Adult Survivors of Incest and Non-Victimized Womens' Evaluation of the Use of Touch in Counseling

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(ABSTRACT)

The purpose of this study was to determine the degree to which the experience of incest contributed to womens' evaluations of counselors' trustworthiness and attractiveness based on the counselors' use of touch.

Counseling facilities, educational centers, and individual therapists who led groups for female adult survivors of incest and non-victimized women, were contacted and asked to participate in a study designed to evaluate counseling techniques for women in counseling. The sample consisted of 130 volunteers over the age of 18 and currently in counseling.

Groups of participants evaluated two 4 1/2 minute simulated counseling sessions on video tapes. Nearly half of the sample viewed the tapes with a male counselor and a female client, and the others viewed tapes with a female counselor and a female client. On one of each set of counseling vignettes, the counselor supportively touched the client four times. All other variables were held constant. Participants evaluated the counselors on attributes of attractiveness and trustworthiness associated with the use of counselor touch.

The results of the multiple regression analysis indicated that two variables significantly influenced how participants evaluated counselor attributes associated with the use of counselor touch, namely counselor attributes when the counselor did not use touch and counselor's gender. Results of independent t-tests indicated that female counselors were rated significantly higher on both counselor attributes in both counseling vignettes. Paired t-tests indicated that female counselors were rated significantly higher on counseling attributes when they used touch versus when they did not use touch. Male counselors were rated significantly higher on the counselor attribute of attractiveness when they used touch versus when they did not use touch. A significant interaction was found between the participant's incest experience and ratings of counselors' attributes when the counselor did not use touch. That is, participant's ratings of counselors' attributes when the counselor used touch and participant's incest experience were combined, they made a significant contribution to how participants rated counselors on counseling attributes when the counselor used touch.

The findings of this study suggest that whether women experience incest or not does not effect their perceptions of counselors who use touch. Furthermore, women preferred counselors who used touch versus those that did not. Implications for further training suggest that counselors be taught appropriate touch techniques to use in counseling with both adult survivors of incest and non-victimized women.

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DEDICATION

To the winged ones who fill me with spirit and give me the strength and endurance to continue my journey. I give thanks to your presence and guidance.

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CHAPTER I

INTRODUCTION

In the darkness of the night the child is abruptly woken. Startled and disoriented, she rubs her sleepy eyes and turns to the person at the side of her bed. He tells her to be quiet as he lays his half naked body next to hers. In the moments that follow, the child awakens in stark pain and terror. She numbs her body and silences her screams, enduring the trauma of sexual victimization. Fifteen minutes later the intruder leaves. The child turns on her side, curls herself up and tightly grasps her pillow. She releases her sobs into her pillow and rocks herself to sleep. The bad dream happened again. When will it go away?

Sexual abuse is a deeply invasive assault. It is an offense that violates an individual's most intimate self. For the duration of the abuse, the victim is robbed of her body parts and sexual self. The physical and psychological self is wounded and the scars of the abuse impact on the development and functioning of the individual (Meiselman, 1978; Steele & Alexander, 1981). The trauma of the abuse has immediate and long term effects. The bulk of the research on sexual abuse indicates that long term effects on the survivor are negative (Briere & Runtz, 1987). The most common long term effects of incest according to researchers, are those that relate to interpersonal intimate relationships, sexual dysfunction and

self-concept (Briere & Runtz, 1987; 1989; Faria & Belohlavek, 1984; Finkelhor, 1987; Shallcross, 1985; Walsh, 1986).

Having buried their trauma for years, adult victims of sexual abuse are now seeking help. Just as the surge of child abuse prevention programs sprang up throughout our country in the last decade, a surge of programs for adult survivors of incest is emerging. Therapeutic treatment options range from individual therapy to group therapy to support groups. Intervention methodologies and strategies are varied and there are few evaluations of reported treatments (Curtois & Leehan, 1982; Shallcross, 1985).

Additionally, recent studies indicate that 44% of females who have received help in clinical settings were child victims of sexual assault (Briere, 1984). The experience and trauma of incest may be buried under the initial presenting problem of the individual seeking counseling (Blake-White & Kline, 1985; Faria & Belhlavek, 1984; Jehu, 1988). As treatment in counseling continues, the client may reveal the incest experience. The counselor is then in a position to refocus her approach to counseling (Joy, 1987).

Counseling approaches and methods for treating adult survivors of incest are still in their beginning stages. Recently, non-verbal techniques for helping victims through the past trauma and toward successful recovery have been explored (Joy, 1987). In a two and a half year study of adult

survivors of incest in psychoanalytically oriented group psychotherapy, Ganzarain and Buchele (1989), noted that this population of adults have a limited ability to put concerns into words. Quina and Carlson (1989) advocate using a blend of non-verbal and verbal techniques in treatment with survivors.

Thayer (1982) contends that messages sent through touch, a non-verbal communication technique, are more likely to be believed than messages sent through other channels. In working with abusive family systems, clinicians (Older, 1981; James, 1987) suggest teaching and encouraging parents to practice touching their children in appropriate and healthy ways. In the extensive research studies by Heslin (1983; 1982; 1981; 1980; 1974) on touching he states that "touch is a way of creating a bonding and emotional tie between people" (Heslin & Alper, 1983).

Research on touch and its' impact, implication, and effectiveness as a non-verbal communication technique in counseling, social work, psychotherapy and nursing has been and continues to be explored (Alagna, et al., 1979; Borenzweig, 1983; Edwards, 1984; Goodman & Teicher, 1988; Jourard, 1968; Pattison, 1973; Willison & Masson, 1986). Findings indicate that touch, a non-verbal method of communication, has a positive impact in particular therapeutic settings and with certain populations (Alagna, et. al., 1979;

James, 1987; Levitan & Johnson, 1986; Older, 1981; Stein & Sanfilipo, 1983). However, no previous research has examined how adult survivors of incest are affected by counselors' use of touch.

Touch is a basic, biological need in human beings. Touch experiences throughout the developmental years impact on the total functioning of the individual's growth and development (Clay, 1966; Frank, 1957; Montagu, 1971). The amount of touch and the nature of the touch we receive in our developing years is believed to affect our ability to give and receive touch and be in intimate contact with another in our adult years (Frank, 1957; Montagu, 1971). Therefore, touch experiences in childhood impact on the child's development. Children of incest are a population that receive confused and often painful touch experiences.

Previous research has indicated that survivors of incest may have difficulty with interpersonal relationships, intimacy, appropriate sexual behavior, sexual functioning, negative self-image and poor body image. Additionally, survivors may have learned to deal with their trauma of sexual abuse by emotionally dissociating from the physically traumatic experience. Common denominators linking many of the long term effects of incest among adult survivors are inadequacy and dysfunction in making contact with the self and others coupled with negative feelings about the body. These

linking common denominators can be traced to the quantity and quality of the tactile stimulation individuals received throughout their developmental years (Montagu, 1971). Individuals who have been deprived of touch, or who have had negative touch experiences, may benefit from counselor touch techniques that are consciously used with the intent to support.

The literature on touch indicates its powerful effect as a communication tool in both personal and profesional situations. Additionally, researchers have investigated its impact on unique populations. The impact of touch in the therapeutic setting with adult survivors of incest has not been investigated. Since previous research has indicated that sexual abuse survivors may have difficulty with touching and that they may have learned to deal with their traumatic experience by emotionally dissociating from the physically traumatic experience, it seems likely that teaching survivors to re-experience touch as a positive comforting resource in their current lives may be therapeutically indicated. As a first step in reintroducing supportive touch into the lives of survivors, this study assessed the degree to which the experience of incest contributed to womens' evaluations of counselors using supportive touch in counseling.

PROBLEM STATEMENT

The purpose of this study was to determine the degree to which the experience of incest contributes to women's evaluations of counselors' trustworthiness and attractiveness based on the counselors' use of touch. The literature on the use of touch as a therapeutic non-verbal communication technique remains controversial (Older, 1977; Wolberg, 1967). The psychoanalytic schools of thought designate the use of touch as taboo, while some humanistic schools of thought suggest that the use of touch in counseling facilitates openness and sharing on the part of the client. Additionally, current research findings indicate that clients tend to evaluate counselors who use touch in counseling more positively and as having more expertise than those that do not use touch (Alagna, et al., 1979; Hubble et al., 1981; Willison, 1986). This study was designed to give theoretical insight into counselors' use of touch as a therapeutic tool with female adult survivors of incest as well as non-victimized women. Although both men and women may have been abused as children, research indicates that adult women seek treatment more often than men (Agosta & Loring, 1988). Additionally, studies in the use of therapeutic touch in counseling and psychotherapy indicate that females respond more favorably to touch than do men. Limiting the study to

women only served as a control for gender. Whether or not the experience of incest contributed significantly to women's evaluations of counselors based on their use of touch, two implications of these findings may be identified at this time. A favorable reaction to the use of counselor's touch may theoretically neutralize or demystify counselor's cautions or apprehensions in exploring and using touch as a therapeutic tool with adult survivors and non-victimized women. Secondly, an adverse reaction to the use of counselor's touch by adult survivors or non-victimized women may indicate that these clients are uncomfortable or confused with the use of supportive touch. Either of these results add to the body of knowledge giving insight into the thought processes of female clients. Understanding how adult survivors perceive and understand touch may offer insight into what touch means for them. Understanding the meaning of touch may contribute to further research addressing appropriate touch technique education and training for counselors working with adult survivors, as well as appropriate touch education for victims of sexual abuse.

RATIONALE

The prevalence of childhood sexual abuse in our society is alarming. Finkelhor states that "child sexual abuse is a problem of serious public health proportions" (Finkelhor, 1986, p.16). In Russell's interview study (1984, 1986) of a random sample of 930 adult women investigating the incidence of rape and childhood sexual abuse, 24% of these women reported at least one experience of rape, 31% reported an experience of attempted rape, 16% reported at least one experience of sexual abuse by a blood relative before the age of 18 and 31% reported at least one experience of sexual abuse by a nonrelative before the age of 18. It is estimated that 1:4 adolescent females have experienced some form of sexual abuse before the age of eighteen (Russell, 1984). Despite the increase in awareness of child sexual abuse by professional communities of therapists, physicians, community service agencies, educators, law enforcers and legislators, and an increase in the number of reported cases, it is believed that the exact number of child sexual abuse cases is underrated (Trepper & Barrett, 1986).

Contrary to public belief, child sexual abuse is not an act mostly committed by adult strangers (Finklehor, 1984). It is an event that occurs more frequently by a family member in the home environment. Clinicians report that intrafamily

child sexual abuse presents itself more often than other forms of sexual abuse (Trepper & Barrett, 1986).

The Badgley Report on Sexual Offenses Against Children in Canada (1984), a comprehensive study on sexual abuse of children, juvenile prostitution and child pornography, examined 10,272 cases of sexual abuse. The research team found that "about one in four assailants is a family member or a person in a position of trust; about half are friends or acquaintances; and about one in six is a stranger" (Schlesinger, 1986, p.86). Studies of incest conclude that abuse from a family member is more traumatic and results in more serious repercussions than with a stranger (Russell, 1986). Finkelhor (1986) states that the dynamics of betrayal, coupled with a sense of loss of trust and protection from that family member contribute to the complexity and intensity of the trauma.

Research into understanding and treating the trauma of incest with adult survivors has increased tremendously in the past decade. Long term implications of intrafamilial sexual abuse are enormous. Research indicates that the long term effects of incest are negative, although not all victims suffer negative effects (Finkelhor & Browne, 1985; Courtois, 1988). The psychological and physical trauma of the incest experience influences the healthy development and maturation of the individual.

Just as the research into the long term effects of childhood sexual abuse and the work with adult survivors has increased, the research into touch has as well. It is well documented that touch is a basic, biological need and without adequate stimulation that comes from holding and stroking during infancy and early childhood, the child will not develop normally (Casler, 1961; Montagu, 1971; Thayer, 1986). The quantity and quality of touch messages received will also effect social behavior (Harlow, 1958; Montagu, 1971, 1973).

Touch is a powerful, non-verbal form of communication that communicates emotions, subtle feelings and attitudes (Thayer, 1986). Touch can communicate a level of meaning that words are unable to do (Frank, 1957). In the past decade, psychologists, psychiatrists, counselors and nurses have begun to examine and research the implications and effects of touch in the therapeutic relationship (Goodman, & Teicher, 1988; Willison, 1986; Watson, 1975; Stein, & Sanfilipo, 1983; Suiter, 1983). Because of the general "touch taboo" that evolved from the psychoanalytic school of thought, research into touch in the therapeutic context has been controversial (Willison & Masson, 1986). Nevertheless, touch as an effective communication skill and its therapeutic impact continues to be investigated. Previous studies have suggested that appropriate touch by the counselor with the client increases the client's level of self disclosure (Jourard &

Freedman, 1970), engages the client in deeper self-exploration (Alagna, et. al. 1979) and increases the positive perceptions by clients of counselors (Wheaton & Borgen, 1981). Suggestions for continued research in the use of touch in counseling include the use and effect of touch in counseling with special client populations (Willison, 1986; Suiter, 1983).

There is little research on the use of touch with the population of sexually abused individuals. Systematic use of touch with victims of sexual abuse is limited to the teaching of good and bad touch in child abuse prevention programs. Although the teaching of good and bad touch with children is in virtually every prevention program, it too, remains controversial (Ray & Dietzel, 1985). The controversy is not that touch is being taught, but that children may not have the cognitive development and moral judgement to make the distinction over time. Encouraging survivors to enroll in self-defense classes (a high contact sport activity emphasizing awareness of the body in relation to self and others) is a popular intervention strategy. Incorporating offensive and defensive touch strategies, self defense sports focus on protection from possible threatening physical confrontations. Touch education is taught to children and to adult survivors as a means of learning self protection. It is curious that professional therapeutic adult programs do not address or expand upon touch education or the use of

supportive touch in therapeutic treatment.

Communication through touch continues to demonstrate its positive and therapeutic impact on the learning and growth of the individual. Therefore, understanding how perceptions of supportive touch effects the evaluations of therapists given by those that have received negative touch messages, seems important. Adult survivors' perceptions of the use of counselor's touch may give insight into the meaning of touch for survivors. This may contribute to understanding the thought processes of survivors of incest and serve to theoretically contribute to the literature on approaches and techniques in using touch in counseling with adult survivors.

CONCEPTUAL FRAMEWORK

The conceptual framework of this study is grounded in the principles of Gestalt psychology, an approach to understanding human nature (Perls, 1973). The English translation of the German word Gestalt is, "a pattern, a configuration, the particular form of organization of the individual parts that go into its make up" (Perls, 1973, p.5). The Gestalt school of thought in psychology is based on several concepts. Four concepts in Gestalt psychology which help to integrate research on touch and incest are: holism, figure/ground formation, organism regulation and the relationship between the Self and environment.

The first concept, "holism", suggests that persons are organized into wholes versus into specific parts (Perls, 1969). According to this holistic viewpoint, individuals are complete, unified, integrated entities. The task of the human organism is to accept itself as a unified system (Perls, 1969), and to move from that place of awareness. Health is then characterized by an integration of the parts of the self and behavior that reflect this functioning. The sexual abuse survivor often has negative feelings towards her body as well as a distorted body image. According to Gestalt psychology, the survivor's negative body perception serves to separate the body from the total self. The body becomes a part that is

despised and hated. Therefore, the survivor does not move from a place of integration, but from a place of separation and disintegration.

Extending from the premise of holism is the second concept, that of figure/ground. If individuals are organized as patterns or wholes, then they perceive the environment in these terms. In any given situation individuals do not perceive objects in the environment as unrelated but engage in the perceptual process of organizing the objects into purposeful wholes (Perls, 1973). That which is most significant to the organism in any particular moment will move to the foreground of attention. When the need for attending to that object is satisfied, the object will recede into the background. A new need will then emerge and be in the foreground of the individual's awareness. For example, if a child is continually sexually abused by a parent around the bedtime hour, the child, getting ready for bed, may be very aware of the door in the bedroom. The door is the gateway for the perpetrator to enter, and therefore in the foreground of the child's attention. In the aftermath of the abuse, the child may not be aware of the door until the next bedtime hour. The door recedes into the background of the child's awareness. The new need that may emerge is the need to collapse. To satisfy that need, the figure that then comes to the foreground of the child's attention may be a blanket,

pillow or favorite stuffed animal. As the child grabs the object the immediate need is, to some extent, satisfied.

In Gestalt terminology this organic process enabling the individual to satisfy innate needs, is called the principle of "organismic regulation" (Smith, 1985). The individual attempts to restore balance in the Self by first becoming aware of the need, secondly by taking responsibility for it, and thirdly by acting in present awareness to obtain it. The continual cycle of this process is referred to as homeostasis, a state of equilibrium or balance within the organism's system. In the case of the prior example, the child aware of and feeling the pain and confusion of the sexual trauma may inform an adult of the repeated attacks. If the child is not believed, the child may stop telling this adult. This action by the child is an attempt to restore equilibrium in the face of a painful and confusing incident. Unfortunately, the recognition of the need and act of telling the adult in hope of receiving protection and nourishment goes unsatisfied. Therefore, the child submerges that need. The Gestalt of the experience is unfinished, and eventually submerged from awareness. Despite the fact that this need was not satisfied, another will then emerge. In repeated incidents of the child reaching out and the primary needs not being satisfied, the balance of the organism is internally disturbed. The child does not move back to the origin of homeostasis, (balance

within the self-regulating system), but now functions from a point off centered from the origin of functioning. Over time the constant state of disequilibrium will lead to illness and ultimately death. This process of homeostasis occurs in the internal, biological relationship of the organism to the self, as well as the external relationship of the organism to the environment and others.

The third concept in the Gestalt school of thought emphasizes the individual's relationship with her environment (Perls, 1973). Living organisms cannot exist as separate entities from their environment. Individuals and their environment have an ongoing, interactive relationship.

From the perspective of the abused child, the relationship between the child and the perpetrator, may very well be confusing, scary and painful. This relationship effects the child's perception of the world and therefore her behavior. The type of contact the child makes with the external world will be shaped by this relationship (Rosenblatt, 1980).

The place of meeting, the point of contact between the individual and her environment is referred to as the contact boundary in Gestalt terminology (Perls, 1973). It is this boundary that defines the "me" and the "other". Insight into understanding individual and personhood, can be made by studying the way in which the individual makes contact at this

boundary point (Rosenblatt, 1980).

The central concepts of Gestalt psychology; holism, the concept of figure/ground, organismic regulation and homeostasis, and the integral relationship between individual and environment provides a framework for understanding the nature of individuals. In application, these principles are the foundation of a Gestalt approach to counseling. The Gestalt perspective will serve to integrate the research on the significance and impact of touch in the human organism. This school of thought is the grounding force in the comparative study of the use of supportive counselor touch with survivors of incest and non-abused women.

DEFINITIONS

1. Attractiveness - a clients's "perceived similarity to, compatibility with and liking for..." the counselor (Strong, 1968, p.216)

2. Child Sexual Abuse - a sexual act imposed on a child who lacks emotional, maturational and cognitive development. Due to the more powerful and dominant position of the adult or older perpetrator, the child is unable to give informed consent to the behavior (Sgroi, 1982)

3. Counselor - a trained professional in the helping profession who works in relationship with the client's presenting problems and issues. Counselor, therapist and clinician will be used interchangeably in this study.

4. Dissociation - a process in which the abused individual directs mental attention away from the abuse. It is a prime method used by children to survive sexual assault during the abuse phase and may continue to be a method of coping in times of stress throughout the adult years (Hartman & Burgess, 1986).

5. Expertness - "the extent to which a communicator is perceived to be a source of valid assertions" (Hoveland, 1953, p.21)

6. Figure-Ground - the process of "ordering and structuring perceptions of incoming stimuli into a primary experience of

a figure as perceived against a background" (Gilliland, 1984, p.101)

7. Gestalt - "a German word meaning whole or configuration" (Gilliland, et. al, 1984, p.95)

8. Gestalt Therapy - developed by Frederick Perls, an approach to therapy that is existential and experiential in nature and focuses on the here and now (Gilliland, et. al, 1984).

9. Holism - "the human is unified and whole, comprising a psychological, physical totality" (Gilliland, et. al, 1984, p.96). Secondarily, the human organism is unified with the environment.

10. Incest - any sexual contact or activity with a person who would be considered an ineligible partner because of his blood and/or social ties to the subject and her family, including a child and a parent, stepparent or extended family member. Intrafamilial child sexual abuse with be used synonymously with incest (Sgroi, 1982).

11. Incidence - refers to the number of cases occurring within a specified amount of time.

12. Prevalence - % of population estimated to be victimized at some time in their lives.

13. Supportive Touch - non-erotic physical contact that has the intent of being supportive. This will include touch on the hand, arm, shoulder and upper back. It is for the purpose

of communicating care, assurance or reassurance, comfort and support (Willison, 1986) (Supportive touch and therapeutic touch will be used interchangeably).

14. Survivor - an individual who is in an ongoing process of recovery from the experience of being sexually victimized (Quina & Carlson, 1989).

15. Trustworthiness - "degree of confidence in the communicator's interest to communicate assertions he considers most valid" (Hoveland, 1953, p.21).

16. Victim - an individual who has suffered harm, injury, or loss to the psychological, cognitive and/or physical self as a result of the intentional abusive and/or negligent actions of another human being (McCann, Sakheim & Abrahamson, 1988).

RESEARCH QUESTIONS

The dependent variables for this study were derived from the participants' evaluations of counselors viewed on videotapes of staged counseling sessions in which the counselor either used touch or did not use touch. The two dependent variables are : (1) counselor attractiveness (counselor attractiveness using touch) and (2) counselor trustworthiness (counselor trustworthiness using touch)

The study was designed to assess factors which contribute to participants' rating of counselors. The purpose of assessing these factors is to adjust the variance of judgments for confounds and to study other interesting research issues. The primary independent variable is touching behavior of the counselor. Specific independent adjusting variables which were expected to contribute to the variance in the counselor ratings included: (1) gender of the counselor in the videotape (2) whether or not the participant was an incest survivor (3) the severity of the incest experience by the participant.

Five variables were expected to influence the relationship between the dependent and independent variables and therefore served exclusively as covariates. These variables included: (1) non-family childhood sexual abuse experience of the participants; (2) other childhood

traumatic experiences of the participants; (3) mood state of enerfetic-elated of the participant at the time of the study; (4) mood state of agreeable-elated of the participant at the time of the study; and (5) mood state of composed-alert of the participant at the time of the study. These covariates assisted in limiting confounding effects in the testing of the predictor variables. All participants for this study are female, at least eighteen years old, and currently participating in therapy. Therefore, gender of the participant and participation in therapy are held constant.

The major research questions that will be addressed are:

A. Main Effect Issues

1. Does the touching behavior of the counselor contribute significantly to judgments of the counselor's attractiveness and trustworthiness?

2. Does the gender of the counselor contribute significantly to the variance of judgments of counselor's attractiveness and trustworthiness associated with counselor touching behavior?

3. Does the participant's incest experience contribute significantly to the variance of judgments of the counselor's attractiveness and trustworthiness associated with counselor touching behavior?

4. Does the severity of the participant's incest experience contribute significantly to the variance of

judgments of the counselor's attractiveness and trustworthiness associated with counselor touching behavior?

B. Interaction Effects

1. Is the interaction of counselor's gender and touching behavior significantly associated with counselor attractiveness and trustworthiness ratings resulting from the counselor's use of touch?

2. Is the interaction of counselor's gender and the participant's incest experience significantly associated with counselor attractiveness and trustworthiness ratings when the counselor uses touch?

LIMITATIONS

1. The sample for this study consisted of volunteers who met the specified criteria. Due to the fact that participants volunteered, the internal validity of this study was effected, as well as the generalizability.

2. The population of participants was limited to female adults over the age of 18. Women with at least one incident of intrafamily child sexual abuse remembered were catagorized as survivors of incest. Therefore, any findings of this study were limited to this population sample, and cannot be generalized to other populations.

3. The specified participants differed in their incest histories. Therefore, any findings of this study must be cautiously generalized to the population of female adult survivors of incest.

4. The method of evaluating counselor attributes were through video taped vignettes. Due to the fact that viewers did not receive the touch, generalizability to using touch in counseling with adult survivors of incest was limited.

DELIMINATORS

1. This study focused on the use of touch as a non-verbal intervention strategy by counselors. Other non-verbal communication techniques used by counselors were not examined.

2. Due to the fact that statistics demonstrate more females are victims of childhood sexual abuse than males and that more females seek therapeutic treatment, female adult survivors are the focus on the study. Research also indicates that women are more receptive to touch than males.

3. Participants who are over eighteen years old were considered for this study.

4. Participants who were currently in any type of counseling, therapy or support group were eligible for this study.

ASSUMPTIONS

There are seven basic assumptions that provide a starting point for this study. The first is that touch, although a controversial non-verbal communication technique, is an effective communication tool. Secondly, touch techniques are appropriate for use by counselors. The third assumption is that perceptions of counselor's effectiveness and of the use of touch can be measured. The fourth assumption is that the Counselor's Rating Scale-Short Form is an appropriate tool to measure clients' perceptions of counselor effectiveness. The fifth assumption is that the Profile of Mood States is an appropriate tool to measure present moods. The sixth assumption is that the Participant Profile Form is a relevant and fitting index describing the childhood abuse history. The seventh assumption is that short video vignettes are an effective way of depicting a counselor/client session.

ORGANIZATION OF STUDY

Chapter II is a review of the literature concerning adult survivors of incest, the long term effects of childhood sexual abuse, the therapeutic use of touch as a non-verbal communication technique and methodology and intervention strategies in counseling with victims of sexual abuse.

Chapter III specifies the research and data collection procedures. It includes the process of identifying and gathering eligible subjects, methodology, pilot studies, descriptions of the counselor rating instrument, Profile of Mood States and Participant Profile, and the methodology for interpretating the results.

Chapter IV presents the results and analysis of the experimental study.

Chapter V presents conclusions and recommendations that result from this study.

CHAPTER II

LITERATURE REVIEW

In order to investigate the differences between survivors of incest and non-victimized women's evaluations of counselor's effectiveness based on the counselors' use of touch, the review of the literature will be subdivided into three main catagories. First, the literature on adult survivors of childhood abuse and incest will be reviewed. Next, counseling methods and approaches to working with adult survivors will be reviewed, as well as the prevelance of survivors in counseling. Finally, the research literature on touch will be investigated from a biological, psychological and interpersonal perspective, and the use of touch in counseling settings will be examined.

ADULT SURVIVORS OF INCEST

In the past two decades, society has begun to acknowledge the prevalence of child abuse in our nation (Agosta & Loring, 1988). Despite the fact that child abuse is considered to be widespread, researchers agree that it is difficult to assess the exact extent of child sexual abuse (Blume, 1990; Finkelhor, 1986). Factors that contribute to this difficulty include: the variations of definitions of child sexual abuse,

the number of unreported cases, and limitations of research (Sagarin, 1977).

Recent studies conducted in the United States report that one in three women and one in ten men are sexually victimized during their childhood (Finkelhor, 1984; Russell, 1983b). In contrast when Herman (1981) analyzed the findings of five surveys on sexual abuse that were conducted from 1940 through 1960 she found that 20-30% of adult women reported an unwanted sexual encounter with an adult male in childhood. In a different study Russell (1983) surveyed 930 randomly selected adult women and found that 16% had experienced intrafamilial sexual abuse before the age of eighteen.

Child sexual abuse is an event that occurs among all socio-economic groups, among individuals from all levels of education and all age groups (Herman, 1981). It is an event that apparently occurs more frequently with girls than boys (Briere, 1989; Finkelhor, 1986; Herman, 1981; Russell, 1986), although recent studies are reporting an increase in the prevelance of child sexual abuse among boys (Finkelhor, 1979; Groth, 1979). Contrary to public belief, child sexual abuse is not an act mostly committed by adult strangers (Chandler, 1982; Finkelhor, 1986; Finkelhor, 1979; Kendall-Tackett, 1987; Russell, 1983). In fact it has become increasingly clear that child sexual abuse frequently occurs in the home (Agosta & Loring, 1988; Stith, Williams & Rosen, 1990; Summit, 1983).

In Conte and Schuerman's (1987) study of 369 children at the Sexual Assault Center in Seattle, 52.5% of the children were sexually abused by a parent or relative, 30% by an acquaintance of the child or family, 7% by a babysitter, 4% by a stranger and in 2% by others.

A recent study by Kendall-Tackett (1987) also found that more females than males were abused and that family members were frequently perpetrators. They (Kendall-Tackett, 1987) conducted intake interviews with 365 adults molested as children, aged 18-59, at the Child Sexual Abuse Treatment Center in San Jose, California and found that 89% of the participants were females and 11% were males. The researcher collected data on the relationship of the perpetrator to the victim and the type of molestation that occurred and found that 99% of the perpetrators were known to the victim; 97% were male and 62% were either biological fathers or surrogate fathers. Only 1% of the perpetrators were strangers. The most common type of molestation was fondling from the waist down (92% of the cases), and fondling from the waist up (64% of the cases. In 44% of the cases intercourse, defined as vaginal intercourse, occurred.

Children who have been subjugated to sexual abuse are considered to be victims of violence (Blume, 1990; McCann, Sakheim & Abrahameson, 1988). The act of violence is a traumatic event in the life of the child. At the time of the

trauma, victims utilize the coping skills available to them in order to survive the abuse. The initial effects of child sexual abuse often include: anxiety, fear, shame, guilt, depression, feelings of grief and loss, somatic complaints, problems with trust, increase in dependency, hostility and inappropriate sexual behaviors (DeFrancis, 1969; Herman, 1981). Children may carry the emotional scars of the abuse for many years (Emerson, 1988).

Due to the fact that incest involves sexual contact between a child and a partner who is ineligible because of blood/and or social ties to the child and his/her family, it is distinguished and considered a separate type of child sexual abuse. Blume (1990) broadens the definition of incest stating that:

"...incest can be seen as the imposition of sexually inappropriate acts, or acts with sexual overtones, by-or any use of a minor child to meet the sexual or sexual/emotional needs of one or more persons who derive authority through ongoing emotional bonding with that child" (Blume,1990,p.4).

Blume (1990) contends that incest "affects the foundation of human security in the developing child, as well as her relationship with the world around her" (p.39). Clinicians suggest that incest is more traumatic than sexual abuse by a stranger because the abuser violates the child's trust and

breaks a very serious taboo (Finkelhor, 1979; Steel and Alexander, 1981). In Chandler's (1982) non-clinical study of adults molested as children, he found that the victim's perception of the severity of the molestation is related to her relationship with the molestor. The impact of the molestation was more severe the closer the relationship of the victim to the perpetrator. Herman's (1981) extensive research studies in incest conclude that father-daughter incest is the most frequently type of incest reported.

The bulk of the research supports the finding that childhood sexual abuse has negative long-term effects (Briere, 1989; Briere & Runtz, 1989; 1987; Gold, 1986; Joy, 1987; Sgroi, 1988; Shaperio, 1987; Steel & Alexander, 1981; Summit, 1983). The impact of childhood sexual abuse will differ among adult survivors. Factors that influence the impact include: the age of onset, frequency of the occurance, duration of the abuse, type of abuse, relationship of the perpetrator to the survivor, strategies used by the abuser to enlist the child's cooperation, reaction to disclosure, and the immediate support available to the child (Blume, 1990; Finklehor, 1979; Groth, 1978; Herman, 1981; Meiselman, 1978; Russell, 1986; Sgori & Bink, 1988).

Murphy and her collegues (1988) conducted face to face interviews with 391 women and investigated the relationship between the age the assault occured and the long term

adjustment of the female victim. The sample of sexually abused female victims were catagorized into age groups; those abused prior to age twelve; those abused between twelve and seventeen years; and females abused as adults. Women sexually abused prior to age twelve displayed significantly more anxiety symptoms and general psychological symptoms as adults than did non-victimized women. Women sexually abused between the ages of twelve and seventeen, as compared to non-victims, had increased anxiety, elevated signs of hostility and elevated levels of obsessive-compulsive symptoms. Adult victims did not display elevated anxiety symptoms as compared to the non-victims, as child and adolescent victims did. Instead, adult victims scored significantly higher on depression than did the control group of non-victims. The researchers suggested that the differences in symptoms between the age groups of sexually abused women and the control group, resulted from the age of the victim at the time of the assault and present age, and the level of distress the victim felt about the assault. Additionally, the study found that adult women who were sexually abused as children and later revictimized in adulthood, had higher levels of psychological distress than childhood sexual abuse victims and adult sexual assault victims and non-victims.

In recognition of the effects of traumatic events in the lives of individuals, the American Psychiatric Association

(1980), defined and incorporated Post Traumatic Stress Disorder (PTSD) into the anxiety disorders classification of the Diagnostic and Statistic Manual of Mental Disorders (DSM III) (Siegel & Romig, 1988). PTSD is used to describe victims of natural disasters, accidents involving personal injury, victims of military contact, victims of violence, and most recently to describe adults who suffered sexual abuse as children (Siegal & Romig, 1988). Primary categories of response are "(a) reexperiencing the traumatic event through repetitive flashbacks and (b) denial, numbing, or avoidant responses, including reduced responsiveness to the outside world, diminished interest in activities, constricted affect, and feelings of detachment" (McCann et al., 1988). In diagnosis, the DSM-III-R specifies that two of the following symptoms be present: Hyperalertness, sleep disturbance, survivor guilt, impairment of memory or concentration, avoidance of activities that arouse recollection of the event, and intensification of symptoms by exposure to events resembling the traumatic event (American Psychiatric Association, 1987). Finkelhor and Brown (1987) acknowledge the significance of having the population of sexually abused individuals included in the PTSD framework, yet believe that it is limiting. These clinicians propose a model for understanding the trauma of sexual abuse that specifically addresses the cognitive and affective aspects of the trauma.

Their traumagenic dynamics model of sexual abuse (Finkelhor & Brown, 1987), emphasizes that sexual abuse is not an event but a relationship in which the meaning of the trauma changes over time. They researched the sexual abuse literature and pooled together the many symptoms that survivors of sexual abuse experience. The four categorical dynamics of sexual abuse, i.e., traumatic sexualization, betrayal, stigmatization and powerlessness, include the variety of different types of psychological, physical and cognitive symptoms survivors may experience.

Research studies with adults molested as children largely confirm the negative long term effects of childhood sexual abuse (Finkelhor, 1986; Meiselman, 1978), although there are some studies that have found no negative or traumatic effect (Henderson, 1983; Ramey, 1979). Depression is the symptom most widely reported in clinical and nonclinical empirical studies with adult survivors of childhood abuse (Briere & Runtz, 1985; Herman, 1981; Meiselman, 1978; Sedney & Brooks, 1984). According to the research findings, negative long term effects among adult survivors of sexual abuse include low self-esteem (Faria & Belohlavek, 1984), dissociation (Briere & Runtz, 1985), increased anxiety and tension (Briere, 1984), sexual dysfunction (Becker, et. al., 1982; Briere & Runtz, 1985; Courtois, 1979; Finkelhor, 1979; Haller & Alter-Reid, 1986; Meiselman, 1978), feelings of isolation and alienation

(Briere, 1984; Courtois, 1979; Herman, 1981), difficulty with intimate relationships (deYoung, 1982; Herman, 1981), guilt (Agosta & Loring, 1988), nightmares (Agosta & Loring, 1988; Shapiro, 1987), self-mutilation (Shapiro, 1987) and revictimization (Russell, 1986). Research findings also report an association between child sexual abuse and later prostitution (Fields, 1981), substance abuse (Briere, 1984; Herman, 1981; Peters, 1984), eating disorders (Agosta & Loring, 1988) and suicide attempts (Sgori & Bink, 1988). In a Minneapolis study of women working as prostitutes 75% had been incestuously assaulted as a child (Faria & Belohlavek, 1984). Additionally, the ability to effectively parent and help their own child in the face of molestation may be impaired (Agosta & Loring, 1988). In the past decade, clinicians (Rivera, 1989; Saltman & Soloman,1982; Summit, 1983)) are finding a relationship between multiple personality syndrome and incest. In his study Putnam, (Putnam, et al., 1986) found that 97% of individuals with multiple personality disorder have a history of child sexual abuse.

A review of the literature of the aftermaths of child sexual abuse (Finkelhor, 1986; Gelinas, 1983) concludes that extreme long term effects are not inevitable, yet the risk of long term mental health impairment needs to be taken seriously.

COUNSELING METHODS AND TREATMENT APPROACHES

In professional therapeutic settings, psychotherapists, counselors and mental health workers are finding that a large number of their population have been sexually abused as children. In a clinical sample of 152 walk-in clients, at a crisis counseling department of a local community health center, Briere & Runtz (1987) found that 67 (44.1%) had a history of sexual child abuse. Demographic data on the women's family background, childhood history of sexual abuse and presenting problem was collected. The average age of the women was 27.3 years. Sexual abuse was defined as "any self reported sexual contact (e.g., fondling to intercourse) experienced by a client before the age of 15, initiated by someone five or more years her senior" (1987, p.369). Of the 67 (44.1%) women who had a history of sexual child abuse, only 26 (39%) referred to the abuse in their presenting complaint. In a later study, Briere and Zardi (1988) report that two thirds of a psychiatric emergency room sample experienced childhood sexual abuse. In a random clinical sample of 133 females (Briere, 1988), 43% had incestuous sexual abuse experiences with either a parent or step parent, and additionally 56% were also physically abused.

Faria and Belohlavek (1984) state that there are two types of adult incest survivors, those that seek treatment and

those that do not. Within the group that seeks treatment there are three subgroups: those that seek help specifically because of their incest history; those that enter therapy for other problems and are aware of the past incest; and those that seek help for other problems and are unaware of the past incest. Briere & Runtz (1988) suggest that clinicians be aware and alert to the possibility of unresolved sexual abuse trauma in persons seeking mental health services. Awareness of the incest may emerge during the course of therapeutic treatment.

Agosta and Loring (1988) found that some survivors enter therapy because of the current molestation happening in their childrens' lives. The mother experiences difficulty in reaching out and supporting her child.

Common among survivors is the tendency to repress the orginial childhood sexual abuse experiences (Gelines, 1983; Summit, 1983). The majority of survivors (Herman, 1981; Russell, 1983) never reveal their secret as children. This is attributed to the child's confusion and fearfulness about the sexual molestation and threats that might have been imposed by the abusing adult. Acknowledging that society has made strides in the protection of children who have been sexually molested, Summit (1983) also contends that the adult world continues to challenge and at times repress the child who gives a specific complaint of sexual molestation, especially

in the case of incest. Failure to disclose the sexual molestation as a child may drive the child deeper into self-blame, self-hate, alienation and revictimization (Summit, 1983). Memories or flashbacks of the childhood abuse can be triggered by current stimuli or experiences in the lives of survivors. The re-experience of the trauma effects the thoughts, feelings and behaviors of the individual. Survivors may realize that their current response pattern to experiences is grounded in the past sexual victimization experiences (Sgori & Bunk, 1988). It is at this time that survivors may seek professional therapeutic interventions.

Increasingly, clinicians are finding that adult survivors are entering therapy with the intent of working on and understanding the possible connections between the childhood sexual abuse experiences and current life problems (Sgroi & Bunk, 1988).

Sgori & Bunk (1988) observe two distinct patterns of presentation for adult survivors of sexual abuse. These survivor patterns of presentation are categorized as early presentation or late presentation. Early presentation are older adolescents or young adults. Usually these individuals are experiencing problems associated with substance abuse, prostitution, self mutilation, eating disorders, running away and/or acute psychotic reactions. A pattern of late presentation is an individual who in her mid 20's to early

40's. She is usually a well-adjusted individual who is likely to have been well educated, responsible and successful in her job or career. It is likely that the late presentor has previously been in psychotherapy for an unrelated complaint, and has revealed to the therapist her sexual abuse history. However, the past sexual abuse experiences may have been seen to be unrelated to the present complaints. The late presentor may have a history of intermittent psychotherapy over an extended period of years. Sgori and Bunk (1988) state that with the late presentor there often comes a critical period in time in which the individual becomes symptomatic. These symptoms of feelings, thoughts and behaviors can be perceived to be related to the past sexual victimization experiences. This occurance may severely disrupt and threaten the individual's ability to cope and function in their present situation. Feelings of being overwhelmed and out of control often emerge. It is at this time that the individual may again enter therapy.

Treatment approaches and methodologies used in counseling adult survivors of incest continue to be developed. Most treatment approaches assist the client in moving through the past trauma. When this happens, the client can then begin to understand the impact it has had on her adult development and functioning, and then move toward recovery (Quina & Carlson, 1989).

Research clinicians suggest that mental health practioners recognize the prevelance of child sexual abuse experiences in women seeking therapy and adapt a routine in the assessment phase of treatment of asking about sexual abuse history (Briere & Runtz, 1988; Sgori, 1988; Herman, 1981). Briere & Runtz (1988) found that only 39% of 69 walk in clients with abuse histories identified themselves with such histories prior to the direct questioning by the clinician.

Counseling approaches can be formatted in a variety of contexts on either a brief or long term basis. This includes individual counseling, family counseling, group counseling and support groups. Techniques used in counseling stem from the counselor's framework and approach to counseling, combined with the unique needs of the client (Cory & Cory, 1987). Quina and Carlson (1989) support a holistic approach in counseling adult survivors of sexual assault. It is their belief that

> ...the counselor must be able to look at the whole person and to be flexible in approaching each individual. It is important to be willing to utilize more than one form of treatment, or to work together with others...(p.134).

The holistic approach, they contend, demands that the counselor be multiskilled and open to the variety of approaches available.

Clinicians contend that, in addition to individual therapy, group therapy can be a powerful form of treatment for survivors (Agosta & Loring, 1988). Knowing that others have had abusive childhood experiences and as adults feel the pain of those events, reduces the feelings of isolation and enhances peer support.

Christine Curtois (1982), a clinician specializing in treating adult survivors of incest, believes that the healing process with survivors includes redeveloping the ability to trust others and to trust oneself. In the therapeutic setting, the adult survivor needs to learn how to trust a parental figure who will not abuse her. In a long term client-counselor relationship, the distrustful client may test the counselor to determine if the counselor really cares about her (Meyer, 1987). The counselor works to establish rapport and trust with the adult survivor, and to address the underlying issue of trust that developed in the incestual trauma. Briere (1989) states that the therapeutic goal of "abuse focused therapy" is to extend beyond the concept of survival and to ultimately work toward integration and self affirmation. He contends that the therapeutic work is not a fixing of problems but an act of moving toward growth.

In their therapeutic work with adult survivors, Alter-Reid and Haller (1986) state that the task is to identify the impact of the past sexual abuse experience, examine the

individuals' responses and develop more effective coping mechanisms. A goal in treatment is to address and enhance understanding of past response patterns of the abusive experiences and present adaptive responses. In group therapy Alter-Reid and Haller (1986) state that the group work provides the opportunity for survivors to learn trust and allow for support.

TOUCH

As counseling methodologies and treatment approaches to working with adult survivors continue to be explored, the therapeutic significance of the use of touch in counseling also is being investigated. In the 1970's as the biological and sociological significance of touch on animal and human growth and development was investigated, interest in its use in the therapeutic milieu was sparked. Arguments against the use of touch have been historically traced to the psychoanalytic theory as developed by Freud. Although some psychoanalytically oriented writers have expressed concern around the issues of transference, dependency and sexual arousal (Menninger, 1958; Render & Weiss, 1959; Wolber, 1967), other psychoanalysts (Balint, 1952; Little, 1981; Winnicott, 1965) have been more open to the use of touch. These clinicians found that the use of holding touch with schizoid,

psychotic and delusional clients is not only appropriate, but therapeutically helpful.

Studies with adults in counseling settings found that women respond more favorably to touch (Fisher, Rytting & Heslin, 1976; Jourard, 1966) than men. Furthermore, in social and therapeutic situations (Alagna, et. al., 1979) the touch is received more positively when it is between individuals of the opposite sex.

In a research study using touch during a counseling interview with 32 males and 32 females, Jourard and Friedman (1970) found that the participants' level of self-disclosure increased when the space between participants and interviewers was decreased and when participants were touched. Alagna, et. al.'s (1979) study with 108 male and female randomly selected undergraduates, found that subjects who were touched during a 25 minute career counseling interview evaluated the counseling experience more positively than the no-touch control group. Similarly, Hubble et al.'s (1981) study using touch during a vocational counseling session found that counselors who used a slight touch to the hand, shoulder or back were perceived to be more expert.

Willison (1986) investigated the beliefs and practices of the use of touch in counseling by licensed counselors. Of the 200 randomly selected members of the American Mental Health Counselor's Association, 86% responded to the mail survey. In

her study, she found that 69.2% of the counselors surveyed approved of the use of touch with children, adolescent and adult clients of the same and opposite sex. Furthermore, 94.2% of these counselors stated that their belief and actual practice using touch in counseling were consistent. Willison emphasizes that the question to ask is not whether or not touch is an appropriate technique in counseling, but how to instruct counselors in the proper technique of using touch and in the appropriate situations.

The psychotherapeutic use of touch originated in schools of therapy that acknowledged the body as an integral component in the therapeutic process. Touch oriented approaches to therapy began with Wilheim Reich (1942, 1949) followed by Fritz Perls (1969) and later by Alexander Lowen (1971, 1975). It was believed that, "The skilled use of touch could deeply affect the clients' bodily being and sense of self..." (Kepner, 1987, p.72).

The use of touch in therapy as a therapeutic technique remains controversial. Kepner (1987) contributes this controversy to four factors, namely that,

1. There exists a cultural embarrassment about our physical beings.

2. There exists an oversexualization of body contact.

3. There exists a denial and disownership of our body self.

4. There may exist a life history of violation of self boundaries which would interfere with an individual's ability to distinguish harmful from nonharmful touches (1987, p.73).

In Gestalt therapy, the use of touch is viewed as a communication process which enables an individual to develop awareness, ownership and expanded capacity for contact. Touch as a communication process is "grounded in the notions of the unity of body and self, resistance, and the phenomenological (experiential) emphasis that are intrinsic to the philosophy of Gestalt therapy" (Kepner, 1987, p.76).

Guidelines for the use of touch in therapy continue to be developed. Zinker (1977) believes that therapists who use therapeutic touch techniques must first consider the particular individual in context with the therapeutic model and therapeutic approach. The therapist needs to examine the purpose served by using touch, "as with any therapeutic intervention, the use of touch is guided by one's philosophy and view of the human process" (Kepner, 1987, p. 76).

Kepner (1987) developed a table of "Varieties of Touch" describing qualities of touch and their therapeutic use/communication (Table I). The range of touch techniques extends from a feather touch with the intent of reminding the individual to focus on a particular area to tapping with the intent of enliving a particular area of the individual's body. Additionally, Kepner distinguishes between firm and light

Table 1

Varieties of Touch

Quality of Touch	Therapeutic Uses/Communications
Feather Touch	Reminder says "Focus Here"; generally is along Path(direction) of muscle's relaxation
Laying on Hands	Contacting, perceiving and affecting energyfield
Simple touch	Presence, "I am here"
Light stroking	Comforting,soothing
Moving touch	Guiding energy and flow along a particular path
Rocking	Loosens skeletal units; comforting reminder of natural flow and pulsation
Rubbing	Enlivening of surface; soothing when light
Vibrating	Enlivening; reminder of holding energizing
Tapping	Enlivening, says"sense the structure"; resilience.
Moving limbs (a) Moving (b) Slow	Loosening, letting free. Repatterning neuromusculature; freeing range, developing subtle awareness of body
Deep stretching (a) Moving (b) Steady	Breaking through; lengthening. Opening, releasing, enlivening;point-pressure work

Kepner, Jack. (1978) Body Process,p.78

touch, and directs the therapist to consider the degree of touch pressure in context to the particular person, in a specific body area, at a particular time, all in context to the therapeutic content and relationship.

The importance of touch in the human being can be investigated from biological, psychological and iterpersonal perspectives. The writings of Montagu (1971,1973) categorize touch as a basic biological human need. Kepner (1987) a Gestalt therapist, states that the act of touching is a fundamentally human process, "an inherent behavior between living, feeling, conscious persons" (1987, p.72). Jourard (1968) contends that although touching is the most primitive mode of communicating between two people, there are many strict social taboos that limit touching contact. Touch has physical, social and psychological implications for the growth and development of the individual.

The human being's most sensitive organ is the skin. The skin serves to be the protector of the total organism as well as a medium for communication. As a sensory system the skin provides individuals with information about themselves in relationship to the environment. The skin is the physical contact boundary between the self and the environment (Montagu, 1971). The skin receives information from the environment and the information is fed to the brain where responses to the stimuli are processed. Information is

communicated from the environment to the skin of the individual through the act of touch.

Research studies in touch began with the pioneering studies of Harry Harlow (1953). He studied the behavior of monkeys who were separated from their natural mothers and replaced with "substitute" mothers made out of wire or terry cloth. His studies showed that baby monkeys preferred the wired mothers to no mother at all, and the terry cloth mothers to the wired monkeys. Harlow inferred from the results of his monkey studies that there was a strong biological need for the monkeys to feel and be in contact with a mother, natural or symbolic. In monkey studies at the University of Illinois (as noted in Nova, 1980) baby monkeys were physically separated from their mothers by a glass partition for 20 hours a day. For four hours, the glass partition was removed and the monkeys were able to have contact. Another group of baby monkeys were totally isolated from their mothers for long periods of time. A third colony of monkeys were raised under normal environmental conditions. Autopsies of the monkeys were later performed which included detailed examination of the cerebella. The results found that the dendrites of the totally isolated monkeys were clearly damaged, as well as the dendrites of the monkeys partially separated. The control group of baby monkeys not separated from their mothers, had no brain damage. Harlow concluded that touch deprivation as a

single factor could cause damage to the neurological system.

As a result of touch deprivation studies with animals, research in touch with humans was sparked. Studies with human young (Montagu, 1971) indicate that handling and contact are essential to the intellectual, emotional and physiological development of the child.

Investigations into the high mortality rate of infants in institutional settings in both the United States and Europe in the early 1900's and after WWI, concluded that infants were dying at such a high rate due to the lack of loving, human touch (Spitz, 1945). This type of infantile death is called marasmus, a Greek word meaning "wasting away".

Research into touch with premature babies found that babies who were massaged fifteen minutes a day three times a day gained weight 47% faster than the control group (Goleman, 1988). Implications from this study indicate that the infants' "weight gain seems due to the effect of contact on their metabolism" (Goleman, 1988, p. C1).

Barr (1990) investigated the effects increased carrying behavior had in soothing an already crying infant. In a randomized controlled study, the experimental group of mothers increased the amount of carrying and holding they engaged in with their child to a minimum of three hours per day, exclusive of feeding and changing time. The control group of mothers were asked to place their baby in their crib facing

either a mobile or smiling face figure. The intervention was implemented during the weeks of four to twelve of life. Barr found that the infants who were carried more cried significantly less than the control infants. At the typical peak crying time (six weeks of age), the experimental group cried 43% less over the 24 hour day than the control group.

From an interpersonal perspective, Harlow's studies with monkeys (1953; 1971) additionally concluded that touch deprivation effected normal social development. Monkeys deprived from physical contact with their mothers not only suffered brain damage, but also demonstrated aggressive behavior towards their peers.

Jourard (1968) studied couples engaged in conversations in restaurants around the world. He counted the number of times one person touched the other at the table during an hour's sitting. In San Juan touch occured from one person to another 180 times, in Paris 110 times, in Gainsville, Florida, twice, and in London, not at all. His research concluded that touching behavior is learned, and has cultural implications.

Fisher, Rytting and Heslin (1976) studied the effects of a light touch of the hand by a library clerk to patrons of the library in the process of returning the person's library card. The results of this study using a random sample of one hundred and one students from a university library (52 males and 49 females), indicated that "subjects who were touched rated the

clerk significantly more favorably than those who were not touched" (1976, p.418).

Henley's (1973,1977) theoretical perspective on the use of touch as a nonverbal communication is that touch can also communicate status, power and dominance. The interpretation of the use of touch, she suggests is based on whether it is used reciprocally. Studies investigating recipients' reactions to non reciprocal touch (Fisher, Rytting & Heslin (1976) found that women repond positvely while men respond ambivalently or negatively.

In a study of thirty-six male and thirty female university undergraduates, Major and Heslin (1982) had the subjects view a series of slides portraying two actors standing side by side. In half of the slides the actor on the left touched the shoulder of the actor on the right. In the other half of the slides touch was not used. All combinations of female and male actors were used and subjects were randomly assigned to viewing the touch or no-touch slide series. This study found that touchers were rated significantly higher on status/dominance than recipients, and that touchers were rated significantly higher on status/dominance than the no-touch control. An additional finding was that touchers were rated as significantly more warm/expressive than recipients, and as compared to the no-touch actors who were not rated differently. The researchers concluded that "the act of

touching enhanced ratings of the toucher while diminishing ratings of the recipient on the dimension of warmth/expressiveness (Major & Heslin, 1982, p.9). The researchers also investigated the perceived attractiveness of both the male and female actors in the touch and no-touch conditions. There was no significant difference in the subjects' perceptions of the actors' attractiveness based on gender. Simple effect tests were conducted and indicated that within the touch conditions only, the pairs of actors engaged in cross-sex touching were rated higher in attractiveness than the pairs of actors engaged in same-sex touching. A significant difference was found in the way the males and females rated the actors in the touch condition versus the no-touch condition. Males rated the actors as more attractive in the no-touch condition, in contrast to the females who rated the actors more attractive in the touch condition. In conclusion, Major and Heslin (1982) state that "touch acts not just as a status reminder for observers, but can actually affect the perceived balance of power in a relationship by simultaneously enhancing that of the toucher and diminishing that of the recipient" (p. 12). Additionally, this study indicates that nonreciprocal touch conveys messages of status, assertivenss and warmth simultaneously.

Jourard (1968) researched the readiness of a person to permit another to contact his/her body, a term he coined,

"body accessibility". From a sample of 168 single, college males and 140 single college females, participants were given a diagram of the body mapped into 24 regions. Participants were asked to check which of their own body regions had been seen unclad by the targeted person; which body regions of the targeted person they had seen unclad; which regions of their own body had been touched, clad or not, by the targeted person; and lastly which regions of the targeted person they had touched, clad or not. Targeted persons were mother, father, same-sex friend and opposite sex friend. Jourard's research suggested several findings. Young adults were rarely touched unless they had a close friend of the opposite sex. Mothers touched sons and daughters nearly the same, yet sons did not touch their mothers on as many body regions as the daughters. Fathers touched their daughters on more body regions than the sons, and daughters touched their fathers on more body regions than the sons. Additionally Jourard's findings concluded that the hands, arms, shoulders, and top of the head were the body regions that were most touched by both males and females. The areas of the body that were associated to sexuality were the least touched.

A study by Heslin, Nguyen and Nguyen (1981) examined participants' evaluation of touch received from strangers versus close friends and from individuals of the same versus opposite sex. Two hundred and eight participants completed

questionnaires describing their perceptions of touch to a drawing of the body (Jourard, 1968, body accessibility drawing). In rating pleasantness of touch, both sexes rated touches received from close opposite-sex friends, as more pleasant than those that come from close same-sex friends or from strangers. However, men were as comfortable with touch from a stranger as with a woman friend. In contrast women were significantly more uncomfortable with the touch from a male stranger than from a male friend. The researchers concluded that there are important differences between men and women's responses to touch, especially touch from a stranger. They further imply, based on prior research, that women are more concerned about their bodies and experience more vulnerability when touched by an opposite-sex stranger.

In a major university hospital, 48 patients (19 males, 29 females) were subjects of a study on the effects of touch (Fisher & Gallant, 1990). All patients/subjects entered the hospital for elected surgery. Primary care nurses agreed to participate in the study. The experimental group of nurses administered touch to the hand of patient for several seconds, and later the arm for one minute during a preoperative teaching. The control group received the same preoperative teaching and no physical contact. Measures taken after surgery on the patient's hospital experience included affective, behavioral, evaluative and physiological

measurements. Fisher and Gallant found that touch led to positive effects primarily for females, who reported being less anxious about surgery than the control group, and had reduced vital signs. The control group of males, who were not touched had lower measurement scores than the experimental group of males who were touched. The researchers attribute the difference in measurements between the male and female experimental group to two factors; the socialization of males in touch behavior and the fact that females interacted with the same sex nurse, and males with the opposite sex.

In review of the touch research that has been conducted, touch contact with another person may have a variety of meanings. It may be an expression of caring, a desire for intimacy, a sign of sexual attraction or convey dominance. It may also be used as a behavior to greet, depart or affirm (Alagna, Whitcher, Fisher & Wicas, 1979). Additionally, the research concludes that males and females react differently to touch, and that the relationship between the person touching and the person being touched is a contributing factor in the way an individual responds to the touch. Alagna, et al. (1979) state that "any of these touch messages can be expected to elicit a negative reaction if it is perceived as inappropriate to the relationship between the individuals" (p.466) Additionally, they state that touch will be experienced as positive if appropriately used within the

context of the relationship between the individuals.

As the research in adult survivors of incest and counseling methodologies and approaches to working with adult survivors continues, as well as the research into the significance of touch in all human encounters, the effects of the use of touch in counseling with a population who received negative touch experiences seems crucial. Adult survivors' perceptions of the use of supportive touch in therapeutic settings has not be investigated.

CHAPTER III

METHODS

In Chapter II the findings of research studies investigating the biological and psychological significance of touch were examined, as well as the findings of research studies in the use of touch in counseling and other related therapeutic professions. Research findings regarding the long term effects of childhood sexual abuse and incest were also examined.

Chapter III describes the study's research methods. It includes a discussion of the design, sample, instrumentation, pilot studies, procedures and data anaylsis.

DESIGN OF STUDY

The purpose of this study was to determine the degree to which the experience of incest contributes to womens' evaluations of counselors' trustworthiness and attractiveness based on the counselors' use of touch. Therapeutic and educational sites were contacted and asked to sponsor doctoral research in counseling. In sites where the response was positive, participants then volunteered to partake in the research study. Participants therefore, were not randomly selected from the total population of women receiving therapeutic services in the Washington Metropolitan area. This research study was designed as a quasi-experiment.

PROCEDURE

Participants in this study were solicited from a variety of treatment and educational facilities, e.g., women's health centers, universities, university counseling centers, mental health centers, women's support groups and therapists who conduct groups for adult survivors of incest, as well as other types of treatment groups for women, in order to secure approximately 120-140 female participants. Contact with facilities was made either in writing, with a letter (Letter to Therapist, Appendix A) describing the research project or with a phone call. Contact persons first discussed the possibility of participating in the research study with either their directors or co-therapists. In facilities where there was approval, participants were then given information concerning the study and their volunteer participation was requested (Letter to Participant, Appendix B and Volunteer Announcement, Appendix C). Participants were asked for their voluntary participation in a study designed to understand how women evaluate counselor effectiveness. They were told that they would first be asked to complete a standarized form on how they feel today, and then view two counselor video tapes and evaluate the counselors in the interview in writing on a two page form. Secondly, participants were asked to complete a questionaire (Participant Profile, Appendix I) about

themselves which included general demographic information and a section on childhood experiences, including any traumatic experiences. They were assured of complete confidentiality. Their names would not be associated with the results in any way and no one but the researcher would have access to the forms they completed. Volunteer participants were informed that the research study would take approximately 30-40 minutes.

INSTRUMENTATION

Profile of Mood States-Bipolar Form

The purpose in using the Profile of Mood States (POMS-B1), (McNair, Lor & Droppleman, 1971) was to screen out any possible effects the participant's present mood may have had on the evaluation of the counselor vignettes.

The POMS-B1 (Appendix F) was designed to measure six bipolar subjective mood states. The mood state scales are: Composed-Anxious, Agreeable-Hostile, Elated-Depressed, Confident-Unsure, Energetic-Tired, Clearheaded-Confused. Each mood state scale is comprised of twelve adjectives or phrases. The total form consists of 72 adjectives or phrases arranged in cyclical order.

Two forms with a specific time set are available. One form asks the participant to respond to how they feel right now, as compared to the other form which asks the participant to respond to how they have felt this week. For this study participants were given the form asking them to rate how they felt right then. For each item there are four choices. They are: much like this (3), slightly like this (2), slightly unlike this (1), and much unlike this (0). Each item is given a score. The POMS-B1 yields six scores, one for each mood state scale. The score range for each scale is 0-36.

The POMS-B1 was normed for high school students, college

students and psychiatric outpatients. The norm for psychiatric outpatients was used for this study since the sample consisted of women currently receiving therapeutic services. This norm sample consisted of 33 men and 35 women who were diagnosed with either adjustment, personality, neurotic, affective or schizophrenic disorders. The mean age of the sample was 33. The outpatient sample was compared with a sample of court referred individuals who were being evaluated due to impaired driving. This sample consisted of 71 individuals with a mean age of 36. As compared to the sample of court referred individuals, the outpatients were significantly lower in mean scores on all of the mood scales at $p<.02$ or less.

The POMS is the most widely used and most favorable instrument for evaluating mood states (Boyle, 1987; Norcross, Guadagnoli & Prochaska, 1984). Numerous studies have demonstrated the POMS reliability and validity (Boyle, 1987; McMahon & Davidson, 1985; Norcross, Guadagnoli & Prochaska, 1984). Norcross, et. al (1984) investigated the factor reliability of the POMS and found high internal consistency. The two samples had coefficient alphas that averaged .92 and .91. The POMS consists of six subscales. Boyle's (1987) factor anaylsis of the POMS found that the Vigor-Inertia and Anger-Hostility subscales had nearly perfect reproduction of their item structure. He further reports that the remaining

four subscales had high factor structure. Boyle states that "Clearly, the present findings provide strong support for the factorial validity of the Profile of Mood States" (1987, p.353).

In the results of a study by Reddon, Marceau and Holden, (1985) the POMS demonstrated "a good deal of convergent item validity and consistency in item structure across diverse samples" (p.257). The study was administered to a college sample of 182 males and 179 females, and a sample of 257 prison inmates. The coefficient alpha reliabilities on the six subcales for the college males and females respectively were: Tension-Anxiety .87 and .88; Depression-Dejection .93 and .91; Anger-Hostility .91 and .91; Vigor-Activity .89 and .92; Fatigue-Intertia .91 and .91 and Confusion-Bewildermnet .81 and .78.

Counselor Rating Form-SF

The Counselor Rating Form (Barak & LaCrosse, 1975) was developed to measure the constructs of attractiveness, expertness and trustworthiness as qualities of counselor effectiveness. The Counselor Rating Form (CRF) consists of 36 adjectives with 12 adjectives describing each of the three constructs. The CRF is the most frequently used instrument for measuring counselor effectiveness (Ponterotto & Furlong, 1985) and has been widely studied (Barak & Dell, 1977;

LaCrosse & Barak, 1976; LaCrosse, 1980). Findings of these studies indicate that the CRF has acceptable internal consistency and construct validity.

Corrigan & Schmidt (1983) scaled down the CRF and constructed the Counselor Rating Form-Short Version (CRF-S). The CRF-S (Appendix G) has a total of 12 items with each counselor quality represented by 4 items. The items taken from the CRF and used on the CRF-S were those that had high factor loadings as determined from previous studies. The items on the CRF-S are alternately ordered on a 7 point Likert scale. The total possible score for each counselor quality is 28 and the total counselor effectiveness score is 84. The CRF-S takes less than two minutes to complete. Findings of research studies on the interitem reliability of the CRF-S are: expertness=.90, attractiveness=.91 and trustworthiness= .87 (Corrigan & Schmidt, 1983). Replicated studies by Epperson & Pecnik (1985) reported item reliabilities of the CRF-S to be: expertness=.87, attractiveness=.86 and trustworthiness=.76. Ponterott and Furlong (1985) found that the CRF and CRF-S have comparable reliabilities with the exception of the trustworthiness scale.

Qualitative Question attached to Counselor Rating Form (SF)

The researcher attached a separate page (Appendix H) to the Counselor Rating Form (SF) consisting of one qualitative

question. The question asks, "Would you go to this counselor for counseling, why or why not?" This question was included to give additional understanding and insight into the participant's evaluation of each of the counselors.

Participant Profile

The Participant Profile was designed and developed by the researcher. Existing research questionaires that have been designed and implemented in research studies with survivors of childhood sexual abuse were reviewed. These included the Impact Event Scale (Zilberg, Weiss & Horworitz, 1982) the Traumatic Stress Checklist-33 (Briere, 1989), the Incest Survivor's Aftereffects Checklist (Blume, 1990), the McPearl Belief Scale (McCann & Pearlman, 1988) and Information About Me Now (Williams, 1991). Key questions about childhood sexual abuse and the long term effects that were used in these instrument scales served as guideposts in constructing questions relevant to the present study.

The purpose of the Participant Profile was to collect current demographic information about the participant, as well as information about traumatic childhood experiences, as it related to the research questions. The Participant Profile consists of three parts. Part A is titled, "Information About You" and consists of questions concerning age, ethnic background, marital status, and current therapy participation.

Part B is titled, "Family History" and consists of questions concerning family of origin, extended family members, birth order, quality of parent's marriage, demonstration of affection between family members and the frequency, use and quality of touch between family members. Part C is titled, "Traumatic Experience History". This section first defines sexual abuse by a family member and sexually abusive behaviors. Since the research study is investigating incest, not rape, the definitions are written in order to distinguish the two forms of sexual abuse. Participants are then asked to refer to these definitions in responding to the series of questions that follow. Also included is a question concerning other events or experiences that occurred in the participant's life prior to the age of 18 that were considered traumatic. The purpose of this question is to distinguish childhood sexual abuse from other traumatic events that may have occurred in the participant's life. The researcher recognizes that childhood trauma, whether it be sexual or not, may influence the participant's life. Since the purpose of the research study is to investigate the differences between survivors of incest and non-victimized women's evaluations of counselor's effectness based on the counselor's use of touch, it is recognized that the effects of other traumatic experiences may contribute to the participants' ratings of counselors.

Following the three broad questions on childhood sexual abuse and traumatic experiences, are specific questions only about childhood sexual abuse by a family member. These questions are designed to give general information about the abuser, age of onset and ending of the abuse, frequency of occurance, support services received, and the participant's belief on how the childhood sexual experience effected their life. For those participants that did not experience childhood sexual abuse by a family member there is a non-applicable category.

PILOT STUDIES

The research study was piloted twice to two classes of graduate students at both a private and state university in the Washington Metropolitan area. This sample population was chosen due to its similarity to the expected sample population for the research study. Contact was first made to the professors of each class. The professors consulted the appropriate administrative staff to secure permission to conduct the pilot study. Secondly, the professors briefly explained the research study to the classes of students and they were asked for their voluntary participation. Both classes agreed and the professors established in class time for the researcher to conduct the study.

Pilot Study I

The first pilot study was given in a graduate art therapy class at a private university in the metropolitan area. The sample consisted of ten women, all of whom were graduates majoring in psychology. The researcher was the facilitator of the study. The procedures for administering the research study were followed as outlined in the procedure section. The counselor vingette with the female counselor using touch was viewed first and the female no touch tape was viewed second.

Following the study the researcher collected the study

materials and asked for verbal feedback. The group was forthcoming in feedback. Nine out of the ten noticed the touch in the first tape, and viewed that as the main difference between the tapes. The majority verbally stated that they preferred the touch tape and one individual strongly opposed it. The individual opposed to the counselor's use of touch, believed that the counselor in the no-touch tape was different from the counselor in the touch tape. All felt that the counselor vingettes were an appropriate length, and that it was helpful to see the same counselor and client in both tapes. They stated that this cued them in more to the counseling techniques being used. Several did not like the role play technique and felt that it was due to their own uncomfortablity engaging in role plays. The majority believed that the counseling room was an appropriate and suitable environment, that the space between the counselor and client was "O.K.", and that the dress for the counselor was "O.K.".

The Profile of Mood States was not given because it was not available at the time. All participants liked the Counselor Rating Form and thought it was quick and easy to complete. They appreciated having the opportunity to give written feedback about the counselor. The participants stated that the Participant Profile was good and complete, yet felt there was a stigma attached to only having those that were survivors of incest complete a particular section of the

Profile. The Participant Profile was revised due to this feedback. The revision included a "dummy question" concerning family history and the use of touch in the family. Therefore participants that were not survivors filled out the "dummy question", and survivors were instructed to skip this question and complete the next section on childhood sexual abuse. Additionally the participants felt that a dialogue and debriefing following the study was crucial. This suggestion was also implemented into the research procedures.

As a result of the pilot study, the researcher also implemented some changes. All forms were collated prior to the study and handed to participants in a folder. During the study participants were instructed when to remove and complete each instrument. The researcher decided that the tapes depicting the female counselor needed to be shown by another female counselor. The researcher played the part of the female counselor in the tapes. This may have confounded the results of the study if the researcher showed the tapes to the participants.

Participant demographics as noted on the Participant Profile found that two women were survivors of incest, one women was unsure and seven women were not. Seven out of the ten women stated that they experienced childhood trauma other than sexual abuse before the age of 18. Six out of the ten women rated the female no touch tape higher. This was an

interesting finding since the verbal feedback was the opposite. Nine out of the ten women stated that they prefered the female touch tape.

Pilot Study II

The second pilot study was implemented two months later, with the changes suggested in pilot study I, to 26 graduate students (25 females and 1 male) in a Career Counseling Class at a state university in the metropolitan area. The majority of students were majoring in either Counseling Education or Family and Child Development. The researcher was the facilitator and showed the male touch tape first and the male no touch tape second.

Following the study, the researcher first asked the pilot participants for verbal feedback. Of significance was the fact that nearly all the participants felt that the only difference between the two tapes was the use of touch. Most participants did not like the male therapist. They stated that they felt he was too young, stiff in his counseling approach and lacked vitality. This criticism was constant in both tapes. As counseling students, they noted the therapeutic terminology used and stated that they preferred the word empty chair technique versus role play. The researcher took note of this feedback yet did not alter the male counseling tape for the research study. Feedback on the

study instruments was positive. The only significant feedback given, which the researcher did use and modify for the research study, concerned the Participant Profile. Participants felt that all individuals should fill out the complete form. As revised and written from the first pilot study, participants felt a "dummy question" needed to be included to diminish the stigma of those being survivors filling out a longer form. For this pilot study participants either completed Part A and B, or Part A and C. Therefore the suggestion and new revision included all participants completing Part A, B and C, with a non-applicable category for the questions concerning childhood sexual abuse for those that did not have an incestual experience during childhood.

The written findings of the pilot II study concluded that six out of 26 participants experienced childhood incest, six experienced childhood trauma and fourteen experienced no childhood incest or trauma. The counseling vignette in which the male counselor used touch was rated higher by 18 out of the 25 participants. One participant rated the tapes the same, and seven rated the tape without counselor touch higher.

The pilot studies were useful and contributed to changes in the initial presentation and Participant Profile prior to the implementation of the study. The verbal feedback given by participants in both pilot studies affirmed that touch was the only noticeable difference between the two tapes.

PROCEDURE

The researcher wrote a counselor-client 4 minute script that was dramatized in four separate videos. In two of the videos the female researcher was the counselor, and in the other two a male was the counselor. The professional dress of the female and male counselor was comparable. The client, and her dress, was constant in all four tapes. The script was nearly identical in all four videos (Appendix J,K,L,M). The counselor and client signed a consent form (Appendix N) giving their voluntary participation to "act" in the counseling vingettes. The form explained the purpose of the research study, the counseling vingettes and the scope of participants the tapes would be viewed by. Both agreed to participant in the video tapes. Each of the counselors was comfortable and experienced in the use of therapeutic touch. The male and female counselor used touch as a supportive non-verbal communication tool in one of the video tapes, and no touch in the other tape. The identical office was used in all four tapes.

The research study was conducted in local therapy centers, educational facilities or at Virginia Polytechic Institute and State University in Falls Church, Virginia. Groups of participants were first welcomed and given a brief verbal explanation of the study. They were told that this was

a doctoral research study in which the researcher was studying the effectiveness of counselors in simulated counseling video sessions.

The researcher, research assistant, or the participant's therapist or group leader who conducted the study remained with participants for the duration. All facilitators were female. In each setting, the individual who was conducting the study was asked to read the written directions (Appendix D) provided.

Participants were given a General Consent Form (Appendix E) to read and then sign if willing to participate in the study. It was emphasized that this was the only form that had their name on it. The forms were collected and kept separate from all other study materials. The researcher distributed test packets to all the individuals. The test packets contained the Profile of Mood States (Appendix F), two Counselor Rating Forms (Appendix G), with a separate paper attached containing a qualitative question concerning the counselor's effectiveness (Appendix H), and a three page Participant's Profile (Appendix I). The Counselor Rating Forms were color coded. The Counselor Rating Form that was used to evaluate the counselor using touch was green and the Counselor Rating Form that was used to evaluate the counselor not using touch was blue. All study materials were turned face down in the inside left pocket of the folder.

Participants were instructed when to turn each test form over and complete. When all participants completed a particular form, the researcher proceeded with the next step.

Participants were first asked to complete the Profile of Mood States (McNair, Lor & Droppleman, 1971), an instrument that measures participant's present emotional state. The Profile of Mood States yields six scores for mood states. This instrument measured the participant's emotional state which may have contributed or confounded the evaluations of counselors.

Next, two of the four counseling videos were shown to the participants. After viewing each of the videos, participants completed the Counselor Rating Scale-SF (LaCrosse & Barak, 1976). This instrument was used to measure the participant's perceptions of counselor expertness, trustworthiness and attractiveness. Attached to the Counselor Rating Scale- SF on a separate piece of paper, was an open-ended qualitative question. The question asked, "Would you go to this counselor for counseling? Why or why not?". The answers to this question contributed to the explanation of the data findings and provided information for further discussion.

A three page Participant Profile form was completed by each of the participants after the viewing of the video tapes. Included on the profile was an operational definition of childhood sexual abuse by a family member and by a non-family

member. Participants identified whether they have had either or both of these experiences. An unsure category was included. Additionally included was a general question on traumatic childhood experiences. Participants who state that they have experienced a traumatic childhood experience, were asked to briefly specify their answer. Several specific questions about the subjects' sexual abuse history followed. There was a non-applicable category for individuals who have not experienced sexual abuse as a child.

When participants had completed the last instrument, i.e., the Participant Profile, they were instructed to close their study packet. Study packets were collected when all participants were finished. The researcher then asked participants if they had any questions or comments concerning the research study. At this time a brief discussion of the study followed. This served as a debriefing for participants. Participants were asked not to talk about the research study outside of this situation in the event that other women may participate at a future date.

The four video tapes were coded: A:female-touch (Appendix J); B:female-no touch (Appendix K); C:male-touch (Appendix L); D:male-no touch (Appendix M). Each group of participants viewed either the A and B tapes or the C and D tapes. The video tapes were ordered and alternately viewed at each facility. Additionally the order of the A and B tapes,

as well as the C and D tapes, were reversed each time they were presented. The following matrix deplicates the ordering proceduring:

Ordering of the Presentation of Video Tapes

Facility 1	A,B	Facility 3	B,A
Facility 2	C,D	Facility 4	D,C

SAMPLE

Women from the metropolitan area, who were over eighteen years old and currently in therapy, volunteered to participate in this research study. The total sample size was 130.

Demographic data on the participants as taken from the Participant Profile, was entered on to a personal computer using the System for Statistics for the PC (Systat) program. Measures of central tendency and percentages were calculated on the questions relevant to this research study (Table 2). Missing data calculations are not reported on the tables. Therefore percentages of demographic data do not equal 100%.

The age range of participants was from 20 to 68 years with a mean age score of 38.14 and a standard deviation of 9.03. The birth order of participants was as follows: only child, 13 (10%), youngest child, 28 (21.54%), middle child, 20 (15.38%), and oldest child 56 (43.08%). The ethnic background of the sample consisted of 122 (94%) Caucasians, 2 (1.5%) Blacks, 4 (3%) Hispanics and 2 (1.5%) responded as "Other".

This sample consisted of women who were survivors of incest and women who were not victimized by a family member during childhood. As reported in the literature and discussed in chapter II of the Literature Review, some women do not have clear memories as to whether of not they experienced childhood sexual abuse. Therefore, in response to the question on the

Table 2

Demographic Data on Participants

Age Range	Mean Age	SD
20-68	38.14	9.03

Birth Order	Frequency (N)	Percentage (%)
Only Child	13	10
Youngest child	28	21.54
Middle child	20	15.38
Oldest child	56	43.08

Ethnic Background	Frequency (N)	Percentage (%)
Caucasian	122	94
Black	2	1.5
Hispanic	2	1.5
Other	2	1.5

Type of Childhood Trauma	Frequency (N)	Percentage (%)
Incest		
Yes	38	29.2
Unsure	15	11.5
No	75	57.7
Non-Family Abuse		
Yes	38	29.2
Unsure	17	13.1
No	72	55.4
General Childhood Trauma		
Yes	106	81.5
No	24	18.5

Note: N=130. Missing data is not reported

Participant Profile concerning traumatic childhood events, the statement, "I was sexually abused by a family member." consisted of a Yes, No and Unsure catagory. A separate question clarifying non-family sexual abuse during childhood was included to distinguish the two different experiences, provide further information about the participants, and add to the understanding of the participants' responses to the counselor rating forms. The statement, "I was sexually abused by a non-family member." also had the three possible responses. Definitions of sexual abuse by a family member and by a non-family member were included. Both these experiences are considered to be traumatic childhood experiences. In order to avoid confounding the results of this study, a third question concerning general traumatic childhood experiences was included in case another event was a contributing factor to the ratings of the counseling vignettes. Participants were asked to respond to the question, "Were there other events or experiences that occurred in your life before you were 18 that you believe were traumatic? For example, physical abuse, neglect, a death in the family, major medical illness or surgery, etc.?" Two choices were given, "Yes" or "No", with a statement to please explain further if the respond was "Yes".

Table 2 includes the incest, non-family sexual abuse and traumatic childhood experience responses of the sample.

Regarding traumatic childhood experiences, 38 women (29.2%) reported at least one remembered experience of incest, 15 (11.5%) responded unsure and 75 (57.7%) responded no. Sexual abuse by a non-family member during childhood was reported by 38 (29.2%) women, with 17 (13.1%) being unsure and 72 (55.4%) responding no. General childhood traumatic experiences was prevelent in 106 (81.5%) of the sample and 24 (18.5%) of the women responded no.

Table 3 presents a tabulation of the frequencies and percentages of the participants' responses to incest by their birth order. This data was included to add to the research literature on the birth order of survivors of incest. The categorial participant groups that responded "yes" to an experience of incest and "unsure" to an experience of incest were combined. Most clinicians believe that women who are unsure if they have experienced incest, most likely have, and have repressed it from full conscious memory. Therefore birth order statistics of incest survivors combines these two groups. Participants that responded "yes" to and "unsure" of a remembered experience of incest and were an only child accounted for 5.39% of the sample. Youngest children in this group accounted for 10.00% and middle children accounted for 5.38% of the sample. "Yes" and "unsure" responses to remembered incest experiences were most frequently reported by the oldest children who accounted for 14.62% of the responses

in this sample.

Table 3

Demographic Data on Birth Order of Incest Survivors

Incest	Birth Order	#of Cases	Frequency
	Only	7	5.39%
Yes & Unsure	Youngest	13	10.00%
N=53	Middle	7	5.38%
40.77%	Oldest	19	14.62%
	Only	6	3.85%
No	Youngest	15	11.54%
N=75	Middle	13	10.00%
57.69%	Oldest	37	27.69%

missing data not reported

Birth order of participants who responded "no" to an experience of incest (N=57.69%) were also calculated (Table 3). Similiar birth order percentages were noted in this group as compared to the incest group. Participants who were the oldest, were again the highest birth order percentage, 27.69%, of this group. In total, nearly half of the sample, 42.31%, consisted of women who were the oldest child in the family, as compared to the middle child, 15.92%, the youngest child, 21.54%, and only children, 9.24%.

DATA ANALYSIS

The data obtained from the 132 cases included the Profile of Mood States, Counselor Rating Forms and Participant Profile. Two of the cases were thrown out since the participants were not currently in therapy. The data was coded and entered into a personal computer. The statistical package, SYSTAT: The System for Statistics for the PC (Wilkinson, 1989) was used to analyze the data. The responses to the qualitative question attached to the Counselor Rating Forms were logged and first organized according to the counseling vignette viewed.

The Participant Profile provided demographic information about each participant. Means, standard deviations and percentages were collected on participants age, birth order, ethnic background and traumatic childhood experiences (Tables 2,3). Additional sample statistics were computed on participants who responded yes and unsure to a childhood experience of incest as well as non-family sexual abuse.

Three variables from the Participant Profile were considered in establishing the severity of incest experience index. These included: the number of times the abuse occurred, the duration of the abuse over time, and the participant's belief about how the childhood abuse effected her life. The new variable established was named severity of

incest experience (severity index). It was coded and entered into the data base.

A factor analysis was computed on the Profile of Mood States as well as the Counselor Rating Form. The purpose was to examine the content of the subscores of each instrument and determine which subscore factors contributed most highly. A principal components analysis with varimax rotation was used as the factor analysis procedure for both instruments.

Multiple regression models were formulated in order to answer the research questions and analyze the hypothesis. Both main effects and interaction effects were examined in the regression models. Paired sample and independent t-tests were computed and provided additional findings.

CHAPTER IV

RESULTS

The results of this study are presented in two sections. The first section, Variable Development, describes dependent and independent variables, as well as covariates used in the study's analysis. The second section, Analysis, details the results of the research and will be presented as answers to the specific research questions of this study. Multiple regression models provided the method of analysis for the main findings. T-tests and measures of central tendency served to provide information on additional findings.

SECTION I - VARIABLES AND VARIABLE DEVELOPMENT

DEPENDENT VARIABLES

Counselor Rating Attributes

Factor analysis of the Counseling Rating Form-SF allowed for a more detailed understanding of the counselor attribute scores. The three subscores, Trustworthiness, Expertness and Attractiveness from the Counselor Rating Form-SF in which the counselor did use touch were used to create new dependent variables.

Counselor's use of touch included only non-erotic physical contact that had the intent of being supportive and

therapeutic. Touch was used in one of the male and in one of the female counseling vignettes. In each of the counseling tapes, the counselor's touched in the same way. The counselors touched the client four times, twice in the beginning of the counseling vignette, once in the middle, and once in the end. The dialogue was identical in both tapes as the counselor touched. The touch included a handshake used as a greeting, and three slight pats to the shoulder with the intent to either greet, encourage or affirm the client.

The subscores of the factor analysis of the dependent variables (counselor attributes using touch) yielded a two factor structure (Table 4 & 5). A comparison between the set of factors denotes that the subscale configurations were different. The rotated loading of trustworthiness (.869) contributed most highly in the first factor scores. The rotated loadings of expertness and attractiveness contributed .850 and .443 respectively. The percentage of the total variance explained in the first factor was 55.78%. The new factor was named Counselor Trustworthiness (touch).

The rotated loading of attractiveness (.897) contributed most highly in the second factor scores. The rotated loading of expertness and trustworthiness contributed .440 and .412 respectively. The percentage of the total variance explained in factor 2 was 38.901%. The second new factor was named Counselor Attractiveness (touch).

Table 4

Factor Loadings for Factor 2-Counselor Trustworthiness (touch)
55.78%

Subscale	Rotated Loading
Trustworthiness	.869
Expertness	.850
Attractiveness	.443

The first factor (which accounts for 55.78% of the total variance) is dominated by trustworthiness and expertness. This factor was named "Counselor Trustworthiness" (touch).

Table 5

Factor Loadings for Factor 1-Counselor Attractiveness (touch)
38.90%

Subscale	Rotated Loading
Attractiveness	.897
Expertness	.440
Trustworthiness	.412

The first factor (which accounts for 38.90% of the total variance) is dominated by attractiveness associated with perceived expertness. This factor was named "Counselor Attractiveness" (touch).

The new factors were coded as dependent variables and entered into the data. These variables represented counselor characteristics in the counseling videotape in which the counselor did use touch. The equations to create the new dependent variables were:

Counselor Trustworthiness=rotated factor loading of trustworthiness (.869) X counselor rating raw score of trustworthiness + the rotated factor loading of expertness (.850) X the counselor rating raw score of expertness + the rotated factor loading of attractiveness (.443) X the counselor rating raw score of attractiveness.

Counselor Attractiveness=rotated factor loading of attractiveness (.897) X the baseline counselor rating score of attractiveness + the rotated factor loading of expertness (.440) X the baseline counselor rating score of expertness + the rotated factor loading of trustworthiness (.412) X the baseline counselor rating score of trustworthiness.

The dependent variables, Counselor Trustworthiness (touch) and Counselor Attractiveness (touch) were used in the multiple regression models and analysis.

INDEPENDENT VARIABLES

There were five independent variables that were examined in this study for their contribution to participants' evaluations of counselors, namely, Counselor Attractiveness scores without the use of touch, Counselor Trustworthiness scores without the use of touch, Gender of Counselor, Incest Experience and Severity of Incest Experience.

Counselors were rated on identical attributes in both the counseling vignette tapes that used touch and those that did not, namely trustworthiness, expertness and attractiveness. A factor analysis of the Counselor Rating Form-SF in which the counselor did not use touch allowed for a more detailed comparison of the counselor attribute scores.

The subscores of the factor anaylsis yield a two factor structure (Tables 6 & 7). The rotated loading of attractiveness (.921) contributed most highly in the first factor scores. The rotated loading of expertness and trustworthiness contributed .676 and .443 respectively. The percentage of the total variance explained in factor 1 was 46.97%. The new factor was named <u>Counselor Attractiveness (no touch)</u>.

The second factor yielded rotated loadings of .925 on trustworthiness, .590 on expertness and .296 on attractiveness. Trustworthiness contributed most highly and explained 43.07% of the total variance in factor two. The new

Table 6

Factor Loadings for Factor 1-Counselor Attractiveness (no touch)
46.96%

Subscale	Rotated Loading
Attractiveness	.921
Expertness	.676
Trustworthiness	.322

The first factor (which accounts for 46.96% of the total variance) is dominated by attractiveness associated with perceived expertness. This factor was named "Counselor Attractiveness"(no touch).

Table 7

Factor Loadings for Factor 2-Counselor Trustworthiness (no touch)
43.07%

Subscale	Rotated Loading
Trustworthiness	.925
Expertness	.590
Attractiveness	.296

The first factor (which accounts for 43.07% of the total variance) is dominated by trustworthiness. This factor was named "Counselor Trustworthiness"(no touch).

factor was named Counselor Trustworthiness (no touch).

These new independent variables, Counselor Attractiveness (no touch) and Counselor Trustworthiness (no touch) served as baseline scores for understanding the extent to which the participants' ratings of the counselor not using touch influenced ratings of the counselor using touch in the multiple regression models and analysis.

Two of the four tapes had male counselors and two had female counselors. Since participants may have rated counselors differently based on gender, Gender of Counselor was the third independent variable.

The Incest Experience of each participant served as the fourth independent variable. Participants who had at least one remembered experience of sexual abuse by a family member before the age of 18 were grouped as incest survivors. Participants who were unsure as to whether or not they had an experience of incest were grouped in the unsure category. Lastly, participants who did not have an incest experience were grouped in the no abuse category.

The Severity of the Incest Experience was the fifth independent variable that was created. The incest experience of participants differed. Participants who responded yes and unsure to having an experience of incest (N=53) were asked on the Participant Profile to respond to eight questions concerning the incest experience. The data from participants

who responded yes and unsure to an experience of incest were investigated. The data from all participants who responded unsure was incomplete. Therefore the data from only those participants who responded yes (N=38) was analyzed to determine a severity index.

According to the literature as reviewed in Chapter II, there are several factors that contribute to and determine the Severity of Incest Experience. These include the gender and relationship of the perpetrator to the survivor, the onset, duration, ending, and frequency of the sexual abuse, the type of sexually abusive acts and the force used, the survivor's belief about how the experiences have effected her life, and when support services were rendered. In order to determine the Severity of Incest Experience nearly all of these factors were investigated. The Participant Profile did not ask questions concerning the type of sexually abusive acts and the force used, and therefore these factors were not considered in the creation of the severity of incest experience. Measures of central tendency on the incest population (yes responses) indicated that 100% (N=38) had male perpetrators. Participants that had two family perpetrators comprised 31.5% (N=12) of the incest population. Second perpetrators were male and/or female family members. Data on the age when the abuse began varied widely and ranged from age one to age fourteen. Data on the age when the abuse ended also varied

and ranged from age 3 to age eighteen. Due to the widespread range of this data combined with missing data responses, this information was not used in the severity index. Thirty-six of the survivors (94.7%) (N=38) did not receive support services during their childhood and adolescent years following the sexual abuse.

A cross tabulation of the incest variables, (i.e.: number of times abuse occurred, duration of the abuse over time, and participant's belief about how the experience(s) affected her life) was computed. The fitted cells for number of times abuse occurred were sparse due to a large amount of missing data. Therefore, the duration of the abuse over time and participant's belief about how the experience(s) affected her life were combined to form the new variable Severity of Incest Experience. The new variable (N=38) had a range of 5-16, mean score of 12.192 and standard deviation of 3.219. Participants with a score on the severity variable of 12.5 or higher were categorized in the severe category. Participants with a score of 12 or lower were categorized in the moderate category. The data from this new variable was coded and added to the data base for participants who responded yes to an experience of incest.

COVARIATES

Several variables were identified as possible confounding factors in this study. Mood states of participants at the time of the study were examined to determine if they effected participant's evaluation of the counselors. There were three mood states that served as covariates. The fourth and fifth covariates, non-family childhood sexual abuse and general childhood trauma respectively, were examined to determine how other childhood traumatic experiences, separate from the experience of incest, contributed to the participants' evaluation of the counselor.

Mood States

The Profile of Mood States (McNair & Lorr, 1971), a test measuring bi-polar mood states, consists of six mood state subscores namely, energetic, elated, composed, agreeable, clearheaded and confused.

A factor analysis of the Profile of Mood States yielded three factors. The rotated loadings for each subscale are presented on Tables 8-10. First factor scores yielded high loadings of the mood states energetic (.868) and elated (.700). This factor was named Energetic-Elated. The second factor had high rotated loadings of the mood states agreeable (.859) and elated (.572). The second factor was named Agreeable-Elated. The third factor scores consisted of high

Table 8

Factor Loadings for Mood State 1-Energetic-Elated
33.30%

Subscale	Rotated Loading
Energetic	868
Elated	.700
Confident	.652
Clearheaded	.446
Agreeable	.282
Composed	.229

The first mood state factor (which accounts for 33.30% of the total variance) is dominated by energetic and elated. This factor was named "Energetic-Elated."

Table 9

Factor Loadings for Mood State 2- Agreeable-Elated
23.91%

Subscale	Rotated Loading
Agreeable	.859
Elated	.572
Composed	.440
Clearheaded	.269
Energetic	.237
Confused	.217

The second mood state factor (which accounts for 23.91% of the total variance) is dominated by agreeable and elated.This factor was named "Agreeable-Elated."

Table 10

Factor Loadings for Mood State 3 - Composed-Alert
32.59%

Subscale	Rotated Loadings
Composed	.808
Clearheaded	.756
Confident	.640
Agreeable	.374
Energetic	.318
Elated	.285

The third mood state factor (which accounts for 32.59% of the total variance) is dominated by composed and clearheaded associated with perceived confidence. This factor was named "Composed- Alert".

rotated loadings from the mood states composed (.808) and clearheaded (.756) and resulted in the new variable name, Composed-Alert.

Each factor mood state was coded, entered into the data set, and used in the multiple regression models testing the main effects.

Non-Family Childhood Sexual Abuse

Included on the Participant Profile in Part C., Traumatic Experience History, were the definitions of sexual abuse by a family member and sexually abusive behaviors. Following these definitions, participants were asked to respond to the following questions:

1. "Using the definitions above, I was sexually abused by a family member." ___Yes ___No ___Unsure

2. "Using the definitions above, I was sexually abused by a non-family member." ___Yes ___No ___Unsure

Participants' response to question 2 identified them as an individual who did, did not, or were unsure if they experienced non-family sexual abuse as a child. These responses were coded and entered into a regression model to test the effect and contribution of non-family abuse on participants' evaluation of the counselors.

Childhood Traumatic Experiences

Included on the Participant Profile, Part C., Traumatic Experience History, following the questions on childhood sexual abuse experiences, was the question:

"Were there other events or experiences that occurred in your life before you were 18 that you believe were traumatic? For example, physical abuse, neglect, a death in the family, major medical illness or surgery, etc.?" ___Yes ___No

"If yes, please explain."

Participants' "Yes" or "No" responses were coded and entered into a multiple regression model testing the contribution of the variable, Childhood Trauma (Trauma), on participants' evaluations of counselors.

SECTION TWO - ANALYSIS

TEST OF MODEL

The dependent variables in the full multiple regression model were the counselor attributes of Counselor Attractiveness and Counselor Trustworthiness when the counselor used touch (Table 11 & 12). The independent variables included the counselor attributes of attractiveness and trustworthiness when the counselor did not use touch, Gender of the Counselor, Incest Experience, and Severity of Incest Experience. The no touch independent variables served as a baseline in determining the extent to which counselors were rated as being attractive and trustworthy without using touch. Five covariates were also entered into the full regression model, namely, Non-Family Sexual Abuse, Traumatic Experiences, and the mood states, Energetic-Elated, Agreeable-Elated and Composed-Alert. The regression equation for the dependent variable, Counselor Attractiveness (touch) was:

Counselor Attractiveness (touch)=constant+Counselor Attractiveness (no touch)+Non/Family Sexual Abuse+Traumatic Childhood Experiences+Energetic/Elated+Agreeable/Elated+ Composed/Alert+Gender of Counselor+Incest Experience+Severity of Incest Experience.

Table 11

Multiple Regression results for the Full Model with Counselor Attractiveness (touch) as dependent variable. (N=125)

Predictors	b	Std. error	Std. coeff	t
Counselor Trustworthiness (no touch)	.380	.091	.357	4.177****
Non-Family Sexual Abuse	-1.682	.996	-.144	-1.689
Traumatic Experiences	-.334	2.096	-.013	-.160
Mood States				
Energetic-Elated	.185	.797	-.018	-.232
Agreeable-Elated	.512	.835	.049	.613
Composed-Alert	-.320	.798	-.031	-.401
Counselor Gender	6.255	1.843	.300	3.394****
Incest Experience	.320	1.181	.027	.271
Severity of Incest Experience	-.726	2.533	-.028	-.287

R^2=.33, F (9,115)=6.212 p<.000

Counselor Gender:
Male=1
Female=2

Severity of Incest Experience:
1=Moderate
2=Severe

Incest Experience:
Yes=3
Unsure=2
No=1

Non-Family Sexual Abuse:
Yes=3
Unsure=2
No=1

Traumatic Experiences:
Yes=2
No=1

*p<.05 **p<.01 ***p<.005 ****p<.001

Table 12

Multiple Regression results for the Full Model with Counselor Trustworthiness (touch) as dependent variable. (N=125)

Predictors	b	Std. error	Std. coeff	t
Counselor Trustworthiness (no touch)	.440	.088	.407	5.013****
Non-Family Sexual Abuse	-1.287	.927	-.116	-1.389
Traumatic Experiences	-.187	1.950	-.007	-.096
Mood States				
Energetic-Elated	-.069	.746	-.007	-.092
Agreeable-Elated	.622	.774	.063	.803
Composed-Alert	-.467	.739	-.048	-.631
Counselor Gender	5.727	1.675	.290	3.419****
Incest Experience	.651	1.099	.058	.592
Severity of Incest Experience	-1.353	2.359	-.054	-.573

R^2=.35, F(9,115)=6.958 p<.000

Counselor Gender:
Male=1
Female=2

Incest Experience:
Yes=3
Unsure=2
No=1

Traumatic Experiences:
Yes=2
No=1

Severity of Incest Experience:
Moderate=1
Severe=2

Non-Family Sexual Abuse:
Yes=3
Unsure=2
No=1

*p<.05 **p<.01 ***p<.005 ****p<.001

The regression equation for the dependent variable, Counselor Trustworthiness (touch) was: Counselor Trustworthiness (touch)=constant+Counselor Trustworthiness (no touch)+Non/Family Sexual Abuse+Traumatic Childhood Experiences+Energetic/Elated+Agreeable/Elated+ Composed/Alert+Gender of Counselor+Incest Exprience+Severity of Incest Experience.

The overall model for Counselor Attractiveness (touch) was significant, $F(9,115)=6.212$, $p<.000$, and predicted 33% of the total variance in Counselor Attractiveness (touch) (Table 11). Two independent variables were significant predictors of the model. The no touch independent variable of Counselor Attractiveness was significant, $t=4.1777$, $p<.000$. That is, how participants viewed the counselor who did not use touch significantly influenced how they rated the counselor who used touch. Secondly, Counselor Gender ($t=3.394$, $p<.000$) was a significant predictor. That is, the gender of the counselor signficantly influenced how the participants rated the counselor who used touch.

The overall model for Counselor Trustworthiness (touch) was also significant, $F(9,115)=6.958$, $p<.000$, and predicted 35% of the total variance in Counselor Trustworthiness (touch) (Table 12). Two independent variables were found to significantly contribute to the full model. The no touch independent variable of Counselor Trustworthiness was

significant, $t=5.013$, $p<.000$. Again, this demonstrates that how participants viewed the counselor who did not use touch significantly influenced how they rated the counselor who used touch on the dependent variable, Counselor Trustworthiness (touch). Secondly, Counselor Gender was again a significant predictor of how participants rated Counselor Trustworthiness (touch) ($t=3.419$, $p<.000$).

These findings indicate that both the full multiple regression models for Counselor Attractiveness and Counselor Trustworthiness were signficant at $p<.000$. Additionally, both full regression models had two significant main effects. Significant predictors of counselor attributes were the independent variables, Counselor Gender and the attributes of Counselor Attractiveness (no touch) and Counselor Trustworthiness (no touch).

RESEARCH QUESTION 1

Does the touching behavior of the counselor contribute significantly to judgments of the counselor's attractiveness and trustworthiness?

The primary independent variable that was investigated in this research study was counselor's touch behavior as depicted in a counseling videotape vignette. In two of the four videotape counseling vignettes, the counselor used touch to greet, affirm and support the client.

The full multiple regression equation found that the no touch counselor attribute variables were highly significant ($p<.000$ and $p<.000$). This indicates that the baseline, counselor's no touching behavior, predicts how participants rate the counselor's touching behavior. Therefore judgments of counselor's attractiveness and trustworthiness are highly predicted by counselor's behavior when they do not touch.

To determine how the touching behavior of the counselor contributed to participants' judgments of the counselor's attractiveness and trustworthiness paired sample t-tests for the male and female counselors on the dependent variable Counselor Attractiveness (touch) and the independent variable Counselor Attractiveness (no touch) were computed (N=130) (Table 13). The mean score for Counselor Attractiveness

Table 13

Paired Samples T-Test for the variables Counselor Attractiveness (touch) Counselor Attractiveness(no touch), Counselor Trustworthiness (touch), Counselor Trustworthiness (no touch) for Male and Female Counselor

Counselor Attributes	Mean	t-value
Counselor Attractiveness (touch)	35.591	3.693****
Counselor Attractiveness (no touch)	32.204	
Counselor Trustworthiness (touch)	33.543	2.991***
Counselor Trustworthiness (no touch)	31.033	

n=130

*p<.05 **p<.01 ***p,.005 ****p<.001

(touch) was 35.591 and Counselor Attractiveness (no touch) was 32.204 with a mean difference of 3.38. The findings were significant ($t=3.69$, $df=1,129$, $p<.000$). That is, participants rated counselors who touched signficantly higher on the counselor attribute of attractiveness than counselors who did not use touch.

Paired sample t-tests on the dependent variable Counselor Trustworthiness (touch) and the independent variable Counselor Trustworthiness (no touch) on the combined counselor rating scores for the male and female counselor ($N=130$) were computed and was also significant ($t=2.991$, $df= 1,129$, $p<.003$) (Table 13). The mean score for Counselor Trustworthiness (touch) was 33.543 and Counselor Trustworthiness (no touch) 31.033 with a mean difference of 2.51. That is, participants rated counselors who touched significantly higher on the counselor attribute trustworthiness than counselors who did not use touch.

Together these findings indicated that there was a significant difference in the rating of counselor attributes, Counselor Attractiveness (touch) and Counselor Trustworthiness (touch) when the counselor used touch as compared to when the counselor did not use touch.

To further understand the participants' evaluations of the counselor attributes when touch was and was not used, additional mean scores of Counselor Attractiveness and

Counselor Trustworthiness with and without touch were computed. The sample of 130 participants were grouped into two categories namely, (1) participants who responded yes and unsure to an experience of incest (N=53), and (2) participants who responded no to an experience of incest (N=77) (Table 14). Both groups of participants rated the counselor higher on the attributes of attractiveness and trustworthiness when the counselor used touch as compared to when the counselor did not use touch. Although the incest experience was not a significant predictor on the dependent variables, Counselor Attractiveness (touch) and Counselor Trustworthiness (touch) on the full multiple regression model, it was interesting to note that mean scores indicated that there was a tendency for both catagorical groups of participants to rate the counselors who used touch higher than the counselors who did not use touch.

Additional investigation of the subgroups of Counselor Gender, male counselors and female counselors were examined. Paired sample t-tests on the two dependent variables for the male counselor were computed (Table 15). The t-test comparing Counselor Attractiveness scores with and without touch were significant ($t=1.996$, $df=1,70$, $p<.05$) indicating that participants rated the male counselor who used touch significantly higher than they rated the male counselor who did not use touch on the dependent variable Counselor

Table 14

Comparitive Mean Scores for the Variables, Counselor Attractiveness (touch), Counselor Attractiveness (no touch), Counselor Trustworthiness (touch), Counselor Trustworthiness (no touch) across three categorical groups.

	Counselor Attractiveness (touch)	Counselor Attractiveness (no touch)
	$\bar{X}$	$\bar{X}$
All N=130	35.591	32.204
Incest N=53 (Yes & Unsure)	33.179	30.038
Non-Victims N=77	37.251	33.696

	Counselor Trustworthiness (touch)	Counselor Trustworthiness (no touch)
	$\bar{X}$	$\bar{X}$
All N=130	33.543	31.033
Incest N=53 (Yes & Unsure)	31.496	28.932
Non-Victims N=77	34.952	32.479

Table 15

Paired Sample T-Test on Counselor Attractiveness (touch). Counselor Attractiveness (no touch) Counselor Trustworthiness (touch) and Counselor Trustworthiness (no touch) for the Male Counselor.

Counselor Attributes	Mean	t-value
Counselor Attractiveness (touch)	31.273	1.996*
Counselor Attractiveness (no touch)	28.693	
Counselor Trustworthiness (touch)	29.518	1.166
Counselor Trustworthines (no touch)	28.153	

n=71

*p<.05 **p<.01 ***p<.005 ****p<.001

Attractiveness (touch). The paired t-test for the male counselor comparing Counselor Trustworthiness scores with and without touch were not significant, $t=1.666$, $df=1,70$, $p<.247$. This indicated that whether or not the male counselor used touch did not influence participants evaluation of his trustworthiness.

The paired t-test comparing the female counselor's attribute scores of attractiveness with touch and without touch indicated that participants rated the female counselor who used touch significantly higher than they rated the female counselor who did not use touch ($t=3.376$, $df=1,58$, $p<.001$) (Table 16). On the counselor attribute trustworthiness, participants again rated the female counselor who used touch significantly higher than they rated the female counselor who did not use touch ($t=.328$, $df=1,58$, $p<.002$). These findings suggest that participants perceived the female counselor as being significantly more attractive and trustworthy when she used touch as compared to when she did not use touch.

These results indicated that the touching behavior of the counselor contributed to participants' judgments of the counselor's attractiveness and trustworthiness. Counselors who use supportive touch are rated higher in attributes of attractiveness and trustworthiness, than counselors who do not use touch. In addition the female counselor who used touch was rated significantly higher on attractiveness and

Table 16

Paired Sample T-Test on Counselor Attractiveness (touch). Counselor Attractiveness (no touch) Counselor Trustworthiness (touch) and Counselor Trustworthiness (no touch) for the Female Counselor.

Counselor Attributes	Mean	t-value
Counselor Attractiveness (touch)	40.786	3.376****
Counselor Attractiveness (no touch)	36.430	
Counselor Trustworthiness (touch)	38.387	3.283***
Counselor Trustworthiness (no touch)	34.498	

n=130

*p<.05 **p<.01 ***p<.005 ****p<.001

trustworthiness than the female counselor who did not use touch. The male counselor who used touch was rated significantly higher on attractiveness. Although the male counselor who used touch was rated higher on trustworthiness than the male counselor who did not use touch the scores were not significant.

RESEARCH QUESTION 2

Does the gender of the counselor contribute significantly to the variance of judgments of counselor's attractiveness and trustworthiness associated with counselor touching behavior?

The contribution of Counselor Gender on the judgments of Counselor Attractiveness (touch) was tested in the full multiple regression model (Table 11). The full model was significant ($F=6.212$, $df=9,115$, $p<.000$). Gender of the Counselor was a significant predictor variable in the model ($t=3.394$, $p<.001$).

Similarly, the full model testing for Counselor Trustworthiness (touch) was significant ($F=6.958$, $df=9,115$, $p<.000$) (Table 12). Gender of the Counselor was again a significant predictor ($t=3.419$, $p<.001$).

The Gender of the Counselor was a significant predictor in the regression models with both dependent variables, Counselor Attractiveness (touch) and Counselor Trustworthiness (touch). That is, the counselor's gender signficantly contributed to how participants rated the counselors on attributes of Counselor Attractiveness and Counselor Trustworthiness when the counselors used touch.

Independent t-tests on counselor attributes by Counselor Gender found that female counselors were rated signficantly

higher on both counselor attributes, attractiveness and trustworthiness when the counselor used touch and when the counselor did not use touch (Table 17). That is, that participants perceived female counselors as significantly more attractive and trustworthy than male counselors when the counselor used touch and when the counselor did not use touch.

Table 17

Independent t-tests on Counselor Attributes by Counselor Gender

Counselor Attribute	Counselor Gender	$\overline{X}$	Std.Dev.
Counselor Attractiveness Touch	Male	31.273	9.839
	Female	40.786	8.337
	t= -5.967, df=127.9, p<.000		
Counselor Attractiveness No Touch	Male	28.693	9.087
	Female	36.430	9.122
	t= -4.823, df=123.5 , p<.000		
Counselor Trustworthiness Touch	Male	29.518	9.639
	Female	38.387	7.674
	t= -5.839, df=127.8, p<.000		
Counselor Trustworthiness No Touch	Male	28.153	8.809
	Female	34.498	8.739
	t= -4.106, df=124, p<.000		

Male Counselor N=71
Female Counselor N=59

RESEARCH QUESTION 3

Does the participant's incest experience contribute significantly to the variance of judgments of the counselor's attractiveness and trustworthiness associated with counselor touching behavior?

The independent variable, Incest Experience, was included in the full regression models to test its contribution to the dependent variables, Counselor Attractiveness and Counselor Trustworthiness (Tables 11 & 12). In both regression models, the Incest Experience was not a significant predictor of counselor attributes, Attractiveness ($t=.271$, $p<.787$) and Trustworthiness ($t=.592$, $p<.555$). Therefore, these findings indicate that whether an individual has an experience of incest or not, does not contribute significantly to her judgment of the counselor's attractiveness and trustworthiness when the counselor used touch.

RESEARCH QUESTION 4

Does the severity of the participant's incest experience contribute significantly to the variance of judgments of the counselor's attractiveness and trustworthiness associated with counselor touching behavior?

The independent variable, Severity of the Incest Experience, was entered into the full regression models testing for the dependent variables, Counselor Attractiveness (touch) and Counselor Trustworthiness (touch). This predictor variable was not significant in its contribution to the models ($t=-.287$, $p=.775$ and $t=-.573$, $p=.567$). The findings of this study indicate that neither the experience of incest nor the severity of that particular experience effected the participant's judgments of the counselor's attractiveness and counselor's trustworthiness (Table 11 & 12).

RESEARCH QUESTION 5

Is the interaction of counselor's gender and touching behavior significantly associated with counselor attractiveness and trustworthiness ratings resulting from the counselor's use of touch?

Regression models to test the interaction between gender of the counselor and counselor attributes of attractiveness and trustworthiness resulting from the counselor's use of touch were formulated (Table 18 & 19). The full model investigating the dependent variable Counselor Attractiveness (touch) with the interaction variables, Counselor Gender x Counselor Attractiveness (no touch) was significant ($p<.000$), although it was not the interaction that contributed significantly ($t=-.242$ $p<.809$) (Table 18). The full model investigating the dependent variable Counselor Trustworthiness (touch) with the predictor interaction variables, Counselor Gender x Counselor Trustworthiness (no touch) was significant ($p<.000$), although the interaction did not make a significant contribution ($t=-.787$, $p<.433$) (Table 18). These findings indicate that the interaction between counselor's gender and the counselor not using touch does not significantly contribute to the judgments of the counselor's attractiveness and counselor's trustworthiness when the counselor touches.

Table 18

Multiple Regression results for the Interaction Model (Counselor Attractiveness-no touch x Counselor Gender) with Counselor Attractiveness (touch) as dependent variable (N=130).

Predictors	B	Std. error	Std coeff	t
Counselor Attractiveness (no touch)	.409	.260	.391	1.570
Counselor Gender	8.156	5.817	.395	1.402
Counselor Attractiveness (no touch) x Counselor Gender	-.041	.169	-.104	-.242

R^2=.307, F (3, 126)= 18.626, p<.000

Counselor Gender:
Male=1
Female=2

*p<.05 **p.01<***p<.005****p<.001

Table 19

Multiple Regression results for the Interaction Model (Counselor Trustworthiness-no touch x Counselor Gender) with Counselor Trustworthiness (touch) as dependent variable (N=130).

Predictors	B	Std. error	Std coeff	t
Counselor Trustworthiness (no touch)	.601	.250	.569	2.403*
Counselor Gender	10.303	5.381	.524	1.915
Counselor Trustworthiness (no touch) x Counselor Gender	-.128	.163	-.319	-0.787

R^2=.343, F (3, 126)= 21.904, p<.000

Counselor Gender:
Male=1
Female=2

*p<.05 **p<.01 ***p<.005 ****p<.001

RESEARCH QUESTION 6

Is the interaction of counselor's gender and the participant's incest experience significantly associated with counselor attractiveness and trustworthiness ratings when the counselor uses touch?

The independent variables Counselor Gender and Incest Experience were entered into a regression model testing for its interaction contribution to the attribute Counselor Attractiveness when the counselors used touch. Although the full regression model was significant ($F=14.219$, df 4,123 $p<.000$), the interaction was not a significant predictor ($t=-1.043$, $p<.299$) (Table 20). This indicates that the interaction between the gender of the counselor and the participant's incest experience did not significantly contribute to the participant's rating of the counselor's attractiveness when touch was used.

The second regression model testing for the interaction effect of Counselor Gender and Incest Experience on the dependent variable Counselor Trustworthiness (Touch) had similiar findings. The model was significant ($F=16.151$, df 4,123, $p<.000$) although the interaction effect was again insignificant ($t=-.210$, $p<.834$) (Table 21). The findings indicate that the interaction between Counselor Gender and

Table 20

Multiple Regression results for the Interaction Model (Counselor Gender x Incest Experience) with Counselor Attractiveness (touch) as dependent variable (N=128).

Predictors	B	Std. error	Std coeff	t
Counselor Attractiveness (no touch)	.354	.086	.338	4.133****
Counselor Gender	9.569	3.545	.461	2.699*
Incest Experience	2.197	2.685	.191	.818
Counselor Gender x Incest Experience	-1.976	1.894	-.251	- 1.043

R^2=.316, F (4, 123)= 14.219, p<.000

Incest
Yes=3
Unsure=2
No=1

*p<.05 ** p<.01 *** p<.005 **** p<.001

Table 21

Multiple Regression results for the Interaction Model (Counselor Gender x Incest Experience) with Counselor Trustworthiness (touch) as dependent variable (N=128).

Predictors	B	Std. error	Std coeff	t
Couselor Trustworthiness (no touch)	.430	.083	.406	5.188
Counselor Gender	6.535	3.260	.331	2.004
Incest Experience	.424	2.501	.039	.169
Counselor Gender x Incest Experience	-.370	1.763	-.049	-.210

R^2=.344, F (4, 123)= 16.151, p<.000

Incest
Yes=3
Unsure=2
No=1

*p<.05 ** p<.01 *** p<.005 **** p<.001

Incest Experience does not significantly contribute to the rating of counselors on Trustworthiness when the counselor uses touch.

Together these findings indicate that the gender of the counselor interacted with participant's particular incest experience ("no" incest, "unsure" about incest, "yes" incest) does not significantly predict participant's ratings of counselors when they use touch.

COVARIATES

Five covariates were entered into the full regression models testing for their individual contribution to each of the dependent variables, Counselor Attractiveness (touch) and Counselor Trustworthiness (touch) (Tables 11 & 12). All of the mood state covariates, namely, Energetic-Elated, Agreeable-Elated and Composed-Alert were insignificant. The covariates, Non-Family Sexual Abuse and Traumatic Childhood Experiences were also insignificant. Since these findings indicate that these covariates did not contribute to participants' ratings of counselor attributes, this suggests that the covariates were not confounding effects on the full regression model.

ADDITIONAL FINDINGS

Since the independent variables Counselor Attractiveness (no touch) and Counselor Trustworthiness (no touch) were significant predictors for the full multiple regression models (Table 11 & 12) additional interactions effects with these variables were examined.

The interaction effect of Counselor Attractiveness when the counselor did not use touch and the Incest Experience was analyzed to determine its contribution to the attribute Counselor Attractiveness when the counselor did use touch. The multiple regression equation to test this interaction effect was: Counselor Attractiveness (touch)=constant + Counselor Attractiveness (no touch) + Incest Experience + (Counselor Attractiveness (no touch) X Incest Experience). The full model was significant ($F=16.185$, df 3,124, $p<.000$) and accounted for 28.1% of the total variance. All independent variables and the interaction effect ($t=-2.802$, $p<.006$) were signficiant (Table 22). These findings indicated that when the predictor variables of counselor's baseline score when the counselor does not use touch and incest experience are combined, there was a significant contribution to the dependent variable Counselor Attractiveness. The Incest Experience consisted of three catagorical groups, those participants that responded "yes" to an experience of incest,

Table 22

Multiple Regression results for the Interaction Model with Counselor Attractiveness (no touch) x Incest Experience. (N=128)

Predictors	B	Std. error	Std coeff	t
Couselor Attractiveness (no touch)	.905	.172	.865	5.258****
Incest Experience	6.411	2.856	.556	2.245*
Counselor Attractiveness (no touch) x Incest Experience	-.239	.085	-.746	- 2.802**

R^2=.281 F (3, 124)=16.185

Incest
Yes=3
Unsure=2
No=1

*p<.05 **p<.01 ***p<.005 ****P<.001

those that responded "unsure" to an experience of incest and those that responded "no" to an experience of incest. Median scores of Counselor Attractiveness for each of the catagorical group of Incest Experience allowed for lo and high categories of mean scores to be computed. The interaction effect between the counselor attribute attractiveness when the counselor does not use touch and the incest experience on the dependent variable Counselor Attractiveness (touch) was graphed (Figure 1). The graph indicated that a stronger relationship between counselor's attractiveness (no touch) and incest experience on the counselor's attractiveness when the counselor used touch existed for participants who were non-victims and for participants who were unsure as to whether or not they experienced incest. Mean scores for the unsure group soared from the lo to the high catagory. There was less of an influence between participants who responded "yes" to an experience of incest and counselor's attractiveness scores when the counselor did not use touch on the evaluations of Counselor Attractiveness when the counselor used touch.

The interaction effect of Counselor Trustworthiness (no touch) and Incest Experience on the counselor attribute trustworthiness when the counselor used touch was also analyzed. The multiple regression model was significant ($F=18.283$, df 3,124, $p<.000$) as well as the interaction effect and all independent variables (Table 23).

Table 23

Multiple Regression results for the Interaction Model with Counselor Trustworthiness (no touch) x Incest Experience. (N=128)

Predictors	B	Std. error	Std coeff	t
Couselor Trustworthiness (no touch)	.933	.175	.881	5.335****
Incest Experience	5.980	2.750	.544	2.175*
Counselor Trustworthiness (no touch) x Incest Experience	-.220	.085	-.695	-2.586**

R^2=.307 F (3, 124)=18.283

Incest
Yes=3
Unsure=2
No=1

*p<.05 **p<.01 ***p<.005 ****P<.001

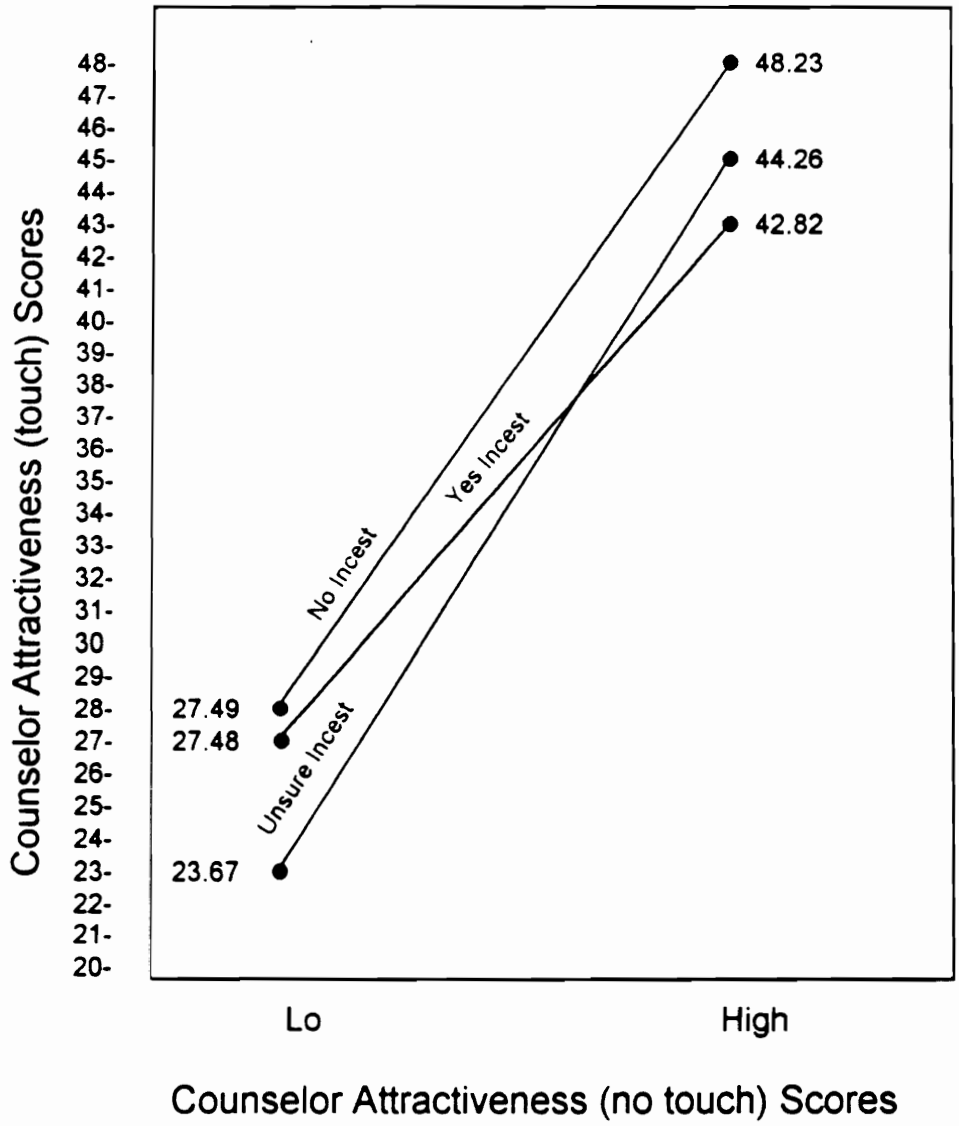

Figure 1

Interaction Model for Counselor Attractiveness (no touch) and Incest Experience with Counselor Attractiveness (touch) as dependent variable.

The model accounted for 30.7% of the total variance.

The regression model was: Counselor Trustworthiness (touch)=constant + Counselor Trustworthiness (no touch) + Incest + Counselor Trustworthiness (no touch) X Incest (Table 23). The interaction effect was signficant at $t=-2.586$, $p<.011$. This indicated that the interaction of the counselor attribute, trustworthiness (no touch) and the Incest Experience was a significant contribution of ratings of trustworthiness in counselors who used touch. Median scores for Counselor Trustworthiness for the three catagorical groupings of Incest Experience were found. Lo and high categories of mean scores for each incest experience were determined. Graphing the relationship between Counselor Trustworthiness (no touch) and the Incest Experience on the dependent variable, Counselor Trustworthiness (touch) indicated that the strongest relationship was the catagorical grouping of participants who responded "unsure" to an experience of incest (Figure 2). Again, the mean scores of the unsure category soared from the lo to high scores. The strength of the interaction effect on the dependent variable Counselor Trustworthiness (touch) was comparable for the catagorical groups of participants who responded "yes" to an experience of incest and those who responded "no" to an experience of incest.

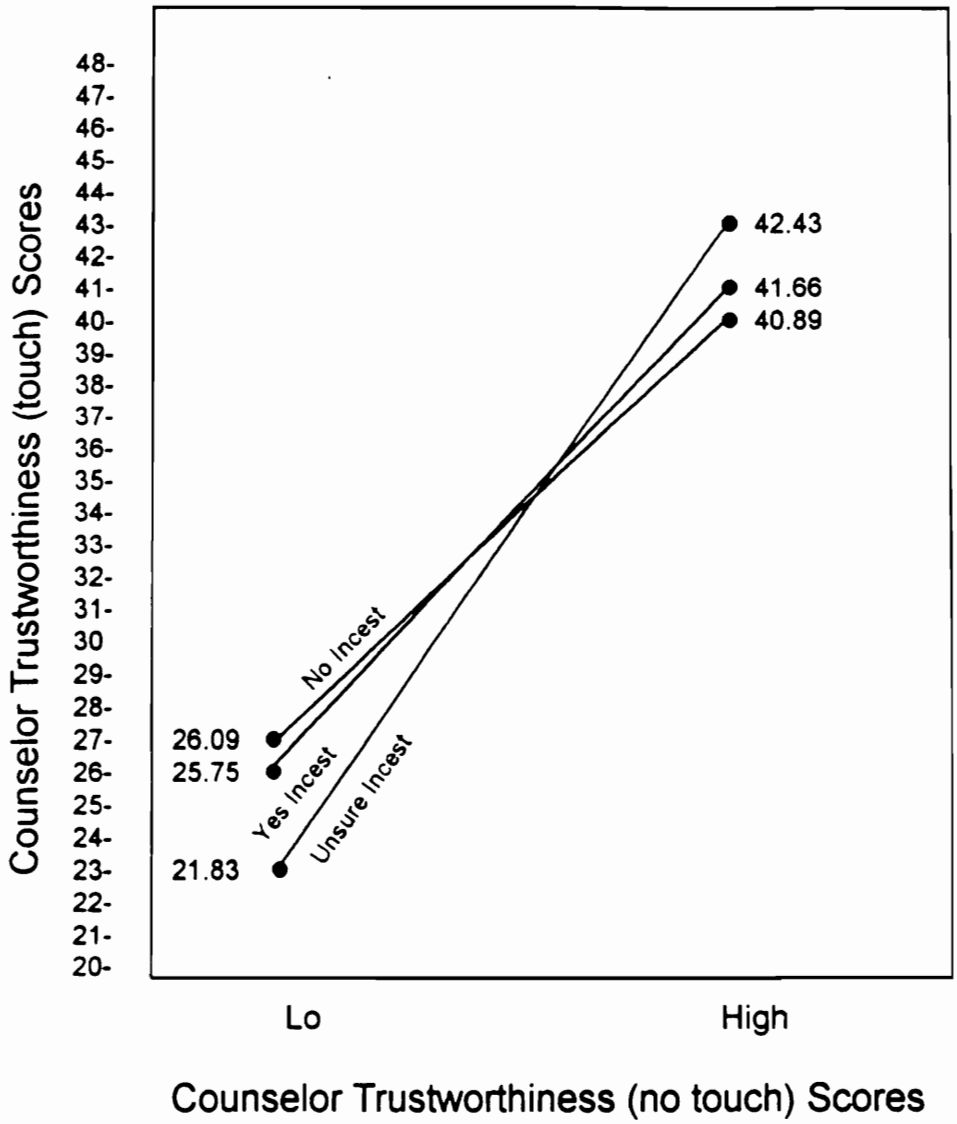

Figure 2

Interaction Model for Counselor Trustworthiness (no touch) and Incest Experience with Counselor Trustworthiness (touch) as dependent variable.

In summary, both the interaction effects of Counselor Attractiveness (no touch) and Incest Experience and Counselor Trustworthiness (no touch) and Incest Experience on the dependent variables Counselor Attractiveness (touch) and Counselor Trustworthiness (no touch) were significant. That is, that the combined effect of the no touch counselor attribute and the incest experience was a significant predictor of participants' ratings of counselors who use touch.

The unsure category of participants perceived the counselors differently than participants in the no and yes category. The mean scores of the unsure category of participants soared from the lo to high scores on counselor attributes associated with counselor touch on both dependent variables. This is an interesting finding and implies that there is a difference between participants who are unsure as to whether or not they experienced incest as compared to participants who are certain that they did or did not experience incest.

QUALITATIVE FINDINGS

In order to further understand the results of the counselor ratings in the counseling vignettes, participants were asked to respond to a qualitative question, namely, "Would you go to this counselor for counseling? Why or why not?"

All participants (N=130) responded to the question for both counseling tapes viewed. The responses were first organized according to the gender of the counselor and the particular tape viewed (touch and no touch) and were quantitatively analyzed. Responses to the first part of the question were organized. The seven response combinations were:

Touch Tape	No Touch Tape
Yes	Yes
Yes	No
No	Yes
No	No
No	Maybe
Maybe	No
Uncertain	Uncertain

The frequency distribution of the response combinations were computed (Table 24). Overall findings indicate that participants were nearly twice as likely to be willing to go

Table 24

Response Combinations to the Qualitative Question for the Male and Female Counselor.

Response Combinations		Male N=71		Female N=59	
Touch	No Touch	# of cases	%	# of cases	%
Yes	Yes	3	4.23	13	22.04
Yes	No	13	18.30	18	30.31
No	Yes	9	12.68	6	10.17
No	No	44	61.98	16	27.12
No	Maybe	0	0.0	3	5.08
Maybe	No	0	0.0	2	3.39
Uncertain	Uncertain	2	2.81	1	1.69

to the female counselor (total yes response combinations 62.7%) than they were to go to the male counselor (total yes response combinations 35.2%). Similarly, 61.9% of the participants responded No, that they would not go to the male counselor in either counseling vignette. Comparatively, 27.1% of the participants wrote that no, they would not go the female counselor in either counseling vignette.

The comparison between the vignette in which the counselor used touch versus the vignette in which the counselor did not use touch found that the tape in which touch was used was favored for both counselors. Thirty percent of the participants responded that they would go to the female counselor that used touch and would not go to the female counselor that did not use touch. In comparison 10.17% would go to the female counselor that did not use touch and would not go to the female counselor that used touch.

The comparison between vignettes with the male counselor indicated that 18.3% of the participants would go the male counselor in the tape in which he used touch, and not to the male counselor in the tape in which he did not use touch. In comparison, 12.68% would go to the male counselor who did not use touch and would go the counselor who used touch.

Therefore, the participants were more likely to be willing to go to the female counselor than the male counselor. Additionally, participants were more willing to go the

counselor that used touch versus the counselor that did not use touch irrespective of the counselor's gender. These findings give further support to the multiple regression analysis and paired t-test findings reported earlier.

Participant responses varied in their written explanations of why or why not they would go a particular counselor in either the tape where the counselor used touch or not. Response themes were organized and examined according to the gender of the counselor and counselor touch behavior.

Written Response to Female Counselor Who Used Touch

Three themes were identified by participants who wrote, "Yes, I would go to this counselor for counseling" (female counselor who used touch). These themes centered around: (1) qualities of the counselor (2) counselor skill and counseling approach and (3) counselor touch behavior. Comments concerning the qualities of the counselor were more frequent than the other two categories.

Responses concerning the qualities of the female counselor who used touch had a reoccurring theme. Participants perceived her as being warm, sincere and friendly. Participants' comments included, "She showed more warmth, sincerity and friendliness"; "She was warm, self-confident and open" and "She was friendly and gave her client more ideas and insights"

The second theme centered on the counselor's perceived skill and counseling approach. Participants responded by stating, "She was skilled and competent"; "I liked the role play, although I didn't like the room" "She listened well, was empathetic. I liked her style" "She prepared the client and praised her client" Additional participant responses perceived the counselor as being task oriented, constructive, encouraging and direct.

The third theme from participants who responded that they would go the female counselor for counseling focused on the counselor's touch behavior. Most of the comments concerning the counselor's touch behavior were positive, although a few commented that they did not like the touch behavior, yet would still go to the counselor. Participants responded by stating, " I liked the counselor's touching"; "Her touch was warm, animated and supportive"; "I liked the touch. It helped guide the client and elicited confidence with her touch" "The counselor was warmer, touched the client, and was a sign of warmth" Others stated that, "The counselor was warm, interested, yet I'm unsure about the touch"; "She was skilled and competent, but I didn't like the touch" and "...I thought she maybe touched too much"

Two patterns of responses were identified for participants who responded, "No, I would not go to this counselor for counseling" (female counselor, touch tape).

The first pattern focused on the counselor's approach and the second the counselor's touch behavior.

In the first pattern, the counselor's approach, several participants clearly stated that they did not like the role play. One participant wrote, "I liked her, but not the role play" Others wrote, "I didn't like the role play" and "I'm uncomfortable with role plays" In addition, participants wrote that they felt the counselor and her approach was rigid, directive and lacked insight. Specifically, participants are quoted as writing, "She is too stiff, not insightful"; "Too superficial" "She is too controlling, directive, pre-packaged"

The second pattern noted, yet less frequently than the first pattern, was the counselor's touch behavior. Participants commented that, "A little too nice, too much touching", "I found the touching distressing, yet she seemed friendly and open" and "Her delivery was stiff and she touched too much" In general the counselor touch behavior comments demonstrated the participants discomfort with the touch behavior.

Written Responses to Female Counselor Who Did Not Use Touch

Two theme responses were noted for participants who responded, "Yes I would go to this counselor for counseling" (female counselor who did not use touch). The first theme

involved the qualities of the counselor and the second the counselor no touch behavior. Participants noting the counselor qualities stated that "she was more relaxed and genuine", "warm and involved" and "greater energy and excitement". Participants who noted the no touch behavior stated that, "better with no touch", "liked no touching" and "more experienced, didn't touch as much".

Participants who stated that "No, I would not go to this counselor for counseling." (female, no touch) commented on the counselors' qualities and counseling approach and style. Qualities of the counselor centered around the counselor's warmth and sincerity. Participants stated that "she needs more sincerity" and "lacked warmth". Those that commented on the counselor's approach and style stated that, "she was too controlling", "directed too much", "set agenda" and was "mechanical".

In summary, the written responses suggested that participants favored the counselor's touch behavior versus no touch behavior for the female counselor. The themes from participants that preferred the counselor's touch behavior noted the counselor's personal qualities, namely perceptions of warmth, sincerity and friendliness, the counselor's skill and approach, namely perceptions of style and communication skills, and the counselor's touch behavior. Participants who responded that they would not go to the female counselor who

perceptions of control, rigidity and superficiality and her touch behavior, namely perceptions that there was too much touching.

The themes from participants who responded to the female counselor who did not use touch were similar. Participants who responded yes that they would go to the counselor who did not use touch centered on two themes, counselor non-touch behavior and counselor qualities. Those participants who responded that they would not go to the counselor who did not use touch commented on the counselor's style and approach to counseling and counselor qualities.

Written Responses to Male Counselor Who Used Touch

Similarly, three themes were identified by participants who wrote, "Yes, I would go this counselor for counseling." (male counselor who used touch), namely, (1) qualities of the counselor (2) counseling style and approach and (3) counselor touch behavior. Comments concerning the counselors' qualities were more frequent.

The first theme centered around the qualities of the counselor. Participants commented on the male counselor's warmth and sincerity. Although this group of participants stated that they would go to this counselor, the comments were both positive and critical. One client stated that he was "more sincere" yet another stated that "I question his

sincerity" Participants noted the male counselor's warmth, stating that, "He was warm and trustworthy" and "He is warm and personable".

The second theme focused on the counseling style and approach. Participants stated that the counselor was "interactive", "asked good questions" "skillful" and "had good technique". The participants in this category did not give critical comments on his counseling style and approach.

The counselor's touch behavior was the third theme. Nearly all the comments regarding the counselor's use of supportive touch were positive. They stated that "I liked the touch", "The touching added a personal element" and "He was supportive, I liked the touch" One participant questioned the counselor's use of touch, "He was more sincere, yet I was unsure about the touch", yet stated that she would still go to him for counseling.

Written Responses to Male Counselor Who Did Not Use Touch

The themes from the qualitative comments from participants who responded, "Yes, I would go to this counselor for counseling." (male counselor no touch) matched the themes in the touch tape. Participants again noted (1) qualities of the counselor (2) counseling style and approach and (3) counselor's touch behavior. Comments had a similar pattern as in the touch tape. Participants noted that the qualities of

the male counselor writing that, he was "more sensitive, respectful and empathetic", "more reliable and confident" and "more sincere, attuned, and at ease." Comments concerning the counselor's style and approach included, "He was more open with his tone of voice and attitude" and "He checked in with the client" In the last category, the counselor's touch behavior, participants commented that, "There was less touch" and "I preferred the no touch...he was warmer."

The qualitative comments for participants who responded, "No I would not go to this counselor for counseling" (male counselor, touch) were more diversified and included the same three themes as in the touch tape responses and the additional theme of counselor gender.

Participants wrote more frequently and with more diversity about the counselor's qualities. They stated that the male counselor was, "too stiff", "too meek", "too rigid", "not warm", "not at ease with body", "not honest" and "imposed". Professional qualities were also included, namely, "inexperienced", "not skilled" and "lack of experience". Nearly all the comments were critical, yet a couple of participants wrote positively about his qualities stating that, "He was warmer, nicer, well meaning" and "warmer, friendlier".

Concerning the male counselor's style and approach on the no touch tape the participants responded with more diversity.

Several participants commented that they did not like his style of standing behind the client during the role play. Others stated that the counselor was "too much in control", "too stiff", "condesending" and "too directive". One participant commented that he was "more reassuring".

Nearly a third of the participants commented on the male counselor's touching behavior, and most were not in favor of his use of touch. Participants wrote that "I did not like the touching". Others were more specific and stated that "The touch was not meaningful, it lacked warmth and depth", "lack of authenticity with touch", "crossed boundaries by using touch" and "too much hands on". None of the participants in this category favored the counselor's touch.

Several participants noted that they would not go to the counselor who used touch simply because he was a male counselor. This theme was also noted in the male counselor who did not use touch. It appears that some participants judged the counselor simply on his gender.

Participants who responded, "No, I would not go to this counselor for counseling" (male counselor, no touch) responded in a similar way as in the male counselor touch tape. The only difference were the counselor's touch behavior comments. Participants stated that, "relieved that there was no touch", "liked that he kept hands off" and "better-he didn't use

touch".

In summary, the participants' comments on the qualitative question, "Would you go to this counselor for counseling? Why or why not?" for the male counselor who used touch and the male counselor who did not use touch had similar themes. The responses to the male counselors whether they used touch or not were similar. Although participants slightly favored the male counselor who used touch versus the male counselor who did not use touch, the overall responses indicated the participants would not go to either male counselor. These qualitative responses further support the results of the quantitatiave analysis, that is, that participants preferred to go to the female counselor versus the male counselor and preferred to go to the counselor that used touch versus the counselor who did not use touch.

CHAPTER V

SUMMARY AND CONCLUSIONS

SUMMARY

Incest is a traumatic experience for a child. It is an event that both researchers and clinicians believe impacts negatively on the child's physical, emotional and mental development and well being (Briere, 1989; Courtois, 1988; Meiselman, 1978). The invasive sexual assault of a child by a family member, a person who is highly valued and trusted, is the most serious of childhood sexual abuse experiences and often has negative long term consequences (Briere & Runtz, 1987; Dolan, 1991). Common long term consequences include difficulty with interpersonal relationships (McCann, Pearlman, Sakheim & Abrahameson, 1985), perceptual distortions (Briere, 1989), dissociative responses (Herman, 1981; Gilligan, 1987), sexual dysfunction (Finkelhor, 1987; Meiselman, 1978) and depression (Browne & Finkelhor, 1986; Dolan, 1991).

In the past two decades there has been an increase in the awareness of the prevalence of incest by the general community at large and by health care professionals (Agosta & Loring, 1988). Counselors are discovering that more often childhood sexual abuse is present in the client's history and has been masked by other clinical symptoms (Briere & Runtz, 1987). Additionally, more clients are now seeking treatment for the

sexual victimization that occurred in their childhood (Sgori & Bunk, 1988). Counselors of the 1990's are faced with the reality of treating more clients with childhood sexual abuse histories. Approaches and techniques for facilitating a client's recovery from sexual trauma continue to be investigated (Dolan, 1991).

In the past two decades, the therapeutic area has also witnessed an increase in the investigation of non-verbal counseling techniques. Interest in the use of touch as a therapeutic and supportive counseling technique was first spurred by the pioneering studies of Spitz (1945). He found that post World War II infants in institutional settings who were held often by their caretakers survived their infancy as compared to other infants in institutional settings who were fed and changed but not held and died in infancy. Harlow's studies with monkeys (1953) also found that baby monkeys separated from their mothers and deprived of tactile stimulation suffered both biological and psychological damage. Touch has been found to be a significant ingredient in the biological, psychological, cognitive and social development of the individual (Montagu, 1971). Studies in the use of touch in counseling have found that participants level of self-disclosure increases (Jourard & Friedman, 1970) and that clients rate their counselors more positively when touched is used (Alagna, et. al., 1979; Hubble et al., 1981).

In acknowledging the increase of adult survivors of

incest seeking counseling and the need for further research and investigation in counseling techniques with this population, and given the biological and psychological significance of touch, exploring the use of counselor's touch as a non-verbal communication technique seemed purposeful and worthy. The purpose of this study was to investigate adult survivors of incest and non-victimized women's perceptions of the use of touch in counseling. Given that adult survivors of incest are a population of individuals who received inappropriate and negative touch experiences in their childhood by a family member, examining their perceptions of counselor's use of touch would give insight into whether or not touch is an appropriate, supportive, non-verbal technique to be used in counseling adult survivors.

DISCUSSION OF FINDINGS

The purpose of this research study was to determine the degree to which the experience of incest contributed to women's evaluations of counselors' attractiveness and trustworthiness based on the counselors' use of touch. A sample of 130 women consisting of adult survivors of incest (N=53) and non-victimized women (N=77) volunteered to participate in the evaluation of counselors. The participants evaluated two video taped counseling vignettes with either a male or female counselor and a female client. In one of the vignettes the counselor used supportive touch four times during the 4 1/2 minute session. The second counseling vignette was identical except that the counselor did not use touch. Participants evaluated the counselors on both tapes for the counselor attributes of attractiveness and trustworthiness.

The statistical program package, Systat: The System for Statistics for the PC (Wilkinson, 1989) was used to analyze the data. Multiple regression analysis, paired t-tests independent t-tests and measures of central tendency were performed. Six research questions were investigated. Discussion of the findings of each of the research questions provides for further explanation of the results.

Research Question 1:

Does the touching behavior of the counselor contribute significantly to judgments of the counselor's attractiveness and trustworthiness?

Multiple regression analysis findings indicated that the no touch behavior of the counselor, as accounted for in the counselor attributes attractiveness and trustworthiness, was a significant predictor of participants' judgements of the counselor attributes, attractiveness and trustworthiness when the counselor used touched. That is, how participants rated the counselors who did not use touch was a significant predictor of how they rated the counselors that used touch.

Paired t-test findings indicated that counselors who used touch were rated significantly higher than the counselors who did not use touch on attributes of attractiveness and trustworthiness. Additionally, female counselors who used touch were rated significantly higher on both counselor attributes than female counselors who did not use touch. Male counselors who used touch were rated significantly higher on the counselor attribute attractiveness than male counselors who did not use touch.

These findings support the research studies investigating the use of touch in counseling as discussed in Chapter II. Studies found that clients evaluated the counselor more positively when touch was used (Alagna, et. al, 1979) and that

clients perceived the counselors as being more expert when touch was used (Hubble et al., 1981). A study by Major and Heslin (1982) found counselors using touch were rated significantly higher on warmth/expressiveness than counselors that did not use touch. This study supports the findings of the previous studies and found that participants perceived counselors as being significantly more attractive and trustworthy when touch was used as compared to when touch was not used. The higher ratings of counselors who used touch indicated that participants viewed these counselors more positively than the counselors who did not use touch.

Qualitative responses to participant's perceptions of counselor's touch behavior varied. Some participants stated that they liked the touch and felt it conveyed warmth, care and support. Others stated that they did not like the touch and believed it was inappropriate. Despite the inconsistency in the qualitative responses concerning touch, an interesting finding was that a majority of the participants did not address the touch behavior at all in their responses to whether or not they would go to a particular counselor. Instead, participants wrote about their perceptions of the counselor's qualities and counselor's approach and style. There are two possible explanations for these findings. First, the counselor's use of touch, the context and timing, placement, and duration may have been perceived as being natural and familiar so that participants may have not had an

issue with the touch behavior. Jourard's (1968) study investigating the readiness of a person to permit another to touch his/her body found that touch on the hands, arms, shoulders and the top of the head were the areas of the body most frequently touched by both males and females. Counselor touch in this study was limited to the hands and shoulder area. Participants may have perceived the location of counselor touch as safe and comfortable. Additionally, Willison's (1986) study investigating counselors' beliefs and practices of the use of touch in counseling found that 70% of the counselors used touch with their adult clients. This suggests that perhaps the use of touch in counseling is more prevalent and acceptable than once believed. A third explanation is that participants may have not noticed the touching behavior. Participants awareness and attention may have been focused on the counselor's qualities, approach and style rather than on touch behavior. This suggests that perhaps counselor's touch behavior is not as important a factor in evaluation of counselors as are counselor qualities, approach and style.

Research Question 2:

Does the gender of the counselor contribute significantly to the variance of judgments of counselor's attractiveness and trustworthiness associated with counselor touching behaviors?

In the full model of the multiple regression analysis, Counselor Gender was a significant predictor on the ratings of counselors who used touch. The strong indicator of counselor gender as a contributor to participants' ratings of counselors who used touch was further understood using t-test analysis. Independent t-tests found that female counselors, as compared to male counselors were rated signficantly higher on all counselor attributes in both counseling tapes (touch and no touch). Paired t-tests found that female counselors who used touch were rated significantly higher on attributes of attractiveness and trustworthiness than when touch was not used. Male counselors who used touch were rated significantly higher on the attribute of attractiveness than male counselors who did not use touch.

This finding partially supports the research as presented in Chapter II. Studies found that women in counseling settings respond more favorably to touch than men (Fisher, Rytting & Heslin, 1976; Jourard, 1966). Since this study consisted of only women, a comparison between men and women cannot be made. Yet it is noted that this sample of women perceived counselors who used touch as being more attractive and trustworthy than counselors who did not use touch.

Other research studies have found that the use of touch in therapeutic situations is more positively received when it is between individuals of the opposite sex than the same sex (Alagna, et. al., 1979; Major & Heslin, 1986). This study

contradicts these findings. Independent t-tests found that mean scores of the female counselor attributes were signficantly higher than the male counselor attributes in the counseling vignettes where the counselor used touch. Yet the independent t-tests also found that the female was rated significantly higher on counselor attributes than the male counselor on the counseling vignettes where the counselor did not use touch. Therefore this finding needs to be interpreted with caution. The fact that the female counselor was perceived as more attractive and trustworthy than the male counselor on both tapes may not be an indicator of counselor's touch behavior, but either an issue of gender, or other perceived counselor qualities.

Participants' qualitative statements lend additional insight into this finding. Overall, participants tended to be more critical of the male counselors' qualities than the female counselors' qualities. Consistently noted were participant's comments on the male counselor's lack of warmth, sincerity and connection, as well as his tone of voice and perceived lack of affect. In contrast, comments from participants on the female counselor tended to be more complementary. Therefore, counselor qualities may have influenced participants' ratings of the male and female counselors.

Research Question 3:

Does the participant's incest experience contribute significantly to the variance of judgments of the counselor's attractiveness and trustworthiness associated with counselor touching behavior?

In the multiple regression analysis, the experience of incest was not a significant predictor of how participants rated counselors on attributes associated with the use of touch. This indicated that whether a participant had an experience of incest or not did not influence how they rated counselors who used touch.

Research studies in the use of counselor's touch in therapeutic settings as perceived by women has not previously distinguished women who have experienced any form of childhood sexual abuse or trauma from women who were not victims of abuse or trauma. Therefore the finding that the experience of incest does not contribute signficantly to womens' perceptions of counselor attributes adds to the literature on counseling techniques with adult survivors of incest.

Counselors may perceive the use of supportive touch techniques with adult survivors more cautiously because of the negative touch events they experienced in their childhood. The findings of this study imply that counselors do not need to be more cautious in the use of counselor touch techniques with the client population of female adult survivors of incest

than with the client population of non-victimized women.

Research Question 4:

Does the severity of the participant's incest experience contribute signficantly to the variance of judgments of the counselor's attractiveness and trustworthiness associated with counselor touching behavior?

In the full model of the multiple regression analysis, the independent variable, severity of incest experience, did not contribute significantly to the evaluations of counselors who used touch. Since the experience of incest did not contribute signficantly in the regression model, the non-contribution of the severity of the incest experience seemed consistent. That is, the severity of the participant's incest experience did not predict how women perceived counselors who used touch. Therefore this implies that women who have experienced moderate or severe sexual abuse as a child have at the very least, minimal differences in perceptions of counselors' who use touch technqiues.

This finding needs to be taken with caution. The severity of index experience was calculated on and data entered on only those participants who responded "yes" to an experience of incest. Those participants that responded "unsure" to an experience of incest were unable to complete

the specific questions concerning their childhood abuse history. Therefore due to the missing data on participants' who responded "unsure", these participants did not have a severity index experience score. Thirty-eight out of 130 participants had severity index experience scores that were entered into the full regression models. Therefore the large number of participants who did not have a severity index experience score and instead the scores for these participants was entered as missing data, effected the power of this variable.

Research Questions 5 & 6: Interaction Effects

Is the interaction of counselor's gender and touching behavior significantly associated with counselor attractiveness and trustworthiness ratings resulting from the counselor's use of touch?

Is the interaction of counselor's gender and the participant's incest experience significantly associated with counselor attractiveness and trustworthiness ratings when the counselor uses touch?

These interaction effects were found to be insignificant. In the first interaction with the total sample of participants, there was no interaction between the gender of the counselor and the counselor attributes (no touch). This indicates that how participants rated counselor attributes

when the counselor did not touch no touch in combination with counselor gender did not signficantly predict how participants rated counselors on attributes of attractiveness and trustworthiness when the counselor did use touch.

Although research studies have not investigated the interaction effect of participants' perceptions of counselor attributes when the counselor does not touch and counselor gender on perceptions of counselor attributes when the counselor does use touch, studies on participants' reactions to touch by both males and females in therapeutic settings has been investigated. As reported in Chapter II, Literature Review, some studies found that in therapeutic and social situations (non-sexual), women were more comfortable with touch from the opposite sex versus the same sex (Alagna, et. al, 1979; Heslin, Nguyen & Nguyen;1981). Yet on the other hand, a study by Fisher & Gallant (1990) found that female patients responded more favorably to touch by female nurses in a hospital setting than male patients did to female nurses. The researchers explained this finding by noting that women are more socialized in touch behaviors than males, and therefore tend to be more comfortable with touch from the same sex.

The results of the interaction effect between counselor gender and counselor attributes (no touch) on counselor attributes (touch) in this study indicate that in combination these two variables do not make a significant contribution to

the dependent variable. It is interesting to note that each of these independent variables, counselor gender and counselor attributes (no touch) were the only significant predictors of counselor attributes (touch) in the full multiple regression model. This finding implies that participants attend to the variables counselor gender and counselor attributes (no touch) and its' effect on counselor attributes (touch) separately.

The second interaction effect of this study was also found to be insignificant. Therefore this finding suggests that in combination the incest experience and counselor's gender do not significantly predict how participants' perceive counselors who use touch. Again it is noted that the research literature is virtually non-existent on the relationship between counselor's gender and client's experience of incest associated with the counselor's use of touch.

Additional Findings

Since the contribution of the no touch independent variables were found to be highly significant, additional interaction effects were investigated. An interesting finding was that the interaction between the no touch counselor attributes and incest experience was significant. That is, a relationship was found between the counselor's no touching behavior as indicated by the counselor attribute ratings and the participant's incest experience on participants' perceptions of counselors who did use touch. In graphing the

interaction effect, the lo and high mean scores from the three categories of the incest experience were plotted. On the dependent variable Counselor Attractiveness (touch) a stronger relationship between the interacting variables was found for participants who did not experience incest as well as those that were unsure that they experienced incest, than those that experienced incest. The interacting relationship on Counselor Attractiveness (touch) for the group of participants that experienced incest tended to be different than the other two groups of participants for the dependent variable Counselor Attractiveness (touch).

Plotting the lo and high mean scores for the three categorical groupings of incest experience for the interaction effect between Counselor Trustworthiness (no touch) and Incest Experience on the dependent variable Counselor Trustworthiness (touch), found that participants who responded unsure to an experience of incest had a stronger interaction relationship than the other two groups of participants. This indicates that there is a difference in the strength of the relationship between participants who were unsure to an experience of incest as compared to participants who responded yes and/or no to an experience of incest.

This significant finding makes a contribution to the research literature on womens' evaluations of counselor attributes when the counselors uses touch. Specifically, the finding indicates that the relationship between womens'

perceptions of counselor attributes when the counselor does not use touch and the participants' incest experience, is a significant predictor on how women perceive counselor attributes when the counselor uses touch.

Closer examination of the strength of the relationships as depicted on the graphs (Figure 1 and 2), made for an interesting discovery. The grouping of participants who responded yes to an experience of incest and those that responded unsure to an experience of incest differed more in the strength of their relationships on both dependent variables. This study's finding suggesting that there is a tendency for women who believe they have experienced incest and those that are unsure as to whether they experienced incest to differ more than be similiar is rather contrary to the research literature on clinician's groupings of adult survivors of incest. Researchers have found that a majority of child victims of incest are not believed if they choose to seek help from another adult and disclose the incestuous relationship (Courtois, 1988). According to Summit (1983) "acceptance and validation are crucial to the psychological survival of the victim" (p.179). A common child defense during the abusive act is to dissociate. This behavior may repress the memory for years. Incidents in the survivor's adult life may trigger past memories of the abuse. Often the memories come in fragments over a period of time. When the memories first come it is typical for the adult survivor to

doubt them. The current trend by clinicians treating adult survivors of incest is to believe their remembered experiences of incest even if the clients themselves have some doubt. This lends itself to the tendency for clinicians to treat patients who are unsure if they had an experience of incest, as incest survivors.

Therefore the difference of the strength of the relationships of the interaction effects between ratings of counselor attributes when the counselor does not touch and the incest experience on counselor attributes when the counselor does touch in this study gives consideration to the categorical grouping of surviors in treatment if incest is known or not.

CONCLUSIONS

The major conclusions of the study can be summarized as follows:

1. The evaluations of counselor attributes attractiveness and trustworthiness when the counselor uses touch by adult survivors of incest and non-victimized women is a function of the evaluations of counselor attributes attractiveness and trustworthiness when the counselor does not use touch and by the gender of the counselor.

2. Counselors are perceived as being significantly more attractive and trustworthy when they use touch as compared to when they do not use touch as depicted in counseling vignettes.

3. In this study, female counselors are perceived as being signficantly more attractive and trustworthy than male counselors when they use touch and when they do not use touch.

4. The experience of incest does not significantly influence how women evaluate counselors that use touch. Women who are survivors of incest, unsure as to whether they are survivors of incest or are not survivors of incest tend to perceive and rate counselors who use supportive touch on attributes of attractiveness and trustworthiness the same.

5. The severity of the participant's incest experience does not predict how they evaluate counselors. If a women experienced moderate or severe sexual abuse as a child by a

family member, this experience does not make a contribution to how they perceive counselors who use supportive touch.

6. The relationship between the counselor's touching behavior and counselor gender is not a predictor of womens' evaluations of counselors who use touch.

7. The relationship between the counselor's gender and the incest experience is not a predictor of womens' evaluations of counselors who use touch.

8. The relationship between the counselor's no touching behavior and the incest relationship does significantly influence how women perceive counselors who use touch.

LIMITATIONS OF STUDY

Conclusions from this study need to be cautiously viewed. The first limitation concerns the sampling procedure. The sample consisted of 130 female volunteers who were over the age of 18 and currently in counseling or therapy. Contacts were made with therapy centers, educational institutions and health facilities. In nearly half of the sample, counselors, therapists or teachers shared the announcement with potential participants. Volunteers may have had a particular interest, investment or higher enthusiasm to participate in the study than a random sample of participants. For example, they may have wanted to give their opinion of counseling techniques for women in counseling. In addition, most volunteers had a relationship with the individual announcing the study. The volunteers may have wanted to please their counselor, therapist or instructor. This further suggests that volunteer enthusiasm potentially biased the sample.

The study sought to have a sample consisting of women who were survivors of childhood sexual abuse by a family member as well as non-victimized women. However, the sample was unevenly distributed among survivors and non-victims. A more evenly distributed group of adult survivors and non-victimized women is suggested. Additionally, the survivor group consisted of women who responded "yes" to an experience of incest as well as women who were "unsure" as to whether or not

they experienced incest. The unsure category of women were unable to complete all the questions on their childhood abuse history on the Participant Profile. Therefore, including the unsure category of responses with the yes category of responses increased missing data, and in particular the computations for the severity of index experience. The strength of the data of participants who experienced incest would have been increased if the total group of women were sure of their incest experience.

The study was also limited to volunteers located in the Washington Metropolitan area, and women who are and possibly have been in counseling for periods of time. The results of this study need to be cautiously viewed with women who are not and have not been in counseling and live in other regions of the United States.

This sample consisted primarily of caucasian women and was limited in its scope of ethnic diversity. Therefore results need to be cautiously applied to women of other races.

This study did not include men and any generalization must be limited to women. As discussed in Chapter II, research studies have found a difference between males and females perceptions and reactions to touch in social and therapeutic settings. In Major & Heslin's study (1982) men rated actors more attractive in no-touch conditions as compared to women who rated actors more attractive in touch conditions. Jourard (1968) examined the differences between

womens' and mens' levels of comfortability with the same and opposite sex touching from both friends and strangers. He found that men had more favorable responses receiving touch from a stranger than women. Additionally, women experienced more vulnerability and are more concerned about their bodies when touched by an opposite sex stranger than men. He concluded that there important differences between men and womens' responses to touch by a stranger.

The method of evaluating counselor attributes was through simulated counseling vignettes as depicted on video tapes and not through live counseling vignettes. Perceptions of counselor attributes may have been different if the participants viewed actual counseling sessions in progress. Additionally, sample participants were witness to the counseling touch techniques and did not participate as a client in the counseling process. Partaking in the counseling session as a client and actually experiencing the counselor's touch may have changed the participants' perceptions of counselor attributes associated with the use of touch. Yet the findings of this study, giving credibility to participants' perceived evaluations of counselors when touch is used, supports further interest in the investigation of the impact of counselor's touch behavior on participants actually witnessing counseling sessions where the counselor uses touch or experiencing counselor's touch in a therapeutic setting.

IMPLICATIONS FOR FURTHER RESEARCH

Emerging out of these findings is the need for further research on the use of touch in counseling with women who have experienced the childhood trauma of incest. This sample consisted of 130 women, of which 53 experienced incest and 77 did not experience incest. Future research with this population needs to have a larger sample of women who are sure that they experienced incest, versus a mixed combination of women who are sure and unsure of an experience of incest. This would 1) limit any confusion and ambiguity about the incest experience 2) increase the potential that questions about the incest experience as presented on the questionaire and completed by each participant would be more complete 3) increase the strength of the findings.

With the increase in men disclosing events of childhood sexual abuse by a family member (Courtois, 1989), including men in the study would begin a base of knowledge about how men perceive the use of touch in counseling. Further study could then explore the differences between male and female adult surivors' perceptions of the use of touch in counseling.

Counseling facilities that serve the community at large and are representive of a more diversified clientel were contacted and asked to participate in the study. Although the administrative staff of these facilities were willing to sponser the study, the non-caucasian clients chose not to

participate. In order to secure a sample of participants with a variety of ethnic background, non-caucasian research assistants may encourage this diversity.

Perceptions of the use of counselor's touch would be enhanced if the simulated counseling vignettes were "live". Participants actually viewing the counseling sessions may yield different perceptions than when viewed on tape.

Furthermore, if repeated studies in perceived counselor attributes associated with touch with survivors of incest were conducted and had favorable findings, research investigations whereby participants actually experienced the counselor's touch in the therapeutic setting would give more indication as to whether or not touch is positively perceived.

This study investigated the research topic using quanitative analysis, although one of the instruments, Counselor Rating Form-SF had a qualitative component for participants to respond to. The qualitative responses gave additional insight into participants' reasoning as to whether or not they would go to a particular counselor. Participants responses were informative and interesting. Qualitative research on adult survivors of incest and non-victimized womens' perceptions of counselor's use of touch may provide additional understanding into womens' evaluations of counselors.

IMPLICATIONS FOR TRAINING

The findings of this study have some implications for training counselors and therapists in the use of supportive touch in the counseling situation.

Although the use of counselor's touch was positively perceived in comparison to counselors who did not use touch, the qualitative responses by participants indicated that touch was liked by some and not by others. Therefore, any counselor training in touch first begins with the awareness that the use of touch in counseling is a technique that must consider both the particular client receiving the touch and the particular therapist using the touch.

Whether or not the counselor is comfortable with the use of touch, educating counselors about touch would heighten their awareness and understanding. Education would focus on the importance and significance of touch in the growth and development of the individual, and touch as a method of non-verbal communication. Information would be supported by a review of the literature about the use of touch as a communication tool in both therapeutic and social situations.

The next step in education would be to assist the therapist in clarifying and understanding their belief system about touch. Emerging from this awareness would be a clearer understanding of the individual therapists' judgments and values about touch. This would possibly indicate whether

touch is or is not an appropriate technique for a particular therapist. If it is a technique that the therapist wishes to use in counseling clients, specific techniques for its use would be the second phase of counselor education and training. This training might then include, 1) with which clients touch may be appropriate with 2) what client situations would indicate the use of counselor touch 3) how to touch (place of contact, duration and pressure of contact) 4) dealing with client reactions to touch, whether they be positive or negative 5) dealing with any countertransference issues that may emerge for the therapist.

This research also suggests that adult survivors of incest did not differ significantly in their perceptions of the use of counselor touch than non-victimized women. Training for counselors in working with adult survivors of incest may paradoxically sensitize counselors to survivors issues and at the same time desensitize counselors to survivors issues. Findings of this study indicate that adult survivors perceptions of counselor's touch were not signficantly different than non-victimized women. Therefore this implies that the same caution be used in considering counseling touch techniques with adult survivors of incest and non-victimized women.

Ideally, counselor training in the use of touch techniques would begin in the university setting. Counseling textbooks are including information about the use of touch

techniques (Cory & Cory, 1984) and experiential practice would be recommended. Learning and practicing touch techniques in the classroom setting would enable students to receive immediate supervision and feedback by instructors and classmates. Experienced and practicing counselors may receive education and training in counselor touch techniques in continuing education workshops and classes. Counseling conferences and conventions could offer presentations on this topic by professionals who have this expertise.

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APPENDIX A

Letter to Therapist

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

DEPARTMENT OF FAMILY AND CHILD DEVELOPMENT—
NORTHERN VIRGINIA GRADUATE CENTER (703) 698-6035

September 1, 1991

Dear Therapist,

We are conducting a study which we believe may aid us in identifying and clarifying effective counseling techniques for women in therapy. Your assistance in this research project would be greatly appreciated. Recognizing that your time is limited, we have attempted to minimize therapist involvement.

We are asking therapists who lead groups for women to support our project. You will be asked to distribute to the women in your therapy groups a "Letter to Participant" explaining the study and asking for their voluntary participation. Participants will then sign an Informed Consent Agreement. Participants will complete a short standarized form measuring their present emotional feelings. Following the completion of this form, participants will view two four-minute career counseling videos. After each video, participants will complete a short questionnaire measuring their evaluation of the counselor. The participants will be asked to respond in writing to one qualitative question, "Would you go to this counselor for therapy? Why or why not?" Participants will then complete a two page "Participant Profile" comprised of general demographic information as well as a section on traumatic childhood experiences.

The estimated time of participation is 30 minutes. Therapists may choose to allow their clients to view the tapes and complete the questionnaires during their regularly scheduled group time. Dialoguing and processing of the experience afterward may serve as a catalyst for therapeutic work. Therapists have the option to present the study themselves (with prior instructions) or to have our research assistant present the study.

If you do not choose to allow the study to be conducted during regularly scheduled group times, we would like to coordinate with you a couple of dates where we may come to your facility during the non group hour and conduct the study. Our sense is that volunteers will be more willing to travel to a familiar and convenient location to participate. If this is not feasible we will arrange dates and times at Virginia Tech in Fairfax.

We believe that effective approaches and techniques in counseling and psychotherapy continually need to be investigated. It is our hope that this study will contribute to this body of knowledge. We thank you for your time and consideration. We will be calling to discuss your participation.

Sincerely,

Suzanne Torrenzano
Doctoral Candidate
(703) 729-0546

Sandra Stith, Ph.D.
Assistant Professor of Family Therapy
Virginia Polytechnic Institute &
State University
(703) 698-6031

2990 Telestar Court, Falls Church, Virginia 22042-1297

APPENDIX B

LETTER TO PARTICIPANT

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

DEPARTMENT OF FAMILY AND CHILD DEVELOPMENT—
NORTHERN VIRGINIA GRADUATE CENTER

Dear Participant,

As a doctoral student at Virginia Tech, I am undertaking a research project that I believe will assist counselors, therapists and ultimately clients in therapeutic settings. The purpose of my research project is to identify and understand counseling techniques that are effective and helpful for women in therapy.

Prior to asking for your volunteer participation, I wrote a letter to your therapist explaining the project. Therefore, I have consulted with your therapist or the therapist of the facility. I was given permission by them to ask for your participation.

For this project you will be asked to:

1. Complete an instrument, "Profile of Mood States", measuring your present emotional feelings.
2. View two career counseling videotapes, each 4 minutes in length.
3. Complete an instrument, "Counselor Rating Form", evaluating each of the counselors depicted in the tape.
4. Respond to one written question, "Would you go to this counselor for therapy? Why or why not?"
5. Complete a "Participant Profile", a three page form comprised of general demographic questions as well as a section on traumatic childhood experiences.

Estimated time of participation is 30 minutes. The project will either be held at your therapy facility or at the Virginia Tech in Fairfax. Location arrangements will be arranged with each therapy facility.

I believe that the data collected from the participants in this research project will aid counselors and therapists working with women clients. I appreciate you considering participation. Enclosed you will find a "Participation Consent" form. If you choose to participate please sign the form and return to the therapist at your facility for direct forwarding. I will inform you of the dates of participation within the next couple of weeks.

Thank you.

Sincerely,

Suzanne Torrenzano
Doctoral Candidate
Virginia Polytechnic Institute
and State University
(703) 729-0546

APPENDIX C

VOLUNTEER ANNOUNCEMENT

WOMEN VOLUNTEERS
YOU ARE NEEDED

For Doctoral Research on
Counseling Techniques for Women

WOMEN WHO ARE OVER EIGHTEEN YEARS OF AGE AND ARE CURRENTLY IN ANY TYPE OF COUNSELING OR THERAPY, INCLUDING INDIVIDUAL, COUPLE, FAMILY, GROUP, PASTORAL COUNSELING, SUPPORT GROUPS, ETC.

In this study women will view two counseling vingettes and complete forms evaluating the counselor's expertness. Additionally, women will complete a Participate Profile comprised of general information and a section on traumatic childhood experiences. The finding of this study will give theoretical insight into the use of specific counseling techniques with women in therapy. The approximate length of time of the study is 40 minutes in length.

Please R.S.V.P. Call:

Suzanne Torrenzano (doctoral candidate, Virginia Tech)
H. 703-729-0546 W. 202-223-6834

APPENDIX D

FACILITATOR'S WRITTEN DIRECTIONS FOR CONDUCTING THE STUDY

DIRECTIONS FOR DOCTORAL STUDY
TORRENZANO

1. Welcome group and introduce yourself. This is a doctoral study researching counseling techniques and approaches for women. Research with women is important and the results of this particular study will give insight into effective ways of supporting women in counseling. Your participation in this study is very much appreciated. (check to make sure women are adequately separate from one another to allow for privacy in completing forms)

2. To begin, (pass out) is a General Consent Form. This explains the study. If you agree to participate please sign it. This is the only form that will have your name on it. It will be collected immediately and kept separate from the other research forms. Also know that even though you decide to sign the form, for any unseen reason you want to stop participating in the study at any time know that you may. (collect forms, keep separate)

3. I will pass out these blue folders. Open them when I tell you. Each form is turned face down in the left pocket folder. You will be asked to take one form out at a time to complete. Do not look ahead at any other forms. Each time you complete a particular form insert it in the right pocket of the folder. (pass out folders as you are talking)

4. Does everyone have a folder? Please open your folder and take out the first form. This is a form that measures the mood you are in right now. I will read the directions to you because they are slightly different for this study. (Read directions and change where I have marked-emphasis this point) You will be marking 0 to 4 on your sheets after each emotion. To make it clearer and easier know that 0 stands for not like this, and 4 stands for yes like this. Please begin.

5. Visually check to make sure women put them in right pocket side when done.

6. Next you will be viewing 2, four minute, simulated counseling videotapes. The counselor and client are the same in each tape. There are only slight differences in each tape. After each tape you will complete a counselor rating form evaluating the counselor.

7. Turn on tape 1 (no touch). When done have women take out blue sheets. On the first page please rate the counselor, and on the second page briefly answer the question. When finished please put the form in the right pocket side. (note when all are completed, and then state is there anyone not completed, (to be double sure)).

8. Repeat same as 7 with tape II (touch).

9. The last piece of information you will complete is the Participant Profile. Please take it out of your folder now and begin. (Note that if women ask, page 2, Part C, the second set of questions about abuse, is about incest only. If the women do not ask specifically, there is no need to mention this).

10. When all women have completed the form, then collect the folders.

11. Thank them for their participation. At this time allow women to comment or ask questions about the research study.

APPENDIX E

GENERAL INFORMATION AND INFORMED CONSENT FOR PARTICIPANTS

GENERAL INFORMATION AND INFORMED CONSENT

Persons Participating in the Evaluation of Counselors

Purpose of the Study

The purpose of this study is to investigate women's evaluations of counselor's expertness, trustworthiness and attractiveness based on specific counseling techniques. The findings of the study will give theoretical insight into the use of specific counseling techniques with women in therapy.

Procedures

We are asking for your voluntary cooperation in the study. Even though you agree to participate, you are free to stop answering the questions and/or choose not to answer any questions at any time. Refusal to participate or discontinuing participation will have no negative consequences.

To begin the study, we are asking that you complete a one page standarized form measuring your present emotional feelings. You will then view two four minute video tapes of a career counseling session. After each video we ask that you complete a one page form evaluating the counselor, and in writing answer one open-ended question regarding the counselor. After you have viewed both videos, we ask that you complete a short "Participant Profile" comprised of general demographic information and a section on traumatic childhood experiences. The approximate length of time of the study is thirty minutes.

Investigators

This study is being conducted by the Department of Student Personnel Services, Virginia Tech, Northern Virginia Graduate Center, Falls Church, Virginia. The study is being carried out by Suzanne Torrenzano, Doctoral Candidate, and Sandra Stith, Ph.D., Assistant Professor. Ms. Torrenzano can be contacted at (703) 729-0546 and Dr. Stith at (703) 698-6035.

Confidentiality

All data collected is guaranteed to be strictly confidential. All counselor evaluation forms and questionnaires are numbered. Therefore all responses are not tied to names. PLEASE DO NOT PUT YOUR NAME ANYWHERE ON THE FORMS AND QUESTIONNAIRES. There will be no way to identify respondents or to know who participated.

Conclusions of the study are made on a group basis. Responses to the open-ended question regarding the counselor will be used to further support the research findings.

I, _____, have read the above information and agree to participate in the research study.

_____
Research Participant-Date

APPENDIX F

POMS-BI ORDERING INFORMATION

EdITS 1990 CATALOG OF TESTS, BOOKS,

GUIDANCE & INSTRUCTIONAL MATERIALS

EdITS
EDUCATIONAL AND INDUSTRIAL TESTING SERVICE
SAN DIEGO, CALIFORNIA

APPENDIX G

COUNSELING RATING FORM-S

COUNSELOR RATING FORM

Each characteristic on this page is followed by a seven-point scale that ranges from "not very" to "very". Please mark (X) the point on the scale that best represents how you viewed the therapist you heard on the tape. For example, the following ratings might show that the therapist was unfunny, but was dressed well.

Funny

Not Very __ X __ __ __ __ __ Very

Well Dressed

Not Very __ __ __ __ __ X __ Very

Though all the following characteristics we ask you to rate are desirable, therapists may differ in the degree to which they manifest them. We are interested in knowing how you view these differences.

Friendly

Not Very __ __ __ __ __ __ __ Very

Experienced

Not Very __ __ __ __ __ __ __ Very

Honest

Not Very __ __ __ __ __ __ __ Very

Likeable

Not Very __ __ __ __ __ __ __ Very

Expert

Not Very __ __ __ __ __ __ __ Very

Reliable

Not Very __ __ __ __ __ __ __ Very

Sociable

Not Very __ __ __ __ __ __ __ Very

Prepared

Not Very __ __ __ __ __ __ __ Very

Sincere

Not Very __ __ __ __ __ __ __ Very

Warm

Not Very __ __ __ __ __ __ __ Very

Skillful

Not Very __ __ __ __ __ __ __ Very

Trustworthy

Not Very __ __ __ __ __ __ __ Very

APPENDIX H

QUALITATIVE QUESTION

ATTACHED TO COUNSELOR RATING FORM-S

Would you go to this counselor for counseling? Why or why not?

APPENDIX I

PARTICIPANT PROFILE

PARTICIPANT PROFILE #____

Directions: Please complete the following sections in order to help us understand your responses to the counselor evaluations.

Part A. Information About You

Date of Birth _____ Sex _____

Race/Ethnic Background:
___Caucasian ___Black ___American Indian
___Asian ___Hispanic ___Other

Present Marital/Couple Status (check all that presently apply)
___Married living with spouse ___Single, living with other
___Live-in partner ___Single, living alone
___Other, please specify _____

Are you currently receiving therapeutic support services? ___Yes ___No
If Yes, please specify what type of service(s), i.e.: individual therapy, group therapy, family therapy, support group, etc.
_____

If Yes, what is the primary issue you are working on right now? _____

Part B. Family History

The following questions are designed to provide us with information about your family of origin (the family you grew up in). In order to understand your evaluations of the two counselor vignettes, your responses to the following questions are essential. Again, your responses will be kept confidential.

1. My family of origin consisted of (check all that apply)
___mother ___stepfather ___brother(s) (how many?)
___father ___stepmother ___sister(s) (how many?)
___stepbrother ___stepsister

2. In addition to the family members above, extended family members and others that lived in our household were
___grandmother ___grandfather ___aunt ___uncle
___cousin(s) ___my mother's or father's live in partner
___other (please specify) _____

3. I was the _____ child (check the appropriate box below) in the family.
___youngest ___only
___middle ___other (please specify) _____
___oldest

4. When I was a child I remember my parents or caretakers being (circle the number that applies)
1 2 3 4 5
Happily married Unhappily married

5. My parents or primary caretakers tended to be affectionate with one another in front of the family.
___yes ___no ___unsure ___does not apply

6. My parents or primary caretakers tended to be affectionate with the children in front of family members.
___yes ___no ___unsure ___does not apply

7. Concerning the use of touch in the home environment, as a child, I considered my family members being a
___high touch family
___medium touch family
___low touch family
___no touch family

8. Touch in my family home tended to be used at (check all that apply)
___greetings ___bedtime
___goodbyes ___special occassions
___other (please specify) _____

9. When I look back I believe that the use of touch in my family household was (check all that apply)
___positive ___inappropriate
___negative ___appropriate
___conditional ___other (please specify)_____
___insufficient ___sufficient

Part C. Traumatic Experience History

In this study, we are particularly interested in the relationship between your evaluations of the two counselor vignettes and any incestuous childhood sexual abuse you might have experienced. The definitions we are using are:

Sexual abuse by a family member: Any sexual contact or activity with a person who would be considered an ineligible partner because of blood and/or social ties to the child and her family.

Sexually abusive behaviors: Sexual abuse behaviors include, but are not limited to, exposure to another's genital organs, fondling through clothing, attempts at sexual intercourse, and intercourse itself.

Listed below are events that may have happened to you as a child and/or adolescent. Please check those events that occurred before you were 18 years old.

1. Using the definitions above, I was sexually abused by a family member. ___Yes ___No ___Unsure

2. Using the definitions above, I was sexually abused by a nonfamily member. ___Yes ___No ___Unsure

3. Were there other events or experiences that occurred in your life before you were 18 that you believe were traumatic? For example, physical abuse, neglect, a death in the family, major medical illness or surgery, etc.?
___Yes ___No If yes, please specify.
_____
_____
_____
_____
_____
_____

In order to understand your evaluations of the two counselor vignettes, your responses to the following questions are essential. Again, your responses will be kept confidential.
The following questions are designed to provide us with information about the type of abuse you may have experienced in your childhood. There is a non-applicable category for each question in the event that you didn't have this particular experience. Please mark this category when it applies.

1. My abuser was (check all that apply)
___male ___father ___brother ___stepfather ___non-applicable
___female ___mother ___sister ___stepmother
___aunt ___grandfather ___foster parent
___uncle ___grandmother ___other (specify) _____

2. My age when the first incident of abuse with a family member began was ___ years old. ___non-applicable

3. My age when the first incident of abuse with a family member ended was ___years old. ___non-applicable

4. The abuse happened:

___one time only ___over 10 times
___2-4 times ___I do not remember
___5-10 times ___non-applicable

5. The abusive relationship continued over a period of time of:

___one day ___several months ___more than two years ___non-applicable
___one week ___two years ___more than five years
___one month ___one year ___I do not remember

6. I received support services/counseling after the abuse started:

___No
___Yes
___non-applicable

If you answered "Yes", who initiated you receiving counseling services? _____

Amount of time elapsed between when the support/counseling services were rendered and the abuse stopped (fill in one):
Number of Days: _____
Number of Months: _____
Number of Years: _____

7. Are you currently in an abusive relationship?

___Yes ___No

8. How do you believe the childhood sexual abuse you experienced has affected your life? (check one)

___Extremely severe and negative ___non-applicable
___Moderately severe
___Of little severity
___Of no effect or consequence
___Having some positive value to me
___Moderately positive in value
___Extremely positive

APPENDIX J

CONSENT FORM

FOR VIDEO PARTICIPANTS

GENERAL INFORMATION AND INFORMED CONSENT

Persons Participating in the Video

Purpose of the Study
The purpose of this study is to investigate women's evaluations of counselor's expertness, trustworthiness and attractiveness based on specific counseling techniques. The finding of the study will give theoretical insight into the use of specific counseling techniques with women in therapy.

Procedures
We are asking that you participate in the making of two to four, four minute video tapes simulating a career counseling session. We are asking that you act in the role of the therapist or client. You will be given one written script to memorize for the video productions.

The four video tapes will be shown to approximately 160 women participating in the research study.

Investigators
This study is being conducted by the Department of Student Personal Services, Virginia Tech,m Northern Virginia Graduate Center, Falls Church, Virginia. the study is being carried out by Suzanne Torrenzano, Doctoral Candidate, and Sandra Stith, Ph.D., Assistant Professor. Ms. Torrenzano can be contacted at (703) 729-0546 and Dr. Stith at (703) 698-6035.

Confidentiality
The simulated video tapes will be shown for the purpose of the research study. YOUR NAME WILL NOT BE REVEALED. However, there exists the possibility that you may be recognized in the videos by a participant in the research study.

I, _____, have read the above information and agree to participate in the research study.

_____
Video Participant

APPENDIX K

SCRIPT OF COUNSELING VIGNETTE

TAPE A - FEMALE - TOUCH

Script-Female (touch)

Therapist: Hi Marybeth! (Therapist extends hand and shakes with client-2 seconds; touches with left hand on shoulder for 3 seconds and leads the way into the office with right hand).

Client: Hi Suzanne.

Therapist: Come on in.

Client: Thank you. (Both sit down in chairs)

Therapist: How have you been this week?

Client: Good.

Therapist: Tell me about your job search.

Client: It's been going real well. I was able to send out several resumes and secure a job interview for this Friday.

Therapist: That's great! Tell me about the job interview on Friday.

Client: I would be working with Loudoun County Public School system. It would be teaching art to the middle school students and I'm very excited about it but a little nervous.

Therapist: It must be exciting to secure a job in the field that you've been wanting to. Tell me a little bit about the nervous part.

Client: Well, I haven't interviewed in six years so I'm not quite sure about the process and how to present myself.

Therapist: It's typical to feel nervous about the interviewing process especially when you haven't interviewed for so many years. What we can do for today is we can practice that through a role play. How does that sound to you?

Client: Sure that sounds good. It sounds like it could be helpful.

Therapist: O.K. Let's try it. What I'll do Marybeth, is I will stand up and move to you and we'll imagine that the person to interview you on Friday comes in and sits in the chair. Would you like that to be a man or a woman? (Therapist stands and moves over to right side of client; she looks at her as she is talking).

Client: A woman.

Therapist: O.K. She'll sit down and she'll ask you a general, open ended question to tell her why it is that you're qualified for the job. What is it about you and your experience that makes you the right person. What I'd like you to do is just spontaneously answer her.

Client: O.K.

Therapist: O.K. Alright. So let's begin. She comes in and sits down and asks you the question.

Client: O.K. I'm really excited to be here at this interview today. I've wanted to teach in the upper grade level for some time. I...I don't know Suzanne, it's just...the words aren't coming to me.

Therapist: (Therapist moves closer to the side of client; she turns her head and looks at her; client's head is turned facing therapist-eye contact is made; therapist touches client with her left hand on her shoulder, in a gesture of support-18 seconds; right hand motions and gestures as she speaks). O.K. What I'd like you to do, Marybeth, is really connect to your excitement about the job and think about your experiences you've had and enthusiasm for art and try to let yourself speak from that place when you answer the question. O.K.?

Client: O.K.

Therapist: O.K. Let's try it again.

Client: I'm really excited to be here today for this interview. I've wanted the opportunity to teach upper grade level students for quite some time. As you can see from my resume, I've had quite a few experiences within the school system and without. I love teaching art and I do my own art work, and I'm really involved with the museums and galleries in our area. I really believe that if you crate a safe and interesting and creative environment for students that you can really bring out their creativity inside. What I'd really like to do is I'd like to know more about your specific art program and I would like to see your art studio.

Therapist: (Therapist turns her head and looks a client; she responds by turning her head and looking at him; with her left hand she touches her shoulder in a gesture of support-3 seconds). That was good. That was good. O.K. The role play is over and the person that was interviewing you has left the room. So I'll resume my chair. (Therapist sits down in chair). It seemed that once you started talking you seemed more comfortable with yourself and were feeling more confident as you were speaking.

Client: It was very helpful...

APPENDIX L

SCRIPT OF COUNSELING VIGNETTE

TAPE B - FEMALE - NO TOUCH

Script-Female (no touch)

Therapist: Hi Marybeth!

Client: Hi Suzanne.

Therapist: Come on in. How have you been this week?

Client: Good.

Therapist: Tell me about your job search.

Client: Umm, it's been going well. I was able to send out several resumes and secure a job interview for this Friday.

Therapist: That's great. It sounds like it's been a productive week. Tell me about your job interview on Friday.

Client: I was able to secure uh, a job interview with the Loudoun County Public School system and it would be teaching middle school art, but I'm a little nervous about it, and excited.

Therapist: It's exciting that you've secured a job in the field you've been wanting. Tell me about the nervous part.

Client: Well I'm nervous because I haven't interviewed for six years and I'm not quite sure about the interviewing process and how to present myself during an interview.

Therapist: It's typical to feel nervous about interviewing, especially if you haven't interviewed in so many years. What we can do today is we can practice for the interview by doing a role play. How does that sound to you?

Client: That sounds good. It's good to know that it's typical to be nervous.

Therapist: O.K. What I will do is I will come and stand by you and we'll imagine that the person that is interviewing you for the job on Friday comes in and sits down. Would you like it to be a man or a woman? (Therapist stands and moves over to right side of client; she looks at her as she is talking).

Client: A woman.

Therapist: O.K. So she sits down and she's going to ask you an open ended question like, "Tell me why it is Marybeth, that you're qualified for the job? What is it about your experience with art and your excitement for art that makes you the person for this job?" And what I'd like you to do, Marybeth, is just answer spontaneously about why you think your the right person.

Client: O.K.

Therapist: O.K. So let's begin. She comes in and has a seat and asks you the question; then you just answer.

Client: I'm really excited to be here today for this interview. I've wanted the opportunity to teach upper grade level students for some time. I don't know Suzanne. I'm just not quite sure what to say. The words aren't coming to me.

Therapist: (Turns her head to look at client; she turns her head in response-eye contact is made). O.K. What I'd like you to do Marybeth is to connect to your excitement for art and to think about all the experiences you've had and let yourself really feel it and speak from that place. Just let yourself speak with excitement for art and see how that goes.

Client: O.K.

Client: I'm really excited to be here today for this interview. I've wanted the opportunity to teach upper grade level students for some time. As you can see on my resume I have quite a few experiences teaching both within the public school system and outside of the public school system. I'm very excited about art and do my own art at home. I visit the museums and galleries and I really try to have a creative environment for my students during school. I really believe that if you can have an environment where they feel safe and secure and creative that this can really bring out the creativity inside of each student. What I'd like to do is I'd like to know more about your specific art program and I'd like to see the art studio.

Therapist: (She turns her head and looks at client; she responds by turning her head and looking at her). That was good.

Client: Thank you.

Therapist: O.K. the role play has ended and the person who was sitting there in the chair has left and I will resume my position there. (Therapist sits down).

Client: O.K.

Therapist: It seems that once you started talking you were beginning to feel more confident as you...

APPENDIX M

SCRIPT OF COUNSELING VIGNETTE

TAPE C - MALE - TOUCH

Script-Male (touch)

T: Hi Marybeth.

M: Hi Chris

T: Come on in.

M: Thank you.

T: How's your week been?

M: It's been good.

T: How's your job search gone this week?

M: It's gone real well. I was able to send out several resumes and secure a job interview for this Friday.

T: Sounds like a productive week. Tell me about your job interview this Friday.

M: O.K. It's with Loudoun County Public School system and I'd be teaching 7th and 8th grade art and I'm really excited about the possibility, but I'm a little nervous too.

T: It must feel exciting to secure a job interview in your field. Tell me about the nervous part.

M: Well I'm nervous because I haven't um... interviewed in six years and I'm rusty with the process and I'm not quite sure how to present myself.

T: It's typical to feel nervous about the interviewing process, especially when you've been away from it for so many years.

M: That's good to know.

T: For today's section we can focus on the upcoming interview. We can practice by using a role play. Would that be helpful?

M: That sounds like that could be real good.

T: O.K., what I'll do is, I'll come over and stand by you. We'll imagine that the interviewer will be sitting here and, would you like it to be a man or a woman?

M: A woman.

T: O.K. Let's imagine that she's sitting here and you've just sat down and that she asked you an open ended question. "Marybeth, tell me something about yourself and your experiences, and what makes you qualified for the job?" Now allow yourself to answer spontaneously. I'll be standing here by you.

M: O.K.

T: Begin when your ready.

M: I'm really excited to be here today. I've wanted the opportunity to teach at an upper grad level for some time. I...I don't know Chris. It's just... the words just aren't coming to me.

T: Yes, it can be challenging. Allow yourself to speak from your excitement about art, your enthusiasm for the teaching, and from the rewarding experiences that you've had.

M: O.K. I'm really excited to be here today. I've wanted the opportunity to teach at an upper grad level for some time. As you can see by my resume I have a lot of different experiences teaching within the school system and without. Presently I'm teaching elementary school students. I'm really excited about art and I do my own art and I'm active in the art community visiting museums and galleries that are located in the area. I really believe that in teaching that uh.. you can bring out the creative thought in a child through creating a space and creative environment. Um, at.. when you do that, umm, ... then your child is able to really express his own creative...creativeness. Um.. what I'd really like to do is I'd like to know a little bit more about your specific program here at the school and I'd like to see the facilities that I might be teaching in.

T: That was really good.

M: Thanks.

T: O.K. The interview imaginary process here is now over and the interviewer has gone. So I'll resume my seat. You sounded much more confident. Could you feel your self becoming more confident as the interviewing process was going?

M: Yes, I could. It was really helpful...

APPENDIX N

SCRIPT OF COUNSELING VIGNETTE

TAPE D - MALE - NO TOUCH

Script-Male (no touch)

T: Hi Marybeth.

M: Hi Chris.

T: Come on in.

M: Thank you.

T: How have you been?

M: Good.

T: How has your job search gone this week?

M: It's gone real well. Umm...I was able to send out several resumes and secure a job interview for this Friday.

T: Sounds like a productive week. Tell me about the job interview this Friday.

M: It's with Loudoun County Public Schools system and I would be teaching art to seven and eighth graders. I'm really excited about the possibility, but I'm a little nervous too.

T: Well, it must be exciting to secure a job interview in your field. Tell me about the nervous part.

M: I'm nervous because I haven't interviewed in six years and I'm not in touch with the interviewing process and I'm really not quite sure how to present myself.

T: It's typical to be nervous about the interviewing process, especially when you've been away for so many years.

M: That's good to know.

T: For today's session we can focus on the upcoming interview. Umm, we can practice by using a role play. Would that be helpful?

M: That sounds like it would really help.

T: O.K. What I'm going to is I'm going to stand over here by you and we're going to imagine that the interviewer is sitting in this chair.

M: O.K.

T: Would you like it to be a man or a woman?

M: A woman.

T: O.K. Let's imagine that she's sitting here and you have just sat down. And she's going to ask you an open ended question.
Marybeth, tell me something about yourself and your experiences and what makes you qualified for this job. Now allow yourself to answer spontaneously. I'll be standing here.

M: O.K.

T: Begin when your ready.

M: I'm really excited to be here today on this interview. I've wanted the opportunity to teach in upper grade level for some time. I, I don't know Chris,...the words just aren't coming to me.

T: Yes. It can be challenging. Allow yourself to speak from your excitement about art, your enthusiasm for teaching, and from the rewarding experiences you have.

M: O.K. I'm really excited to be here today for the interview. I've wanted the opportunity to teach art in the upper grade level for sometime. As you can see by my resume, I have quite a few different experiences within and without umm, the school system. I, uhh, I presently am teaching elementary art and I'm really excited about art. I do my own art at home and I'm very active in the art community within the museums and galleries. I really believe that in teaching you can bring out the creative side in each child through the environment; by creating a space and uhh, a creative environment this can really help bring out um each child's own umm individual creativity. What I'd really like to do is to know more about his particular school's art program and I'd like to see the facilities that I might be teaching in.

T: O.K. That was really good.

M: Thanks

T: O.K. The interviewing process is now over, and the interviewer has gone so I will resume my seat.

M: O.K.

T: You sounded much more confident and comfortable. Did you feel yourself becoming more confident as....

VITA

Suzanne Elaine Torrenzano was born on November 19, 1954, in Franklin Square, New York. She graduated with honors from Springfield College in Springfield, Massachusetts in 1976 with a Bachelor of Science with a double major in Rehabilitation-Education. In the fall of 1976 she was granted an internship at the Walker Home and School for Boys enabling her to pursue her graduate work in Special Education at Boston University, Boston, Massachusetts. In 1977 she graduated with a Masters in Education.

For six years she was employed as a special education teacher with emotionally disturbed children and adolescents in both private and public institutions in Massachusetts, Virginia and Maryland.

In 1980 Suzanne began her studies in holistic therapies and earned certification in massage therapy and Gestalt therapy. She has continued her studies in body therapies and has been a practioner and teacher of body-centered therapies for eleven years.

In 1985, after the birth of her first child, Matthew, Suzanne returned to the University to pursue her doctoral studies. Now a mother of two, Suzanne will be awarded the degree of Doctor of Education in December, 1992.