the positive findings of Boderman and his colleagues were not replicated when experimental control was made for interpersonal warmth (Breed & Ricci, 1973); (d) Walker's use of very brief nonverbal exercises with strangers makes his results more relevant to encounter groups than to longterm, individual psychotherapy; and, (e) Aguilera's results, while suggestive, are based on gross measures of verbal behavior and attitudes and her experimental procedures are not described with enough precision to assess their adequacy. While more clinically relevant than the analogue studies and more adequately designed than Aguilera (1967), Pattison's study involved only female subjects, took place during an initial interview, and focused only on client reaction to touching. Although Tyson (1975) focused on both therapist and client reactions to physical contact, examined nonverbal behavior, and studied the effects of touch across several actual therapy sessions, its generalizability is limited and uncertainty about the reversability of the touch manipulation raises questions about the appropriateness of its ABA design. Additionally, no attention has been paid to the possible effect of clients' past experiences with and present attitudes toward physical contact. Finally, given the results of Walker's analogue study and the sex differences reported by Holroyd and Brodsky (1977), it may be naive to assume that the effects of touch are unrelated to therapist-client sex combinations.

Relevant Social Psychology Research

Social-psychological theory and research concerning "intimacy-equilibrium" in dyadic interaction (Argyle & Dean, 1965; Patterson, 1973) though not directly related to psychotherapy, is also pertinent to the touching issue. Argyle and Dean proposed that in interpersonal situations there are both approach and avoidance forces (e.g., affiliative needs, fear of intimacy) which eventually balance at some level of mutual comfort for the interactants. Once a comfortable intimacy equilibrium has been established, any change in intimacy by one interactant requires a compensatory adjustment by the other. Empirical research using nonverbal measures of intimacy or immediacy (e.g., interpersonal distance, eye contact, forward lean) generally supports this hypothesis (Patterson, 1973). For example, there is evidence that increases in immediacy (e.g., increased proximity) on one nonverbal dimension are often accompanied or followed by immediacy decreases (e.g., reduced eye contact) on other dimensions. Since touch is generally considered to be the most intimate or immediate of the nonverbal behaviors (Mehrabian, 1972), its initiation by a therapist might under some circumstances be expected to precipitate compensatory withdrawal by the client.

The Present Study

The present study employed a factorial design to examine the effects of physical contact initiated by a male or female therapist on subject self-disclosure and perception of therapist interpersonal attitudes and on subject and therapist speech, affective reactions, and nonverbal immediacy. By monitoring the speech and nonverbal behaviors of both participants, it was possible to study effects of therapist touching not

only on the subject but also on the process of the ongoing dyadic interaction. Data on subjects' past experiences with touching and attitudes toward physical contact in present relationships were collected. These data added experiential and attitudinal dimensions not present in previous research and allowed for the assessment of the effect of these variables on the subjects' responses to therapist initiated physical contact.

The dependent measures were selected because of their hypothesized relevance to the therapeutic process. Client self-disclosure is conceptually similar (though not identical) to the self-exploration measure which was sensitive to the touch manipulation in Pettison's study. Jourard and others (e.g., Rogers, 1961; Mowrer, 1964) consider self-disclosure, or the "act of revealing personal information to others (Jourard, 1971, p. 2)," to be an important process variable in psychotherapy. Research has demonstrated that client self-exploration, which usually involves self-disclosure, leads to favorable outcome in psychotherapy (Rogers, 1964; Rogers & Traux, 1962, 1967; Traux & Carkhuff, 1964, 1967).

Therapist interpersonal attitudes (level of regard, empathic understanding, unconditionality of regard, congruence, and willingness to be known) have been hypothesized by Rogers and others of the client-centered tradition to be facilitative of client growth (Bergin, 1971). A great deal of research has demonstrated the relationship between therapist interpersonal skills as experienced by the client and positive outcome of psychotherapy. In summarizing these studies, Traux and Mitchell (1971) conclude that "therapists or counselors who are accurately emphathic, nonpossessively warm in attitude, and genuine are indeed effective (p. 310)."

The nonverbal immediacy behaviors (observation, forward lean, and body orientation) were included because they have been shown to be important in communicating interpersonal attitudes (Mehrabian, 1972) and thus provide behavioral indicators of closeness or rapport which are indepdendent of self-report. The immediacy behaviors were also used to assess the applicability of the intimacy-equilibrium hypothesis to psychotherapy.

Self-report data on the participants' affective reactions were collected in order to provide a systematic and empirical description of their experience of the interaction. Psychotherapy research collecting similar self-report data and employing factor analysis has identified composite portraits of typical and ideal therapy experiences and patterns of patient, therapist, and dyadic experience and has related these to patient and therapist variables (Orlinsky & Howard, 1975). The assessment of the participants' subjective experience is also important given Walker's (1975) data suggesting negative affective responses to touching in dyadic interactions.

The final dependent variables were subject and therapist speech duration. Since psychotherapy is primarily a verbal interaction between the client and therapist, it is important to know whether touching grossly enhances or inhibits speech production. In addition, research on paralanguage in therapy has begun to show that vocal changes, including differences in speech duration, may be related to changes in client affect within the therapy session (Gladstein, 1974).

The results will speak to several questions: Does touch, as its advocates claim, facilitate closeness, rapport, and disclosure in an interview setting resembling psychotherapy? Or, on the other hand, does

physical contact inhibit potentially therapeutic behaviors, such as self-disclosure, by precipitating negative affective reactions and subject withdrawal? How do past experiences with touching and present attitudes toward physical contact in various relationships affect the subject's response to therapist initiated physical contact? Is the sex of the therapist a significant determinant of the subject's response to physical contact? Finally, what effect does touching have on the subject's perception of the therapist's interpersonal attitudes?

CHAPTER II

METHOD

General Design

In order to assess the effects of physical contact between therapist and client, a 2x2 factorial design was used in a psychotherapy analogue study. Independent variables were physical contact and sex of therapist. Dependent measures included subject and therapist nonverbal immediacy (observation, body orientation, and forward lean), subject and therapist speech duration, subject and therapist reaction to the session, subject self-disclosure, and subject perception of therapist interpersonal attitudes (empathetic understanding, level of regard, unconditionality of regard, congruence, and willingness to be known). Data on the subjects' experiences with physical contact in relationships with parents, siblings, closest friends of each sex, and professional helpers as well as information on the subject's attitudes toward touching in present relationships were also gathered.

Subjects

The subjects were 40 undergraduate students enrolled in psychology courses at the University of North Dakota. There were 28 women and 12 men who participated as subjects. They ranged in age from 17 to 35 years with an average age of 21.

Therapists

One male, age 25, and one female, age 25, served as therapists. Both were advanced graduate students enrolled in a doctoral training program in clinical psychology and were selected in part because of their verbally expressed willingness to use physical contact in therapeutic interviews.

Prior to the study, the therapists were given written guidelines (see below) describing the touch procedure and criteria to be used in determining when to make physical contact with the subject. They then practiced the procedure in preliminary sessions with volunteer subjects and received feedback from the experimenter and the volunteers as to the naturalness and/or appropriateness of their touching behavior.

Setting, Apparatus, and Materials

Except for pretesting, which was done in the subject's psychology class, the experiment was conducted at the University of North Dakota Psychological Services Center. Initial group sessions were held in a relatively large room which is used primarily for group therapy. Subsequent individual sessions took place in a carpeted, 10x12 foot room which was furnished with two straight-back chairs, a desk, armchair, and end table. Next to the straight-back chairs, which were occupied by the subject and therapist, was a 4x3 foot one-way mirror through which the session was observed from an adjacent room. Observers used Meylan stopwatches to monitor the duration of observation and speech. Data sheets were used to record duration data and observers' ratings of lean, orientation, and physical contact. The individual sessions were recorded

using a Pioneer stereo cassette tape deck located in the observation room and connected to the audio-monitoring facilities of the Psychological Services Center.

Procedure

At the beginning of the 1977 summer session, students in psychology classes were asked by the experimenter or their course instructor to complete the Physical Contact Questionnaire (see Appendix I). Those who completed the questionnaire were subsequently contacted by the experimenter or her assistant and asked to participate in a study of interpersonal relationships. (In order to prevent potential subjects from associating the questionnaire with the research project, any student pretested by the experimenter was contacted by the assistant.) Students agreeing to participate in the project were then randomly assigned to treatment conditions.

In order for the subjects to establish a comfortable relationship with the therapist prior to their individual meeting, each attended a one-hour group session (approximately 10 subjects per group) led by their therapist. At the beginning of the group session, the therapist was introduced to the group and the following explanation was given:

> In this experiment, we are interested in studying interpersonal relationships in a variety of situations. Tonight you will be asked to participate in several activities which will involve relating to others in a group setting. Later this month, each of you will meet individually with the leader of your group.

The group leader then asked the subjects to identify themselves by name and requested that they choose, as a partner for an introductory activity, another subject whom they did not know. So that all subjects had an equal amount of contact with the therapist prior to the individual

session, a confederate was placed in each group to serve as a partner for the therapist during this activity. The following directions were used to structure the introductory activity:

> As a pair you will have 10 minutes to get to know each other. During the first 5 minutes, I would like one member of the pair to talk and the other member to listen. As the speaker, you are to tell your partner about yourself. For example, you may choose to talk about activities you enjoy in your spare time, where you are from and what you are doing at the University of North Dakota, what you like about yourself, etc.; just, in general, anything about yourself which you are willing to share that will help another person get acquainted with you. A bell will ring at the end of 5 minutes: that means it's time for the speaker and the listener to trade places. At the end of the 10 minutes, each of you will introduce your partner to the rest of the group. Are there are questions?

At the end of the 10 minute interaction time, the group reformed and the members, including the therapist and the confederate, introduced their partners to the group.

The next activity involved the group members sharing a happy memory and was introduced with the following instructions:

> Now that we know each other a bit more, I'd like to again go around the circle but this time I want each of you to share with the group a memory of a happy experience. So, take some time right now and think of a past experience which was a happy one for you. You will each have three minutes to tell the group about your happy memory.

As a final group activity, members were asked to "tell the group one thing which you enjoyed about this evening's experience." In this, as in all activities, the confederate shared first in order to model a comfortable level of self-disclosure. Following the group interaction, appointments were scheduled by the therapist for the subjects' individual sessions.

Sometime during the month following the group interaction, each subject participated in a 30 minute individual session with the therapist

who had led their group. (The length of time between the group meeting and the individual session ranged from one to five weeks with a two week time separation being about average.) At the onset of the individual session, the subject was informed that the session would be recorded on audiotape as well as observed by research personnel located behind a one-way mirror. Confidentiality was discussed and the subject was assured that only the research staff would have access to recordings of the individual interview. The subject was then asked to share with the therapist one or more personally significant past experiences. The following instructions were given:

> As you will remember from the group meeting, the experimenter is interested in studying interpersonal relationships. An important part of most relationships is the opportunity to share one's thoughts and feelings with another person. In the previous group meeting, I became acquainted with you and during the next 30 minutes I'd like to get to know you better. In order to do this, I would like you to tell me about those important experiences throughout your lifetime, beginning early in childhood, which you consider to have been of importance in the sense of leaving a strong impression on your personality.

This task was designed to elicit the cognitive and affective behaviors which might occur within the context of psychotherapy. As the subject related his or her past experiences, the therapist listened attentively and used client-centered techniques such as reflection of feelings.

In addition to the above, half of the subjects experienced physical contact which followed guidelines described by Pattison (1973). Prior to the session, the therapist shook hands with these subjects and placed his or her hand on their back or shoulder while indicating which room to enter and where to sit. During the session, touching could include the therapist placing his or her hand on the subject's hand or lower arm or placing his or her hand and arm on the subject's upper back or

shoulder. Therapists were asked to attempt physical contact at least four times during the session but the timing and length of the touching were left to the judgment of the therapist. Criteria upon which judgments were to be based followed O'Hearne (1971) and Pattison (1973). In general, the therapist could touch (1) when interrupting to seek clarification or to summarize; (2) when the subject held hir or her body rigid while showing high levels of affect; (3) when the subject needed support or reassurance; or (4) when other communication channels were blocked. Following the session, the therapist escorted these subjects from the room by placing his or her hand on the subject's upper back or shoulder as they left the room.

Immediately after each individual session, the subject completed the Barrett-Lennard (1962) Relationship Inventory (see Appendix II), and the Subject Reaction Questionnaire (see Appendix III) while the therapist, in an adjacent room, responded to the Therapist Reaction Questionnaire (see Appendix IV). Additionally, each subject was asked to write a paragraph speculating as to the nature of the research in which he or she had been involved. The subject was then debriefed by the experimenter and those in the touching condition were asked to describe their reaction to the physical contact.

Observation of Physical Contact. In order to assure that all therapist initiated physical contact followed the guidelines described above and to provide information as to when and why, in the observer's judgment, touching had occurred, the individual sessions in which physical contact could occur were monitored by the assistant experimenter. During these sessions, the assistant recorded whether physical contact

was present or absent in each 30 second interval (these intervals corresponded to those in which the nonverbal immediacy variables were measured) and judged which of the guidelines listed above might have led the therapist to touch the subject.

Measurement of Past Experience with Physical Contact and Attitudes Toward It. In order to obtain information about the subjects' past experience with physical contact and their attitudes toward it, the Body Contact Questionnaire used by Jourard and Robin (1968) was modified to provide historical and attitudinal data. The resulting Physical Contact Questionnaire (see Appendix I) surveyed the extent of the subjects' experience with touching on various body regions at different times in their lives (prior to adolescence, during adolescence, and at the present time) by parents,siblings, closest friends of each sex, and professional helpers. In addition, the subjects rated on a Likert type scale their affective reactions to being touched on various body regions in their present relationships with parents, siblings, closest friends of each sex, and professional helpers.

The section of the questionnaire pertaining to the subjects' experiences with physical contact was scored by assigning the numerical values of 0, 1, and 2 to the subjects' responses of A, B, and C respectively. A "0" indicated that the specified body region was never touched, a "1" that it was rarely touched, and a "2" that physical contact with the region was a regular part of the relationship. The attitudinal section of the questionnaire was scored by using the numerical ratings assigned by the subjects themselves. Here the numbers one through five were used by the subjects to describe their subjective perception

(repulsive, uncomfortable, tolerable, comfortable, desirable). Scores from both sections were then summed to yield five composite scores representing experience with physical contact during each time period (i.e., childhood, adolescence, present time), total experience, and attitude toward touching at the present time. Since all subjects did not have siblings and many subjects expressed confusion during the debriefing interview about the professional helper category, only subjects' responses pertaining to touching in relationships with father, mother, same sex friend, and opposite sex friend were used to obtain the composite scores.

Coefficient alpha (Nunnally, 1967) was used to estimate the reliability of the composite scores. This procedure provides an estimate of reliability which is based on internal consistancy. The Physical Contact Questionnaire composite scores were found to be of satisfactory reliability: $\underline{r}$ = .91 for childhood, $\underline{r}$ = .88 for adolescence, $\underline{r}$ = .93 for present time, $\underline{r}$ = .96 for total experience, and $\underline{r}$ = .90 for attitude.

Dependent Measures

Data for immediacy, speech duration, and self-disclosure were collected during the 30 minute individual sessions. Each session was divided into three, 9 minute observational segments and three, 1 minute rest periods (for the observers). Within each 9 minute segment, one data point for each of these dependent measures was obtained in each of 18 consecutive 30 second intervals. Thus, for each of the measures listed above, there were a total of 54 data points per subject.

The subject's perception of the therapist's interpersonal attitudes and the reaction of the subject and the therapist to the session were assessed immediately following each individual session. The

Barrett-Lennard (1962) Relationship Inventory (see Appendix II), which provides scores on the therapist's level of regard, empathic understanding, congruence, unconditionality of regard, and willingness to be known, served as a measure of the subject's perception of the therapist. A modified version (see Appendices III and IV) of the Orlinsky and Howard (1966) Therapy Session Report was used by the subject and the therapist to describe the session they had just experienced.

Measurement of Immediacy and Speech Duration. Subject and therapist forward lean, body orientation, observation, and speech duration were monitored by three observers located behind a one-way mirror. As described above, data were collected during a number of 30 second recording intervals. During the first 15 seconds of each interval, observer #1 operated a stopwatch whenever the subject looked in the vicinity of the therapist's eyes. This provided the measure of subject observation. Therapist observation was monitored in a similar manner by observer #2. Observer #3 operated two stopwatches, one for each participant, whenever the subject or therapist spoke. This provided the measure of speech duration. At the 15 second point, observer #1 noted subject forward lean and body orientation while observer #2 made similar ratings of the therapist. During the remaining 14 seconds, all observers entered the time elapsed and the ratings on data sheets and reset the stopwatches for the next recording interval. A timer tape playing in the observation room signaled the beginning and midpoint of each 30 second interval.

The following immediacy and speech duration measures were recorded for the subject and therapist:

(1) Forward lean: Based on the number of degrees that a plane from the participant's shoulders to his hips is away from

a vertical plane (Mehrabian, 1972), a four point rating scale was used, ranging from "4" (lean approximately 60 degrees forward from a vertical plane), through "3" (lean approximately 30 degrees forward from a vertical plane), and "2" (vertical position), to "1" (leaning back approximately 45 degrees from a vertical position).

(2) Body orientation: Based on the number of degrees a plane perpendicular to the plane of one of the participant's shoulders is turned away from the median plane of the other participant (Mehrabian, 1972), a four point rating scale was used. A directly frontal orientation was rated "4," with progressive deviations from frontal orientation in either direction rated "3" (45 degree deviation), "2" (90 degree deviation), and "1" (135 degree deviation), respectively.

(3) Observation: The percentage of the 15 second recording interval during which the participant looked in the vicinity of the other participant's eyes.

(4) Speech duration: The percentage of the 15 second recording interval during which the participant spoke.

Initial reliability data were obtained during a preliminary session during which pairs of observers monitored and rated independently the speech and immediacy behaviors of practice subjects. Following the procedure described above, observers #1 and #2 rated the observation, lean, and orientation for the same subject over a 30 minute period. At the same time the two persons who alternately served as observer #3 monitored the speech duration of both participants. Observers' ratings of each measure, when correlated over 54 data points, yielded interjudge reliabilities of r = 1.00 for lean, r = 1.00 for orientation, r = .91 for observation, r = .92 for subject A's speech duration, and r = .90 for subject B's speech duration. In order to assure that rater reliability remained at an acceptable level throughout the research project, reliability data were also collected immediately after the twentieth individual session. At this midway point, the reliability estimation procedure described above provided interjudge reliabilities of r = 1.00 for

lean, r = 1.00 for orientation, r = .94 for observation, and r = .95 for the speech duration of both participants. Thus, the reliability estimates for each of the speech and immediacy measures appears to be very satisfactory.

Measurement of Self-Disclosure. Individual sessions were recorded using a Pioneer stereo cassette tape deck located in the observation room and connected to the audio-monitoring facilities of the Psychological Services Center. Audio tapes were divided into 30 second intervals roughly corresponding to those used for the collection of speech and immediacy data. These 30 second intervals were then rated for subject self-disclosure.

Self-disclosure ratings were based on the Haymes (1969) technique, which defines self-disclosure as "expressions of emotion and emotional processes, expressions of needs, expressions of self-awareness (Jourard, 1971, p. 216." A three point scoring system is used in which self-disclosure with a first person reference receives two points while reflexive third person references receives one point. Speech not falling into one of the disclosure categories receives a score of zero. Each statement within each 30-second interval was rated using this system and the score of the maximally disclosing statement in the interval was used as the rating for the entire interval.

Reliability data for the self-disclosure measure were obtained at two points during the rating process. Self-disclosure judges initially rated 54 identical 30 second intervals (representing one individual session) and these ratings when correlated yielded an interjudge reliability of r = .62. After each judge had rated 10 of the individual

session tapes, they again rated 54 identical 30 second intervals and an interjudge reliability of r = .62 was obtained. The judges then each rated half of the remaining individual session tapes.

Measurement of Subject Perception of Therapist Interpersonal Attitudes. The Barrett-Lennard (1962) Relationship Inventory (see Appendix II) was used to assess the subjects' perception of therapist interpersonal attitudes. The Inventory consists of 92 statements describing the empathic understanding, level of regard, unconditionality of regard, congruence, and willingness to be known of the therapist as experienced by the subject during the interview. The subject is asked to rate on a six point scale the degree to which each of these statements is true in his or her present relationship with the therapist. The subject's responses are then combined to form five subscales corresponding to the therapist attitudes listed above and may also be summed to yield an overall measure of the therapist's interpersonal style as perceived by the subject.

Barrett-Lennard (1962) reports split-half reliabilities for subscale scores ranging from r = .82 to r - .93. He assessed both content and construct validity: only those items on whose relevance and direction of scoring judges could perfectly agree were retained in the final form of the inventory and four of the subscales (level of regard, empathic understanding, congruence, and unconditionality of regard) have been found to predict personality change in psychotherapy (Barrett-Lennard, 1962).

Measurement of Subject and Therapist Reaction to the Session. So that information about the affective reactions of the subjects and therapists could be obtained, the Orlinsky and Howard (1966) Therapy

Session Reports were modified in order to make them appropriate for the analogue nature of the present study. The resulting Subject and Therapist Reaction Questionnaires (see Appendices III and IV) provided an opportunity for each participant to rate the session in general and to describe both their own affective reaction and their perception of the other participant's feelings on an affective adjective checklist. In addition, each subject rated their therapist's level of understanding, helpfulness, and warmth while the therapist rated these variables as well as the degree to which he or she had been looking forward to the session, the extent to which his or her personal reactions interfered with the session, and the level of rapport he or she believed to have been established.

Except for the affective adjective checklists, the ratings assigned by the participants were used directly in the scoring of the Subject and Therapist Reaction Questionnaires. The scoring of the affective adjective checklist was based in part on a factor analytic study (Orlinsky and Howard, 1975) of a similar but not identical questionnaire. Various adjectives checked by the subjects were combined to form two affective reaction factors ("good" and "bad") and three factors describing the therapist ("pleased," "effective," and "invested") while several of the adjectives endorsed by the therapists contributed to a "good" factor describing a positive affective reaction to the session on the part of the therapist. In addition to these factors, adjectives of particular relevance to the issue of touching in psychotherapy were scored by directly using the participants' ratings. Appendices III and IV provide detailed information about the scoring of the Reaction Questionnaires.

CHAPTER III

RESULTS

The results of the study are presented in five sections. First, the method of data analysis is described. Next, the effects of physical contact are reported as well as related descriptive information about the therapists' touching behavior. Third, the results of the sex of therapist variable and its interaction with physical contact are discussed. Fourth, the effects of these independent variables across time are described. Last, the impact of the experiential and attitudinal covariates is mentioned. A summary of the results may be found in Tables 1-4, each of which presents the effects of the independent variables on a specific dependent measure, in Appendix V, which shows the means for all dependent measures, and in Appendix VI, which provides descriptive information about therapist touching behavior.

Analysis of variance was used to examine the effects of physical contact initiated by a male or female therapist on subject and therapist affective reactions to the session and on subject perception of therapist interpersonal attitudes. Descriptive as well as inferential statistics were employed to analyze the data provided by the observer of the therapists' touching behavior. Repeated measures analysis of variance was used to determine whether the effects of touching on subject and therapist nonverbal immediacy and speech duration and on subject self-disclosure varied across time within the session. To assess the impact

TABLE 1

ANALYSIS OF VARIANCE FOR SUBJECT AFFECTIVE REACTION

Dependent Measure	Independent Variable	F	Significance	Percentage of Total Sum of Squares
How do you feel about the session	TOUCH	5.547	0.025*	12.86
	SEXTH	0.236	over 0.500	0.55
	TOUCH X SEXTH	1.343	0.255	3.11
Good "Factor"(S)	TOUCH	6.950	0.013*	16.11
	SEXTH	0.097	over 0.500	0.23
	TOUCH X SEXTH	0.097	over 0.500	0.23
Bad "Factor"(S)	TOUCH	1.603	0.214	4.15
	SEXTH	0.001	over 0.500	0.00
	TOUCH X SEXTH	1.040	0.315	2.69
Embarrassed(S)	TOUCH	1.551	0.222	4.64
	SEXTH	0.119	over 0.500	0.31
	TOUCH X SEXTH	0.675	0.417	1.76
Close(S)	TOUCH	5.344	0.027*	11.91
	SEXTH	3.195	0.083	7.12
	TOUCH X SEXTH	1.316	0.260	2.93
Affectionate(S)	TOUCH	6.320	0.017*	14.85
	SEXTH	0.225	over 0.500	0.53
	TOUCH X SEXTH	0.002	over 0.500	0.01

TABLE 1--Continued

Dependent Variable	Independent Variable	F	Significance	Percentage of Total Sum of Squares
Sexually Attracted(S)	TOUCH	1.428	0.240	3.62
	SEXTH	1.921	0.175	4.87
	TOUCH X SEXTH	0.112	over 0.500	0.28
Confused(S)	TOUCH	1.451	0.237	3.74
	SEXTH	1.921	0.175	4.87
	TOUCH X SEXTH	0.013	over 0.500	0.03
Cautious(S)	TOUCH	0.709	over 0.500	1.89
	SEXTH	0.048	0.406	0.13
	TOUCH X SEXTH	0.817	0.372	2.18
Understanding Therapist	TOUCH	2.609	0.116	6.47
	SEXTH	0.417	over 0.500	1.04
	TOUCH X SEXTH	1.278	0.266	3.17
Helpful Therapist	TOUCH	0.015	over 0.500	0.64
	SEXTH	0.242	over 0.500	0.04
	TOUCH X SEXTH	1.510	0.228	4.00
Friendly and Warm Therapist	TOUCH	0.071	over 0.500	0.18
	SEXTH	0.503	0.483	1.28
	TOUCH X SEXTH	2.838	0.101	7.20
Pleased "Factor"(T)	TOUCH	Very Small		0.69
	SEXTH	0.263	over 0.500	0.00
	TOUCH X SEXTH	1.907	0.176	5.00

TABLE 1--Continued

Dependent Measure	Independent Variable	F	Significance	Percentage of Total Sum of Squares
Effective "Factor"(T)	TOUCH	0.097	over 0.500	6.63
	SEXTH	2.602	0.116	0.25
	TOUCH X SEXTH	0.545	0.465	1.39
Invested "Factor"(T)	TOUCH	0.697	0.410	4.45
	SEXTH	1.661	0.206	1.86
	TOUCH X SEXTH	0.002	over 0.500	0.00
Close(T)	TOUCH	0.197	over 0.500	0.07
	SEXTH	0.027	over 0.500	0.54
	TOUCH X SEXTH	0.459	over 0.500	1.25
Affectionate(T)	TOUCH	0.200	over 0.500	0.75
	SEXTH	0.283	over 0.500	0.53
	TOUCH X SEXTH	1.000	0.324	2.67
Attracted(T)	TOUCH	0.037	over 0.500	0.40
	SEXTH	0.146	over 0.500	0.10
	TOUCH X SEXTH	0.825	0.370	2.23
Apprehensive and Unsure(R)	TOUCH	0.107	over 0.500	0.66
	SEXTH	0.242	over 0.500	0.29
	TOUCH X SEXTH	0.242	over 0.500	0.66

*denotes significance at .05 level
TOUCH = touch; no touch
SEXTH = sex of therapist
DF = 1

(S) represents the subject describing self
(T) represents the subject describing the therapist

TABLE 2

ANALYSIS OF VARIANCE FOR SUBJECT PERCEPTION OF THERAPIST INTERPERSONAL ATTITUDES

Dependent Measure	Independent Variable	F	Significance	Percentage of Total Sum of Squares
Level of Regard	TOUCH	3.902	0.057	10.23
	SEXTH	0.002	over 0.500	0.01
	TOUCH X SEXTH	0.224	over 0.500	0.59
Empathy	TOUCH	0.072	over 0.500	0.20
	SEXTH	0.926	0.343	2.59
	TOUCH X SEXTH	0.770	0.387	2.15
Congruence	TOUCH	1.078	0.307	2.95
	SEXTH	0.454	over 0.500	1.24
	TOUCH X SEXTH	1.054	0.312	2.88
Unconditionality of Regard	TOUCH	0.980	0.330	2.54
	SEXTH	1.999	0.167	5.19
	TOUCH X SEXTH	1.564	0.220	4.06
Willingness to be Known	TOUCH	0.257	over 0.500	0.73
	SEXTH	0.097	over 0.500	0.23
	TOUCH X SEXTH	0.665	0.421	1.90
Total	TOUCH	1.401	0.245	3.83
	SEXTH	0.032	over 0.500	0.09
	TOUCH X SEXTH	1.158	0.290	3.17

TABLE 2--Continued

Dependent Measure	Independent Variable	F	Significance	Percentage of Total Sum of Squares
Willing to see	TOUCH	1.784	0.190	4.79
Therapist if	SEXTH	0.463	over 0.500	1.24
Needed Help	TOUCH X SEXTH	0.124	over 0.500	0.33

*denotes significance at .05 level
TOUCH = touch; no touch
SEXTH = sex of therapist
df = 1

TABLE 3

ANALYSIS OF VARIANCE FOR NONVERBAL IMMEDIACY MEASURES, SPEECH DURATION, AND SELF-DISCLOSURE

Dependent Measure	Independent Variable	F	Significance	Percentage of Total Sum of Squares
Subject Observation	TOUCH	1.622	0.215	3.33
	SEXTH	2.881	0.102	5.92
	TOUCH X SEXTH	0.037	over 0.500	0.08
	TIME	2.862	under 0.001*	3.25
Therapist Observation	TOUCH	very small		0.00
	SEXTH	4.968	0.035*	3.31
	TOUCH X SEXTH	0.116	over 0.500	0.08
	TIME	5.655	under 0.001*	13.42
Subject Forward Lean	TOUCH	0.352	over 0.500	0.77
	SEXTH	1.049	0.315	2.29
	TOUCH X SEXTH	2.495	0.126	5.45
	TIME	0.455	over 0.500	0.41
Therapist Forward Lean	TOUCH	0.715	0.406	0.90
	SEXTH	15.999	under 0.001*	20.06
	TOUCH X SEXTH	0.285	over 0.500	0.36
	TIME	0.699	over 0.500	0.99
Orientation	TOUCH	0.664	0.422	1.12
	SEXTH	24.058	under 0.001*	40.71
	TOUCH X SEXTH	0.507	0.482	0.86
	TIME	1.966	0.012*	0.48

TABLE 3--Continued

Dependent Measure	Independent Variable	F	Significance	Percentage of Total Sum of Squares
Subject Speech Duration	TOUCH	0.469	0.500	0.32
	SEXTH	4.093	0.054*	2.82
	TOUCH X SEXTH	5.816	0.023*	4.01
	TIME	10.817	under 0.001*	19.52
Therapist Speech Duration	TOUCH	0.761	0.391	0.31
	SEXTH	0.627	0.435	0.26
	TOUCH X SEXTH	3.322	0.080	1.37
	TIME	15.448	under 0.001*	24.88
Subject Self-Disclosure	TOUCH	0.094	over 0.500	0.06
	SEXTH	0.014	over 0.500	0.01
	TOUCH X SEXTH	1.935	0.176	1.18
	TIME	4.278	under 0.001*	10.74

*denotes significance at .05 level
TOUCH = touch; no touch
SEXTH = sex of therapist
df = 1
Time was never found to interact with touch or sex of therapist so interaction effects are not listed.

TABLE 4

ANALYSIS OF VARIANCE FOR THERAPIST AFFECTIVE REACTION

Dependent Measure	Independent Variable	F	Significance	Percentage of Total Sum of Squares
How do you Feel about the Session	TOUCH	0.002	over 0.500	0.00
	SEXTH	7.992	0.008*	16.95
	TOUCH X SEXTH	3.143	0.085	6.67
Embarrassed(S)	TOUCH	0.089	over 0.500	0.22
	SEXTH	3.945	0.055*	9.84
	TOUCH X SEXTH	0.039	over 0.500	0.10
Close(S)	TOUCH	2.802	0.103	3.39
	SEXTH	43.711	under 0.001*	52.96
	TOUCH X SEXTH	0.028	over 0.500	0.03
Affectionate(S)	TOUCH	0.220	over 0.500	0.55
	SEXTH	0.220	0.060	9.39
	TOUCH X SEXTH	3.775	over 0.500	0.55
Anxious(S)	TOUCH	0.237	over 0.500	0.62
	SEXTH	1.508	0.228	3.93
	TOUCH X SEXTH	0.658	0.433	1.71
Inhibited(S)	TOUCH	0.798	0.378	2.04
	SEXTH	1.834	0.185	4.68
	TOUCH X SEXTH	0.519	0.476	1.33

TABLE 4--Continued

Dependent Measure	Independent Variable	F	Significance	Percentage of Total Sum of Squares
Confused(S)	TOUCH	0.155	over 0.500	0.34
	SEXTH	9.931	0.004*	21.50
	TOUCH X SEXTH	0.099	over 0.500	0.22
Cautious(S)	TOUCH	0.175	over 0.500	0.44
	SEXTH	1.120	0.297	2.81
	TOUCH X SEXTH	2.559	0.119	6.42
Sexually Attracted(S)	TOUCH	1.237	0.274	3.12
	SEXTH	1.237	0.274	3.12
	TOUCH X SEXTH	1.237	0.274	3.12
Looking Forward to Session(T)	TOUCH	0.009	over 0.500	0.02
	SEXTH	2.889	0.098	7.19
	TOUCH X SEXTH	1.200	0.270	3.14
Interference by Personal State(T)	TOUCH	3.079	0.088	7.12
	SEXTH	2.075	0.159	4.80
	TOUCH X SEXTH	2.075	0.159	4.80
Level of Rapport Established	TOUCH	0.437	over 0.500	1.10
	SEXTH	1.844	0.183	4.71
	TOUCH X SEXTH	0.911	0.347	2.32
Understood Subject	TOUCH	2.657	0.112	2.84
	SEXTH	54.723	under 0.001*	58.45
	TOUCH X SEXTH	0.262	over 0.500	0.27

TABLE 4--Continued

Dependent Measure	Independent Variable	F	Significance	Percentage of Total Sum of Squares
Helpful to Subject	TOUCH	0.070	over 0.500	0.15
	SEXTH	9.132	0.005*	20.20
	TOUCH X SEXTH	0.010	over 0.500	0.02
Warm and Friendly to Subject	TOUCH	0.162	over 0.500	0.26
	SEXTH	22.965	under 0.001*	39.50
	TOUCH X SEXTH	6.028	over 0.500	0.05
Good "Factor"(T)	TOUCH	0.788	0.581	1.93
	SEXTH	0.288	over 0.500	0.70
	TOUCH X SEXTH	3.843	0.058	9.39
Apprehensive and Unsure(T)	TOUCH	0.689	0.412	1.71
	SEXTH	0.900	0.350	2.23
	TOUCH X SEXTH	2.756	0.106	6.83
Attracted(T)	TOUCH	0.092	over 0.500	0.19
	SEXTH	12.840	0.001*	26.21
	TOUCH X SEXTH	0.059	over 0.500	0.12
Affectionate(T)	TOUCH	0.128	over 0.500	0.35
	SEXTH	0.004	over 0.500	0.01
	TOUCH X SEXTH	0.354	over 0.500	0.97
Close(T)	TOUCH	2.022	0.164	0.86
	SEXTH	194.238	under 0.001*	82.91
	TOUCH X SEXTH	2.022	0.164	0.86

TABLE 4--Continued

Dependent Measure	Independent Variable	F	Significance	Percentage of Total Sum of Squares
Sexually Attracted(T)	TOUCH	0.031	0.237	3.12
	SEXTH	0.031	0.237	3.12
	TOUCH X SEXTH	0.031	0.237	3.12

*denotes significance at .05 level
TOUCH = touch; no touch
SEXTH = sex of therapist
df = 1
(S) represents the therapist describing the subject
(T) represents the therapist describing self

of subject past experience with touching and attitudes toward it on the reaction to therapist initiated physical contact, analysis of covariance was performed on the data for subject and therapist affective reaction to the session and subject perception of therapist interpersonal attitudes.

Effects of Physical Contact

Of greatest interest are the effects of therapist initiated physical contact. As can be seen in Table 1 and Appendix V, the presence or absence of touching resulted in several significant differences in subject affective reaction to the session: subjects who were touched rated the session lower than those who were not and they reported feeling less good following the session and less close and less affectionate toward the therapist. Physical contact was also found to produce nearly significant differences in subject perception of therapist level of positive regard (see Table 2). Subjects who were touched felt less well regarded by the therapist than did those who were not (see Appendix V). Physical contact did not significantly affect subject or therapist nonverbal immediacy or speech duration, subject self-disclosure, therapist interpersonal attitudes other than level of regard (see Tables 2-4).

Descriptive Information About Therapist Touching Behavior

The results described in the preceeding paragraph should be considered in light of information on the therapists' touching behavior provided by the assistant experimenter who observed all the sessions in which physical contact occurred. There were an average of 4.70 touches per subject in the physical contact condition with a standard deviation

of 1.03 and a range of three to six touches per subject. Three of the physical contacts experienced by each subject involved routine social interactions such as shaking hands prior to the session. The remainder of the touches occurred within the session with the most frequent reason for physical contact, in the judgment of the observer, being its use to interrupt the subject to seek clarification or to summarize (30 to 34 within session touches). In addition, touching was used once to provide support or reassurance and three times when other communication channels were blocked. A t-test was employed to assess whether there were differences in the amount of touching initiated by the two therapists: the male therapist was found to engage in significantly more physical contact than did the female therapist ($t = 2.43$; $p < .05$). More detailed information about therapist touching behavior may be found in Appendix VI.

Effects of Sex of Therapist

Also of interest are the effects of the sex of therapist variable and the interactions between this independent variable and touch. In considering these results, it should be remembered that only one therapist of each sex was used and, therefore, sex differences are confounded with individual differences. Keeping this in mind, it is interesting to note that the sex of therapist variable is associated with significant differences in nonverbal immediacy, subject speech duration, and therapist affective reaction. As can be seen in Table 3 and Appendix V, the male therapist engaged in less eye contact (therapist observation) but maintained a more direct orientation and leaned forward more than did the female therapist. Subjects of the male therapist were found to

produce significantly more speech than did those interacting with the female therapist. Table 4 and Appendix V summarize the results for therapist affective reaction. Here, the male therapist rated the session more highly, described his subjects as feeling more embarrassed, closer, and less confused, rated himself more highly (more understanding, helpful, warm and friendly), and described himself as closer and more attracted to the subjects than did the female therapist. These differences were not perceived and/or reported by the subjects (see Table 1) nor did sex of therapist result in significant differences in subject self-disclosure, therapist speech duration, or subject perception of therapist interpersonal attitudes (see Tables 3 and 2). The only significant interaction between touch and sex of therapist occurred in relation to subject speech duration: the subjects of the female therapist who were not touched talked more than did those who were touched while the opposite held for subjects of the male therapist (see Table 3, Figure 1, and Appendix V).

Effects of Independent Variables Across Time

To assess whether the effects of the independent variables changed across time within the session, data on subject and therapist nonverbal immediacy and speech duration and on subject self-disclosure were collected at 30 second intervals throughout the session. This resulted in 54 data points for each dependent variable which were pooled across three consecutive, 30 second recording intervals to produce the 18 data points (each representing a 90 second time interval) which were used in the repeated measures analysis of variance. As can be seen in Table 3, there were no significant interactions between either of the independent variables

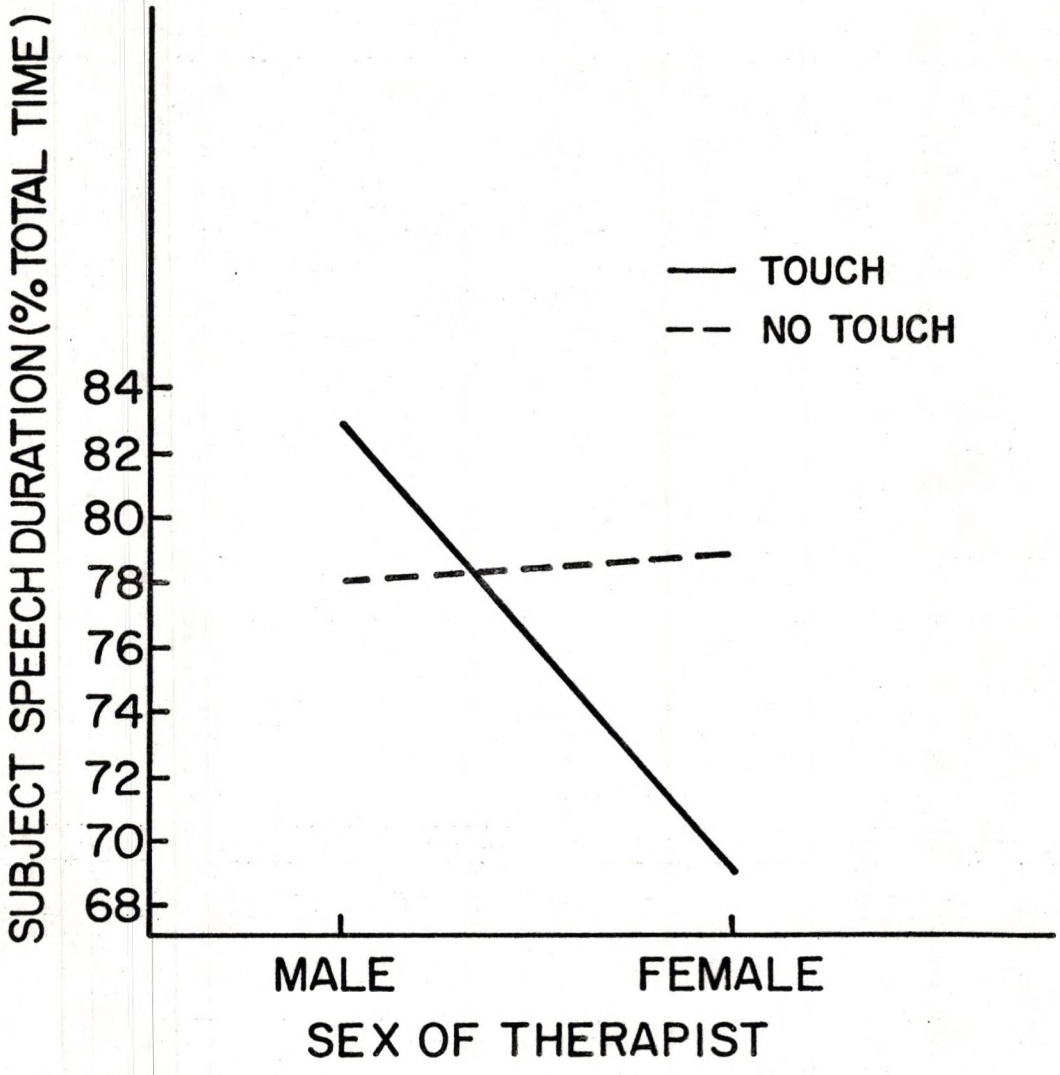


Fig. 1. Touch and Sex of Therapist Interaction

and the time interval in which the observation on the dependent measure was made. There were, however, significant main effects for time on subject and therapist observation, speech duration, and orientation and on subject self-disclosure. As Figures 2-4 illustrate, highly discrepant observations during the initial time interval for subject and therapist observation and speech duration and subject self-disclosure appear to account for most of the variability across time in these measures. Reference to Figure 5 suggests that the orientation between the subject and therapist gradually became more direct during the first half of the session and then maintained a consistent level of immediacy until the end of the session.

Experiential and Attitudinal Covariates

Analyses of covariance, using childhood, adolescent, present, and total experience with physical contact as well as present attitudes toward touching as covariates, were done to assess the impact of experience and attitudes on subject reaction to physical contact, as assessed by the Barrett-Lennard Relationship Inventory and the Subject Reaction Questionnaire, and on therapist reaction, as assessed by the Therapist Reaction Questionnaire. None of the experiential or the attitudinal covariates were found to significantly influence the ffects of the independent variables and for this reason no more detailed description of the results of these analyses is provided.

Summary

Both descriptive and inferential statistics were used to analyze the data. Therapist-initiated physical contact was found to produce significant differences in subject affective reaction and nearly significant

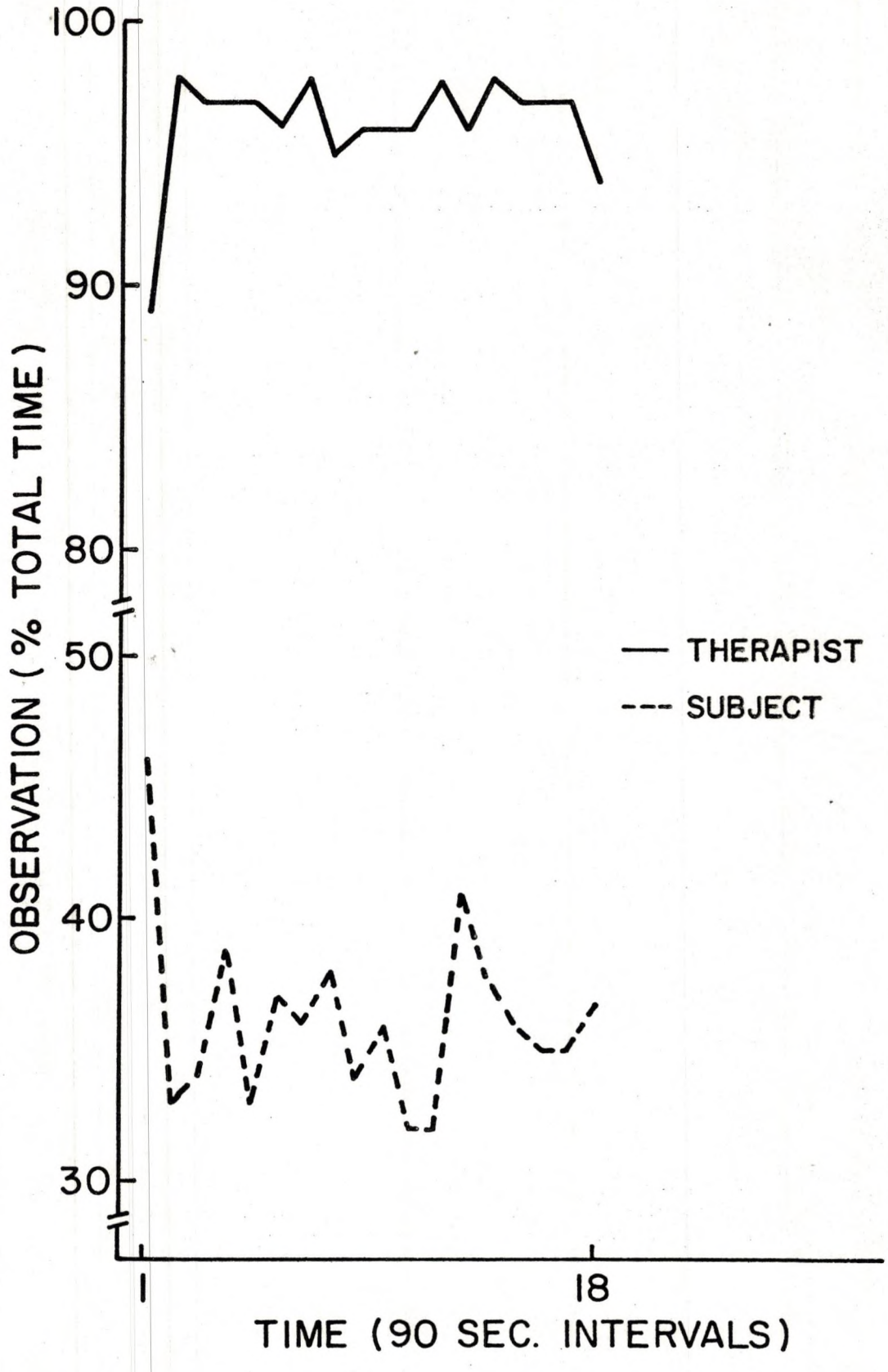


Fig. 2. Subject and Therapist Observation

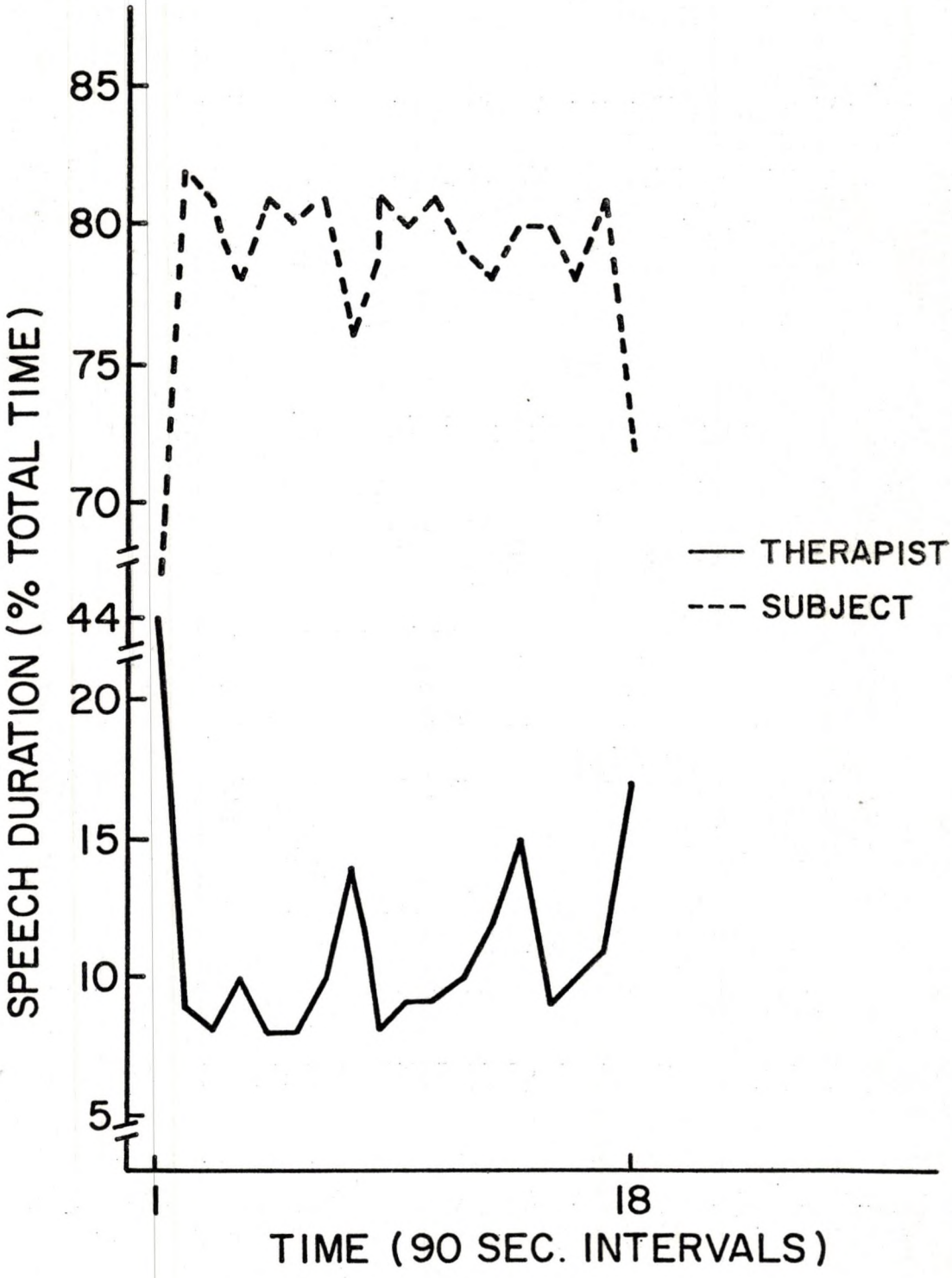


Fig. 3. Subject and Therapist Speech Duration

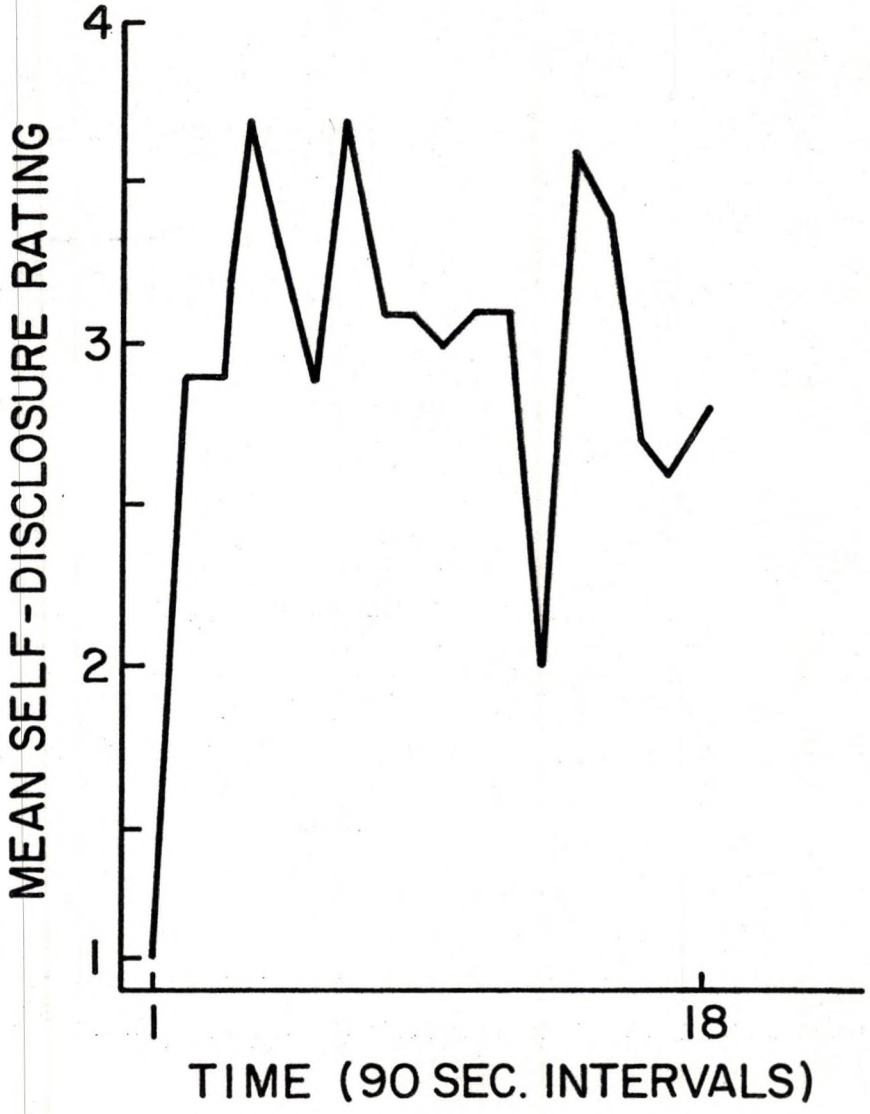


Fig. 4. Subject Self-Disclosure

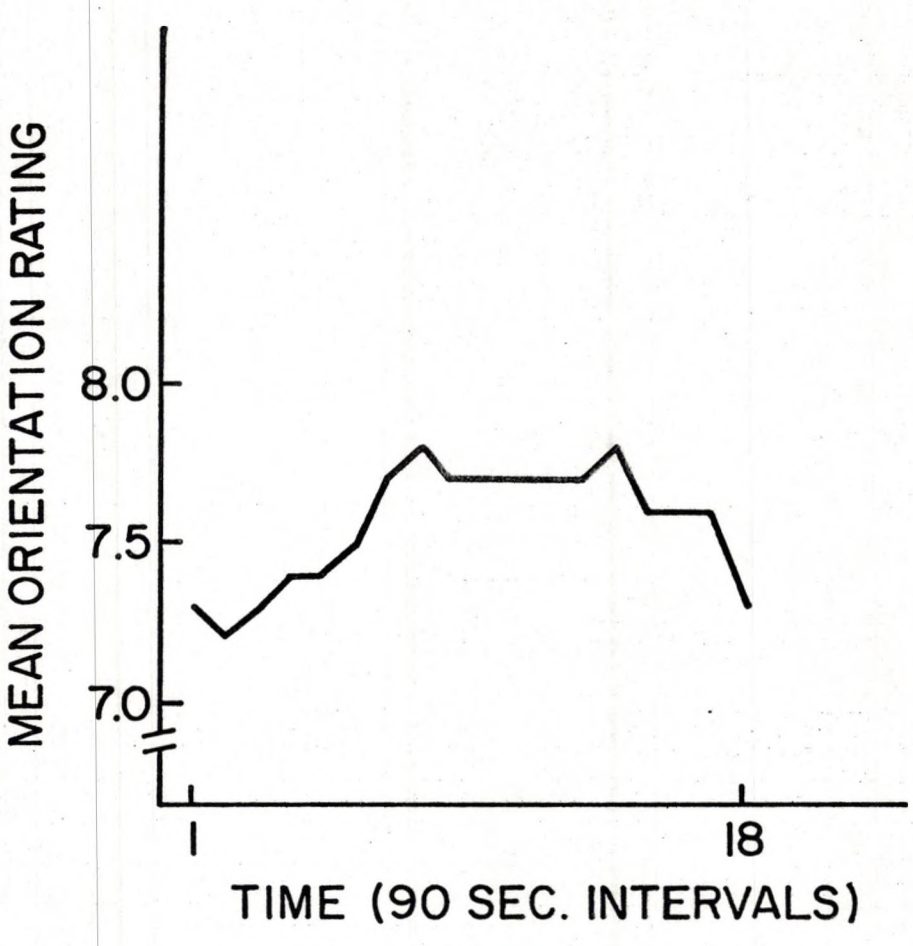


Fig. 5. Orientation

differences in subject perception of therapist level of positive regard in subject perception of therapist level of positive regard. The sex of therapist variable was found to be associated with significant differences in nonverbal immediacy, subject speech duration, and therapist affective reaction; but, it is important to remember that sex differences are confounded with individual differences. The only significant interaction between touch and sex of therapist occurred in relation to subject speech duration. There were no significant interactions between touch and the time interval in which the observation on the dependent measure was made; but, there were significant main effects for time on observation, speech duration, orientation, and self-disclosure. Neither the experiential nor the attitudinal covariates were found to significantly influence the effects of the independent variables.

CHAPTER IV

DISCUSSION

The present study was designed to speak to several questions. The discussion section is organized around these questions which were as follows: Does touch, as its advocates claim, facilitate closeness, rapport, and self-disclosure in an interview setting resembling psychotherapy? Or, on the other hand, does physical contact inhibit potentially therapeutic behaviors, such as self-disclosure, by precipitating negative affective reactions and subject withdrawal? What effect does touching have on the subject's perception of the therapist's interpersonal attitudes? How do past experiences with touching and present attitudes toward it affect the subject's response to therapist initiated physical contact? Is the sex of the therapist a significant determinant of the subject's response to touching? After each of the questions have been addressed and the results of the present study are related to relevant past research, implications for psychotherapy will be discussed and directions for future research will be suggested.

The results of the present study show no facilitative effects of touching in an interview setting resembling psychotherapy. Physical contact did not increase self-disclosure nor did subjects who were touched perceive a higher or more unconditional level of regard on the part of the therapist than did those who were not touched. There were no positive affective reactions that could be attributed to therapist

initiated physical contact nor did touching lead to an increase in non-verbal immediacy which has been found to be an indicator of closeness or rapport that is independent of verbal self-report.

On the other hand, the results suggest that touching clients in psychotherapy, at least during the early sessions, may be counterindicated. Physical contact produced negative affective reactions on the part of the subjects: subjects who were touched rated the session less positively and felt less good following it and less close and affectionate toward the therapist. Additionally, contrary to the predictions of the therapists of the experiental (client-centered) tradition, subjects who were touched tended to feel less well regarded by the therapist.

The results of the present study are especially striking in light of the small amount of physical contact which actually occurred. In addition to the routine social touching, such as shaking hands, the subjects received, at most, three physical contacts which were seldom of more than a few seconds duration. This would certainly seem to indicate that therapist initiated physical contact is indeed a potent intervention. If such small amounts of touching result in these significant differences, what may be the effect of the more typical extensive physical contact such as hand holding or hugging?

In comparison to previous research which has provided a mixed evaluation of the effects of physical contact, the present study provides a more uniformly negative view of touching. In attempting to understand this discrepancy, it may be helpful to critically examine the methodical differences between the present study and those giving more positive results. Along this line, it is helpful to compare the present study with

Pattison (1973) which used an almost identical touching procedure. It will be recalled that Pattison found physical contact to have a positive effect: it led to increased self-exploration. However, touching in the present study resulted in generally negative effects: it produced negative subject affective reactions and tended to lead to subjects' feeling less well regarded by the therapist. One possible explanation for these discrepant findings may lie in differences in the type of interaction engaged in by the participants. Pattison's subjects were actual clients who were involved in their first counseling interview. The subjects in the present study were selected from psychology classes and participated in an interview designed to resemble psychotherapy. The frequent use (30 to 34 occasions) of the guideline, touch when interrupting to seek clarification or to summarize, as opposed to establishing contact for more therapeutically relevant reasons (i.e., when the subject holds his or her body rigid while showing high levels of affect, when the subject needs emotional support or reassurance, or when other communication channels are blocked) may indicate how little the subject-therapist interaction in the present study actually resembled long-term psychotherapy. That is, the optimal therapeutic occasions for touching seldom occurred.

A second explanation for the more uniformly negative view of touching suggested by the results of the present study, which is closely related to the lack of resemblence of the subject-therapist interaction in this study to that which occurs in actual psychotherapy, may involve possible strain on the part of the therapists. More specifically, the therapists in the present study, who were asked to make a specific number of physical contacts during an initial interview, may have been under

pressure not experienced by therapists who see clients over long periods of time and can touch when they think such an intervention is appropriate and feel personally comfortable doing so. If present, this pressure may have resulted in discomfort on the part of the therapists which could have been sensed by the subjects who were touched. Additionally, if this pressure was present it might contribute to decreased therapist effectiveness. One might then speculate that the negative affective reactions and the low level of regard perceived by the subjects who were touched might have been due to the effects of the strain placed on the therapists in the present study rather than to their touching behavior per se. However, the following factors argue against such an interpretation: (1) the affective reactions of the therapists were carefully assessed and no differences were found that could be attributed to the physical contact variable and (2) Pattison (1973) used an almost identical touching procedure and obtained positive results.

A third reason for the negative view of touching suggested by the results of the present study in comparison to the more mixed evaluation yielded by past research may be found in the type of relationship established between the participants. Although an effort was made in the present study to establish some degree of familiarity by having the subject become acquainted with the therapist through a group session prior to the individual interview, the interaction between the subject and therapist may have resembled that of two strangers rather than the close relationship of a client and therapist. This explanation is given some support by the similarity of the results of the present study and those of Walker (1975) who used dyadic encounter group exercises to study the

effects of physical contact between strangers: both studies found that touching produced negative affective reactions. Studies yielding a generally positive evaluation of touching have either extended across several days or therapy sessions during which the participants became acquainted (Aguilua, 1967; Tyson, 1975) or have involved a commitment on the part of the participants to become involved in a more long-term relationship (Pattison, 1973). This explanation is also consistent with research on proxemics and with cultural norms about the amount of physical contact that is considered appropriate in relationships of differing levels of intimacy.

Given the negative affective reactions verbalized by subjects in the present study and the compensatory reductions in nonverbal immediacy found in the early sessions of Tyson (1975), one wonders why there were no decreases in nonverbal immediacy in the present study. The absence of decreases in nonverbal immediacy may be attributable to a phenomena recognized by psychotherapy researchers, i.e., verbal self-report measures to be more sensitive than behavioral indices of change (Eyberg and Johnson, 1974). Had the affective reactions of the subject in the previous study been verbally assessed, negative reports may have accompanied the decrease in nonverbal immediacy which resulted from touch in the early sessions. Another reason for the absence of compensatory reductions in nonverbal immediacy may be related to the extremely short duration of the physical contacts made by the therapists. The intimacy-equilibrium hypothesis, which would predict reductions in nonverbal immediacy (i.e., decreased observation and forward lean, less direct orientation) in response to the increase in immediacy produced by the touching, is generally supported by research in which increases in nonverbal immediacy

are of much longer duration than the touching behavior used in the present study. Similarly, Tyson (1975), in which compensatory reductions did occur, involved a therapist who maintained physical contact with the subject for periods of time up to 16 minutes. A recent theoretical paper focusing on the intimacy-equilibrium hypothesis and research on nonverbal compensation (Patterson, 1976) suggests that compensatory changes occur only when the increase in immediacy is of sufficient magnitude to produce a change in physiological arousal. Assuming that this theoretical model is correct, then the short physical contacts made by the therapists in the present study were probably not individually of sufficient duration to reach the magnitude "threshold" required to produce compensatory reductions in the immediacy of other nonverbal behaviors but were strong enough, when experienced together across the entire session, to lead the subjects to report negative affective reactions.

The present study also attempted to assess the impact of subjects' past experiences with touching and their present attitudes toward it. Neither of these variables were found to significantly influence the subjects' reaction to therapist-initiated physical contact. It is possible that past experience and present attitudes are not significant determinants of present behavior but it is also possible that the results may be due to the type of relationship established. The Physical Contact Questionnaire did not assess the subjects' past experiences or attitudes toward physical contact with strangers; rather, it attempted to gather information about touching in relationships with significant others such as family and friends. If indeed the therapist was perceived as a stranger or at the very most as an unfamiliar acquaintance, then the

experiences with and attitudes toward touching in the close relationships focused on by the questionnaire may not be related to behavior in an interaction with a stranger but might be very relevant in a long-term therapy relationship.

A final question to be answered involved the impact of the sex of the therapist initiating the physical contact. Again it is important to remember that only one therapist of each sex was used, a procedure which resulted in a confounding of individual differences with sex differences. For this reason, the differences found between the male and female therapist in the present study are most parsimonisouly viewed as individual differences involving sex differences but not generalizable to the population of male and female therapists.

An interesting observation made by several members of the research team and supported by the observational data provided by the assistant experimenter may account for many of the differences found between the two therapists. The female therapist was observed to be less comfortable making physical contact with the subjects than was the male therapist and did in fact touch subjects less often. This discomfort may have generalized to her participation in the research project and resulted in less immediacy, less facilitation of subject speech, and a less positive affective reaction to the sessions in general and to her contribution in particular. It is unfortunate that the confounding of sex differences with individual differences makes it impossible to determine whether these therapist differences are generalizable sex differences as opposed to other types of individual differences.

Implications for Psychotherapy. What does this study have to say to the psychotherapist who wonders whether he or she should engage in

physical contact with clients? In general, it can be stated with some certainty that the cautious view of touching held by the psychoanalytic therapists is more appropriate than the generally uncritical enthusiasm of the experiental therapists. More specifically, the present study suggests that touching during early therapy sessions is probably counter-indicated and underscores the importance given by the therapists of the psychoanalytic school to careful assessment of the current state of the therapist-client relationship prior to engaging in physical contact. It is interesting to speculate about the cognitions of the client who is touched during an early therapy session prior to the establishment of a close relationship with the therapist. This client might perceive the therapist, who initiates physical contact during an early session, as insensitive to his or her need to gradually decrease defensive barriers and slowly increase the intimacy of the interaction and, therefore, not to be trusted. This client might also see the therapist as lacking in genuineness for who would authentically touch him or her outside a close, long-term relationship? Or maybe the client perceives the touching therapist as disrespectful (holding him or her in low regard) if not actually contemptuous, for, unfortunately, the personal space of children and people seen as being of lower status than oneself is often invaded without the individual's permission.

In addition, the study suggests that the therapist's own level of comfort with physical contact may be an important variable to consider when deciding whether to touch a client. One of the therapists in the present study was observed to be uncomfortable touching the subjects and did, in fact, engage in less physical contact with them. This discomfort may have generalized to the research project in general and to her

participation in particular and interfered with her efforts to establish rapport and facilitate potentially therapeutic behavior such as speech on the part of the subjects. In short, therapists who are themselves uncomfortable with physical contact should probably not initiate it in therapy.

Directions for Future Research. More research on the effects of physical contact in psychotherapy is needed. It is uncertain how generalizable the results of the present study are to the later sessions of long-term therapy and this fact together with the findings of Aguilera (1967) and Tyson (1975) indicates that the time dimension, which provides an opportunity for a more familiar relationship to develop, is an important variable deserving further study. In addition, the discrepancy between the results of Walker (1975) and the present study and those of Aguilera (1967) and Pattison (1973) suggest that future research in this area should be conducted during actual therapy sessions rather than in analogue settings. The present study provides no definitive results with respect to the effect of past experiences and present attitudes. Finally, more research is needed to adequately evaluate the impact of subject and therapist sex differences on physical contact in therapy and to assess the effect of sexism.

Summary. The present study indicates that there is reason for caution with respect to the practice of touching psychotherapy clients. More specifically, it suggests that physical contact during early therapy sessions, prior to the establishment of a close relationship, may be counterindicated. In this study, touching did not facilitate closeness, rapport, or self-disclosure; it produced negative affective reactions;

and, it tended to lead subjects to feel less well regarded by the therapist. It was speculated that these results may be due to a lack of familiarity between the subjects and therapists resulting in the subjects' perceiving the therapists' touching behavior as inappropriate for the type of relationship which existed between them and underscoring the importance of careful assessment of the current state of the therapist-client relationship prior to initiating physical contact.

Neither past experiences nor present attitudes significantly influenced subjects' reactions to touch and this may be due to the discrepancy in the degree of closeness between those relationships assessed by the questionnaire and the relationship with the therapist. Differences observed between the male and female therapist in the present study are most parsimoniously viewed as individual differences involving sex differences but not generalizable to the population of male and female therapists. Finally, future research needs to focus on client and therapist sex differences in relation to physical contact occurring in actual clinical settings across several therapy sessions.

APPENDICES

APPENDIX I

PHYSICAL CONTACT QUESTIONNAIRE

In the diagram below, the human figure has been marked off into 18 areas. We want to map out which regions of the body have been touched at three different times in your life in your relationship with parents, siblings, closest friends of each sex, and professional helpers (i.e., therapist, counselor, clergy, etc.). In the spaces on the following pages, will you make entries as follows: if the area is never touched meaningfully and purposefully (i.e., to express affection, anger, or to attract attention, etc.) enter the letter A; if contact occurs, but only rarely--not as a regular part of your relationship, enter B; and if contact is a regular part of your relationship with the person, enter the letter C. Please be assured that your responses will be kept confidential.

For example--if during your childhood, your mother routinely kissed you goodnight, you would make the following entry:

mother

2 C

TIME PERIOD 1--PRIOR TO ADOLESCENCE (up to age 12)

Body Region	Father	Mother	Closest Same Sex Sibling	Closest Opposite Sex Sibling	Closest Same Sex Friend	Closest Opposite Sex Friend	Professional Helper
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

A--never touched in the relationship
B--touch occurred rarely--not as a regular part of the relationship
C--touched as a regular part of the relationship

TIME PERIOD 2--DURING ADOLESCENCE (ages 12-18)

Body Region	Father	Mother	Closest Same Sex Sibling	Closest Opposite Sex Sibling	Closest Same Sex Friend	Closest Opposite Sex Friend	Professional Helper
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

A--never touched in the relationship
B--touch occurred rarely--not as a regular part of the relationship
C--touched as a regular part of the relationship

TIME PERIOD 3--PRESENT TIME

Body Region	Father	Mother	Closest Same Sex Sibling	Closest Opposite Sex Sibling	Closest Same Sex Friend	Closest Opposite Sex Friend	Professional Helper
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

A--never touched in the relationship
B--touch occurred rarely--not as a regular part of the relationship
C--touched as a regular part of the relationship

For each opposite sex friend surveyed on the preceeding pages, indicate whether a sexual relationship, as well as friendship, was a part of the relationship.

Closest Opposite Sex Friend

Sexual Relationship	Prior to Adolescence	During Adolescence	Present Time
	Yes___No___	Yes___No___	Yes___No___

Part 2

In this part of the study we are interested in learning how you feel when touched on various body regions in your present time relationships with parents, siblings, closest friends of each sex, and professional helpers. In the spaces on the next page, use the following numerical system to indicate your feelings about physical contact on the various body regions:

1--repulsive
2--uncomfortable
3--tolerable
4--comfortable
5--desirable

For example--if holding hands with your closest opposite sex friend is a comfortable type of physical contact for you, you would make the following entry:

	closest opposite sex friend
15	4

PRESENT TIME

Body Region	Father	Mother	Closest Same Sex Sibling	Closest Opposite Sex Sibling	Closest Same Sex Friend	Closest Opposite Sex Friend	Professional Helper
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

1--repulsive
2--uncomfortable
3--tolerable
4--comfortable
5--desirable

APPENDIX II

RELATIONSHIP INVENTORY--(male form)*

(Please do not write your name on this form. It will be coded anonymously and your answers used for research purposes only.)

Below are listed a variety of ways that one person could feel or behave in relation to another person. Please consider each statement with respect to whether you think it is true or not true in your present relationship with your group leader. Mark each statement in the left margin according to how strongly you feel it is true or not true. Please mark every one. Write in +1, +2, +3, or -1, -2, -3, to stand for the following answers:

+1:	I feel that it is probably true, or more true than untrue.	-1:	I feel that it is probably untrue, or more untrue than true.
+2:	I feel it is true.	-2:	I feel it is not true.
+3:	I strongly feel that it is true.	-3:	I strongly feel that it is not true.

___1. He respects me.

___2. He tries to see things through my eyes.

___3. He pretends that he likes me or understands me more than he really does.

___4. His interest in me depends partly on what I am talking to him about.

___5. He is willing to tell me his own thoughts and feelings when he is sure that I really want to know them.

___6. He disapproves of me.

___7. He understands my words but not the way I feel.

___8. What he says to me never conflicts with what he thinks or feels.

___9. He always responds to me with warmth and interest--or always with coldness and disinterest.

___10. He tells me his opinions or feelings more than I really want to know them.

___11. He is curious about "the way I tick," but not really interested in me as a person.

___12. He is interested in knowing what my experiences mean to me.

___13. He is disturbed whenever I talk about or ask about certain things.

___14. His feeling toward me does not depend on how I am feeling towards him.

___15. He prefers to talk only about me and not at all about him.

___16. He likes seeing me.

___17. He nearly always knows exactly what I mean.

___18. I feel that he has unspoken feelings or concerns that are getting in the way of our relationship.

___19. His attitude toward me depends partly on how I am feeling about myself.

___20. He will freely tell me hiw own thoughts and feelings, when I want to know them.

___21. He is indifferent to me.

___22. At times he jumps to the conclusion that I feel more strongly or more concerned about something than I actually do.

___23. He behaves just the way that he is, in our relationship.

___24. Sometimes he responds to me in a more positive and friendly way than he does at other times.

___25. He says more about himself than I am really interested to hear.

___26. He appreciates me.

___27. Sometimes he thinks that I feel a certain way, because he feels that way.

___28. I do not think that he hides anything from himself that he feels with me.

___29. He likes me in some ways, dislikes me in others.

___30. He adopts a professional role that makes it hard for me to know what he is like as a person.

___31. He is friendly and warm toward me.

___32. He understands me.

___33. If I feel negatively toward him he responds negatively to me.

___34. He tells me what he thinks about me, whether I want to know it or not.

___35. He cares about me.

___36. His own attitudes toward some of the things I say, or do, stop him from really understanding me.

___37. He does not avoid anything that is important for our relationship.

___38. Whether I am expressing "good" feelings or "bad" ones seems to make no difference to how positively--or how negatively--he feels toward me.

___39. He is uncomfortable when I ask him something about himself.

___40. He feels that I am dull and uninteresting.

___41. He understands what I say, from a detached, objective point of view.

___42. I feel that I can trust him to be honest with me.

___43. Sometimes he is warmly responsive to me, at other times cold and disapproving.

___44. He expresses ideas or feelings of his own that I am not really interested in.

___45. He is interested in me.

___46. He appreciates what my experiences feel like to me.

___47. He is secure and comfortable in our relationship.

___48. Depending on his mood, he sometimes responds to me with quite a lot more warmth and interest than he does at other times.

___49. He wants to say as little as possible about his own thoughts and feelings.

___50. He just tolerates me.

___51. He is playing a role with me.

___52. He is equally appreciative--or equally unappreciative--of me, whatever I am telling him about myself.

___53. His own feelings and thoughts are always available to me, but never imposed on me.

___54. He does not really care what happens to me.

___55. He does not realize how strongly I feel about some of the things we discuss.

___56. There are times when I feel that his outward response is quite different from his inner reaction to me.

___57. His general feeling toward me varies considerably.

___58. He is willing for me to use our time to get to know him better, if or when I want to.

___59. He seems to really value me.

___60. He responds to me mechanically.

___61. (If I had a personal problem and wanted help, I would look for a person like him. This question is not a part of the actual Barrett-Lennard Inventory but is included to assess the willingness of the subject to see the "group leader" as a therapist if the need for help arose in the future.)

___62. I don't think that he is being honest with himself about the way he feels about me.

___63. Whether I like or dislike myself makes no difference to the way he feels about me.

___64. He is more interested in expressing and communicating himself than in knowing and understanding me.

___65. He dislikes me.

___66. I feel that he is being genuine with me.

___67. Sometimes he responds quite positively to me, at other times he seems indifferent.

___68. He is unwilling to tell me how he feels about me.

___69. He is impatient with me.

___70. Sometimes he is not at all comfortable but we go on, outwardly ignoring it.

___71. He likes me better when I behave in some ways than he does when I behave in other ways.

___72. He is willing to tell me his actual response to anything I say or do.

___73. He feels deep affection for me.

___74. He usually understands all of what I say to him.

___75. He does not try to mislead me about his own thoughts or feelings.

___76. Whether I feel fine or feel awful makes no difference to how warmly and appreciatively--or how coldly and unappreciatively--he feels toward me.

___77. He tends to evade any attempt that I make to get to know him better.

___78. He regards me as a disagreble person.

___79. What he says gives a false impression of his total reaction to me.

___80. I can be very critical of him or very appreciative of him without it changing his feeling toward me.

___81. At times he feels contempt for me.

___82. When I do not say what I mean at all clearly he still understands me.

___83. He tries to avoid telling me anything that might upset me.

___84. His general feeling toward me (of liking, respect, dislike, trust, criticism, anger, etc.) reflects the way that I am feeling toward him.

___85. He tries to understand me from his own point of view.

___86. He can be deeply and fully aware of my most painful feelings without being distressed or burdened by them himself.

*A corresponding form with female pronouns was used by the subjects of the female therapist.

APPENDIX III

SUBJECT REACTION QUESTIONNAIRE

[Scoring in brackets]

1. How do you feel about the session which you have just completed? (Circle the one answer which best applies.)

This session was:

[7] a. Perfect

[6] b. Excellent

[5] c. Very good

[4] d. Pretty good

[3] e. Fair

[2] f. Pretty poor

[1] g. Very poor

2. What were your feelings during this session? (For each feeling, circle the answer which best applies.)

During this session I felt:

			NO	SOME	A LOT				NO	SOME	A LOT
"g"	a.	Confident	0	1	2		j.	Close	0	1	2
	b.	Embarrassed	0	1	2		k.	Impatient	0	1	2
"g"	c.	Relaxed	0	1	2	"b"	l.	Guilty	0	1	2
	d.	Withdrawn	0	1	2		m.	Strange	0	1	2
"b"	e.	Helpless	0	1	2	"b"	n.	Inadequate	0	1	2
	f.	Determined	0	1	2	"g"	o.	Likeable	0	1	2
	g.	Grateful	0	1	2	"b"	p.	Hurt	0	1	2
"g"	h.	Relieved	0	1	2		q.	Depressed	0	1	2
	i.	Tearful	0	1	2		r.	Affectionate	0	1	2

			NO	SOME	A LOT
	s.	Serious	0	1	2
"b"	t.	Anxious	0	1	2
"b"	u.	Angry	0	1	2
	v.	Pleased	0	1	2
	w.	Inhibited	0	1	2
	x.	Confused	0	1	2
"b"	y.	Discouraged	0	1	2
"g"	z.	Accepted	0	1	2
	aa.	Cautious	0	1	2
"b"	bb.	Frustrated	0	1	2
	cc.	Hopeful	0	1	2
"b"	dd.	Tired	0	1	2
	ee.	Ill	0	1	2
	ff.	Thirsty	0	1	2
	gg.	Sexually Attracted	0	1	2
	hh.	Other:	0	1	2

3. How well did your group leader seem to understand what you were feeling and thinking this session?

[5] a. Understood exactly how I thought and felt.

[4] b. Understood very well how I thought and felt.

[3] c. Understood pretty well, but there were some things he(she) didn't seem to grasp.

[2] d. Didn't understand too well how I thought and felt.

[1] e. Misunderstood how I thought and felt.

4. How helpful do you feel your group leader was to you this session?

[6] a. Completely helpful.

[5] b. Very helpful

[4] c. Pretty helpful

[3] d. Somewhat helpful

[2] e. Slightly helpful

[1] f. Not at all helpful.

5. Was your group leader friendly and warm towards you?

Slightly or not at all	Some	Pretty Much	Very Much
0	1	2	3

6. How did your group leader seem to feel during this session? (For each item, circle the answer which best applies.)

MY GROUP LEADER SEEMED:

			NO	SOME	A LOT				NO	SOME	A LOT
"p"	a.	Pleased	0	1	2		n.	Detached	0	1	2
	b.	Thoughtful	0	1	2	"p"	o.	Attracted	0	1	2
	c.	Annoyed	0	1	2	"e"	p.	Confident	0	1	2
	d.	Bored	0	1	2		q.	Relaxed	0	1	2
"e"	e.	Sympathetic	0	1	2	"e"	r.	Interested	0	1	2
"p"	f.	Cheerful	0	1	2		s.	Unsure	0	1	2
"i"	g.	Frustrated	0	1	2	"e"	t.	Optimistic	0	1	2
"i"	h.	Involved	0	1	2		u.	Distracted	0	1	2
	i.	Playful	0	1	2		v.	Affectionate	0	1	2
	j.	Demanding	0	1	2	"e"	w.	Alert	0	1	2
	k.	Apprehensive	0	1	2		x.	Close	0	1	2
	l.	Effective	0	1	2		y.	Tired	0	1	2
	m.	Perplexed	0	1	2		z.	Other	0	1	2

"p" indicates that item contributed to pleased "factor."

"e" indicates that item contributed to effective "factor."

"i" indicates that item contributed to invested "factor."

BE SURE THAT YOU HAVE CHECKED EVERY ITEM

APPENDIX IV

THERAPIST REACTION QUESTIONNAIRE

[Scoring in Brackets]

1. How do you feel about the session which you have just completed?
(Circle the one answer which best applies.)

THIS SESSION WAS:

[7] a. Perfect

[6] b. Excellent

[5] c. Very good

[4] d. Pretty good

[3] e. Fair

[2] f. Pretty poor

[1] g. Very poor

2. How did your subject seem to feel during this session?
(For each item, circle the answer which best applies.)

MY SUBJECT SEEMED TO FEEL:

		NO	SOME	A LOT			NO	SOME	A LOT
a.	Confident	0	1	2	k.	Impatient	0	1	2
b.	Embarrassed	0	1	2	l.	Guilty	0	1	2
c.	Relaxed	0	1	2	m.	Strange	0	1	2
d.	Withdrawn	0	1	2	n.	Inadequate	0	1	2
e.	Helpless	0	1	2	o.	Likeable	0	1	2
f.	Determined	0	1	2	p.	Hurt	0	1	2
g.	Grateful	0	1	2	q.	Depressed	0	1	2
h.	Relieved	0	1	2	r.	Affectionate	0	1	2
i.	Tearful	0	1	2	s.	Serious	0	1	2
j.	Close	0	1	2	t.	Anxious	0	1	2

		NO	SOME	A LOT			NO	SOME	A LOT
u.	Angry	0	1	2	bb.	Frustrated	0	1	2
v.	Pleased	0	1	2	cc.	Hopeful	0	1	2
w.	Inhibited	0	1	2	dd.	Tired	0	1	2
x.	Confused	0	1	2	ee.	Ill	0	1	2
y.	Discouraged	0	1	2	ff.	Sexually Attracted	0	1	2
z.	Accepted	0	1	2	gg.	Other	0	1	2
aa.	Cautious	0	1	2	hh.	_____	0	1	2

3. How much were you looking forward to seeing your subject this session?

[5] a. I definitely anticipated a meaningful or pleasant session.

[4] b. I had some pleasant anticipation.

[3] c. I had no particular anticipations but found myself pleased to see my patient when the time came.

[2] d. I felt neutral about seeing my patient this session.

[1] e. I anticipated a trying or somewhat unpleasant session.

4. To what extent did your own state of mind or personal reactions tend to interfere with your therapeutic efforts during this session?

[1] a. Considerably

[2] b. Moderately

[3] c. Somewhat

[4] d. Slightly

[5] e. Not at all

5. To what extent were you in rapport with your subject's feelings?

[6] a. Completely

[5] b. Almost completely

[4] c. A great deal

[3] d. A fair amount

[2] e. Some

[1] f. Little

6. How much do you feel you understood of what your subject said and did?

[6] a. Everything

[5] b. Almost all

[4] c. A great deal

[3] d. A fair amount

[2] e. Some

[1] f. Little

7. How helpful do you feel that you were to your subject this session?

[6] a. Completely helpful

[5] b. Very helpful

[4] c. Pretty helpful

[3] d. Somewhat helpful

[2] e. Slightly helpful

[1] f. Not at all helpful

8. Were you warm and friendly towards your patient?

Slightly or Not at All	Some	Pretty Much	Very Much
0	1	2	2

9. How did you feel during this session?
(For each item, circle the answer which best applies.)

DURING THIS SESSION I FELT:

			NO	SOME	A LOT
"g"	a.	Please	0	1	2
	b.	Thoughtful	0	1	2
	c.	Annoyed	0	1	2
	d.	Bored	0	1	2
"g"	e.	Sympathetic	0	1	2
"g"	f.	Cheerful	0	1	2
	g.	Frustrated	0	1	2
	h.	Involved	0	1	2
	i.	Playful	0	1	2
	j.	Demanding	0	1	2
	k.	Apprehensive	0	1	2
"g"	l.	Effective	0	1	2
	m.	Perplexed	0	1	2
	n.	Detached	0	1	2
	o.	Attracted	0	1	2
"g"	p.	Confident	0	1	2
	q.	Relaxed	0	1	2
	r.	Interested	0	1	2
	s.	Unsure	0	1	2
"g"	t.	Optimistic	0	1	2
	u.	Distracted	0	1	2
	v.	Affectionate	0	1	2
	w.	Alert	0	1	2
	x.	Close	0	1	2
	y.	Tired	0	1	2
	z.	Sexually Stimulated	0	1	2
	aa.	Headachey or Ill	0	1	2
	bb.	Other_____	0	1	2

"g" indicates that item contributed to the good "factor."

BE SURE THAT YOU HAVE CHECKED EVERY ITEM

APPENDIX V

MEANS FOR DEPENDENT MEASURES

	Physical Contact		Sex of Therapist	
Dependent Measure	Touch	No Touch	Male	Female
Immediacy Measures				
Subject Observation	39.62	32.51	40.80	31.32
Therapist Observation	96.25	96.27	95.28	97.24
Subject Forward Lean	3.71	3.94	3.62	4.02
Therapist Forward Lean	6.76	6.16	7.87	5.04
Orientation	7.27	7.81	9.17	5.92
Subject				
Speech Duration	76.38	78.55	80.67	74.26
Therapist Speech Duration	13.08	11.41	13.01	11.48
Subject Self-Disclosure	2.99	2.90	2.93	2.96
Theapist Interpersonal Attitudes				
Level of Regard	28.27	33.83	30.99	31.11
Empathy	18.32	19.18	20.30	17.20
Congruence	23.27	26.83	23.90	26.20
Unconditionality of Regard	15.96	18.71	19.31	15.36
Willingness to be Known	20.23	21.98	20.57	21.65
Total	100.45	116.03	109.42	107.07
Willing to See Therapist	4.38	4.84	3.91	5.32
Subject Affective Reaction				
Feelings about the Session	4.36	5.00	4.75	4.62
Good "Factor" (S)	5.09	6.50	5.71	5.88
Dependent Measure				
Bad "Factor"(S)	2.55	1.61	2.07	2.09
Embarrassed(S)	0.68	0.44	0.53	0.60
Close(S)	0.66	1.06	1.01	0.70
Affectionate(S)	0.41	0.94	0.73	0.63
Sexually Attracted(S)	0.18	0.06	0.19	0.05
Confused(S)	0.55	0.33	0.54	0.34
Cautious(S)	0.64	0.50	0.59	0.55
Understanding Therapist	3.96	4.17	4.08	3.96
Helpful Therapist	4.73	4.89	4.83	4.79
Friendly and Warm Therapist	2.86	2.83	2.89	2.81
Pleased "Factor"(T)	3.73	3.72	3.82	3.63
Invested "Factor"(T)	1.52	1.67	1.71	1.48

	Physical Contact		Sex of Therapist	
	Touch	No Touch	Male	Female
Close(T)	1.18	1.28	1.25	1.21
Affectionate(T)	0.73	0.83	0.84	0.72
Attracted(T)	0.68	0.72	0.74	0.67
Apprehensive and Unsure(T)	0.27	0.33	0.35	0.26
Therapist Affective Reaction				
Feelings about the Session	4.18	4.17	4.62	3.73
Embarrassed(S)	0.73	0.67	0.90	0.50
Close(S)	0.59	0.39	0.89	0.09
Affectionate(S)	0.81	0.89	0.89	0.82
Anxious(S)	0.77	0.67	0.85	0.59
Inhibited(S)	0.46	0.61	0.41	0.65
Confused(S)	0.27	0.22	0.05	0.45
Cautious(S)	0.64	0.72	0.57	0.79
Sexually Attracted(S)	0.00	0.06	0.06	0.00
Looking Forward to Session(T)	2.64	2.67	2.38	2.92
Interfence by Personal State(T)	3.27	3.61	3.30	3.58
Level of Rapport Established	3.68	3.50	3.78	3.40
Understood Subject	4.18	4.44	4.91	3.71
Helpful to Subject	3.46	3.39	3.80	3.05
Warm and Friendly to Subject	2.27	2.20	2.68	1.80
Good "Factor"(T)	5.32	4.83	5.22	4.93
Apprehensive and Unsure(T)	0.55	0.33	0.32	0.56
Attracted(T)	0.77	0.72	1.05	0.45
Affectionate(T)	0.77	0.83	0.80	0.80
Close(T)	0.55	0.44	0.99	0.00
Sexually Attracted(T)	0.00	0.06	0.06	0.00

(S) represents a description of the subject
(T) represents a description of the therapist

APPENDIX VI

DESCRIPTIVE INFORMATION ABOUT THERAPIST TOUCHING BEHAVIOR

Subject Number	Sex of Therapist	Number of Touches	Reason
1	Female	0	
2	Female	0	
3	Female	0	
4	Male	6	S(3)#1(3)
5	Male	6	S(3)#1(3)
6	Male	5	S(3)#1(2)
7	Male	0	
8	Male	4	S(3)#1(1)
9	Female	0	
10	Female	0	
11	Female	3	S(3)
12	Female	6	S(3)#1(3)
13	Female	0	
14	Male	6	S(3)#1(1)#4(2)
15	Male	0	
16	Male	0	
17	Male	0	
18	Male	5	S(3)#1(2)
19	Male	0	
20	Male	6	S(3)#1(2)#4(1)
21	Male	0	
22	Male	5	S(3)#1(2)
23	Male	5	S(3)#1(2)
24	Male	4	S(3)#1(1)
25	Male	0	
26	Male	0	
27	Male	0	
28	Male	0	
29	Female	0	
30	Female	5	S(3)#1(2)
31	Female	0	
32	Female	3	S(3)
33	Female	3	S(3)
34	Female	5	S(3)#1(1)#3(1)
35	Female	4	S(3)#1(1)
36	Female	0	
37	Female	4	S(3)#1(1)
38	Female	0	
39	Female	5	S(3)#1(2)
40	Female	4	S(3)#1(1)

Both Therapists: M = 4.7 touches per subject: SD = 1.03
Male Therapist: M = 5.2 touches per subject: SD = 1.03
Female Therapist: M = 4.2 touches per subject: SD = .79

S = routine social touching
#1 = touching to interrupt to seek clarification or to summarize
#2 = touching when subject shows high level of affect
#3 = touching when subject needs support or reassurance
#4 = touching when other communication chennels are blocked
() = number of touches judged to be associated with the specific guide-
line

REFERENCE LIST

Aguilera, D. Relationship between physical contact and verbal interaction between nurses and patients. Journal of Psychiatric Nursing. 1967, 5, 5-21.

American Psychological Association. Ethical standards of psychologists. APA Monitor, March 1977, 22-23.

Argyle, M. and Dean, F. Eye contact, disance, and affiliation. Sociometry, 1965, 28, 289-304.

Ashu, J. Confusion reigns in APA malpractive plan. APA Monitor, March, 1976, 1, 11.

Balint, M. The Basic Fault. London: Tavistock, 1968.

Barrett-Lennard, G. T. Dimensions of therapist response as causal factors in therapeutic change. Psychological Monographs, 1962, 76 (43, Whole No. 562).

Bergin, A. E. The evaluation of therapeutic outcomes. In A. E. Bergin and S. L. Garfield (Eds.), Handbook of Psychotherapy and Behavior Change. New York: John Wiley and Sons, 1971.

Boderman, A., Freed, D. W., and Kinnucan, M. T. Touch me, like me: Testing an encounter group assumption. Journal of Applied Behavioral Science, 1972, 8, 527-533.

Bosanquet. Getting in touch. Journal of Analytical Psychology. 1970, 15, 42-58.

Breed, G. and Ricci, J. S. Touch me, like me: Artifact? Paper presented at the meeting of the American Psychological Association, Washington, D.C., September 1973.

Breuer, J. and Freud, S. Studies in Hysteria. In The Standard Edition of the Complete Works of Sigmund Freud. London: Hogarth Press, 1955.

Burton, A. and Heller, L. The touching of the body. Psychoanalytic Review, 1964, 51, 122-134.

Chesler, P. Patient and patriarch: Women in the psychotherapeutic relationship. In V. Gornick and B. K. Moran (Eds.), Women in Sexist Society. New York: Basic Books, 1971.

Eyberg, S. M. and Johnson, S. M. Multiple assessment of behavior modification with families: Effects of contingency contracting and order of treated problems. Journal of Consulting and Clinical Psychology, 1974, 42, 594-606.

Federn, P. Ego Psychology and the Psychoses. New York: Basic Books, 1952.

Forer, B. R. The taboo against touching in psychotherapy. Psychotherapy. Theory, Research, and Practice, 1969, 6, 229-231.

Frank, L. Tactile communication. Genetic Psychological Monographs, 1957. 56, 205-255.

Freud, S. Freud's Psychoanalytic Procedure (1904). Standard Edition, Vol. 7, London: Hogarth Press, 1953, p. 250.

Fromm-Reichmann, F. Principles of Intensive Psychotherapy. Chicago: University of Chicago Press, 1950. p. 12.

Gendlin, E. T. A theory of personality change. In P. Worchel and D. Byrne (Eds.), Personality Change, New York: John Wiley and Sons, 1964, p. 145.

Gladstein, G. A. Nonverbal communication and counseling/psychotherapy: a review. Counseling Psycholgist, 1974, 4, 34-57.

Guilford, J. P. Psychometric Methods. New York: McGraw-Hill Book Company, 1954.

Harlow, H. and Zimmerman, R. R. Affectional responses in the infant monkey. Science, 1959, 130, 421-432.

Henley, W. M. The politics of touch. Paper presented at the meeting of the American Psychological Association, Washington, D.C., September 1971.

Holroyd, J. C. and Brodsky, A. M. Psychologists' attitudes and practices regarding erotic and nonerotic physical contact with patients. American Psychologist, 1977, 843-849.

Jackins, H. The Upward Trend. Seattle: Rational Island Publishers, 1977.

Jourard, S. M. The Transparent Self. Princeton: Van Nostrand, 1964.

Jourard, S. M. An exploratory study of body-accessibility. British Journal of Social and Clinical Psychology, 1966, 5, 221-231.

Jourard, S. M. Disclosing Man to Himself. Princeton: Van Nostrand, 1968.

Jourard, S. M. and Friedman, R. Experimenter-subject "distance" and self-disclosure. Journal of Personality and Social Psychology, 1970, 8, 278-282.

Jourard, S. M. and Rubin, J. Self-disclosure and touching: A study of two modes of interpersonal encounter and their interrelation. Journal of Humanistic Psychology, 1968, 8, 39-48.

Little, M. Transference in borderline states. International Journal of Psychoanalysis, 1966, 47, 4.

Lowen, A. The Betrayal of the Body. New York: Collier Books, 1967.

Mahler, M. On childhood psychosis and schizophrenia and symbiotic infantile psychoses. The Psychoanalytic Study of the Child, 1952, 7, 286-305.

Mehrabian, A. Nonverbal Communication. Chicago: Aldine: Atherton, 1972.

Menninger, K. Theory of Psychoanalytic Technique. New York: Basic Books, 1958.

Muntz, E. Touch and the psychoanalytic tradition. The Psychoanalytic Review, 1969a, 56, 365-376.

Muntz, E. On the rationale of touch in psychotherapy. Psychotherapy: Theory, Research, and Practice, 1969b, 6, 232-234.

Mowrer, O. H. The New Group Therapy. Princeton: Van Nostrand, 1964.

Norman, E. Affect and withdrawal in schizophrenic children. British Journal of Medical Psychology, 1955, 28, 1-18.

Nunnally, J. C. Psychometric Theory. New York: McGraw Hill Book Company, 1967.

O'Hearne, J. J. How can we reach patients most effectively? International Journal of Group Psychotherapy, 1972, 22, 446-454.

Orlinsky, D. E. and Howard, K. I. Therapy Session Report, Form P and Form I, Chicago: Institute for Juvenile Research, 1966.

Orlinsky, D. E. and Howard, K. I. Varieties of Psychotherapeutic Experience: Multivariate Analysis of Patients' and Therapists' Reports. New York: Teachers College Press, 1975.

Perls, F., Hefferline, R. F., and Goodman, P. Gestalt Therapy: Excitement and Growth in the Human Personality. New York: Julian Press, 1951.

Patterson, M. L. Compensation in nonverbal immediacy behaviors: A review. Sociometry, 1973, 36, 237-257.

Patterson, M. L. An arousal model of interpersonal intimacy. Psychological Review, 1976, 83, 235-245.

Pattison, J. E. Effects of touch on self-exploration and the therapeutic relationship. Journal of Consulting and Clinical Psychology, 1973, 40, 170-175.

Reich, W. Character Analysis. New York: Farrar, Straus, and Giroux, Inc., 1933.

Robertiello, R. C. Physical techniques with schizoid patients. Journal of the American Academy of Psychoanalysis, 1974, 2, 361-367.

Rogers, C. R. On Becoming A Person. Boston: Houghton Mifflin, 1961.

Rogers, C. R. Toward a modern approach to values: The valuing process in the mature personality. Journal of Abnormal and Social Psychology, 1964, 68, 160-167.

Rogers, C. R. and Traux, C. B. The relationship between patient intrapersonal exploration in the first sampling interview and the final outcome criterion. (Brief Research Report, No. 37, Wisconsin Psychiatric Institute, University of Wisconsin, Madison, 1962).

Rogers, C. R. and Traux, C. B. The therapeutic conditions antecedent to change: A theoretical view in Wisconsin's study. In C. R. Rogers (Ed.) The Therapeutic Relationship and Its Impact: A Study of Psychotherapy with Schizophrenics. Madison: University of Wisconsin Press, 1967.

Spitz, R. Anaclitic depression. The Psychoanalytic Study of the Child, 1946, 2, 313-342.

Spothitz, H. Touch counter-transference in group psychotherapy. International Journal of Group Psychotherapy, 1972, 22, 455-463.

Taylor, B. J. and Wagner, N. N. Sex between therapists and clients: A review and analysis. Professional Psychology, 1976, 7, 593-601.

Traux, C. B. and Carkhuff, R. R. Significant developments in psychotherapy research. In L. E. Abt and B. F. Riess (Eds.) Progress in Clinical Psychology. New York: Greene and Stratton, 1964.

Traux, C. B. and Carkhuff, R. R. Toward Effective Counseling and Psychotherapy: Training and Practice. Chicago: Aldine, 1967.

Traux, C. B. and Mitchell, K. M. Research on certain therapist interpersonal skills in relation to process and outcome. In A. E. Bergin and S. L. Garfield (Eds.), Handbook of Psychotherapy and Behavior Change. New York: John Wiley and Sons, 1971.

Tyson, C. L. Touching in psychotherapy: A case study. Unpublished masters thesis, University of North Dakota, 1975.

Varley, B. K. "Reaching out" therapy with schizophrenic patients. American Journal of Orthopsychiatry, 1959, 29, 407-416.

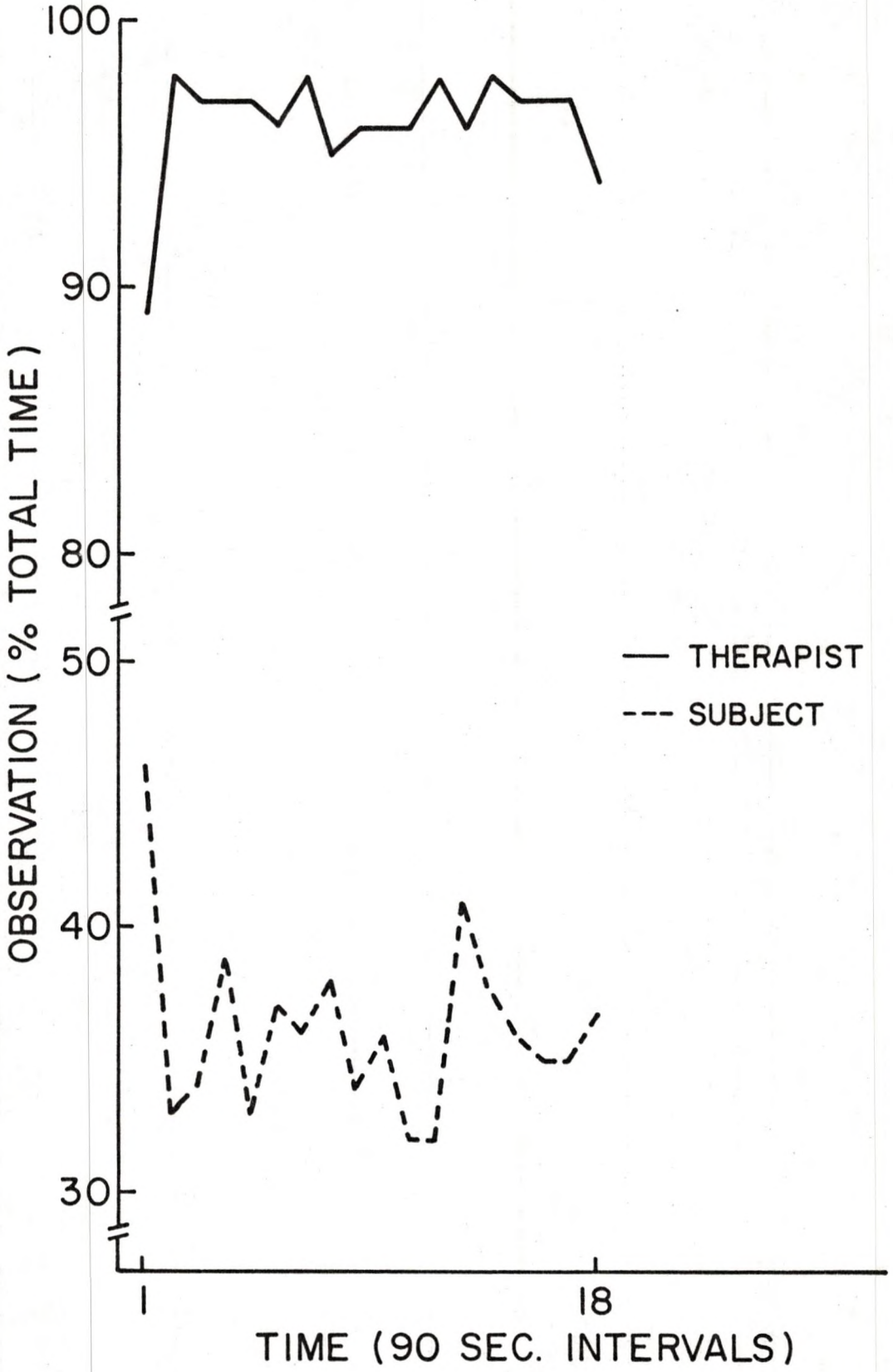
Veith, I. Hysteria: The History of a Disease. Chicago: University of Chicago Press, 1965.

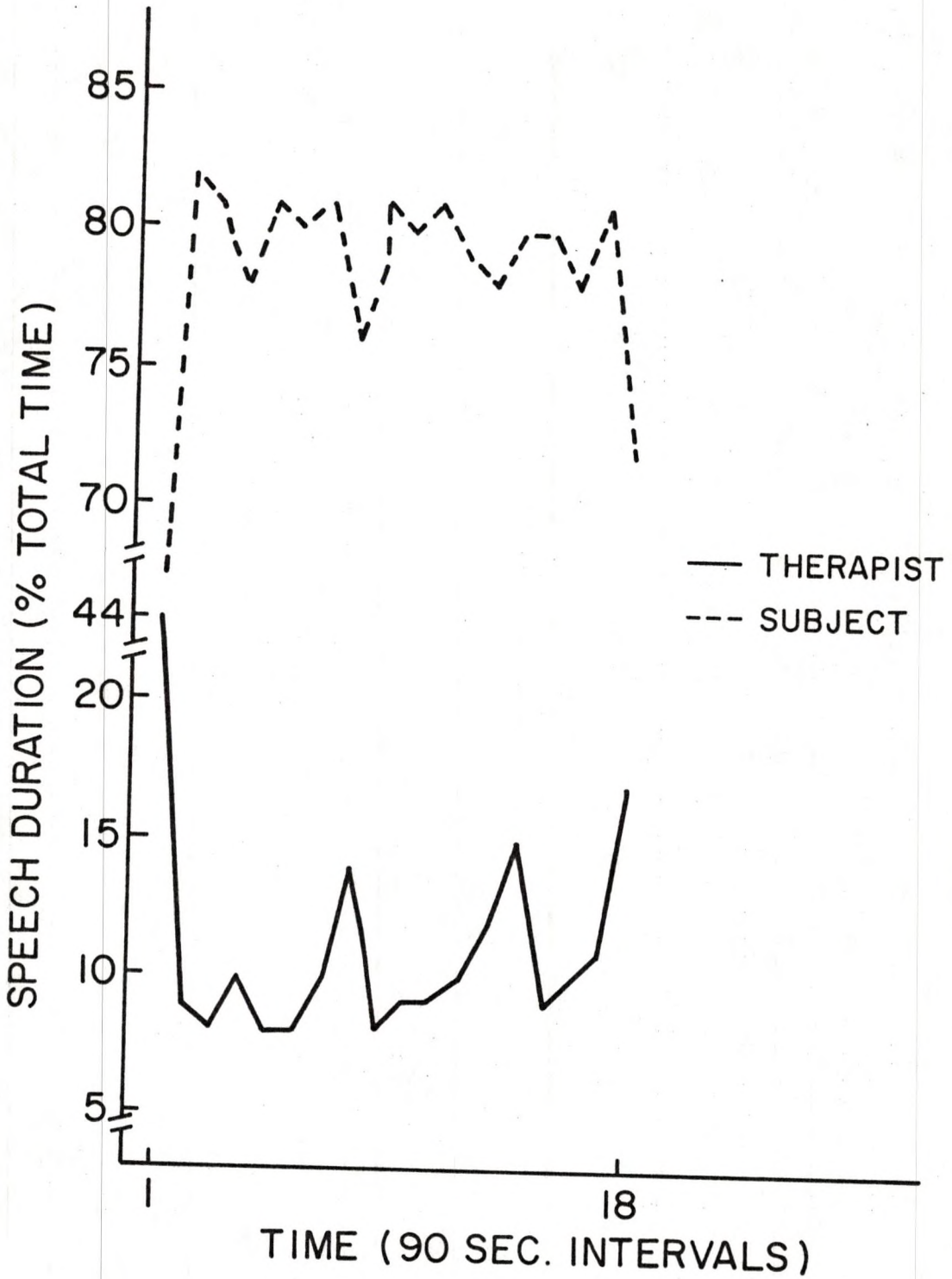
Walker, D. N. A dyadic interaction model for nonverbal touching behavior in encounter groups. Small Group Behavior, 1975, 6, 308-324.

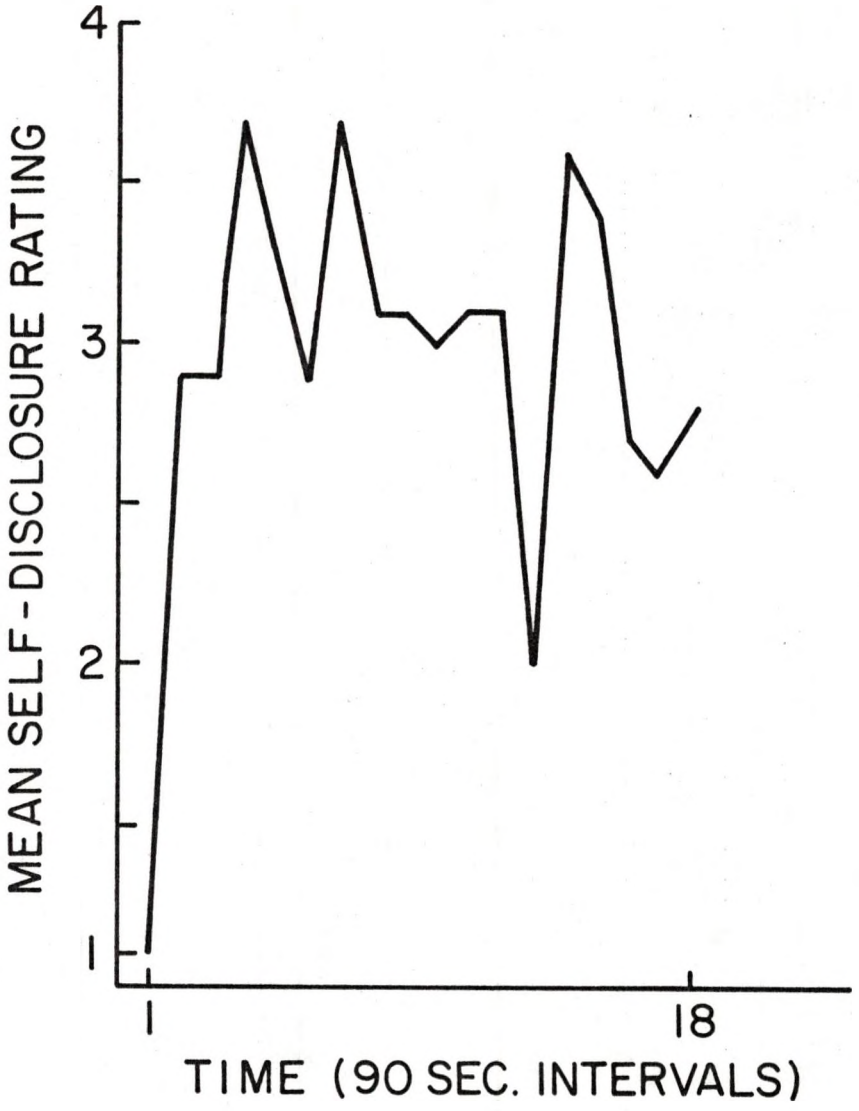
Winer, B. J. Statistical Principles in Experimental Design. New York: McGraw-Hill, Inc., 1971.

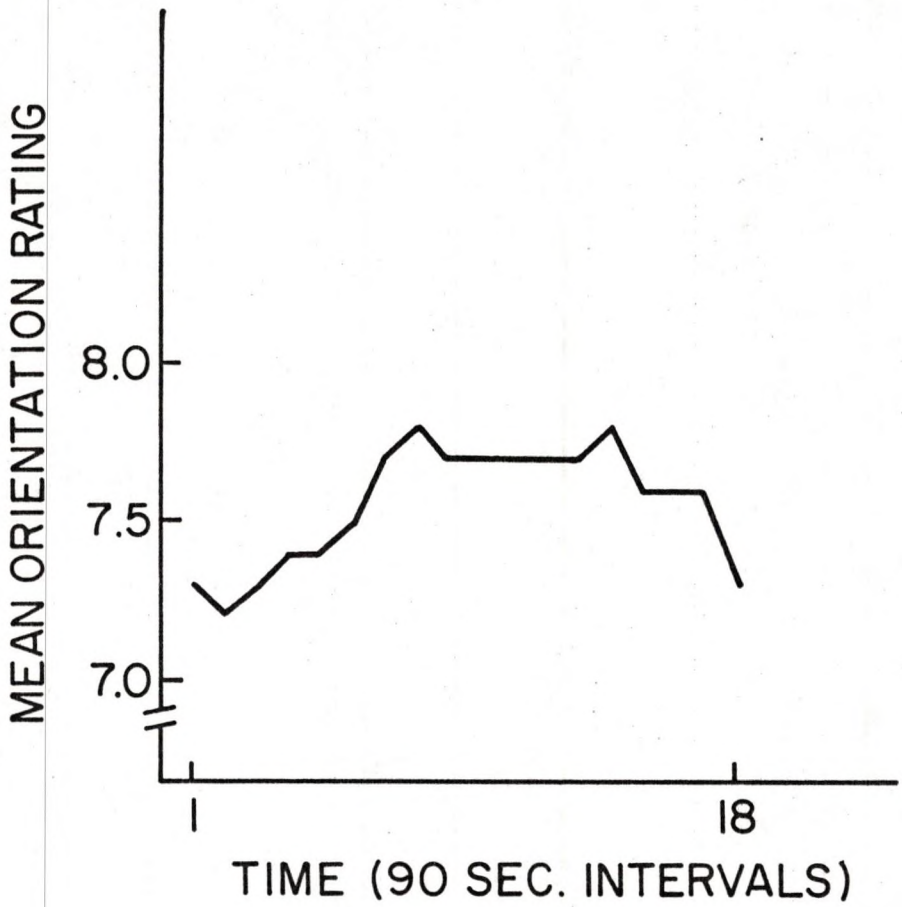
Winnicott, D. W. Metapsychological and clinical aspects of regression within the psychoanalytical set-up. Collected Papers, London: Tavistick, 1954.

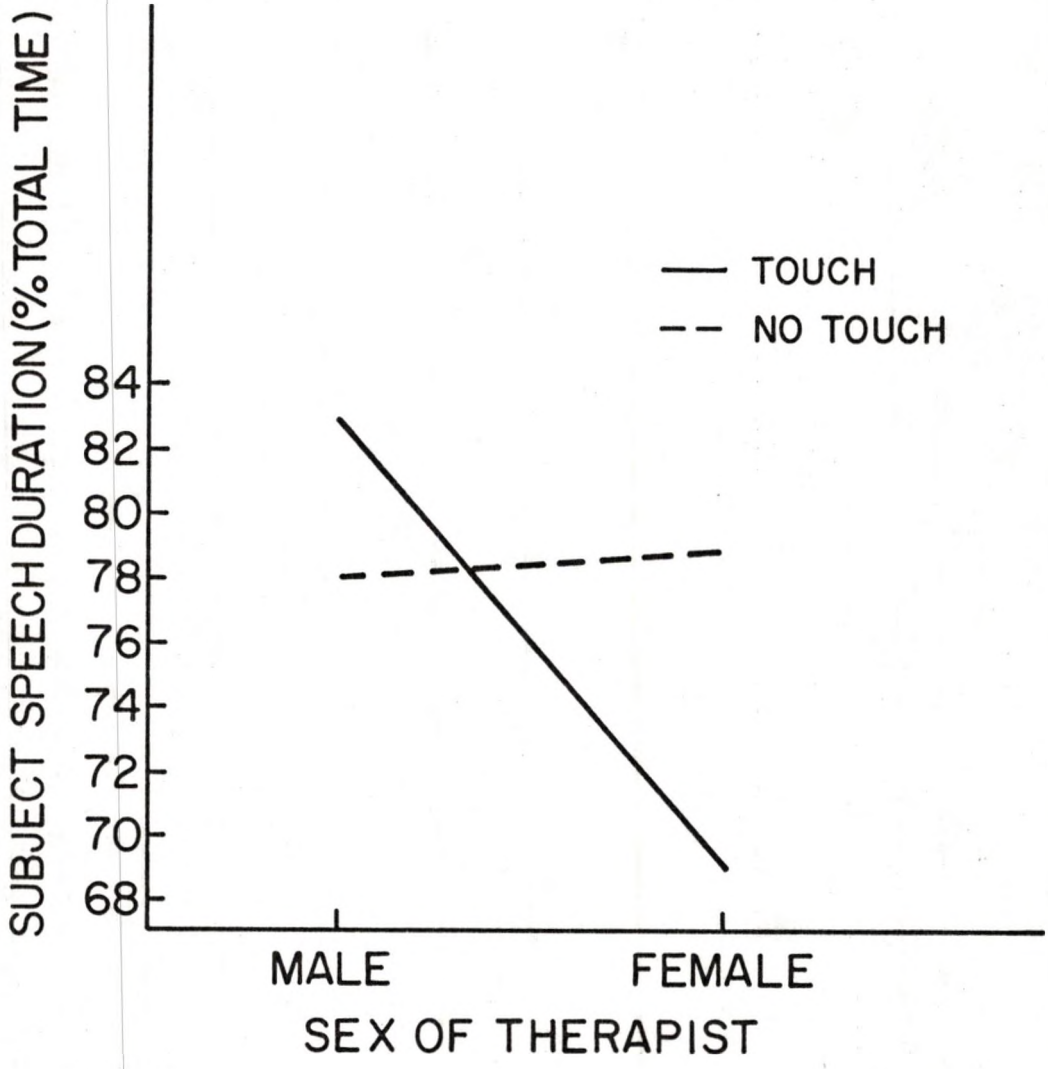
Wolberg, L. R. The Technique of Psychotherapy. New York: Grane and Stratton, 1967.


100
90
80
50
40
30
OBSERVATION (% TOTAL TIME)
THERAPIST
SUBJECT
1
18
TIME (90 SEC. INTERVALS)


85
80
75
70
44
20
15
10
5
SPEECH DURATION (% TOTAL TIME)
THERAPIST
SUBJECT
1
18
TIME (90 SEC. INTERVALS)


4
3
2
1
MEAN SELF-DISCLOSURE RATING
1
18
TIME (90 SEC. INTERVALS)


MEAN ORIENTATION RATING
8.0
7.5
7.0
1
18
TIME (90 SEC. INTERVALS)


SUBJECT SPEECH DURATION (% TOTAL TIME)
84
82
80
78
76
74
72
70
68
TOUCH
NO TOUCH
MALE
FEMALE
SEX OF THERAPIST