

## Chapter 11

# NONVERBAL COMMUNICATION AND COUNSELING OUTCOME

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Nonverbal behavior is an extremely important mode of communication. In the popular media, numerous books purport to teach the reader how to understand body language. In counselor training (e.g., Carkhuff, 1969; Ivey, 1971) time is usually spent teaching attending skills so that counselors can learn to exhibit the “appropriate” nonverbal behaviors to communicate undistracted listening and to detect un verbalized feelings in the client. However, the scientific study of nonverbal communication is fairly recent. At present, the role of nonverbal communication in counseling/psychotherapy has not been empirically established. Reviewers have called for more research, particularly in the study of nonverbal behavior in naturalistic settings (Gladstein, 1974; Harper, Wiens, & Matarazzo, 1978; Hughey, 1974).

From the study of nonverbal communication in general psychology, we identified three major areas that seemed relevant to counseling effectiveness: nonverbal abilities, nonverbal behaviors, and congruence between verbal and nonverbal channels of communication. The first area of abilities to send (encode) and receive (decode) nonverbal messages comes from the study in personality and social psychology of traits and individual differences. If some persons are more skilled than others in interpreting and communicating nonverbal messages, then this has implications for the selection of counselors for training and perhaps for the selection of clients for specified types of counseling.

The second area, nonverbal behaviors, has been studied more often in counseling psychology. Gladstein (1974) reviewed 77 empirical studies but found that only 33 of these had used real helpers/helpes and actual counseling/psychotherapy. The typical study has used an analogue format with short videotaped vignettes or still photographs. The results of these studies need to be replicated in more naturalistic settings to determine if specific nonverbal behaviors are necessary for counseling effectiveness. The findings have implications for counselor training.

The third area is potentially the most exciting in that it begins to tap the complex interplay between verbal and nonverbal communication. Congruence, or the consistency of emotions expressed in verbal and nonverbal channels of communication, has also received more empirical attention from social psychologists. For example, DePaulo (Note 1) found that discrepant messages are harder to decode, and Mehr-

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The order of names of the second through the fifth authors was randomly determined. This project was planned and conducted cooperatively by the entire research team. The decoding portion of Experiment 1 was based on a master’s thesis by Barbara Gronsky; Experiment 2 was based on an undergraduate honors thesis by Frank Sturniolo; and Experiment 3 was based on a master’s thesis by Larry Siegelman.

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abian (1972) hypothesized that when there is a contradiction between verbally and nonverbally expressed attitudes, the nonverbal portion will be taken as the true attitude (e.g., sarcasm). The concept of congruence has also received a lot of theoretical attention from counselors, beginning with Rogers (1957), who labeled it as one of the necessary and sufficient conditions for a therapeutic relationship. However, the measurement of this concept has been problematic, and no behavioral measures have been developed that tap congruence of channels of communication within actual counseling sessions.

Furthermore, past research has examined counselor nonverbal variables to the exclusion of those of clients. The underlying assumption is that counselor skills are the sole determinant of counseling effectiveness. This assumption has been increasingly challenged (cf. Garfield, 1978). Currently the assumption has been that both counselor and client behaviors are important contributors to the counseling process.

The purpose of the present investigation was to comprehensively examine the relationship of both counselor and client nonverbal communication (on nonverbal abilities, nonverbal behaviors, and verbal–nonverbal congruence) with counseling outcome. Based on previous literature, nonverbal measures were selected that were hypothetically related to counseling outcome measures; therefore, one-tailed tests of significance were used. Additionally, because of the large number of significance tests conducted, an alpha level of  $p < .01$  was maintained throughout the study. The three areas of nonverbal communication are relatively distinct, so the data will be presented as three separate experiments. The shared methodology will be explicated in Experiment 1.

### Experiment 1: Decoding and Encoding

Mehrabian (1972) defined decoding as the inference of another's state, relation, or attitude from subtle cues. The Profile of Nonverbal Sensitivity (PONS; Hall, Rosenthal, Archer, DiMatteo, & Rogers, 1978; Rosenthal, Archer, Koivumaki, DiMatteo, & Rogers, 1974) was developed to measure decoding ability; adequate reliability and validity have been demonstrated for this instrument. Three studies utilizing the PONS have provided preliminary evidence of an association between counselors' decoding ability and clinical skills. Hall et al. (1978) found weak but significant correlations between clinician scores on the PONS and supervisory ratings of clinical skill. In an unpublished study by Burruss (cited in Hall et al., 1978), therapist scores on the PONS predicted change among alcoholic patients better than ratings of therapist skills by the therapists themselves, supervisors, or colleagues. DiMatteo, Friedman, and Taranta (1979) found that scores on the body channel of the PONS were significantly correlated with physicians' interpersonal success with patients in a clinical setting. However, this relationship was not supported in a fourth study by Lee, Halberg, Kocsis, and Haase (1980), in which no relationship was found between counselor PONS scores and client ratings of the counselors. Thus, there is some evidence of a weak relationship between nonverbal abilities and clinical skills, although this has not replicated in a counseling setting.

Encoding can be defined as an ability to transmit or send nonverbal cues of emotion (i.e., the capacity to be emotionally expressive). Only one study has examined the relationship of encoding to clinical effectiveness. Friedman, DiMatteo,

and Taranta (1980) found a weak but positive relationship between physician encoding ability and patient satisfaction within a physician–patient relationship. Because the process of encoding is idiosyncratic, no standardized or objective measures have been developed, and researchers have used different methodologies.

The nonverbal abilities (decoding and encoding) have been studied extensively in social psychology but have only recently received attention in the counseling literature. We intuitively believe that counselors vary individually in nonverbal sensitivity. Hence, it seems appropriate to study these variables further. The purpose of the first experiment was to investigate the relationship of decoding and encoding abilities of both counselors and clients to outcome measures of counseling.

### *Method*

#### *Participants*

The clients were 20 males and 20 females between 17 and 20 years of age. Students volunteered in response to announcements made in introductory psychology classes. Only those volunteers were selected who indicated on a sign-up sheet that they were very or somewhat willing to talk about a personal problem and had never been in counseling. Subjects received course credit for participation.

Twenty doctoral-level students (10 males, 10 females) in the counseling psychology, clinical psychology, and counselor education programs at a large eastern university served as counselors. All counselors had completed at least 2 years of graduate training, including at least 1 year of practicum experience.

#### *Outcome Measures*

*Barrett-Lennard Relationship Inventory (BLRI; Barrett-Lennard, 1962).* The BLRI measures perceptions of counselor-offered empathy, regard, congruence, and unconditionality of regard. There are 64 items (16 on each scale), each of which is rated on a 6-point scale (from  $-3$  to  $+3$ ). Split-half reliability of the scales ranges from .82 to .96. Content validation was established by counselor rating of the valence of the items; only those items were retained for which experienced counselors had full agreement as to the positive or negative valence.

*Counseling Evaluation Inventory (CEI; Linden, Stone, & Schertzer, 1965).* The CEI measures counseling climate, satisfaction with counseling, and counseling comfort. The measure consists of 19 randomly ordered items, each rated on a 5-point scale. Discriminative validity has been established for the three scales and the total score, using counselor trainees' practicum grades as a criterion. Total test–retest reliability ranges from .62 to .83.

*Counselor Rating Form (CRF; Barak & LaCrosse, 1975).* The CRF measures clients' perceptions of counselors' expertness, attractiveness, and trustworthiness. A total score combines the three scales. The total measure contains 36 randomly ordered 7-point bipolar items, with 12 items on each scale. Split-half reliability for the three dimensions, based on a normative group of undergraduates, ranges from .75 to .92.

Table 1 presents the means and standard deviations for all outcome measures

Table 1—Means and Standard Deviations for  
Counseling Outcome Measures

Variable	Client		Counselor	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
BLRI	98.33	38.73	88.23	41.64
CEI	25.75	9.35		
CRF	214.03	24.84		

*Note.* BLRI = Barrett-Lennard Relationship Inventory; CEI = Counseling Evaluation Inventory; CRF = Counselor Rating Form.

(client BLRI, CEI, and CRF, and counselor BLRI). The three client measures were all at least moderately correlated (for BLRI and CRF,  $r = .35$ ; for BLRI and CEI,  $r = .39$ ; for CRF and CEI,  $r = .77$ ). The client and counselor forms of the BLRI were also moderately correlated ( $r = .34$ ).

### *Decoding and Encoding Measures*

The PONS (Hall et al., 1978; Rosenthal et al., 1974) assesses ability to understand nonverbal communication transmitted through different nonverbal channels. The PONS is a film comprised of 220 2-sec audio and/or video segments. In each segment, a young woman portrays one of 20 randomly ordered situations such as "criticizing someone for being late" or "talking to a lost child." For each scenario, the subject chooses, from a pair of descriptions of cross-culturally relevant situations, the best description of what has just been seen and/or heard. Each scenario is represented in 11 different channels of nonverbal communication involving various combinations of face, full body, and two forms of verbal content-filtering, which make the speech unintelligible. Adequate reliability and validity has been established on over 4,000 subjects varying in cultural background, age, occupational status, and other criteria (Hall et al., 1978).

### *Encoding task*

Since there are no standardized measures of encoding, this measure was modeled after commonly used procedures according to Hall (Note 2).

Each participant was seated in an armchair directly facing the camera for a full body shot and was videotaped while briefly enacting each of eight scenarios, similar to those used on the PONS. The sequence of scenarios for each person was determined randomly (with 10 random sequences).

The 480 scenarios (60 participants, i.e., 40 clients and 20 counselors  $\times$  8 scenarios) were divided into two stimulus tapes. Each tape contained four consecutive scenarios from each subject, with the order of subjects randomly determined for each tape. To insure equal duration of all segments, all utterances were truncated to 3 sec. A ROVOCO Model 104 Voice Control Filter with bandpass filters set for optimal

frequencies was used to make the words unintelligible while leaving the expressive qualities of the voice more or less intact; this was done to ensure that judges looked for the nonverbal characteristics rather than the verbal content of the message.

Seven undergraduate assistants, selected for high-decoding ability (as measured by the PONS) served as judges. After watching each 3-sec filtered videotaped segment, they attempted to identify which of the eight scenarios the subject was expressing. The total encoding score for each subject was the average number of judges accurately identifying each segment. The seven judges had an average accuracy score of 2.75 out of 8 identifications, which is better than chance (1 of 8). The average agreement level between pairs of judges was low (average  $\kappa = .20$ ).

### *Procedure*

Counselors conducted two 30-minute counseling sessions, one with a male and one with a female client. The two sessions were separated by varying intervals of time (from no separation to 2 weeks). They were informed that the study would focus on the counseling interaction, but they remained blind as to the exact purposes of the study. Counselors were instructed to be as helpful as possible with their clients, making appropriate referral for clients who wished further help for their personal problems. Clients were instructed to come prepared to discuss a personal problem for a half hour. The client and counselor were seated in armchairs directly facing each other at a distance of approximately 55 inches (1.40 m) from the centers of the chairs. Each session was videotaped.

After the session, clients completed the BLRI, the CRF, and the CEI. The counselors also completed the BLRI.

Approximately 2 weeks later, clients and counselors ( $N = 60$ ) completed the encoding and decoding tasks and were debriefed about the study.

### *Results*

On the PONS, clients' mean score was 175.96 ( $SD = 19.57$ ) and the counselors' mean score, 184.68 ( $SD = 6.64$ ). On the encoding measure, the clients' mean score was 2.35 ( $SD = .93$ ) and the counselors' mean score, 2.55 ( $SD = .90$ ). In comparing the PONS scores of the counselor sample to the general norms (Rosenthal et al., 1974), the means were very similar, but the standard deviations were significantly smaller ( $p < .01$ ). The client sample did not differ from the norm group on the PONS scores.

None of the relationships between the nonverbal measures and the four outcome measures was significant. The PONS scores were not related to encoding scores for either counselor or client.

### *Discussion*

Nonverbal abilities had virtually no impact on evaluations of counseling effectiveness. Consequently, neither client nor counselor decoding or encoding skills, as measured in this study, helped to explain what determines a good counseling session.

These findings are similar to a recent study (Lee et al., 1980), which used a similar methodology and found no relationship between counselor PONS scores and client ratings of the counselor. However, these results contradict earlier findings by Hall et al. (1978), Burruss (cited in Hall et al., 1978), and DiMatteo, Friedman, and Taranta (1979), all of which used different methodologies and found weak relationships.

Both measures in this study had methodological problems. Counselors not only scored higher than clients on the PONS ( $t = 4.64, p < .001$ ), but their standard deviations were quite low, suggesting the presence of a ceiling effect. The resulting restricted range may have reduced the possibility for significant relationships with outcome measures. On the encoding measure, very low agreement among judges was obtained. Judges found the task to be aversive because the segments were brief (3 sec) and so little information was presented. Although the decoding and encoding measures were the most commonly used, they did not appear to be methodologically adequate. These measures may be more appropriate for social psychology experiments than for counseling settings. They do not seem to tap the nonverbal skills that differentially affect a counseling situation.

### Experiment 2: Nonverbal Movements

A number of studies have shown that nonverbal behaviors are not random activity but have communicative value (Ekman, 1964; Mehrabian, 1972). In fact, nonverbal behaviors alone (e.g., voice-tone, facial expression, and body movements) can reliably communicate emotions and relationship characteristics (Allport & Cantrill, 1934; Buck, Miller, & Caul, 1970; Davitz & Davitz, 1959; Dusenbury & Knower, 1939; Fairbanks & Pronovost, 1939; Fretz, 1966; Howell & Jorgensen, 1970; Knower, 1945; Munn, 1940; Pfaff, 1954; Thompson & Meltzer, 1964; Zuckerman, Lipets, Koivumaki, & Rosenthal, 1975).

Given the obvious significance of communication in counseling, nonverbal behaviors have received an increasing amount of attention. Hughey (1974) theorized that nonverbal behavior serves several purposes in the counseling relationship: communication of meaning, leakage of information, deception, regulation of the interaction and attitudes, and indication of change in the therapeutic relationship. Despite the reported importance of nonverbal behavior within the counseling process, few studies have examined actual counseling sessions (Gladstein, 1974). Most social and counseling psychology studies have utilized an analogue methodology, which shows short videotaped vignettes or still photographs as stimuli and has subjects rate the counselor on any of several measures. This procedure seems to measure impression formation rather than the impact of specific behaviors in the counseling process.

The purpose of this study was to examine the relationship between counselor and client nonverbal behaviors and outcome in a more naturalistic setting. Based on the past literature, the frequencies of the following counselor behaviors were hypothesized to be related to counseling outcome: affirmative head nods would be positively correlated (Hackney, 1974; LaCrosse, 1977; Sobelman, 1974); smiles would be positively correlated (Bayes, 1972; Fretz, 1966); a body orientation directly facing the client would be positively related (Haase & Tepper, 1972; LaCrosse, 1977; Sobelman, 1974); a forward trunk lean would be positively related (Genther & Moughan, 1977; Haase & Tepper, 1972; LaCrosse, 1977; Sobelman, 1974; Tepper

& Haase, 1978); a leg position of the ankle of one leg resting on the knee of the other leg would be negatively correlated (Smith-Hanen, 1977); and both vertical and horizontal arm movements would be positively correlated (Fretz, 1966; LaCrosse, 1977; Sobelman, 1974).

### *Method*

The research participants, procedures for conducting the counseling sessions, and outcome measures were reported in Experiment 1.

#### *Definitions of Nonverbal Behaviors*

Affirmative head nods were any vertical movements of the head not directly associated with a horizontal movement. Smiles were defined as a turning upward of the lips. Direct facing of the body was defined as squarely facing the other person. Forward trunk lean occurred when the person's shoulders were in front of the bottom of his/her seated body. The leg position was defined as when the ankle of one leg rests on the knee of the other leg. Vertical arm movements were any up and down movements of the arm, whereas horizontal arm movements were any sideways movements.

#### *Procedure*

Videotapes of the 40 counseling sessions provided the data for the nonverbal behaviors. The audio portion of each tape was erased, and numbered beeps were dubbed onto the tapes at 5-sec intervals, yielding approximately 360 numbered segments per 30-min session. The 5-sec interval was chosen so that the nonverbal behaviors would be readily observable yet not so gross (e.g., 1-min block) as to exclude potentially important data regarding repetitions of a movement.

To provide judgments of the frequency of the nonverbal behaviors, eight female undergraduates were selected from a pool of approximately 60 volunteers on the basis of high grade point averages and high scores on the PONS, a measure of the individual's ability to decode communication. Pairs of raters were trained to observe two specific behaviors (e.g., smiles and head nods). After definitions and trials, training tapes were rated and raters discussed the criteria they used to make decisions. This procedure was repeated until the two raters consistently agreed on at least 80% of the segments. After training, raters worked independently to complete their ratings on all 40 tapes. Raters indicated whether or not a given behavior occurred in each 5-sec segment. Each behavior was rated by one rater, with 10% of the tapes rated again by a second rater to assess reliability. Final reliabilities ranged from .71 (smiles) to .99 (leg position and direct facing). Average reliability for all seven movements was .91. The proportion of occurrence of nonverbal behaviors was calculated by dividing the number of occurrences within the 5-sec segments by the total number of segments in the session.

### Results

Means and standard deviations of client and counselor nonverbal movements are shown in Table 2.

Table 3 presents the correlations between counselor nonverbal movements and counseling outcome measures. A review of this table indicates that only counselor vertical arm movements were significantly correlated ( $-.32$ ) with any client-rated outcome. Counselor smiles and forward trunk lean were significantly correlated with counselor BLRI. However, these three correlations were of weak magnitude and only slightly above the number which could be expected to occur by chance.

Of the 28 correlations between client nonverbal behavior and counseling outcome, only one significant result was found, which could be attributed to chance.

### Discussion

Frequency of occurrence of specific nonverbal behaviors appeared to have minimal impact on evaluations of counseling effectiveness. The most likely explanation for the lack of significant results in this study as compared with past research is the use of more naturalistic methods rather than the usual analogue methodology. In an analogue, when subjects are shown a still photograph or a videotape segment of counselor behavior, nonverbal cues probably assume a greater importance simply because of the lack of other information available. In a naturalistic setting, the client or counselor responds to many additional cues (e.g., verbal content and relationship factors).

Further, the use of frequency data did not seem adequate for tapping the complexity of the role of nonverbal behavior in the counseling process. It may not be the frequency of occurrence of nonverbal behavior but an occurrence at a specific moment that is important. Also, the interaction between counselor and client nonverbal behavior as well as the interaction between verbal and nonverbal behaviors cannot be examined through simple frequency counts. The context, content, and

Table 2—Means and Standard Deviations of Client and Counselor Nonverbal Behaviors

Movement	Client		Counselor	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Head nods	9.5	5.5	49.6	16.5
Smiles	11.0	9.3	6.2	5.3
Direct facing	96.8	9.7	94.4	13.4
Trunk forward	7.1	22.1	18.2	31.2
Legs: Ankle on knee	9.3	23.3	38.0	43.2
Vertical arm	8.8	5.9	11.4	7.4
Horizontal arm	3.0	2.8	7.4	5.3

*Note.* All entries are percentages of all the 5-sec segments in which this movement occurred.

Table 3—*Correlations Between Counselor Nonverbal Behaviors and Counseling Outcome*

Movement	Counseling outcome measure			
	Client			Counselor
	BLRI	CEI	CRF	BLRI
Head nods	.01	.14	.07	.06
Smiles	.26	.13	.13	.31*
Direct facing	-.20	-.04	-.04	-.22
Trunk forward	.00	-.13	.09	.36**
Legs: Ankle on knee	-.08	-.11	-.12	-.25
Vertical arm	.00	-.26	-.32*	-.13
Horizontal arm	-.08	-.10	-.11	-.11

*Note.* BLRI = Barrett-Lennard Relationship Inventory; CEI = Counseling Evaluation Inventory; CRF = Counselor Rating Form.

\* $p < .01$ . \*\* $p < .001$ .

dynamics all probably need to be considered in answering the complicated question of how nonverbal behavior operated in the counseling process.

### Experiment 3: Congruence

A recurring theme throughout the research in nonverbal communication in counseling/psychotherapy is the degree of consistency between verbal and nonverbal channels of communication. Haase and Tepper (1972) concluded that even highly empathic verbal messages are undermined by inconsistent or contradictory nonverbal cues and that congruence may be an essential underpinning to all core facilitative conditions. Graves and Robinson (1976) demonstrated that judged counselor congruence is significantly less when verbal and nonverbal cues are inconsistent. Barrett-Lennard (1962) stated that level of congruence is conceived to set an upper limit to the degree to which empathic understanding of another is possible. Consequently, a certain degree of congruence between verbal and nonverbal messages would appear to be critical for the successful communication of empathy.

Despite the importance of the concept of congruence, no measure has been developed to assess the consistency of verbal and nonverbal messages within a counseling session. Previous measures have assessed participants' perceptions of congruence after the session (Barrett-Lennard, 1962) or have used judges to rate congruence (Carkhuff, 1969). The first purpose of this study was to assess and compare counselor and client perceptions of their own verbal-nonverbal congruence and validate this type of congruence with the Congruence subscale of the BLRI. A second purpose of the study was to determine if congruence was related to outcome measures of counseling.

### *Method*

The research participants, procedures for conducting the counseling sessions, and the outcome measures were reported in Experiment 1.

#### *Congruence Measure*

For this measure, congruence was defined as a state in which feelings the counselor is experiencing are available to him or her and available to his or her awareness and he or she is able to live these feelings, be them in the relationship, and is able to communicate them. For purposes of this study, we assumed this definition would hold for clients as well as counselors. We also believed that this definition would best be operationalized by allowing counselors and clients to rate their own experiences of congruence. Affect within the session was ascertained using a recall method, modeled after Kagan's (Note 3) Interpersonal Process Recall. A series of five standardized questions were asked for each 1-minute segment of replayed videotape. A 1-minute time period was used (based on a pilot experiment) so that the segment was long enough to judge congruence yet not so long as to contain several affects. Counselors and clients were asked the following five questions: (a) What was your major feeling during this segment? (b) What feelings were you expressing through your words? (c) What feelings were you expressing through your voice tone? (d) What feelings were you expressing through your movements, facial expression, and/or gestures? (e) What do you believe the other person was feeling in this segment? Each of these five questions was answered by recording 1 of the 13 categories on the following Affect Adjective List.

*Affect Adjective List.* To facilitate the subjects' identification of feelings, an Affect Adjective Checklist was developed by the authors. First, feeling words ( $n = 471$ ) and affect category labels ( $n = 13$ ) were culled from several lists (Gazda, 1973; McNair, Lorr, & Droppleman, 1971; Zuckerman & Lubin, 1965). Next, 73 undergraduate students were asked to assign each feeling word to one of the 13 categories. Those adjectives that were placed under a given category by more than half the subjects were used for the final list, which contains 225 adjectives in 13 categories: calm-relaxed, happy-joyful, vigorous-active, competent-powerful, concerned-caring, respectful-loving, tense-anxious, sad-depressed, angry-hostile, tired-apathetic, confused-bewildered, criticized-shamed, and inadequate-weak.

*Types of congruence.* Congruence was then operationalized as a consistency of response between two or more of the five questions; the same affect had to be recorded for congruence to be scored for any given minute. Five types of congruence were identified from the responses to the five questions: (a) *verbal congruence* (consistency between Questions 1 & 2), (b) *paralinguistic congruence* (consistency between Questions 1 & 3), (c) *kinesic congruence* (consistency between Questions 1 & 4), (d) *intracongruence* (consistency between Questions 1, 2, 3, & 4), and (e) *intercongruence* (consistency between Questions 1 & 5). The total possible score for any of the five types was 30 (given the 30 minutes of the session).

### Procedure

While the session was conducted (see Experiment 1 for Procedure), beeps at 1-minute intervals were superimposed onto the videotape to be used in the recall.

*Postsession process recall.* After completion of the counseling session and the counseling outcome measures, both the counselor and client were taken into a room containing a television monitor. The counselor and client were separated by a partition; both had a clear view of the split-screen videotape of their session but were unable to observe or speak to each other. The subjects were given the Affect Adjective Checklist to use in completing the congruence measure. The experimenter stopped the tape after each successive 1-min segment of the video-audio replay. Following each segment, both client and counselor wrote down 1 of the 13 categories from the Affect Adjective Checklist that they felt best described their response to each of the five questions of the congruence measure. This recall procedure required approximately 60–75 minutes to complete.

### Results

Means and standard deviations for the five types of congruence are presented in Table 4. The types of congruence that depend only on one's own perceptions (verbal, paralinguistic, kinesic, and intracongruence) were highly intercorrelated; the range of correlations for the client was from .63 to .88 ( $p < .001$ ) and for the counselor, .69 to .90 ( $p < .001$ ). These four types of congruence were not related to intercongruence for either counselor or client.

Correlations between all five types of counselor congruence and counselors' scores on the Congruence subscale of the BLRI were significant ( $r = .50, .56, .33, .49, \text{ and } .29$ , respectively,  $p < .05$ ). However, of the correlations between counselor congruence and client's scores on the Congruence subscale of the BLRI, only the intercongruence measure was significantly correlated ( $r = .30, p < .05$ ). These results help to establish the validity of this new measure.

Correlations between client and counselor congruence and the counseling outcome measures are presented in Table 5. Of the client congruence measures, verbal congruence was related to client CRF, and intracongruence was related to both client CEI and CRF. All three correlations involved client perceptions (e.g., client perceptions of his/her congruence and client perceptions of outcome) but did not involve counselor perceptions of client congruence or outcome. Of the counselor congruence

Table 4—Means and Standard Deviations for Congruence Measures

Congruence measure	Client		Counselor	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Verbal	15.08	6.40	17.25	7.17
Paralinguistic	12.75	6.75	16.55	7.20
Kinesic	10.73	6.56	15.35	7.67
Intracongruence	5.73	6.51	11.18	7.88
Intercongruence	5.00	2.54	10.65	7.91

Table 5—*Correlations Between Congruence Measures and Counseling Outcome*

Congruence measure	Counseling outcome measure			
	Client			Counselor
	BLRI	CEI	CRF	BLRI
<b>Client</b>				
Verbal	.09	.23	.37**	.03
Paralinguistic	.09	.24	.30	-.04
Kinesic	-.02	.21	.26	-.21
Intracongruence	.05	.38**	.41**	-.02
Intercongruence	.09	-.16	-.05	.20
<b>Counselor</b>				
Verbal	.20	.05	.08	.47**
Paralinguistic	.09	-.02	.06	.39**
Kinesic	.06	.10	.00	.19
Intracongruence	.17	.18	.13	.34**
Intercongruence	.38**	.22	.21	.37**

*Note.* BLRI = Barrett-Lennard Relationship Inventory; CEI = Counseling Evaluation Inventory; CRF = Counselor Rating Form.

\* $p < .01$ . \*\* $p < .005$ .

measures, four of the five types of congruence (verbal, paralinguistic, intracongruence, and intercongruence) were related to the counselor BLRI. Additionally, congruence between client and counselor perceptions of counselor expression of feeling (counselor intercongruence) was also related to the client BLRI.

### *Discussion*

Counselor congruence was positively related to counselor facilitativeness. If the counselor was congruent, he/she rated himself/herself as more facilitative. If the counselor's feelings were accurately communicated to the client (counselor intercongruence), then the client also perceived the counselor as more facilitative. These findings correspond with past theory and research on other types of congruence measures (Barrett-Lennard, 1962; Graves & Robinson, 1976; Haase & Tepper, 1972). Thus, the importance of consistent portrayal of affect among various channels (verbal, paralinguistic, and kinesic) within an actual counseling session was empirically demonstrated.

The high correlation between counselor ratings on both congruence measures (the one derived for this study and the Congruence subscale of the BLRI) provided concurrent validity for the new measure. The advantage of this new measure over previous ones is that it is more relevant for demonstrating actual congruence within the session. This measure more closely approximates the behaviors involved in the concept of congruence than does the BLRI, which is completed after the session and tests global impressions rather than actual in-session behavior.

That client congruence was related to clients' own evaluations of the counseling

suggests that when clients perceived themselves as being consistent in the portrayal of emotions through the various channels, they felt better about the session. In fact, clients appeared to rely more heavily on their perceptions of their own congruence rather than counselor congruence in judging outcome. The same was true for counselors, which suggests that especially in an initial session, each participant is more aware and critical of his/her own behavior. If congruence reflects anxiety, an anxious person not expressing himself/herself well may tend to devalue the session.

The methodology employed in this study seemed particularly useful for future research. In effect, the use of a set of questions for each 1-minute segment of the replay of the videotape standardized the Interpersonal Process Recall (Kagan, Note 3) method. It enabled subjects to go back and recapture what they were experiencing at the time. The counselors particularly reported that this portion of the research was helpful and revealing to them. This same method could be used in further research on nonverbal behavior to pinpoint the moments when the verbal or nonverbal channels were ascendant in importance.

### General Discussion

The results of this three-part study suggested that the effects of nonverbal communication cannot be examined in isolation to determine their influence on counseling. When we studied nonverbal abilities and frequency of nonverbal movements alone, we found minimal impact on counseling outcome. When we looked at the congruence between verbal and nonverbal behaviors, we found more promising results. There remains much intuitive and clinical evidence that nonverbal behaviors have a large impact on counseling process and outcome. However, nonverbal communication seems to be a very subtle phenomenon and, based on the present results, one must look at other aspects, such as how nonverbal behavior interacts with other variables (e.g., verbal content, timing in counseling, and the interaction between counselor and client behavior).

Perhaps one outcome of this study is that future researchers in counseling will be encouraged to abandon some of the more traditional methods of doing nonverbal research in counseling. Clearly, new methods need to be developed to look at this complex issue. One possibility might be the use of sequential patterns of nonverbal behaviors as the unit of examination. That is, sequences rather than specific behaviors may be more appropriate for illuminating the importance of nonverbal behaviors for counseling outcome. Another method might involve expanding the Interpersonal Process Recall methodology to include client and counselor specification of the nonverbal behavior they perceived as critical. A critical-incidents analysis could then be conducted. Single case designs in naturalistic settings may be the best generator of more fruitful hypotheses regarding the relationship of nonverbal abilities and behaviors to counseling outcome.

### Reference Notes

1. DePaulo, B. M. *Liking, disliking, ambivalence, deception: Who hides it? Who finds it?* Paper presented at the meeting of the American Psychological Association, Toronto, Canada, August–September 1978.

2. Hall, J. Personal communication, September 1978.
3. Kagan, N. *Interpersonal Process Recall: A method of influencing human interaction*. Unpublished manuscript, 1975. (Available from N. Kagan, 434 Erickson Hall, College of Education, Michigan State University, East Lansing, Michigan 48824.)

## References

- Allport, G. W., & Cantrill, H. Judging personality from voice. *Journal of Social Psychology*, 1934, 5, 37–54.
- Barak, A., & LaCrosse, M. B. Multidimensional perceptions of counselor behavior. *Journal of Counseling Psychology*, 1975, 22, 471–476.
- Barrett-Lennard, G. T. Dimensions of therapist response as causal factors in therapeutic changes. *Psychological Monographs*, 1962, 76(43, Whole No. 562).
- Bayes, M. A. Behavioral cues of interpersonal warmth. *Journal of Consulting and Clinical Psychology*, 1972, 39, 333–339.
- Buck, M. A., Miller, R. E., & Caul, W. F. Sex, personality, and physiological variables in the communication of affect via facial expression. *Journal of Personality and Social Psychology*, 1970, 30, 587–596.
- Carkhuff, R. R. *Helping and human relations: A primer for lay and professional helpers* (Vol. 1). New York: Holt, Rinehart & Winston, 1969.
- Davitz, J., & Davitz, L. The communication of feelings by content-free speech. *Journal of Communication*, 1959, 9, 6–13.
- DiMatteo, M. R., Friedman, H. S., & Taranta, A. Sensitivity to bodily nonverbal communication as a factor in practitioner–patient rapport. *Journal of Nonverbal Behavior*, 1979, 4, 18–26.
- Dusenbury, D., & Knowler, F. H. Experimental studies of the symbolism of action and voice —II. A study of the specificity of meaning in abstract tonal symbols. *Quarterly Journal of Speech*, 1939, 25, 67–75.
- Ekman, P. Body position, facial expression, and verbal behavior during interviews. *Journal of Abnormal and Social Psychology*, 1964, 63, 295–301.
- Fairbanks, G., & Pronovost, W. An experimental study of the pitch characteristics of the voice during the expression of emotion. *Speech Monographs*, 1939, 6, 87–104.
- Fretz, B. R. Postural movements in a counseling dyad. *Journal of Counseling Psychology*, 1966, 13, 335–343.
- Friedman, H. S., DiMatteo, M. R., & Taranta, A. A study of the relationship between individual differences in nonverbal expressiveness and factors of personality and social interaction. *Journal of Research in Personality*, 1980, 14, 351–364.
- Garfield, S. L. Client variables in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change*. New York: Wiley, 1978.
- Gazda, G. M. *Vocabulary of affective adjectives in human relationship development: A manual for educators*. Boston, Mass.: Allyn & Bacon, 1973.
- Genther, R. W., & Moughan, J. Introverts and extraverts' responses to nonverbal attending behavior. *Journal of Counseling Psychology*, 1977, 24, 244–246.
- Gladstein, G. A. Nonverbal communication and counseling/psychotherapy: A review. *Counseling Psychologist*, 1974, 4(3), 34–57.
- Graves, J. R., & Robinson, J. D. Proxemic behavior as a function of inconsistent verbal and nonverbal messages. *Journal of Counseling Psychology*, 1976, 23, 333–338.
- Haase, R. F., & Tepper, D. T. Nonverbal components of empathic communication. *Journal of Counseling Psychology*, 1972, 19, 417–424.
- Hackney, H. Facial gestures and subject expression of feeling. *Journal of Counseling Psychology*, 1974, 21, 173–178.

- Hall, J. A., Rosenthal, R., Archer, D., DiMatteo, M. R., & Rogers, P. L. Profile of nonverbal sensitivity. In P. McReynolds (Ed.), *Advances in psychological assessment* (Vol. 4). San Francisco: Jossey-Bass, 1978.
- Harper, R. G., Wiens, A. N., & Matarazzo, J. D. *Nonverbal communication: The state of the art*. New York: Wiley, 1978.
- Howell, R. J., & Jorgensen, E. C. Accuracy of judging unposed emotional behavior in a natural setting: A replication study. *Journal of Social Psychology*, 1970, 81, 269-270.
- Hughey, A. R. Nonverbal behaviors, their use in counseling and implications for counselor education (Doctoral dissertation, University of Pittsburgh, 1973). *Dissertation Abstracts International*, 1974, 35, 189-90A. (University Microfilms No. 74-14, 962)
- Ivey, A. E. *Microcounseling: Innovations in interviewer training*. Springfield, Ill.: Charles C Thomas, 1971.
- Knower, F. H. Studies in the symbolism of the voice and action: V. The use of behavioral and tonal symbols as tests of speaking achievement. *Journal of Applied Psychology*, 1945, 29, 229-235.
- LaCrosse, M. B. Comparative perceptions of counselor behavior: A replication and extension. *Journal of Counseling Psychology*, 1977, 24, 464-471.
- Lee, Y. L., Halberg, E. T., Kocsis, M., & Haase, R. F. Decoding skills in nonverbal communication and perceived interviewer effectiveness. *Journal of Counseling Psychology*, 1980, 27, 89-92.
- Linden, J. D., Stone, S. C., & Schertzer, B. Development and evaluation of an inventory for rating counselors. *Personnel and Guidance Journal*, 1965, 43, 267-276.
- McNair, D. M., Lorr, M., & Droppleman, L. F. *Profile of mood manual*. San Diego, Calif.: Educational and Industrial Testing Service, 1971.
- Mehrabian, A. *Nonverbal communication*. Chicago: Aldine-Atherton, 1972.
- Munn, N. L. The effect of knowledge of the situation upon judgment from facial expressions. *Journal of Abnormal and Social Psychology*, 1940, 35, 324-338.
- Pfaff, P. L. An experimental study of communication of feeling without contextual material. *Speech Monographs*, 1954, 21, 155-156.
- Rogers, C. R. The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 1957, 21, 95-103.
- Rosenthal, R., Archer, D., Koivumaki, J. H., DiMatteo, M. R., & Rogers, P. L. Assessing sensitivity to nonverbal communication: The PONS test. *Personality and Social Psychology Bulletin* (APA Division 8), 1974, 1-3.
- Smith-Hanen, S. S. Effects of nonverbal behaviors on judged levels of counselor warmth and empathy. *Journal of Counseling Psychology*, 1977, 24, 87-91.
- Sobelman, S. A. The effects of verbal and nonverbal components of the judged level of counselor warmth (Doctoral dissertation, American University, 1973). *Dissertation Abstracts International*, 1974, 35, 273A. (University Microfilms No. 74-14, 199)
- Tepper, D. T., & Haase, R. F. Verbal and nonverbal components of facilitative conditions. *Journal of Counseling Psychology*, 1978, 25, 35-44.
- Thompson, D. F., & Meltzer, L. Communication of emotional intent by facial expression. *Journal of Abnormal and Social Psychology*, 1964, 68, 129-135.
- Zuckerman, M., Lipets, M. S., Koivumaki, J. H., & Rosenthal, R. Encoding and decoding nonverbal cues of emotion. *Journal of Personality and Social Psychology*, 1975, 32, 1068-1076.
- Zuckerman, M., & Lubin, B. *Multiple Affect Adjective Checklist manual*. San Diego, Calif.: Educational and Industrial Testing Service, 1965.