The rating of nonverbal counseling techniques by reluctant adolescent clients

James Ernest Forrester
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THE RATING OF NONVERBAL COUNSELING TECHNIQUES BY RELUCTANT ADOLESCENT CLIENTS AS COMPARED TO VOLUNTARY ADOLESCENT CLIENTS

The College of William and Mary in Virginia

University Microfilms International

300 N. Zeeb Road, Ann Arbor, MI 48106
THE RATING OF NONVERBAL COUNSELING TECHNIQUES
BY RELUCTANT ADOLESCENT CLIENTS AS COMPARED
TO VOLUNTARY ADOLESCENT CLIENTS

A Dissertation
Presented to
The Faculty of the School of Education
The College of William and Mary in Virginia

In Fulfillment
Of the Requirements for the Degree of
Doctor of Education

By
James E. Forrester
May 1982
THE RATING OF NONVERBAL COUNSELING TECHNIQUES
BY RELUCTANT ADOLESCENT CLIENTS
AS COMPARED TO VOLUNTARY ADOLESCENT CLIENTS

by

James E. Forrester

Approved May 1982

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Chairman of Doctoral Committee
DEDICATION

To Patti, who was unavoidably an extension of my internal struggle to quit or persevere, but who nonetheless allowed the battle to run its course without interfering. Thanks to her nonpossessive support I am able to reap a sense of accomplishment in this solitary task.
ACKNOWLEDGEMENTS

The completion of this study was greatly assisted by the efforts and support from many people. Most who assisted seemed to have nothing but altruistic motives. I wish to express my gratitude:

To Chuck Matthews, Fred Adair, and Kevin Geoffroy who served on my committee and meticulously guided the design and composition of the study.

To Gerry Engle who recognized my phobia with statistics and patiently guided me through solutions.

To David Reed who took a student in crisis and provided perspective with words and computer time.

To Alternatives, Inc. for allowing their facility to be used for this study.

Specifically, to Phyllis Moore, Tom Wessells, Bill Brockman, Susan Everton, and Fanny Bird, who were very generous in contributing their time.

To the clients of Alternatives, Inc. who participated in the study.

To Gloria Addington, Judy Kearns, Becky Huffstetler, Anne Coenen and Donna Minton who assisted with their expertise on word processors in applying the latest in technology to the writing of this study.

To Leigh and Anne for timely naps which allowed this study to be completed in two hour increments.
To Patti who holds the record for typing the same thoughts in at least four different styles and for her patience. Also, my appreciation to Patti for the things she has done for me that are too numerous to detail and often taken for granted because "she is just that way."

To my friends who accepted my struggle without ridiculing my neurotic needs.
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THE RATING OF NONVERBAL COUNSELING TECHNIQUES
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CHAPTER I
INTRODUCTION

In the past decade counselor education has developed many systematic skills-training programs. The contributions of Robert Carkhuff and his associates are largely responsible for this movement (Carkhuff, 1969a; Carkhuff, 1969b; Carkhuff, 1972; Carkhuff and Berenson, 1967). A model has been developed through extensive research which identifies the skills needed in establishing an effective helping relationship. This has provided an excellent method for training and evaluating the facilitative techniques of counselors (Carkhuff, 1969a; Carkhuff, 1969b).

Many other systematic skills-training models have been developed either based on the work of Carkhuff or by extracting elements contributed by him. Allen Ivey (1971) has developed a systematic technology for training known as microcounseling. A discrimination model which stresses skills training has been developed by Harold Hackney and Sherilyn Nye (1973). Lawrence Brammer (1973) identifies over 20 specific skills forming an eclectic developmental model which promotes understanding of self and others. Norman Kagan (1971) has developed a systematic approach which focuses on a technique called interpersonal recall.
George Gazda and Gerard Egan draw heavily from the developments of Carkhuff. Gazda (1973) has produced a fundamental training model designed for educators. He also uses this systematic training for members in group counseling. Egan (1975) uses a sophisticated developmental model designed to increase the reliability of helping. These various training programs have made a significant contribution in developing and refining the skills of counselors and others in helping professions.

A major emphasis of the training programs has been on developing a helping relationship. Brammer and Shostrom (1977) have stated that the main process goal initially is to build a relationship. The crucial elements of this relationship are characterized by trust based on openness and honesty of expression. Carkhuff (1970) discusses an early period in the helping relationship called the facilitation phase which contains the crucial counseling characteristics of empathy, respect and warmth. The systematic skills-training programs have taken the process of relationship building and broken it down into behavioral components which can be taught to potential helpers.

Appropriate nonverbal responses of a counselor are stressed as well as verbal techniques. The nonverbal responses are explicitly described as methods of physical attending which convey the elements of empathy, respect and warmth. The systematic skills-training programs have
taken the process of relationship building and broken it down into behavioral components which can be taught to potential helpers.

Appropriate nonverbal responses of a counselor are stressed as well as verbal techniques. The nonverbal responses are explicitly described as methods of physical attending which convey the elements of empathy, respect and warmth. Krause and Hendrickson (1972) emphasize that it is the responsibility of counselors to train themselves to access the impact their nonverbal behavior has on their clients. Eye contact is considered crucial for expressing acceptance and caring in attending to client statements (Brammer and Shostrom, 1977; Ivey and Authier, 1978) and in regulating the relationship (Gazda, 1973). It is suggested that the helper should look directly at the client to facilitate this (Egan, 1975). The counselor should also convey genuine interest in his/her facial expressions and head nodding (Brammer and Shostrom, 1977) since facial expressions are considered the primary site for the display of feelings (Gazda, 1977). Posture and distance are also considered important to the counselor's relationship with his/her client. It is recommended that the counselor lean toward the client as a friendly sign of availability or involvement (Brammer and Shostrom, 1977; Egan, 1975; Ivey and Authier, 1978) and as an indication of physical
alertness (Gazda, 1973). Egan (1975) emphasizes the importance of facing the client squarely in a relaxed way without crossing arms or legs. This maintains an "open" posture and is a sign of comfort with the relationship.

It is clear that the nonverbal attending behaviors are significant in developing a helping relationship and support has been given to illustrate their value through research. It has been discovered that more than 50 per cent of the communicational significance of a message is nonverbal (Argyle, Alkema, and Gilmour, 1971; Birdwhistell, 1970; Tepper and Haase, 1978; Mehrabian, 1968). In addition it has been demonstrated that the communication of the crucial element of empathy is dependent on nonverbal as well as verbal communications (Fretz, 1966; Shapiro, 1968; Smith-Hanen, 1977). One study observed that the ratio of nonverbal to verbal message variance was 2:1 in the judged communication of empathy (Haase and Tepper, 1973). Another crucial element in a helping relationship is warmth. The dimension of warmth in the nonverbal behavior of the counselor has been shown to have a significant influence on the people with whom they interacted (Bayes, 1972; LaCrosse, 1975; Smith-Hanen, 1977). It has also been observed that judged counselor genuineness is significantly less when verbal and nonverbal cues are inconsistent (Graves and Robinson, 1976).
There can be little doubt that both the verbal and nonverbal facilitative elements of helping are crucial. The techniques employed by a counselor in a helping relationship deserve the careful consideration which they have received in the various systematic skills-training programs. However, the underlying assumption of the existing training models is usually that clients are self-selected and self-referred, when in reality, many counselors work with clients that are reluctant or possess little motivation toward counseling (Riordan, Matheny, and Harris, 1978). The majority of clients who visit a counselor may either partially or totally, not really want to be a client (Blos, 1952; Holman, 1955; Vriend and Dyer, 1973; Willey and Strong, 1957). Perhaps with no client population is this more evident than with adolescents.

Counseling adolescents is clearly characterized as difficult because of the stage of development that these individuals are experiencing. These years present unique problems which may affect an individual's attitude toward receiving help. C.H. Patterson (1971) points out that the ambivalence typically experienced by adolescents regarding dependence and independence is certainly a factor in their rejection of counseling. The development of a trusting relationship is considered a critical factor in counseling, yet the development of appropriate relationships with adults is a major problem with many teenagers (Trieschman,
Whittaker, and Brentro, 1969). Where relationships as children were of a dependent nature towards adults, adolescents satisfy their need for independence, at least partially, by turning to their peers and away from adults. Donald Holmes (1964) describes the skeptical attitudes which adolescents have toward counseling as a developmental period in which their capacity to trust is suspended pending the outcome of their own private research into the psychology of adults. They want to be seen as seekers and learners rather than patients in need of treatment (Werkman, 1974).

Statement of the Problem

In an attempt to find the most appropriate nonverbal techniques for the purpose of establishing rapport with reluctant adolescents, this study poses the question: Will reluctant adolescents show a preference for a detached counselor nonverbal style while adolescents who are voluntarily in counseling show a preference for the more empathic nonverbal style? In an attempt to answer this question an investigation was conducted using the clients of an adolescent counseling agency. A comparison of the ratings of counselor non-verbal styles as viewed on videotape by reluctant and voluntary clients was analyzed.

Since it appears likely that counseling outcome is related to client reluctance (Paradise and Wilder, 1979), it is considered an important goal of this study to identify
some counseling techniques which reluctant clients have selected as styles with which they are more comfortable than those recommended in the counseling literature. It would appear from the nature of the problems in counseling adolescents, that counselors working with these populations often have a particularly difficult task in developing a helping relationship. Because existing counseling techniques are designed for use with client populations who are seeking help, an approach which is appropriate for reluctant clients may be a valuable addition to the technology of training. The development of a unique set of techniques for establishing a helping relationship with reluctant clients may be a valuable endeavor for counselors.

It is the purpose of this study to begin this process by examining nonverbal counselor techniques as displayed through the categories of kinesics and proxemics (Knapp, 1972). Kinesic behavior typically includes gestures or movements of the body, arms, hands, head, feet and legs while proxemic behavior refers to physical distances and angles. It has been stressed that an awareness of these categories is very important for counselors because they are crucial in conveying meaning and feelings in communications with clients (Sielski, 1979; Wilbur and Wilbur, 1980). This study isolates and examines some of the key nonverbal techniques which impact the initial contact with reluctant and voluntary adolescents. The kinesic behaviors investigated
include eye contact, head nods, and arm and leg position. The proxemic behaviors investigated include trunk lean and body orientation. This study explores adolescent preferences in counselor relationship characteristics and attempts to determine differences in how reluctant adolescent counselees and voluntary adolescent counselees respond to traditional approaches to counseling compared to a detached counseling style.

Subjects in this study were drawn from the client population of a substance abuse agency designed to provide counseling services for adolescents and their families. Adolescents between the ages of 13 and 20 were selected to participate during an intake interview. Subjects were screened by a four-item reluctance measure and the intake counselor's judgement to determine if they were reluctant to be in counseling or if they were voluntarily in counseling. Sixteen reluctant clients and 16 voluntary clients were used in the study.

Subjects were asked to rate videotape segments of counselor nonverbal behavior. Ten videotape segments demonstrating specific counseling analogues were shown. Subjects were asked to select a preference in each of five series of counselor behaviors and to rate their emotional responses to each counselor style. Biographical information was collected in order to provide a detailed description of the population being studied.
Some specific counselor characteristics which are referred to as the core dimensions which lead to the growth of the client. Truax and Carkhuff (1967) have described these core dimensions as accurate empathy, non-possessive warmth, and genuineness. Carkhuff has since refined this to fit into an action oriented means of the counselor viewing the helping process. Through the appropriate actions of counselor empathy, respect, and warmth a client may begin self-exploration. This leads into client understanding through counselor methods of concreteness, genuineness, and self-disclosure. The client action phase is facilitated by the counselor initiating confrontation and immediacy.

Counselor training has capitalized on the techniques associated with the core dimensions by developing training programs which focus on assisting counselors in the process of attaining specific skills. Carkhuff has provided a technology of helping which has been refined or expanded on by many other counselor educators (Carkhuff, 1969; Danish, 1971; Egan, 1978; Hackney and Nye, 1973; Ivey, 1971; Kagan, 1971). The training programs generally emphasize techniques of responding to client statements which meet the core dimensions and facilitate client growth through the counseling relationship. Although the thrust of these techniques is toward verbal responses, many of the training programs stress the importance of nonverbal techniques in the communication of empathy, respect, and

Since the nonverbal techniques which constitute physical attending in the counseling relationship have been found to be significant, this study focuses on some of these specific techniques. It has been suggested that facilitative physical attending by the counselor should include facing the client squarely with a forward trunk lean (Brammer and Shostrom, 1977; Egan, 1975; Ivey and Authier, 1978). Body posture should include a relaxed and "open" position with neither arms nor legs crossed (Egan, 1975). Eye contact should be direct and engaging (Brammer and Shostrom, 1977; Egan, 1975; Gazda, 1973; Ivey and Authier, 1978) and supported with acknowledging head nods (Brammer and Shostrom, 1977). However, these techniques are designed for use with clients who are seeking help and have generally made a choice to be in counseling. Many adolescents become engaged in counseling because their parents disapprove of their behavior, because the schools have identified their behavior as a problem, because the courts have made counseling a condition of their probation, and for other reasons which place counseling in an imposing position initiated by external sources. The result is that clients often see the counselor as an advocate of the institutions with which they are in conflict. It may be assumed then, that most adolescents in these circumstances begin their
counseling relationship as reluctant clients who do not really wish to be with the counselor and may even resent that person.

There is evidence that counseling outcome is directly related to client reluctance (Paradise and Wilder, 1979). It would appear from the nature of the problems in counseling adolescents that the counselors working with these populations often have a particularly difficult task in developing a helping relationship. Since existing counseling techniques are designed for use with client populations who are seeking help, an approach which is appropriate for reluctant clients may be a valuable addition to the technology of training. The development of a unique set of techniques for establishing a helping relationship with reluctant clients may be a valuable endeavor for counselors. It is the purpose of this study to begin this process by examining some of the counselor nonverbal techniques which impact the initial contact with reluctant adolescents. The investigation explores adolescent preferences in counselor eye contact, head nods, arm and leg position, forward lean, and body orientation. It attempts to determine differences in how reluctant adolescents and voluntary adolescent counselees respond to the traditional nonverbal approaches to counseling compared to a detached counseling style.
Definition of Terms

The following terms have been operationally defined for the purpose of assisting the reader in understanding research and related discussion thus maintaining consistency in interpretation.

Reluctant Client

This term is used to describe a client involved in a counseling relationship who either partially or totally does not wish to be a client. Reluctance exists when resistance toward giving up symptoms and substitute gratifications is greater than the client's desire for help (Beier, 1952).

Voluntary Client

This term is used to describe a client involved in a counseling relationship who is seeking help and genuinely wishes to get assistance with the help of the counselor.

Nonverbal Techniques

Nonverbal techniques are methods of helping responses employed by a counselor other than the spoken word. These techniques are categorized in three areas: kinesics, which include movements of eyes, head, hands, legs, and feet; paralanguage, which includes speech length, intonation, voice quality, verbal reinforcers, speech error rate, pauses and hesitations; and proxemics, which include distance and angles between individuals, leaning positions and touching.

Detached Counseling Style

These are techniques employed by a counselor in
responding to a client which are designed to be less engaging than the techniques used in systematic counselor training programs.

Body Orientation

This is the proxemic position of the counselor's entire body in a position to an angle turned away from the client.

Body Position

This is the kinesic behavior of the counselor's arms and legs in response to the client's statements which may vary from both feet placed on the floor and arms uncrossed to both arms and legs crossed.

Hypotheses

Hypothesis I

Reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue will show no significant difference in preference for either style of trunk lean displayed by the counselor.

Hypothesis II

Reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue will show no significant difference in preference for either style of body orientation displayed by the counselor.

Hypothesis III

Reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue
will show no significant difference in preference for either style of body position displayed by the counselor.

**Hypothesis IV**

Reluctant adolescent clients' and volunteer adolescent clients' videotape rating of a counseling analogue will show no significant difference in preference for either style of eye contact displayed by the counselor.

**Hypothesis V**

Reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue will report no significant difference in preference for either style of head nods displayed by the counselor.

**Hypothesis VI**

Reluctant adolescent clients will not prefer the detached counselor style over the involved counselor style.

**Hypothesis VII**

Voluntary adolescent clients will not prefer the involved counselor style over the detached counselor style.

**Ethical Considerations**

This research is conducted within ethical parameters established in Section V of the Regulations for the Virginia Board of Behavioral Science. The board of directors of the cooperating agency where the data for this research was collected has had a research committee review the ethical considerations of the study proposal. They recommended to
the Board of Directors that the research be approved for their agency provided the study did not deviate from its stated intent and methods. The Board of Directors accepted this recommendation and voted approval for the study to be conducted within the agency. The staff assisting with the research was carefully instructed and given procedures to follow so that the study did not become intrusive to the work of the agency or the counseling process. Both staff members assisting in the study were licensed professional counselors and were aware of the ethical standards established in the Regulations for the Virginia Board of Professional Counselors. This study was also approved by the Human Subjects Research Committee of the College of William and Mary.

Subjects in this study were informed as to the purpose of the research after the gathering of the data. They were informed that the data collected would not be associated with their names. Parental permission was obtained in writing for all subjects under age 18.
Research which examines the counseling of specific populations of reluctant clients or even more generally, adolescents, is surprisingly limited. Reluctance is a relatively new term and has only been identified in research studies in recent years. Studies have been designed using adolescents, but do not seem to isolate variables which may be unique in making a therapeutic intervention with that population. In this chapter an examination of some of the unique characteristics which have been identified in counseling adolescents will be followed by research that has been done on nonverbal physical attending of counselors during initial contact with clients. These studies are structured similar to this study. A brief review of the literature on client reluctance will also be presented to characterize the variable which makes this study unique.

Research Related to Reluctant Clients

Erik Erikson's (1963) developmental theory describes adolescence in a way that is helpful in understanding some of the problems experienced by teenagers. He proposes that during adolescence the individual's major concern is the conflict between identity and role-confusion. During this developmental period, the adolescent experiences times of
having a clear sense of who he/she is while at other times there is a good deal of identity confusion. This fluctuating process can be very distressing to the individual, creating conflicts with the institutions with which the individual comes in contact. Perhaps the area of greatest confusion and conflict is the family. It is within the family that the adolescent wishes to gain more autonomy and yet, in Western culture, he/she remains economically dependent upon them.

These same conflicts and sources of role-confusion are often transferred over to any counseling intervention. Patterson (1971) mentions the apparent rejection of counseling or the resistance toward seeking help at all which seems to prevail with adolescents and cites an ambivalence regarding dependence and independence as the influential factor. Although he classifies adolescence as a difficult period which is characteristically full of problems, the individuals do not seek help and often refuse it when it is offered.

Others have expressed similar frustrations in their work with teenagers. Willey and Strong (1957) state that in schools few pupils come voluntarily for counseling and are usually unwilling to discuss problems of real concern to them. The counseling which has been done by the average counselor has often been undertaken because of pressure
phere imperative to effective counseling of reluctant
clients has been disregarded. In a study done by Holmes
(1955) with 20 eleventh grade students it was found that
students readily admitted to problems, but were unwilling to
discuss them. There appeared to be several factors which
seemed to deter students from seeking help. a) A fear of
revealing themselves to others was expressed because it
might open the way to being blamed for having a problem or
for not being able to solve it alone. b) A stated fear of
bringing out something about themselves which they did not
want to know, such as that the problem was more severe than
they realized, was insoluble, or that they needed psychia-
tric help. c) A fear was expressed about the relationship
with the helping person. It was thought that they might not
be competent to help, that information might be used to
their detriment, or that the helping person would not be
interested in them. d) There was also expressed the fear of
loss of independence. This study found that a theme running
throughout was a fear of being thought of as different.
They seemed to see this as a defect within themselves for
which they would be blamed, criticized or rejected. It was
concluded that adolescents do not want to seek assistance if
it endangers their status with their peers.

There is some reason to believe that those who do not
seek counseling in the schools are actually the same
students that might be identified as in need of counseling
and guidance services. Tseng and Thompson (1968) found that counseling and guidance programs attracted clients (N=93) who are more affluent, more ambitious and more success-oriented. This group tended to reflect the middle class ideals and values. They also discovered that the group who sought counseling was more certain about vocational choice than those who did not seek counseling (N=152). It is significant in this study that the sample that did not seek counseling is much larger than the sample that did seek counseling. It is also important to note that Tseng and Thompson recommend that ... "by identifying those students who are uncertain about their vocational plans, the counselor would also identify many of those students who would not voluntarily seek counseling." p. 335. The implication seems to recommend identifying students who are potentially reluctant and putting pressure on them to seek help. This appropriately characterizes the attitude counselors often have about providing help and illustrates the factors which contribute to reluctance in adolescents.

Many therapists have identified the difficulty of working with a teenager who is involved in counseling against his/her will (Blos, 1952; Brammer and Shostrom, 1977; Friend, 1972; Nadler, 1978; Willey and Strong, 1957). Brammer and Shostrom (1977) state that children and adolescents seldom refer themselves. Instead they are usually brought or sent to counseling because they have
displeased some adult. The result is that they rarely have a conscious desire for self-exploration. Furthermore, the teenager often does not have the choice in terminating their counseling relationship, but must continue until the behaviors which have been identified as unacceptable are changed.

Nadler (1978) does not see the adolescent as the victim. He believes that teenagers often covertly allow themselves to be assigned a focal role in the family by being labeled the "sick one." The family will often be in conflict over an attempt to classify the behavior as "sick" or acceptable. In these cases the teenager may enter counseling simply to keep peace in the family. Levenson (1972) refers to this behavior as the compassionate sacrifice.

From a psychoanalytic perspective, the adolescent who is involved in counseling because of adult pressure or because of the compassionate sacrifice being made for his/her family, will present the counselor with some conflict due to transference. The counselor may be ill-distinguished from the punitive or martyred parent in these instances. It is difficult for a counselor to liberate himself/herself from this role. However, if the counselor and client can agree that the situation is not conducive to understanding and that the client may return if he/she
wishes, then future continuance is possible (Friend, 1972).

A characteristic of adolescents which makes counseling a difficult task is impatience (Brammer and Shostrom, 1977; Meeks, 1971). Instant gratification, immediate answers and quick solutions are desired, making it difficult to keep a teenager in counseling. Brammer and Shostrom (1977) have suggested that the counselor can assist the client to realize that his/her impatience is part of the conflict he/she is experiencing and help him/her make realistic choices.

Along with impatience, Meeks (1971), refers to frustration, feelings of helplessness, and the conflict between dependence and independence, which was also referred to by Patterson (1971). This conflict occurs in the adolescent as a result of the need to consult a counselor and is seen by Meeks as creating a sense of narcissistic impairment in the client. Even when the teenager is outwardly respectful and accepting, he maintains a skeptical attitude toward the ability of the counselor (Holmes, 1964). This may come from his/her desire to be seen as a seeker or learner rather than as a patient in need of treatment (Workman, 1974).

Rosenheim and Gaoni (1977) conceptualized a difficulty in working with adolescents as a syndrome of defensive passivity. When this is found in an adolescent, it manifests itself as a display of excessive reluctance to move toward
an independent decision-making action. They have referred to this state as a defensive maneuver against the mourning of the loss of childhood. This is a developmental perspective which emphasizes the difficulty an adolescent has in moving toward independence. Therefore it manifests itself in the client's resistance to change.

Some of the typical defenses against painful feelings identified in the early stages of counseling with adolescents include rebelliousness; passive compliance; timidity; disdainful, condescending attitudes toward the counselor; and cool, aloof intellectualizing. Since the basic techniques of establishing the therapeutic alliance with the adolescent is the timely interpretation of affect and defense, recognizing the feeling states which are disguised by these defenses is crucial to the counseling process (Meeks, 1971). More severe defenses which have been identified include behaviors which are secretive, guarded, seclusive, aloof, withdrawn, or deceptive. Those are often used to keep an adult at a distance (Trieschman, Whittaker, and Brendtro, 1969).

It is clear that counseling adolescents presents a unique and difficult set of problems for the counselor. From the observation of the elements that make up these problems it may be surmised that many of the adolescents in counseling are reluctant. Vriend and Dyer (1978) have defined a reluctant client simply as someone
"not wanting to be a client in the first place." p.240. In a elaboration on this they defined a reluctant client as any individual who, if given a choice, would avoid having contact with a counselor, let alone the imminent counseling, and any individual who, for whatever reason, cannot admit that he desires counseling nor even that he secretly believes such an experience would be of value. (page 241)

Reluctance is generally distinguished from resistance in that it is more descriptive of the client's attitude toward the counselor or the entire process of counseling. Resistance is a description of an attitude of the client toward change which may occur at any given point in time during counseling. Kennedy (1977) has described resistance as an attitude on the part of the counselee which seems to fight the treatment.—People resist treatment in order to stay the same; that is, to maintain their repressive defenses so that they need not look at the truth about themselves and so that they can keep anxiety at bay. (page 76)

It is important to note that the symptoms of resistance, such as lengthy silence, stereotyped and repetitive talk or play, and objection and refusal to attend sessions (Marshall, 1972), may be the same as those found in a reluctant client. The distinction, therefore, must be made based on the client's general attitude toward seeking help.

Vriend and Dyer (1973) have concluded that the majority of clients who visit a counselor can be classified as reluctant or involuntary to some extent. They have identified additional ways in which reluctance manifests
itself in clients. These include open hostility, non-cooperative silence, strained civility, defensiveness, avoidance, and silliness. Yet reluctance is perceived by Vriend and Dyer as often being the most reasonable and realistic approach for a client to take and may be a sign of social and psychological health. Reluctance, in fact, may be a healthy sign that clients are taking a share in the control of their own destiny (Riordan, Matheny, Harris, 1978). It is often the case with clients entering counseling that a third party has played a key role in getting them into the counselor's office.

A brief look at client populations which are usually reluctant will confirm this. In Beir's (1952) article, which was one of the first to address the subject of reluctance, he listed a few sources of "involuntary" clients. These clients included juvenile delinquents, prisoners, court referrals, employees, students referred by deans' offices, and children who are brought to counseling.

To this list Vriend and Dyer (1973) have added marriage counselees who attended counseling sessions as a condition for obtaining a divorce. Vriend and Dyer also refer to the counseling which usually occurs in the schools. Students are frequently referred to counseling to straighten out some school problem such as an academic problem, a schedule adjustment, a discipline problem, poor attendance, failures, drug use, social maladjustment, for being a potential school
drop-out, or underachievement. They have identified the self-referred client in the school as almost mythological. It is concluded in this article that clients who participate in counseling to please a third party are merely tolerant of the activity at best and their actual commitment to the counseling process is seldom earned.

The article by Vriend and Dyer (1973) elaborates on how the counselor or counseling process often contributes to client reluctance. It is usually presumed that a client must admit to some problem or weakness in order to enter counseling. Reluctance, then, becomes a defense against this assault on one's sense of well-being. Since most reluctant clients are sent to counseling by a third party, a cooperative attitude would represent an admission that the third party knows more about the client than he/she does. This would result in the client's feeling powerless. In working with clients that are rebellious or iconoclastic, the counselor may remain the institutional representative of the system or the distrustful authority figure. In this case, cooperation in counseling may mean yielding to the system of values which are perceived as wrong. In many cases, what are ordinary adaptive and functional behaviors in the client's world, frequently are perceived by counselors as maladaptive and dysfunctional resistance to counseling.
In counseling reluctant clients, Vriend and Dyer (1973) have outlined some common mistakes made by the counselor. It is pointed out that counselors often are inclined to project client's reluctance onto themselves and feel rejected. In other words, the counselor takes the client's reluctance toward counseling as a personal sign that the client does not like him/her. This is partly the result of the counselor's inability to accept his/her client as he/she is presenting him/herself, as a reluctant client. Many counselors succumb to institutional pressures to create client change and may feel the press of time. As a result these counselors become impatient or even irritated by the reluctant client and the client is likely to, at least partially, observe these attitudes in the counselor. Handling negative feelings, especially around conflict, may be difficult for counselors who see their role as necessarily being warm and accepting. These counselors fail to confront the real issues which have created client reluctance and are even unable to acknowledge the existence of reluctance. Instead these counselors tend to placate clients in an attempt to neutralize negative feelings and to induce positive feelings.

Four myths which may be disabling to counselors working with reluctant clients were suggested by Riordan, Matheny and Harris (1978); 1) The client must trust me. This is a reflection on the relationship and trust building skills
found in counselor education. 2) I am a facilitator, not a sales person. Without a proactive counselor, the facilitated condition of the reluctant client is more a process of the client evading fear. 3) Every client can be helped or no unwilling clients can be helped. These attitudes may be very frustrating for the optimistic counselor and very hopeless and irresponsible for the more pessimistic counselor. 4) I alone am responsible for what happens with this client. This narrow-minded attitude deprives the client of the resources which come from consultation as well as the client.

Beier (1952) discussed three methods commonly used by client-centered counselors in their approach to reluctant clients. 1) They do not accept him, but "wait him out," until he is ready to seek help on his own. It is important in this approach that the counselor communicates his respect for the integrity of the client and to make it clear that he does not identify with the referral source. It is valuable to convey to the client a faith in his/her ability to make decisions. 2) The counselor accepts the involuntary client and engages in resistance reflections. In this approach the counselor tries to assist the client toward accepting help by reflecting unexpressed needs and by so doing communicates deep concern for him/her. This method provides the client with the support needed to work through feelings of resistance. 3) The counselor discusses in an "above-board" fashion the fact that the involuntary client is really a
client. Beier calls this a crude method, but emphasizes that it may have its place in special cases. Basically, it is an attempt by the counselor to support the reluctant client's own motivation toward help by arousing motivating anxiety.

Vriend and Dyer (1973) made a significant contribution through their suggestions on counseling interventions with reluctant clients. By looking first at his/her own reactions as a counselor to the resistance displayed by the client, the counselor can strive to avoid feeling as though he/she is the target of the reluctance. Another method of gaining the proper perspective initially which they recommended is to question the source of the reluctance in the client. This also aids the counselor in avoiding projecting the client's reluctance on himself/herself. Vriend and Dyer believe that it is important to deal with the reluctant behavior as it is manifested, rather than ignoring it. Once the behavior is identified, it is then important to interpret it to the client when it presents itself. Vriend and Dyer believe that the counselor who sees counseling as goal-oriented is better equipped to combat client reluctance. This counselor will be able to discuss clearly with the client how counseling works and what role they will both be playing in the process. Many reluctant clients may not be aware of what counseling is. Therefore an explanation and detailed, mutual goals are suggested, as
well as mutually agreed upon behavior contracts. They have also recommended providing reluctant clients with self-data through use of psychometric devices, audio or video-tape; group or peer counseling arrangements; or simply a pleasurable non-counseling experience.

In an article by Riordan, Matheny, and Harris (1978) seven principles of motivation are discussed in the context of the reluctant client. 1) Self-determined goals are more motivating than imposed ones. They tend to fit the client better and feel more natural to him/her. 2) Behavior that is intrinsically rewarding is more likely to be persistent. Successful clients choose intermediate goals that they are capable of achieving. 3) Structure and direction often counteract the demoralizing effects ambiguity has on motivation. It is difficult for clients to attack complicated or ambiguous assignments. 4) Behavioral expectations shared by referent group members are highly motivating. The clients' sense of personal identity is in large part the creation of expectancies that significant others hold for them. 5) Success in one area often motivates change in other areas of a person's life. It is important for the counselor to encourage the client to start the change process by taking on small assignments. 6) The need to behave in ways that are compatible with what we say we believe is highly motivating. Clients need to achieve congruence among their attitudes and
behaviors. 7) Rewarding a behavior is generally more effective than punishing its opposite.

These very concrete suggestions express a behavioral orientation to the reluctant client, but fail to look at some of the more basic problems inherent in counseling that population. These suggestions could be generalized to many different levels of client motivation. The real issue in counseling the reluctant client may be to merely get a verbal response or to have a client attend the session. Certainly a commitment to the counseling process is a major success in working with the reluctant client. This places goal setting and similar activities secondary to the establishment of elements in the counselor/client relationship, such as trust.

Research Related to Counselor Nonverbal Behavior

In a recent study by Paradise and Wilder (1979) an examination was made of the relationship between client reluctance and outcome measures of self-reported counseling effectiveness. Eighty-seven college students responded to a request to evaluate their counseling experience at a college counseling service. Client reluctance was measured by a seven-point rating scale devised from responses to the Mooney Problem Checklist. The outcome measures of counseling, client-perceived improvement and satisfaction, were obtained from the Counseling Service Assessment Blank which
is a self-report questionnaire measuring the client's attitude toward the experience of counseling. The results indicated that intake measures of client-reluctance were: (a) negatively correlated with client-perceived satisfaction and improvement, (b) negatively related to degree of congruence between perceived problems and perceived emphasis of the agency, and (c) positively correlated with premature termination in counseling. Generally, client reluctance was shown to be directly related to counseling outcome.

Clients used in this study were self-referred volunteers which may indicate that the reluctance measured was quite subtle. Since the use of volunteers produced significant results, this study suggests that reluctance is a major counseling process variable whenever counseling is undertaken on a short-term basis. The implication is that unless client reluctance is minimized, the goals of counseling may be impeded. It would also seem from this study that early identification and resolution of reluctance is essential in counseling. Paradise and Wilder (1979) also suggested that counselor education must begin to consider the variables in reluctance when preparing counselors.

A valuable consideration in working with a client is concerned more directly with how a counselor can aid the client in breaking through the barriers of reluctance. The focus therefore, must concentrate on the initial contact between counselor and client since this is the crucial time
in which reluctance presents itself. Some general verbal techniques as well as counselor attitudes have been considered briefly in the literature. Yet, during initial contact we know that the counselor's greatest impact on the client may well be through his/her nonverbal behavior.

Birdwhistell (1970) determined that probably no more than 30 to 35 percent of the social meaning of a conversation is carried by words. Mehrabian (1968) is even more emphatic about a message being due to nonverbal factors. He estimates that 93 percent of the total impact of a message is due to nonverbal factors. Perhaps of greater concern to counselors are a series of studies done by Davitz (1964) on the communication of emotional meaning. He has found that it is the nonverbal of the formal characteristics of one's environment that primarily determine the emotional meaning of one's world. Furthermore, nonverbal, emotional communication is a stable, measurable phenomenon which seems to be consistent and accurately interpreted.

Davitz (1964) has outlined the information that nonverbal communication can provide about emotions:

(1) how sensitive communicators are to emotional expressions, measured in terms of accuracy of identification; (2) the kinds of emotional expressions that can be correctly identified; (3) the specific nature of incorrect identification of emotions and (4) the
degree to which communicators attend to the emotional meaning of a total communication. (pp. 179-180).

It is clear that when the significance of nonverbal behavior is applied to the techniques used in a counselor's interventions, it is crucial that a counselor be aware of how his/her nonverbal behavior is affecting the client.

Strong, Taylor, Bratton, and Loper (1971) designed a study to determine the impact of counselors' nonverbal behavior on students' descriptions of counselors. Eighty-six college coeds who volunteered and received credit, viewed and/or heard one of two counselors who emitted either high or low frequencies of nonverbal movements in a standard interview segment recorded on video-tape. Using the Adjective Check List, coeds hearing and seeing the counselors versus only hearing them, described the counselors more negatively, apparently because some visual cues disrupted their positive stereotype of "counselor." High frequencies of movements led to more positive descriptions of counselors than low frequencies, which yielded descriptions as cold, aloof and analytic.

Although this study points out the significance of counselor nonverbal behavior as it is perceived by others, it fails to characterize the aspects of the nonverbal movement which impacted the observers. It is also important to note that the student observers were not actually involved in the counseling process, but instead were volunteers rewarded with credit.
In a similar study, LaCrosse (1975) investigated the perception of counselor attractiveness and persuasiveness through the expression of nonverbal behavior. Two male and two female counselors were trained to portray "affiliative" manner and "unaffiliative" manner. Affiliative nonverbal manner consisted of smiles, positive head nods, gesticulations of the hands, 80 percent eye contact, a direct angle of shoulder orientation, and 20 degree forward body lean. In a repeated measures design, subjects (n=40) saw four different counselors and then rated them on scales measuring perceived attractiveness and persuasiveness. Results indicated that counselors in the affiliative manner condition were perceived as significantly more attractive and persuasive than counselors in the unaffiliative manner condition. Subjects attributed greater attractiveness and persuasiveness to the same nonverbal cues encoded into the roles. As in the previous study, the subjects were student volunteers rewarded with credit and the various nonverbal behaviors employed by the counselors could not be assigned by any significance independently, but only generally as all the combinations of nonverbal cues pertained to attractiveness and persuasiveness.

Other studies have addressed the issue of the perceptions of specific counselor nonverbal behaviors. In two separate studies Tepper and Haase have examined aspects of the nonverbal components of empathic communication and
facilitative conditions as they are conveyed by counselors. In one study the questions of the relative contribution of verbal and nonverbal behaviors to the judged level of empathy was examined in a repeated measures analysis of variance design (Haase and Tepper, 1972). Twenty-six counselors with an average 1,500 hours counseling experience rated 48 combinations of eye contact, trunk lean, body orientation, distance, and predetermined verbal empathy message on a modification of the Truax-Carkhuff empathy scale. Results showed that four of the five main effects and 11 of 26 interactions significantly accounted for variability of counselor ratings. Further, the nonverbal effects accounted for twice the variability as compared to verbal message. The findings suggest that empathy is communicated in more than one channel and moreover, that to rely solely on the verbal content of the message reduces the accuracy of the judgement by 66 percent.

Haase and Tepper (1972) suggest that, based on the results of this study, more attention should be focused on verbal behaviors in the training of counselors. To focus all training efforts on the verbal aspects of counseling may shortchange trainees. They also point out that limiting factors in their study include that the subject sample most closely approximates a group of trained observers or counselors and therefore, cannot be generalized to other populations.
A recent study by Tepper and Haase (1968) takes a more comprehensive look at the verbal and nonverbal communication of facilitative conditions of empathy, respect, and genuineness. Fifteen trained counselors and 15 clients rated 32 videotaped interactions between counselor and client, each interaction portraying a different combination of verbal message, trunk lean, eye contact, vocal intonation, and facial expression. Results of the ratings of empathy, respect, and genuineness revealed that (a) nonverbal cues in the paradigm accounted for significantly greater message variance than did the verbal message; (b) counselors and clients differed significantly from one another in perception of the cues; (c) previously unstudied cues of vocal intonation and facial expression with these dependent variables proved to be significant contributors to the final judgements of facilitative conditions; and (d) the process of decoding the level of facilitative conditions is a factorally complex process which cannot be understood by factorially simple studies. A major strength of this study is the use of fifteen clients as raters.

Some studies have been conducted which look at specific nonverbal behaviors in counselors which relate more directly to the behaviors in this study. Eye contact is generally recognized as a nonverbal behavior which has impact on interpersonal communication. It has been suggested that eye contact in an interpersonal situation is related to the
degree of intimacy in the relationship (Argyle and Dean, 1965). Efran and Broughton (1966) found that individuals maintain much more eye contact with those from whom they have reason to expect approval and support.

Tipton and Rymer (1978) studied the effects of varying durations of counselor eye contact over two counseling conditions. The client-focused style of counseling was defined as the counselor focusing on the client's thoughts and feelings about the presenting problem, whereas the problem-focused counseling style was defined as the counselor focusing on the problems themselves. Sixty female subjects observed videotaped segments of counseling interviews depicting one of six conditions involving either client-focused or problem-focused counseling styles and either low, medium, or high counselor eye contact. Subjects then rated the counselor on three dimensions of counselor effectiveness; genuineness, competence, and self-confidence. Counselors using both counseling styles were rated progressively higher on all three dimensions from the low-gaze to the medium-gaze to the high-gaze condition. In the problem-focused condition, the counselor was rated lower on the genuineness factor than either competence or self-confidence. When broken down by gaze levels, these differences did not hold up for the high level of eye contact. There were no significant differences between counselor ratings on the three dimensions of counselor effectiveness for the
client-focused condition. The subjects consisted of undergraduate volunteers.

Other studies have used trained volunteers or counselors in combination with actual clients when studying eye contact in the context of other counselor nonverbal behaviors. In one of three studies, which examined the effects of three counselor nonverbal behaviors on client evaluations, 18 undergraduate student volunteers receiving extra credit for an introductory psychology class met counselors for ten minute initial discussions of their personal problems. Counselors provided high or low levels of eye contact, direct body orientation, and forward lean. The results of this quasi-counseling setting showed clients exposed to the distinct nonverbal conditions did not provide significantly different ratings on measures of attractiveness and facilitativeness (Fretz et. al., 1979). The feature of a naturalistic study such as this seems to gain a different response by using real clients when compared to the other studies which use volunteer subjects.

It has also been demonstrated that head nods convey significant message in dyadic communication. D'Augelli (1974) examined the importance of helper nonverbal behaviors in actual helping interactions. Several nonverbal behaviors of helpers in a small group were tallied and related to independent judgements of the helper made by observers and the person being helped. Trained observers ratings of over-
all effectiveness were related to frequency of smiling and nodding. Ratings made by other group members also showed significant relationships to the nonverbal behaviors. Help-ee-related understanding and warmth correlated with frequency of helper nodding. The low but significant correlations suggest that nonverbal behaviors are but one set of cues that lead to clients' first impressions of their helpers. Observers consisted of 83 male and 85 female undergraduate volunteers who received credit for participating.

In a study done in a more realistic setting, the movements of seventeen counseling dyads were observed and recorded during the first, third, and sixth interviews. A factor analysis of the movements yielded ten distinct factors involving head movements, hand movements, smiling, and leaning forward. Counselors and clients varied significantly in their frequency of use of some of the categories. Relationships of the factors with criterion variables such as regard, empathy, unconditionality, congruence and satisfaction suggested that none of the ten factors might be useful in both experimental and observational studies of counselors, clients, and the counseling process. Since the study did not isolate other variables which bear on the counseling relationship, it is not surprising that no significance was established for the factors in this study. The counselors were 12 graduate students and the clients were 17 undergraduate students.
The Barrett-Lennard Relationship Inventory was used to determine level of regard, unconditionality regard, empathy, congruence, and total relationship. Concerning head nods, the results suggest clients who perceive highly favorable relationships with their counselors, as compared with clients who perceive unfavorable relationships, receive significantly fewer negative nods from their counselors (Fretz, 1966).

In this same study Fretz (1966) pointed out the significance of trunk lean. It was concluded that clients who perceive highly favorable relationships with their counselors, as compared with clients who perceive unfavorable relationships, receive significantly more leaning forward from their counselors. It has been corroborated by others, therefore, that forward trunk lean along with consistent eye contact and positive head nods are important counselor behaviors. Trunk lean has gained similar support from other researchers. In an early study of the expression of bodily posture it was determined that forward lean conveyed greater liking whereas a backward lean or turning away showed a more negative attitude (James, 1932). Mehrabian (1972) seems to confirm this in his findings that forward lean rather than a reclining position has been found to communicate a more positive attitude. Similar results were recorded in the studies previously mentioned which examined the ratings of counselor nonverbal
behavior. Forward lean has been perceived as a facilitative condition in counselor behavior and generally perceived as a contribution to building a relationship with clients (Fretz et. al., 1979; Haase and Tepper, 1972; Tepper and Haase, 1978).

Of similar concern is the condition of body orientation. It has been suggested that the degree of direct face-to-face positioning of two people probably communicates four types of meaning: (1) immediacy, (2) responsiveness, (3) agreement, and (4) power or status (Leathers, 1978). A more direct orientation seems to be associated with a more positive attitude (James, 1932). The significance of body orientation in the counseling dyad was observed in a study reviewed previously and found to be important in the process of empathic communication (Haase and Tepper, 1972). Two levels of body orientation, direct vs. rotated, were studied. The direct orientation was rated higher by 26 professional counselors or upper level counselors in training using scales. In three related studies direct body orientation as well as several other nonverbal behaviors were used as models of counselor attractiveness and facilitativeness (Fretz, et. al., 1979).

Another nonverbal influence in counselor communication is the open or closed position of arms and legs. In a study by Machotka (1965) subjects were asked to rate drawings displaying different degrees of openness in the arm
arrangement. Figures with closed arm positions were judged as cold, rejecting, shy and passive. The moderate or extreme open arm positions were more preferred than either the closed arm or extreme open arm positions.

In the counseling context Smith-Hanen (1977) studied the effects of arm and leg positions on judged levels of counselor warmth and empathy. A sample of 40 subjects who were student volunteers, was divided into a control group and an experimental group. The experimenter controlled the nonverbal behaviors of movement, four arm positions, and six leg positions. The subjects were asked to rate the counselor's warmth and empathy after viewing each of 48 video segments. The movement/no-movement factor had no significant effect on the judged levels of counselor warmth or empathy. The various arm positions significantly affected the ratings of counselor warmth and empathy. The arms-crossed position was the coldest and least empathic position. The various leg positions significantly affected the ratings of counselor warmth and empathy. The effects of the various leg positions were found to be more complex than the arm positions. One leg crossed over the other, such that the ankle of the crossed leg rests on the knee of the other leg, was judged as the coldest and least empathic. The counselor's legs crossed at the knee was not rated as cold or less empathic. Smith-Hanen concludes that clients
are aware of nonverbal behaviors of the counselor and use these cues to judge the counselor's warmth and empathy.

Young (1980) used a quasi-counseling analogue in a study to determine the extent to which perceptions of counselors' non-verbal gestures may be influenced by subjective factors on the part of perceivers. Using 24 college freshmen receiving credit for an introductory psychology class, global impressions of the interviewer were manipulated during the interviews to produce impressions of either empathy or preoccupation. Eight standardized nonverbal gestures, four empathic and four preoccupied, were embedded in each interview. The gestures were judged to be empathic or preoccupied and consisted of trunk lean, body orientation, head nods, and verbal response. A videotape-assisted recall procedure was used to obtain subjects' ratings of the interviewer's behavior at the times of occurrence of each of the eight cues. Results indicated that the overwhelming determinant of subjects' impressions of the interviewer at the times the embedded cues were emitted was the subjects' global impressions.

In the discussion of his research, Young (1980) poses some interesting considerations. He points out that clients with favorable global impressions may not be adversely affected by the counselor leaning back or folding his/her arms. It can be concluded that contextual and subjective factors are significant in the client's impression of the
counselor. It must also be noted that the subjects in this study were a specialized group of students rather than real clients.

The nonverbal behaviors of eye contact, head nods, trunk lean, body orientation, and open or closed position which were reviewed here are clearly significant as independent factors in dyadic communication. In their use by counselors it can be seen that they have the potential of having a considerable impact on observers in various dimensions which have been found to be crucial to the counseling process. Tepper and Haase (1978) emphasize that nonverbal cues operate collectively as a system and depend heavily on the relative balance between the cues in terms of the message which is ultimately perceived.

The recognition that subjective factors such as pre-existing attitudes, affect the client's perception of the expertness, trustworthiness, regard, empathy, and genuineness of the counselor has been emphasized as a significant issue in some research with client populations. These attitudes tend to be influenced in a positive direction if the client has had previous counseling experience (Cash, Kehr, and Salzback, 1978).

It has been pointed out that counselors or trained judges differ significantly from clients in their judgements of empathy, respect and genuineness (Tepper and Haase, 1978). Tepper and Haase (1978) suggest that conditions must
be perceived by the client to be maximally effective. Gladstein (1974) emphasizes in his comprehensive review of research on nonverbal communication in counseling, that there is a desperate need for naturalistic studies which use real clients. It is only by doing this that we may identify practical applications from the research which exists. To date there are still few studies which make use of actual clients. Fretz et. al. (1979) suggest that without naturalistic studies we may actually risk overestimating the effects of nonverbal behaviors. Wilbur and Wilbur (1980) have emphasized that this is an essential area to be placed on the agenda for counseling research.

The vast majority of studies which have focused on counselor nonverbal behavior have used video-tape as the primary tool for collecting data. Gladstein (1974) reinforces the value of this method of observation as a necessity in nonverbal research. The study presented here will use videotape for the purpose of assessing counselor nonverbal behavior with reluctant and voluntary clients.

In judging counselor behavior, counseling analogue research methods are frequently used. Munley (1974) reviewed many of these methods and concluded that this is an effective approach and the most efficient. He stressed the flexibility of this approach by stating that many things can be done which cannot be accomplished in a natural setting thus lending more control to what is being investigated. He
cautioned the uncertainty of the generalizability of such studies however since the subject tends to be a passive observer of an unknown counselor. Rating scales are typically the measure of choice in counseling analogue research.

Summary

Research of counselor nonverbal behavior seems to varify the value of nonverbal relationship techniques which are recommended in various skills-training models used in preparing counselors. The studies reviewed have generally supported the importance of counselor use of direct eye contact, positive head nods, forward trunk lean, face-to-face body orientation, and open body position. With volunteer clients these techniques seem to be important in creating the proper environment for successful counseling. However, many of the clients seen in counseling may be reluctant. Counselors working with adolescents are likely to find a very high proportion of their clients to be reluctant. This study suggests that the nonverbal counselor behavior which is preferable with reluctant clients is the opposite of the nonverbal behavior which has been rated highly by volunteer clients.
Population and Selection of the Sample

Subjects used in this study were adolescents between the ages of 13 and 20 who came to a community counseling agency for services. The mean age was 15.7 with a median age of 15. The subjects consisted of 19 males and 13 females or a total of 32 subjects with 77 percent being from middle income families and 23 percent from low-income families. Racially the subjects were predominantly white. There were 26 white subjects, five black subjects, and one Asian-American subject. Subjects resided primarily in Newport News, Virginia with only five being from other localities. Only six subjects had never been in counseling before while 22 subjects had previous contact with a counselor for 1-to-5 sessions, one subject had previous contact with a counselor for 5-to-10 sessions, and three subjects had previous contact with a counselor for more than ten sessions. None of the subjects had been in counseling at this agency previously.

Of adolescents referred to this agency, 16 of the subjects came at the request of their families, eight were referred by their schools, five by the court system, and three from various other sources. The identified problems of the subjects were varied and at times an adolescent
exhibited more than one problem area. Family conflict was the most frequently reported problem (n=25), while drugs (n=19), school behavior (n=15), peer relationships (n=3), and street crime (n=1) were also reported. Drug use reported often consisted of more than one drug. Marijuana was reportedly used by 23 subjects, alcohol was reportedly used by 19 subjects, a variety of other drugs were reported used by nine subjects, while two subjects reported no previous drug use.

The agency used for this study is funded for serving teenagers who are involved in substance abuse, but also offers family counseling whenever possible. All clients used in this study had come to the agency for an intake interview and were asked if they would be willing to submit to the study. The first 16 subjects judged to be reluctant and the first 16 subjects judged to be voluntary were used in the study.

**Procedures**

A brief screening measure was used to distinguish reluctant clients from volunteer clients. This four item questionnaire simply asks questions concerning the client's desire to be in counseling (see Appendix). Based on the intake interview, a counselor also made a subjective determination regarding reluctance. All data gathering was done at the end of the intake interview and took approximately 10 minutes.
The reluctance measure was followed by the administration of the videotape rating scale. A pilot study was conducted using this scale (n=11) and it was determined that adolescents were able to discriminate between different counselor nonverbal styles and to rate their personal reactions.

Five videotape series simulating client–counselor interaction were used. Each series was divided into two 10-second segments for a total of 10 segments which demonstrated a specific non-verbal counselor technique. Each of these segments were filmed in the same room with the same male actor/counselor and the same actor/client. In each segment a muffled client voice could be heard making the same statement.

In the series which demonstrated trunk lean, the left side of the counselor was shown. The counselor's entire body was framed showing two angles of lean. The first segment showed the counselor demonstrating a forward lean with his elbows resting on the arms of the chair and his hands in his lap. The trunk was at a 60 degree angle with the legs. The second segment showed the counselor demonstrating a backward lean with elbows and arms in the same position, but the trunk was at a 120 degree angle with the legs.

In the series which demonstrated body orientation, the counselor was facing the camera and his entire body was
framed. The camera showed a small portion of the back of the client's right shoulder. The first segment showed the counselor demonstrating a face-to-face body orientation with his legs and shoulders pointing directly at the client. The second segment showed the counselor demonstrating an indirect face-to-face body orientation with his legs and shoulders turned at a 30 degree angle away from the client.

In the series which demonstrates body position, the counselor was facing the camera and his entire body was framed. The camera showed a small portion of the back of the client's right shoulder. The first segment showed the counselor demonstrating an open body position with arms and legs uncrossed. The second segment showed the counselor demonstrating a closed body position with arms and legs crossed.

In the series which demonstrates eye contact, the counselor was facing the camera with his head and shoulders framed. The camera showed a small portion of the back of the client's head and right ear. The first segment showed the counselor making steady eye contact for the entire 10 seconds. The second segment showed the counselor looking slightly down and to his left while listening to the client. In the middle of the 10-second segment he made eye contact for three seconds and then looked away from the client once again.
In the series which demonstrates head nods, the counselor was facing the camera with his head and shoulders framed. The camera showed a small portion of the back of the client's head and right ear. The first segment showed the counselor making steady head nods for the entire 10 seconds. The second segment showed no head nods.

Biographical data was collected on each subject. This data was collected from the information taken routinely during the intake interview by the agency.

A participation form was signed before any of the subjects took part in the study. They were given an explanation concerning the purpose of the study and the confidentiality of their participation was emphasized. The participation form distinguished that the study was being conducted independently from the agency and that it was in no way a requirement for receiving services at the agency. It also served as an agreement to confidentiality (see Appendix). Subjects were informed that the results of the study are available upon request.

**Instrumentation**

The reluctance measure was used to discriminate reluctant clients from voluntary clients. It was a four item questionnaire which requires the subject to respond yes or no. Each item asks a question about their desire to be in counseling.
When subjects viewed the five videotape series they were instructed to imagine that they had the opportunity to choose the counseling style of the counselor with which they would be talking. In each of the videotape series showing trunk lean, body orientation, body position, eye contact, and head nods, two 10-second segments demonstrated two variations in counselor style. Subjects were asked to select which counselor style they preferred in each of the five videotape series. Each of the 10 videotape segments were rated using a six-point bipolar scale measuring their anticipated level of anxiety, level of involvement, how much they would feel liked by the counselor, and their willingness to participate with the counselor style.

Biographical data was collected from each subject during the routine intake interview conducted by the counselor. Some of this information was used in establishing a general profile of subjects in this study. Data collected to assist in the description of the population included age, sex, race, city, socio-economic status, experience in counseling, illicit drug use, identified problems (the reason counseling intervention had been requested), and referral source (parents, court, school, self, other).
Design

This study used a pre-experimental design supported by descriptive statistics (Campbell and Stanley, 1963). Campbell and Stanley refer to this as the static-group comparison (p.12).

\[ X - 0_1 \] (reluctant)
\[ X \quad 0_2 \] (voluntary)

In this design a group which is experiencing reluctance \( X \) is compared with a group which is not experiencing reluctance for the purpose of establishing the reactions to counselor nonverbal style. The two lines which separate \( X \) and 0 mean that there is no formal means of certifying that the groups would have been equivalent. The problems which usually exist in selection of subjects with this design are minimized by the fact that the clients selected the agency and all subjects were included in the collection of data.

Statistical Analysis

The statistical analysis was descriptive in nature focusing primarily on a nonparametric design. Since subjects were asked to make a clear choice between two styles of counselor nonverbal behavior, a chi-square design of a test hypothesis was employed.
For the rating scales information was collected independently in an attempt to make a descriptive statement about the study. Mean difference scores were calculated on each item and analyzed statistically by observing the results of an analysis of variance applied between the two groups.

Specific Hypotheses

Statistical treatment is proposed as follows:

a. \( H_1 \). There will be no significant difference between the ratings of trunk lean by reluctant adolescent clients and volunteer adolescent clients.

b. \( H_2 \). There will be no significant difference between the ratings of body orientation by reluctant adolescent clients and volunteer adolescent clients.

c. \( H_3 \). There will be no significant difference between the ratings of body position by reluctant adolescent clients and volunteer adolescent clients.

d. \( H_4 \). There will be no significant difference between the ratings of eye contact by reluctant adolescent clients and volunteer adolescent clients.

e. \( H_5 \). There will be no significant difference between the ratings of head nods by reluctant adolescent clients and volunteer adolescent clients.
f. **H₆.** Reluctant adolescent clients will not choose the detached counselor style over the involved counselor style.

g. **H₇.** Voluntary adolescent clients will not choose the involved counselor style over the detached counselor style.

**Summary**

In using actual clients, this study presents a means of evaluating accepted nonverbal counseling techniques. By including reluctant adolescent clients the response of a sample of a large and specific population may be observed to see if ratings are significantly different from the volunteer adolescent clients which are typically used in studies of this kind. This research discovers implications for counselor techniques and counselor education.
The purpose of this study was to examine some specific nonverbal counselor techniques. Nonverbal behaviors in the areas of kinesics and proxemics were studied to determine if they were viewed with different levels of acceptance by voluntary and reluctant clients. Two fundamental styles of nonverbal behavior were employed for ratings by the clients. One style represented an involved approach, while the other style represented a less involved approach.

This study attempted to determine if the clients separated into two categories of reluctant and voluntary, would tend to express a preference for one style over another. It was hoped that the following questions would be answered: (1) Do reluctant clients prefer different nonverbal styles of counselors than voluntary clients? (2) Are any of the five nonverbal techniques used in the study particularly impactful on voluntary clients or reluctant clients? (3) For the five nonverbal styles used by a counselor in this study, what level of anxiety, involvement, acceptance by the counselor, and willingness to participate with the counselor are experienced by the reluctant and voluntary clients? (4) Using biographical information, is there a profile which might be developed of a reluctant client?
Specifically, this investigation focused on the following major research questions:

1. Will reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue show a significant difference in preference for either style of trunk lean displayed by the counselor?

2. Will reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue show significant difference in preference for either style of body orientation displayed by the counselor?

3. Will reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue show significant difference in preference for either style of body position displayed by the counselor?

4. Will reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue show significant difference in preference for either style of eye contact displayed by the counselor?

5. Will reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue show significant difference in preference for either style of head nods displayed by the counselor?

6. Will reluctant adolescent clients prefer the detached counselor style over the involved counselor style?

7. Will voluntary adolescent clients prefer the involved counselor style over the detached counselor style?
In an attempt to answer these questions a group of 16 reluctant adolescent clients and a group of 16 voluntary adolescent clients viewed ten videotape segments. They rated each segment on a six-point scale and expressed an overall preference for either the involved or detached style of each of the five types of counselor nonverbal behavior. Several statistical methods were used in the analysis of the data and will be presented with the results.

By looking at the biographical data collected on each subject, it was determined that both reluctant and voluntary clients were not significantly different in all descriptive categories. In the areas of age, sex, race, socio-economic status, experience in counseling, illicit drug use, identified problem and referral source, there was no factor which presented itself as discriminating between reluctant subjects or voluntary subjects. Table I presents detailed information.

The first five hypotheses of this study address the ratings of specific counselor nonverbal behavior by reluctant and voluntary clients. The last two hypotheses suggest general questions addressed in the research. Since the two counselor styles presented in the counseling analogues demonstrate both involved styles and detached styles, the last two questions will attempt to answer if the two client populations in the study make an overall choice of either the detached style or involved style.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Reluctant</th>
<th>Voluntary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>range</td>
<td>13 to 18</td>
<td>13 to 20</td>
</tr>
<tr>
<td>median</td>
<td>15.56</td>
<td>15.81</td>
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<tr>
<td>mean</td>
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<td>15</td>
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<tr>
<td><strong>Sex</strong></td>
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<tr>
<td>male</td>
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<tr>
<td>female</td>
<td>5</td>
<td>8</td>
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<td>2</td>
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<tr>
<td>white</td>
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<td>13</td>
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<td>1</td>
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<tr>
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</tr>
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<td>Newport News</td>
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<td>13</td>
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<tr>
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<td>2</td>
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<tr>
<td>York County</td>
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<tr>
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<td></td>
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<tr>
<td>middle</td>
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<td>14</td>
</tr>
<tr>
<td>lower</td>
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<td>2</td>
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<tr>
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<td>1</td>
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<td>14</td>
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<td>1</td>
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<tr>
<td>10 or more sessions</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Illicit Drugs Used</strong>*</td>
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<td>marijuana</td>
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<td>12</td>
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<tr>
<td>alcohol</td>
<td>10</td>
<td>9</td>
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<tr>
<td>other</td>
<td>4</td>
<td>5</td>
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<tr>
<td><strong>Identified Problems</strong>*</td>
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<td></td>
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<tr>
<td>drugs</td>
<td>11</td>
<td>8</td>
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<td>family conflict</td>
<td>12</td>
<td>13</td>
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<td>school</td>
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<td>6</td>
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<td>peer relationships</td>
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<td>1</td>
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<tr>
<td>crime</td>
<td>1</td>
<td>0</td>
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<td><strong>Referral Sources</strong>*</td>
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<td>self</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>other</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

*More than one response possible from each client*

69
Hypothesis I

Hypothesis I stated that reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue will show no significant difference in preference for either style of trunk lean displayed by the counselor. To test this hypothesis mean difference scores were calculated and analyzed statistically by observing the results of an analysis of variance applied between different groups. Mean difference scores were found on each item of the rating scales for all reluctant clients and compared with the mean difference scores on each item of the rating scales for all voluntary clients.

Each mean difference score is the result of subtracting the response of an individual to the rating scale for an item of the detached counselor style from his/her response to the rating scale for the same item of the involved counselor style averaged over the entire group. If the mean difference score was positive then the detached counselor style was rated higher than the involved counselor style. If the mean difference score was negative then the involved counselor style was rated higher than the detached counselor style.

The results of an analysis of variance indicated no significant differences between the voluntary clients and the reluctant clients in any of the four rating scales on trunk lean. Therefore, the null hypothesis for all rated
items on trunk lean was accepted. Table II presents specific results.

**Hypothesis II**

Hypothesis II stated that reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue will show no significant difference in preference for either style of body orientation displayed by the counselor. To test this hypothesis mean difference scores were calculated and analyzed statistically by observing the results of an analysis of variance applied between different groups. Mean difference scores were found on each item of the rating scales for all reluctant clients and compared with the mean difference scores on each item of the rating scales for all voluntary clients.

Each mean difference score is the result of subtracting the response of an individual to the rating scale for an item of the detached counselor style from his/her response to the rating scale for the same item of the involved counselor style averaged over the entire group. If the mean difference score was positive then the detached counselor style was rated higher than the involved counselor style. If the mean difference score was negative then the involved counselor style was rated higher than the detached counselor style.

The results of an analysis of variance indicated no significant differences between the voluntary clients and
TABLE II

Hypothesis I: The Mean Difference Scores of Videotape Rating Scales on Counselor Trunk Lean by Voluntary Clients Compared to Reluctant Clients.

Tape Series I

<table>
<thead>
<tr>
<th>Item</th>
<th>Voluntary</th>
<th>Reluctant</th>
<th>PR&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item A (at ease/anxious)</td>
<td>-.5</td>
<td>.25</td>
<td>.39</td>
</tr>
<tr>
<td>Item B (liked/disliked)</td>
<td>-.13</td>
<td>-.50</td>
<td>.55</td>
</tr>
<tr>
<td>Item C (involved/uninvolved)</td>
<td>-.44</td>
<td>-.31</td>
<td>.79</td>
</tr>
<tr>
<td>Item D (talk/silent)</td>
<td>-.56</td>
<td>-.31</td>
<td>.72</td>
</tr>
</tbody>
</table>
the reluctant clients on the items which addressed the client feeling liked by the counselor and if the client would feel like talking. However, on the rating scale which stressed that the subject indicate on a continuum if he/she would feel at ease or feel anxious with the counselor, the voluntary subjects favored the detached counselor style of turned orientation with a mean difference score of .31. The reluctant clients favored the involved counselor style of facing orientation on the same item with a mean difference score of -1.25. An analysis of variance of the mean difference scores revealed statistical significance (PR>F=.041) in the voluntary clients' ratings of the item on anxiety and the reluctant clients' ratings of the item on anxiety for the counselor style of body orientation.

The rating scale which stressed that the subject indicate on a continuum if he/she would feel involved or feel uninvolved with the counselor style of body orientation found that voluntary clients favored the detached counselor style of turned orientation with a mean difference score of .31. The reluctant clients favored the involved counselor style of facing orientation on the same item with a mean difference score of -.75. An analysis of variance of the mean difference scores revealed a statistical significance (PR>F=.025) in the voluntary clients' ratings of the item on involvement and the reluctant clients' ratings of the item on involvement for the counselor style of body orientation.
The null hypothesis for the items which addressed how much the client would feel liked and if he/she would feel like talking was accepted for body orientation. The null hypothesis was rejected for the items addressing level of anxiety and feelings of involvement because both were statistically significant. Table III presents specific results.

**Hypothesis III**

Hypothesis III stated that reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue will show no significant difference in preference for either style of body position displayed by the counselor. To test this hypothesis mean difference scores were calculated and analyzed statistically by observing the results of an analysis of variance applied between different groups. Mean difference scores were found on each item of the rating scales for all reluctant clients and compared with the mean difference scores on each item of the rating scales for all voluntary clients.

Each mean difference score is the result of subtracting the response of an individual to the rating scale for an item of the detached counselor style from his/her response to the rating scale for the same item of the involved counselor style averaged over the entire group. If the mean difference score was positive then the detached counselor style was rated higher than the involved counselor style. If the mean difference score was negative then the involved
### TABLE III

Hypothesis II: The Mean Difference Scores of Videotape Rating Scales on Counselor Body Orientation by Voluntary Clients Compared to Reluctant Clients.

**Tape Series II**

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Voluntary</th>
<th>Reluctant</th>
<th>PR&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item A (at ease/anxious)</td>
<td>.31</td>
<td>-1.25</td>
<td>.041*</td>
</tr>
<tr>
<td>Item B (liked/disliked)</td>
<td>.31</td>
<td>-.13</td>
<td>.41</td>
</tr>
<tr>
<td>Item C (involved/uninvolved)</td>
<td>.31</td>
<td>-.75</td>
<td>.025*</td>
</tr>
<tr>
<td>Item D (talk/silent)</td>
<td>-.25</td>
<td>-.75</td>
<td>.38</td>
</tr>
</tbody>
</table>

*Statistically significant*
counselor style was rated higher than the detached counselor style.

The results of an analysis of variance indicated no significant differences between the voluntary clients and the reluctant clients in any of the four rating scales on body position. Therefore, the null hypothesis for all rated items on body position was accepted. Table IV presents specific results.

**Hypothesis IV**

Hypothesis IV stated that reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue will show no significant difference in preference for either style of eye contact displayed by the counselor. As in the former hypotheses, this was tested by calculating mean difference scores and then they were analyzed statistically by observing the results of an analysis of variance applied between different groups. Mean difference scores were found on each item of the rating scales for all reluctant clients and compared with the mean difference scores on each item of the rating scales for all voluntary clients.

Each mean difference score is the result of subtracting the response of an individual to the rating scale for an item of the detached counselor style from his/her response to the rating scale for the same item of the involved
TABLE IV


Tape Series III

<table>
<thead>
<tr>
<th>Item</th>
<th>Voluntary</th>
<th>Reluctant</th>
<th>PR&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item A (at ease/anxious)</td>
<td>.25</td>
<td>1.0</td>
<td>.21</td>
</tr>
<tr>
<td>Item B (liked/disliked)</td>
<td>.81</td>
<td>.50</td>
<td>.52</td>
</tr>
<tr>
<td>Item C (involved/uninvolved)</td>
<td>.38</td>
<td>.69</td>
<td>.49</td>
</tr>
<tr>
<td>Item D (talk/silent)</td>
<td>.56</td>
<td>.81</td>
<td>.68</td>
</tr>
</tbody>
</table>
counselor style averaged over the entire group. If the mean difference score was positive then the detached counselor style was rated higher than the involved counselor style. If the mean difference score was negative then the involved counselor style was rated higher than the detached counselor style.

The results of an analysis of variance indicated no significant differences between the voluntary clients and the reluctant clients in any of the four rating scales on eye contact. Therefore, the null hypothesis for all rated items on eye contact was accepted. Table V presents specific results.

Hypothesis V

Hypothesis V stated that reluctant adolescent clients' and volunteer adolescent clients' ratings of a videotape of a counseling analogue will show no significant difference in preference for either style of head nods displayed by the counselor. To test this hypothesis mean difference scores were calculated and analyzed statistically by observing the results of an analysis of variance applied between different groups. Mean difference scores were found on each item of the rating scales for all reluctant clients and compared with the mean difference scores on each item of the rating scales for all voluntary clients.
TABLE V

Hypothesis IV: The Mean Difference Scores of Videotape Rating Scales on Counselor Eye Contact by Voluntary Clients Compared to Reluctant Clients.

**Tape Series IV**

<table>
<thead>
<tr>
<th>Item</th>
<th>Voluntary</th>
<th>Reluctant</th>
<th>PR&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item A (at ease/anxious)</td>
<td>-.38</td>
<td>-.56</td>
<td>.76</td>
</tr>
<tr>
<td>Item B (liked/disliked)</td>
<td>-1.06</td>
<td>-1.19</td>
<td>.84</td>
</tr>
<tr>
<td>Item C (involved/uninvolved)</td>
<td>-.69</td>
<td>-.19</td>
<td>.34</td>
</tr>
<tr>
<td>Item D (talk/silent)</td>
<td>.13</td>
<td>-.31</td>
<td>.51</td>
</tr>
</tbody>
</table>
Each mean difference score is the result of subtracting the response of an individual to the rating scale for an item of the detached counselor style from his/her response to the rating scale for the same item of the involved counselor style averaged over the entire group. If the mean difference score was positive then the detached counselor style was rated higher than the involved counselor style. If the mean difference score was negative then the involved counselor style was rated higher than the detached counselor style.

The results of an analysis of variance of the mean difference scores indicated no significant differences between the voluntary clients and the reluctant clients on three of the four items. The items which addressed the client feeling anxiety, feeling liked by the counselor, and feeling as if he/she would talk with the counselor did not show any statistical significance. However, on the rating scale which stressed that the subject indicate on a continuum if he/she would feel involved or uninvolved with the counselor, the voluntary subjects strongly favored the involved counselor style of head nods with a mean difference score of -2.31. The reluctant clients favored the involved counselor style of head nods as well, but with less magnitude than the voluntary clients. The mean difference score for reluctant clients was -.88. An analysis of variance of the mean difference scores revealed statistical
significance \((PR>F=.015)\) in the voluntary clients' ratings of the item on feeling involved or uninvolved and the reluctant clients' ratings of feeling involved or uninvolved for the counselor style of head nods.

The null hypothesis for the items which addressed how much the client would feel anxious, liked by the counselor and how much he/she would feel like talking was accepted. The null hypothesis was rejected for the item addressing the feelings of the subjects of being involved because it was statistically significant. Table VI presents specific results.

**Hypothesis VI**

Hypothesis VI stated that reluctant adolescent clients will not prefer the detached counseling styles over the involved counseling styles. To test this hypothesis the segments selected by each subject as the style they preferred to talk with were totaled. Both reluctant and voluntary clients' preferences were examined by using the Chi-square test to see if either the involved style or the detached style was preferred to a statistically significant degree by either subject population.

The results indicated a preference of reluctant clients for the involved style on three of the five tape series and the detached style on one of the five tape series. Tape
Table VI

Hypothesis V: The Mean Difference Scores of Videotape Rating Scales on Counselor Head Nods by Voluntary Clients Compared to Reluctant Clients.

Tape Series V

<table>
<thead>
<tr>
<th>Item</th>
<th>Voluntary</th>
<th>Reluctant</th>
<th>PR&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item A (at ease/anxious)</td>
<td>-2.0</td>
<td>-1.56</td>
<td>.42</td>
</tr>
<tr>
<td>Item B (liked/disliked)</td>
<td>-2.0</td>
<td>-1.19</td>
<td>.16</td>
</tr>
<tr>
<td>Item C (involved/uninvolved)</td>
<td>-2.31</td>
<td>- .88</td>
<td>.015*</td>
</tr>
<tr>
<td>Item D (talk/silent)</td>
<td>-2.06</td>
<td>-1.31</td>
<td>.24</td>
</tr>
</tbody>
</table>

*Statistically significant
series I illustrated counselor forward lean and counselor backward lean. Reluctant clients showed no preference for either style with eight selecting forward lean as the preferred style and eight selecting the backward lean as the preferred style.

In tape series II the involved counselor style which illustrated a facing orientation was selected by 13 reluctant subjects as the style they preferred. Three reluctant subjects selected the detached counselor style which illustrated a turned orientation. The Chi-square test yielded a score of 6.26 (p<.05) indicating a significant preference by reluctant clients in their selection of the facing orientation.

In tape series III the detached counselor style which illustrated closed body position was selected by 13 reluctant subjects as the style they preferred. Three reluctant subjects selected the involved counselor style which illustrated open body position. The Chi-square test yielded a score of 6.26 (p<.05) indicating a significant preference by reluctant clients in their selection of the closed body position.

In tape series IV the involved counselor style which illustrated direct eye contact was selected by 13 reluctant subjects as the counselor style they preferred. Three
reluctant subjects selected the detached counselor style which illustrated indirect eye contact. The Chi-square test yielded a score of 6.26 (p<.05) indicating a significant preference by reluctant clients in their selection of the direct eye contact.

In tape series V the involved counselor style which illustrated head nods was selected by 13 reluctant subjects as the style they preferred. Three reluctant subjects selected the detached counselor style which illustrated no head nods. The Chi-square test yielded a score of 6.26 (p<.05) indicating a significant preference by reluctant clients in their selection of head nods. Table VII presents specific results.

Hypothesis VI stated in the null was largely accepted. Tape series I which illustrated body lean indicated equal preference by reluctant clients for both styles. Since there was an equal response of eight subjects favoring forward lean and eight subjects favoring backward lean, the hypothesis was accepted. Tape series II indicated that reluctant subjects favored the facing orientation by a Chi-square test score of 6.26 (p<.05). Thus the null hypothesis was accepted since subjects did not select the detached counselor style over the involved counselor style. Tape series III is the exception in hypothesis VI. It was found that reluctant subjects favored the closed body position by a Chi-square test score of 6.26 (p<.05). Thus the null
### TABLE VII
Hypothesis VI: Chi-Square Test of Preference of Reluctant Clients for Either the Detached Counselor Style or the Involved Counselor Style

<table>
<thead>
<tr>
<th>Tape Series</th>
<th>(Involved)</th>
<th>(Detached)</th>
<th>Degrees of Freedom</th>
<th>Chi-Square Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>I (trunk lean)</td>
<td>8</td>
<td>8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>II (body orientation)</td>
<td>13</td>
<td>3</td>
<td>1</td>
<td>6.26*</td>
</tr>
<tr>
<td>III (body position)</td>
<td>3</td>
<td>13</td>
<td>1</td>
<td>6.26*</td>
</tr>
<tr>
<td>IV (eye contact)</td>
<td>13</td>
<td>3</td>
<td>1</td>
<td>6.26*</td>
</tr>
<tr>
<td>V (head nods)</td>
<td>13</td>
<td>3</td>
<td>1</td>
<td>6.26*</td>
</tr>
</tbody>
</table>

*p<.05
hypothesis was rejected because subjects selected the detached counselor style over the involved counselor style. Tape series IV (eye contact) and V (head nods) received identical responses. In both series the involved counselor style was selected by reluctant subjects by a Chi-square test score of 6.26 (p<.04). Thus the null hypothesis was accepted since subjects did not select the detached counselor style over the involved counselor style.

**Hypothesis VII**

Hypothesis VII stated that voluntary adolescent clients will not prefer the involved counselor style over the detached counselor style. To test this hypothesis the segments selected by each subject as the style they preferred to talk with were totaled. Voluntary clients' preferences were examined by using the Chi-square test to see if either the involved style or the detached style was preferred to a statistically significant degree by either subject population. The results indicated that voluntary subjects tended to pick both involved and detached counselor styles.

Tape series I illustrated counselor forward lean and counselor backward lean. Nine voluntary subjects picked the backward lean while seven voluntary subjects picked the forward lean. This trend is not statistically significant with a Chi-square test score of .26.
Tape series II illustrated counselor body orientation. Eight voluntary subjects selected the involved counselor style which demonstrated a facing orientation and eight voluntary subjects selected the detached counselor style which demonstrated a turned orientation showing there was no preference.

In tape series III the detached counselor style which illustrated closed body position was selected by 11 voluntary subjects as the style they preferred. Five voluntary subjects selected the involved counselor style which illustrated open body position. This illustrates a trend but is not statistically significant. The Chi-square test yielded a score of only 2.25.

In tape series IV the involved counselor style which illustrated direct eye contact was selected by 12 voluntary subjects as the counselor style they preferred. Four voluntary subjects selected the detached counselor style which illustrated indirect eye contact. The Chi-square test yielded a score of 4 (p<.05) indicating a statistically significant preference by voluntary clients in their selection of the style of direct eye contact.

In tape series V the involved counselor style which illustrated head nods was selected by 14 voluntary subjects as the counselor style they preferred. Only two voluntary subjects selected the detached counselor style which illustrated no head nods. The Chi-square test yielded a score of
9 (p<.01) indicating a statistically significant preference by voluntary clients in their selection of the involved counselor style of head nods. Table VIII presents specific results.

When stated in the null, hypothesis VII was accepted except for two counselor styles. Tape series I which illustrated body lean showed only a slight tendency toward the detached counselor style receiving a Chi-square score of .26. Since this did not represent a statistically significant trend the hypothesis was accepted. Tape series II which illustrated body orientation received a stated preference equally on both counselor styles presented. There was a response of eight subjects favoring facing orientation and eight subjects favoring turned orientation. Since there was no difference the hypothesis was accepted. Tape series III found that voluntary subjects slightly favored the closed body position. Eleven voluntary subjects selected the closed body position while five voluntary subjects selected the open body position. The Chi-square score of 2.25 did not represent a difference which was statistically significant. Since this difference could have occurred quite easily by chance the hypothesis was accepted. Tape series IV and V both received responses by voluntary clients which favored the involved counselor styles. Tape series IV received a Chi-square test score of 4 (p<.05) which favored the direct eye contact in the counseling
hypothesis was rejected because subjects selected the detached counselor style over the involved counselor style. Tape series IV (eye contact) and V (head nods) received identical responses. In both series the involved counselor style was selected by reluctant subjects by a Chi-square test score of 6.26 (p<.04). Thus the null hypothesis was accepted since subjects did not select the detached counselor style over the involved counselor style.

Hypothesis VII

Hypothesis VII stated that voluntary adolescent clients will not prefer the involved counselor style over the detached counselor style. To test this hypothesis the segments selected by each subject as the style they preferred to talk with were totaled. Voluntary clients' preferences were examined by using the Chi-square test to see if either the involved style or the detached style was preferred to a statistically significant degree by either subject population. The results indicated that voluntary subjects tended to pick both involved and detached counselor styles.

Tape series I illustrated counselor forward lean and counselor backward lean. Nine voluntary subjects picked the backward lean while seven voluntary subjects picked the forward lean. This trend is not statistically significant with a Chi-square test score of .26.
Tape series II illustrated counselor body orientation. Eight voluntary subjects selected the involved counselor style which demonstrated a facing orientation and eight voluntary subjects selected the detached counselor style which demonstrated a turned orientation showing there was no preference.

In tape series III the detached counselor style which illustrated closed body position was selected by 11 voluntary subjects as the style they preferred. Five voluntary subjects selected the involved counselor style which illustrated open body position. This illustrates a trend but is not statistically significant. The Chi-square test yielded a score of only 2.25.

In tape series IV the involved counselor style which illustrated direct eye contact was selected by 12 voluntary subjects as the counselor style they preferred. Four voluntary subjects selected the detached counselor style which illustrated indirect eye contact. The Chi-square test yielded a score of 4 (p<.05) indicating a statistically significant preference by voluntary clients in their selection of the style of direct eye contact.

In tape series V the involved counselor style which illustrated head nods was selected by 14 voluntary subjects as the counselor style they preferred. Only two voluntary subjects selected the detached counselor style which illustrated no head nods. The Chi-square test yielded a score of
9 (p<.01) indicating a statistically significant preference by voluntary clients in their selection of the involved counselor style of head nods. Table VIII presents specific results.

When stated in the null, hypothesis VII was accepted except for two counselor styles. Tape series I which illustrated body lean showed only a slight tendency toward the detached counselor style receiving a Chi-square score of .26. Since this did not represent a statistically significant trend the hypothesis was accepted. Tape series II which illustrated body orientation received a stated preference equally on both counselor styles presented. There was a response of eight subjects favoring facing orientation and eight subjects favoring turned orientation. Since there was no difference the hypothesis was accepted. Tape series III found that voluntary subjects slightly favored the closed body position. Eleven voluntary subjects selected the closed body position while five voluntary subjects selected the open body position. The Chi-square score of 2.25 did not represent a difference which was statistically significant. Since this difference could have occurred quite easily by chance the hypothesis was accepted. Tape series IV and V both received responses by voluntary clients which favored the involved counselor styles. Tape series IV received a Chi-square test score of 4 (p<.05) which favored the direct eye contact in the counseling
<table>
<thead>
<tr>
<th>Tape Series</th>
<th>(Involved) Segment A</th>
<th>(Detached) Segment B</th>
<th>Degrees of Freedom</th>
<th>Chi-Square Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>I (trunk lean)</td>
<td>7</td>
<td>9</td>
<td>1</td>
<td>.26</td>
</tr>
<tr>
<td>II (body orientation)</td>
<td>8</td>
<td>8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>III (body position)</td>
<td>5</td>
<td>11</td>
<td>1</td>
<td>2.25</td>
</tr>
<tr>
<td>IV (eye contact)</td>
<td>12</td>
<td>4</td>
<td>1</td>
<td>4*</td>
</tr>
<tr>
<td>V (head nods)</td>
<td>14</td>
<td>2</td>
<td>1</td>
<td>9**</td>
</tr>
</tbody>
</table>

*p<.05

**p<.01
analogue. Tape series V received a Chi-square test score of 9 (p<.01) which favored head nods. Thus, the null hypothesis was rejected for both tape series IV and V.
Many adolescents who enter counseling have received some external pressure to seek help. In this study, for example, the family, schools, and courts were key referral sources which had identified specific problems that the teenager was experiencing. Only one teenager was considered self-referred.

Clients who enter counseling with an attitude which indicates that they really don't want to be there may be classified as reluctant. Because existing counseling techniques are designed for use with client populations who are seeking help, an approach which is appropriate for reluctant clients is needed. The empirical development of a unique set of techniques for establishing a helping relationship with reluctant clients should be undertaken. This study has been an attempt to begin this development.

This study has focused on the reluctant client and non-verbal counseling styles in an attempt to find out if reluctant adolescents show a preference for a detached counselor nonverbal style while adolescents who are voluntarily in counseling show a preference for the more involved nonverbal style. Some basic areas of kinesic and proxemic behaviors were examined. Subjects were asked to rate videotape segments illustrating counselor nonverbal
behavior in ten counseling analogues. Five nonverbal counselor behaviors were presented in both an involved and a detached style.

Subjects in this study were drawn from the client population of a substance abuse agency designed to provide counseling services for adolescents and their families. Subjects were screened by a four-item reluctance measure and the intake counselor's judgement to determine if they were reluctant to be in counseling or if they were voluntarily in counseling. This was done until sixteen reluctant clients and sixteen voluntary clients were included. During their intake interview subjects were asked to rate videotape segments of counselor nonverbal behavior. They were asked to indicate a preference in each of five series of counselor behaviors and to rate their emotional responses to each counselor style.

A pre-experimental non parametric design supported by descriptive statistics was used. A Chi-square design of a test hypothesis was employed to compare the choice made by subjects between the two styles of involved and detached counselor nonverbal behavior. For the rating scales information was collected in an attempt to make a descriptive statement about the study. Mean difference scores were calculated and analyzed statistically by observing the results of an analysis of variance applied between different groups.
Hypothesis I

Forward trunk lean and backward trunk lean were rated by reluctant and voluntary clients. Mean difference scores were calculated and analyzed statistically by observing the results of an analysis of variance applied between different groups. There were no significant differences found on any of the items when the mean difference scores of voluntary clients and reluctant clients were compared. It would appear therefore, that neither the involved trunk lean nor the detached trunk lean were significant with the two client populations on any of the four items of the rating scale.

Hypothesis II

Facing body orientation and turned body orientation were rated by reluctant and voluntary clients. Mean difference scores were calculated and analyzed statistically by observing the results of an analysis of variance applied between different groups. The ratings which asked that the client indicate on a continuum if he/she would feel at ease or feel anxious with the counselor displaying turned orientation found that the voluntary clients favored the turned orientation statistically significantly more than the reluctant clients. The ratings which asked that the client indicate on a continuum if he/she would feel involved or feel uninvolved with the counselor displaying turned orientation found that the voluntary clients favored the turned orientation statistically significantly more than the
reluctant clients. This suggests that voluntary clients may be significantly more likely to feel at ease and involved with a counselor displaying the detached style of turned orientation than reluctant clients. Reluctant clients, on the other hand, may be more likely to feel at ease and involved with a counselor displaying the involved style of facing orientation.

Hypothesis III

Open body position and closed body position were rated by reluctant and voluntary clients. Mean difference scores were calculated and analyzed statistically by observing the results of an analysis of variance applied between different groups. There were no significant differences found on any of the items when the mean difference scores of voluntary clients and reluctant clients were compared. It would appear therefore, that neither the involved body position nor the detached body position were significant with the two client populations on any of the four items of the rating scale.

Hypothesis IV

Direct eye contact and indirect eye contact were rated by reluctant and voluntary clients. Mean difference scores were calculated and analyzed statistically by observing the results of an analysis of variance applied between different groups. There were no significant differences found on any of the items when the mean difference scores of voluntary
clients and reluctant clients were compared. It would appear therefore, that neither the involved eye contact nor the uninvolved eye contact were significant with the two client populations on any of the four items of the rating scale.

Hypothesis V

Counselor styles showing head nods and no head nods were rated by reluctant and voluntary clients. Mean difference scores were calculated and analyzed statistically by observing the results of an analysis of variance applied between different groups. The ratings which asked that the client indicate on a continuum if he/she would feel involved or if he/she would feel uninvolved with a counselor displaying head nods found that the voluntary clients favored head nods statistically significantly more than the reluctant clients. These results suggest that voluntary clients, when compared with reluctant clients, may be more likely to feel involved with the counselor when the counselor is using the involved counseling style of head nods.

Hypothesis VI

To find out if reluctant adolescent clients would prefer the detached counseling styles over the involved counseling styles, subjects were asked to make a general selection of the styles they preferred in a counseling setting. Both reluctant and voluntary clients preferences
were totaled and analyzed using the Chi-square test to see which was the preferred style. Reluctant clients did not express a clear preference between forward lean or backward lean. However, reluctant adolescents indicated a preference for the involved counselor style to a statistically significant degree in three other areas. They selected the involved styles of facing body orientation, direct eye contact, and head nods over the detached counselor style of turned body orientation, indirect eye contact, and no head nods. It would seem apparent that these are preferred styles by reluctant clients. On the other hand, reluctant clients selected the detached counselor style of closed body position. This choice of closed body position was also statistically significant.

**Hypothesis VII**

To find out if voluntary adolescent clients would prefer the detached counseling styles over the involved counseling styles, subjects were asked to make a general selection of the styles they preferred in a counseling setting. Both reluctant and voluntary clients' preferences were totaled and analyzed using the Chi-square test to see which was the preferred style. Voluntary clients did not express a clear preference between forward lean or backward lean, facing body orientation or turned body orientation, and open body position or closed body position. They did show a statistically significant preference for the involved
counselor styles which illustrated head nods and eye contact. A strong preference was made by voluntary clients for direct eye contact over indirect eye contact and head nods over no head nods.

Discussion

The population used in this study consisted of generally middle class white adolescents with some previous counseling experience. They were referred primarily by their families or their schools because of family problems, school problems, or their drug use.

On the portion of the rating scale which requested that subjects make a general choice if they preferred the involved style or the detached style, both reluctant and voluntary clients chose the involved styles of direct eye contact and head nods. This may indicate the importance of the kinesics of the head or face. It would appear that the attending behavior of head nods and good eye contact are important to both reluctant and voluntary clients when engaged with a counselor.

An examination of the specific results on the rating scales for eye contact confirms that the attitudes and feelings explored with reluctant and voluntary clients do not vary significantly. Both groups expressed about the same amount of anticipated anxiety, feelings of being involved, feeling liked by the counselor, and feeling like
he/she would talk with the counselor.

For head nods both reluctant and voluntary clients rated all their scales very high. However, voluntary clients showed a more positive response in all four rated areas. Voluntary clients indicated that they would feel much more involved with the counselor than reluctant clients when receiving head nods. This was statistically significantly greater than the responses reluctant clients made.

These results would seem to indicate that the genuine use of head nods as well as direct eye contact is critical in counseling both reluctant and voluntary clients. However, head nods may be particularly important for voluntary clients for them to feel involved with the counselor.

Both reluctant and voluntary clients seemed to prefer the detached counselor nonverbal behavior which illustrated closed body position. This was illustrated by the counselor sitting facing the client with his arms and legs crossed. Although voluntary clients seemed to favor closed body position, it was only the reluctant clients that showed a preference which was statistically significant over open body position. An examination of the specific results on the rating scales for body position seems to suggest that the open body position may have simply been too threatening for both groups of teenagers, but especially for the
reluctant clients. These results seem to imply that a closed or partially closed body position may be more effective when used by a counselor with reluctant adolescent clients than the open body position typically employed by counselors.

The involved counseling style which showed a facing body orientation was statistically significantly selected by reluctant clients over the turned body orientation. Voluntary clients showed no overall preference for a counselor with either the involved style or the detached style. However an examination of the specific results on the rating scales shows that voluntary clients did show a statistically significant rating over reluctant clients in their indication that they would feel at ease and feel more involved with a counselor displaying the turned orientation. These results indicate that facing body orientation by a counselor may be perceived by reluctant adolescent clients as generally more acceptable but voluntary adolescent clients might be more likely to feel at ease and involved with the counselor displaying turned body orientation than the reluctant clients.

The results of this study seem to indicate that reluctant adolescent clients and voluntary adolescent clients did not select clearly different nonverbal counseling styles. Yet both groups made some choices in their ratings. Both reluctant and voluntary clients seem to
prefer the involved styles of head nods and direct eye contact. They also prefer the detached style of closed body position, although only with reluctant clients is this statistically significant. Reluctant clients did make a clear choice in favor of the facing body orientation. The practical application of these results by counselors would endorse the use of head nods, direct eye contact, closed or partially closed body position, and facing orientation with reluctant adolescent clients. The study also suggests that head nods are especially important with voluntary clients in assisting them to feel involved with the counselor.

It is interesting to note that the general selection by subjects of a preferred nonverbal style seemed to result in more significant results than the specific ratings of each style. This may reflect some difficulty experienced by the subjects in being able to speculate on their feelings in a real counseling situation. Since they were merely viewing a counseling analogue and not actually experiencing the counselor style personally it may have been difficult for them to be decisive in rating their own affective responses. It may also be threatening for clients to discuss their specific feelings during an initial contact with an agency.

Separating nonverbal counselor response styles into involved and detached categories may be an oversimplification of the interaction between counselor and client. This may explain some of the contradictory results of this
study. With both groups favoring the involved styles of head nods and direct eye contact and also seeming to prefer the detached style of body position it may be speculated that there are nonverbal variables in a counseling relationship which have not been addressed in this study.

Implications of Future Research

Implications which may be drawn from this research seem to open many avenues for further investigation and suggest some weaknesses inherent in the methodology used in this study.

The use of a real client population in the service agency carries with it the advantage of assessing the attitudes and behaviors of subjects in a fairly realistic setting. However, the control and parameters for gathering accurate information are difficult to maintain. In this study it is difficult to know with any degree of certainty whether clients selected for the two populations were actually reluctant or voluntary. For example, even a self-referred client could be frightened enough in an initial session to be classified a reluctant client since the adolescent does not wish to be there at that moment. On the other hand, an adolescent may be very compliant in response to the desires of the court, school, or family to see that
he/she gets help and yet may covertly resent being there. Therefore it may be too simplistic to categorize clients as either reluctant or voluntary. There are obviously degrees of reluctance for any client population and this should be addressed in the selection of subjects for future research. The answer to this dilemma when using real client populations, is the development of a well founded screening tool which defines a range of reluctance. It would be valuable for future studies to address the development of a typology of reluctance. This could then serve as a client screening tool for both counseling and further research.

The use of a real client population also limits the amount of information which can be gathered. This study leaves many questions of a descriptive nature unanswered since to ask for more information would have become intrusive to the work of the agency with the client. Self-report information which addresses the questions why a client selected certain counselor styles would have assisted the study in being more descriptive.

Research using a larger and more specifically defined population would strengthen the quality of future research. This would add to the credibility of evaluating counseling techniques with reluctant clients. The use of real counselors and real clients would further strengthen the practical nature of research in this area; observing real
clients responding to taped analogues does not create a realistic environment.

The scope of this study limited itself to the examination of five nonverbal counselor behaviors. Since research on reluctance is very limited, future studies might begin to look at other counseling behaviors and techniques typically used in the helping field. There are many other nonverbal behaviors which may be isolated as well as the many verbal counseling techniques and styles which are used. This study would suggest that open and closed body position is an area which particularly deserves review. Both client populations seemed to prefer the closed position over the open position. This result is contrary to the training literature which has described open body position as the more involved and empathic style (Egan, 1975).

Since reluctant clients found the facing body orientation significantly more acceptable than voluntary clients did, further investigation may be in order. The facing orientation is presented in training literature as the more empathic style (Egan, 1975) yet voluntary clients show no preference for it over the turned body orientation.
Appendix
APPENDIX A

PARTICIPATION FORM
PARTICIPATION FORM

I understand that the information collected from me will be used strictly for the purpose of a research project and in no way will be associated with my name.

Signature _________________________________ Date ______________.

I give my permission for the information I contribute to be used in this research project with the understanding that it is an independent study which is not a requirement for my participation at Alternatives, Inc.

Signature _________________________________ Date ______________
APPENDIX B

BIOGRAPHICAL DATA SHEET
BIOGRAPHICAL DATA SHEET

_____Subject code number

_____Age

_____Sex

_____Race

_____City

_____Socio-economic status

Experience in counseling (number of previous counselor contacts: _none_ _1-5_ _5-10_ _more than 10_

Illicit drugs used: _marijuana_ _alcohol_ _other_

Identified problems: _drugs_ _family conflict_

__ school behavior

__ peer relationships

__ street crime

Referral Source: _family_

__ court

__ school

__ self

__ other
APPENDIX C

RELUCTANCE MEASURE
Check one:

yes  no  I have decided to come for counseling because I believe it will be helpful to me.

yes  no  I want to talk with a counselor about things which concern me.

yes  no  I decided to seek counseling because someone else thought it was the best thing for me to do.

yes  no  I would rather use my time doing something else instead of talking to a counselor.
APPENDIX D

VIDEOTAPE RATING SCALE
VIDEOTAPE RATING SCALE

Imagine that you have an opportunity to choose the counseling style of the counselor with which you will be talking. As you watch the videotape rate your reaction to each counselor style which is presented. Five series will be presented. Rate both segments in each series and then decide which style you prefer in each of the two segments by placing a check in the box next to it.

Tape Series I

Check either segment A or B

[] Segment A

With this counselor style I would (circle a number):

feel at ease 1 2 3 4 5 6
feel involved 1 2 3 4 5 6
feel liked by the counselor 1 2 3 4 5 6

I talk freely with the counselor 1 2 3 4 5 6
feel anxious
feel uninvolved
feel disliked by the counselor

[] Segment B

With this counselor style I would (circle a number):

feel at ease 1 2 3 4 5 6
feel involved 1 2 3 4 5 6
feel liked by the counselor 1 2 3 4 5 6

I talk freely with the counselor 1 2 3 4 5 6
feel anxious
feel uninvolved
feel disliked by the counselor

be silent with the counselor
Tape Series II

Check either segment A or B

[ ] Segment A

With this counselor style I would (circle a number):

feel at ease 1 2 3 4 5 6  feel anxious

feel involved 1 2 3 4 5 6  feel uninvolved

feel liked by the counselor 1 2 3 4 5 6  feel disliked by the counselor

talk freely with the counselor 1 2 3 4 5 6  be silent with the counselor

[ ] Segment B

With this counselor style I would (circle a number):

feel at ease 1 2 3 4 5 6  feel anxious

feel involved 1 2 3 4 5 6  feel uninvolved

feel liked by the counselor 1 2 3 4 5 6  feel disliked by the counselor

talk freely with the counselor 1 2 3 4 5 6  be silent with the counselor
Tape Series III

Check either segment A or B

[] Segment A

With this counselor style I would (circle a number):

feel at ease 1 2 3 4 5 6 feel anxious
feel involved 1 2 3 4 5 6 feel uninvolved
feel liked by the counselor 1 2 3 4 5 6 feel disliked by the counselor
talk freely with the counselor 1 2 3 4 5 6 be silent with the counselor

[] Segment B

With this counselor style I would (circle a number):

feel at ease 1 2 3 4 5 6 feel anxious
feel involved 1 2 3 4 5 6 feel uninvolved
feel liked by the counselor 1 2 3 4 5 6 feel disliked by the counselor
talk freely with the counselor 1 2 3 4 5 6 be silent with the counselor
Tape Series IV

Check either segment A or B

[ ] Segment A

With this counselor style I would (circle a number):

feel at ease 1 2 3 4 5 6  feel anxious
feel involved 1 2 3 4 5 6  feel uninvolved
feel liked by the counselor 1 2 3 4 5 6  feel disliked by the counselor
talk freely with the counselor 1 2 3 4 5 6  be silent with the counselor

[ ] Segment B

With this counselor style I would (circle a number):

feel at ease 1 2 3 4 5 6  feel anxious
feel involved 1 2 3 4 5 6  feel uninvolved
feel liked by the counselor 1 2 3 4 5 6  feel disliked by the counselor
talk freely with the counselor 1 2 3 4 5 6  be silent with the counselor
Tape Series V

Check either segment A or B

[] Segment A

With this counselor style I would (circle a number):

- feel at ease 1 2 3 4 5 6 feel anxious
- feel involved 1 2 3 4 5 6 feel uninvolved
- feel liked by the counselor 1 2 3 4 5 6 feel disliked by the counselor
- talk freely with the counselor 1 2 3 4 5 6 be silent with the counselor

[] Segment B

With this counselor style I would (circle a number):

- feel at ease 1 2 3 4 5 6 feel anxious
- feel involved 1 2 3 4 5 6 feel uninvolved
- feel liked by the counselor 1 2 3 4 5 6 feel disliked by the counselor
- talk freely with the counselor 1 2 3 4 5 6 be silent with the counselor

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Vita

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Abstract

The Rating of Nonverbal Counseling Techniques by Reluctant Adolescent Clients as compared to Voluntary Adolescent Clients.

James Ernest Forrester, Ed.D.

The College of William and Mary in Virginia, May 1982.

Chairman: Charles O. Matthews, Ph.D.

The systematic skills-training programs which have been widely applied for the training of counselors have typically been designed with the assumption that all clients consuming the services of a counselor are voluntarily seeking help. In fact, many clients enter counseling reluctantly. Reluctance in this study is defined as a client who really doesn't want to be in counseling. This is very common among adolescent populations who frequently enter counseling because of the courts, schools, or their parents. They, therefore, comply with the authority of these institutions and are not self-motivated.

This study examined the nonverbal counselor techniques in a study which compared the nonverbal techniques traditionally endorsed by the counselor training literature to techniques which are detached or less involved. Actual clients were selected from a community counseling agency for adolescents with drug related problems. These clients were separated into voluntary clients (n=16) and reluctant clients (n=16). Clients were assigned to groups based on a brief questionnaire and counselor interview. Voluntary clients were defined as presenting sincerity in wishing to receive help. Reluctant clients were defined as not really wanting to be in counseling.

Specific hypotheses for this study stated in the null were: 1) There will be no significant difference between ratings of trunk lean by reluctant adolescent clients and volunteer adolescent clients (accepted). 2) There will be no significant difference between the ratings of body orientation by reluctant adolescent clients and volunteer adolescent clients (rejected on two items PR>F=.041 and PR>F=.025). 3) There will be no significant difference between the ratings of body position by reluctant adolescent clients and volunteer adolescent clients (accepted). 5) There will be no significant difference between the ratings of head nods by reluctant adolescent clients and volunteer adolescent clients (rejected on one item PR>F=.015). 6) Reluctant adolescent clients will not choose the detached counselor style over the involved counselor style (accepted...
on four of the five tape series, p<.05). 7) Voluntary adolescent clients will not choose the involved counselor style over the detached counselor style (accepted on two of the five tape series, p<.05 and p<.01).

Subjects were asked to view ten brief videotape segments during their initial interview. The videotape segments contained a brief counseling analogue showing a counselor using both an involved and detached nonverbal technique. Subjects were asked to rate each segment to indicate on a scale the degree to which they would feel at ease, involved, liked by the counselor or as though they would talk freely. They were also asked to indicate a preference for the involved or detached style.

Hypotheses I through V were analyzed statistically by calculating the mean difference scores applied between different groups. The results seemed to indicate that the genuine use of head nods as well as direct eye contact is critical in counseling both reluctant and voluntary clients. However, head nods may be particularly important to voluntary clients for them to feel involved with the counselor. Both groups seemed to prefer closed body position, however reluctant clients' preference for closed body position was significantly greater than that of voluntary clients. The results also indicate that facing body orientation by a counselor may be perceived by reluctant adolescent clients as generally more acceptable, but voluntary adolescent clients might be more likely to feel at ease and involved with the counselor displaying turned body orientation than the reluctant clients.

Hypotheses VI and VII were analyzed statistically by using the Chi-square test. This reflected the portion of the rating scale which requested that subjects make a general choice if they preferred the involved style or the detached style. The results indicated that the attending behavior of head nods and good eye contact may be important to both reluctant and voluntary clients when engaged with a counselor. Recommendations for further study and refined means for selection of subjects were made.