NONVERBAL ASPECTS OF THERAPIST ATTUNEMENT

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In a follow-up to an earlier study (Davis & Hadiks, 1990) that reported positive and significant correlations between the patient's body positions during psychotherapy and Experiencing Scale (Klein, Mathieu, Gendlin, & Keisler, 1970) ratings, a similar analysis of her therapist's nonverbal behavior was completed. Results revealed positive and significant correlations among the therapist's body positions, the intensity and density of his gesticulations, and the Therapist Experiencing Scale. Data from the patient study also were included in the analysis, and these results revealed positive and significant correlations between the therapist's and patient's positions as well as the therapist's positions and the patient's Experiencing Scale scores. Results are discussed in terms of the significance of body movement as a measure of rapport and its role in therapist interventions.

The lack of reliable instruments for measuring nonverbal behavior in psychotherapy has become evident. As research designs have shifted to include microanalyses of therapy sessions, multivariable recording has become crucial, yet most of the major instruments in use today are designed for analysis of verbal content. There are some notable exceptions, such as Rice and Kerr's (1986) vocal quality systems, but there is a glaring need for more comprehensive measures of nonverbal behavior. Greenberg and Pinsof (1986), in a plea for the development of instruments for this purpose, state that "[a]lthough the methodological problems are formidable, they desperately need to be addressed for the field to develop comprehensive theories of psychotherapeutic change" (p. 18).

There are various measures in the literature for gaze behavior, distance, and touch, and a great deal of progress has been made in coding facial expressions (Seherer & Ekman, 1982). Individual psychotherapy, however, is not characterized by continuous changes in facial displays of affect, and patients and therapists do not usually touch or move about the room. Therefore, coding methods for touch, proxemics, and "categorical affects" (e.g., facial expressions of sadness, anger, surprise, etc.) are of limited value. Yet, videotapes of therapy sessions reveal that both participants are moving virtually all the time: shifting their positions, making head movements, gesticulating, fidgeting, and so on. While the complex patterns that emerge from the detailed measurement of these behaviors are not associated with discrete, categorical affects in the way

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NONVERBAL BEHAVIOR AND CLIENT STATE CHANGES DURING PSYCHOTHERAPY

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In an intensive videotape analysis of 10 psychotherapy sessions, the body positions and gesticulation patterns of the client were examined in relation to changes in her verbal behavior. Verbal ratings were obtained on the Experiencing Scale (Klein, Mathieu, Gendlin, & Kiesler, 1970), and nonverbal ratings were obtained on the Davis Nonverbal States Scales (Davis, 1986). Results revealed that the position “accessibility” ratings were related significantly to levels of self-disclosure and involvement as determined by the verbal ratings. The client’s gesticulation ratings were not related significantly to the Experiencing Scale ratings, but clinically interesting relationships between gesticulation patterns and verbal content were noted. While body movement long has been recognized as an important source of clinical information, replicable coding of complex patterns of position and gesture has been very difficult to develop. This study presents data that support a promising, replicable method for coding nonverbal behavior in psychotherapy process research.

Recently, efforts to assess the process of psychotherapy have shifted to include intensive designs and structural methodologies (Elliott, 1984; Frieswyk et al., 1986; Greenberg, 1984; Luborsky, Singer, Hartke, Crits-Christoph, & Cohen, 1984; Mahner, 1988; Safran, Greenberg, & Rice, 1988). Such approaches have the potential for generating clinically meaningful data that have a direct effect on theory and practice. Intensive analyses of client and therapist communicative behavior are particularly valuable for monitoring and understanding the subtle fluctuations in client psychological states that are characteristic of the change process (Horowitz, 1987; Marmar, Wilner, & Horowitz, 1984; Safran et al., 1988). Rice and Greenberg (1984) have argued that therapists continually assess these fluctuations and use this information to guide their interventions. Jones, Cumming, and Horowitz (1988) have demonstrated how experienced clinicians tailor their interventions to meet the needs of their clients. Such research efforts are beginning to make more explicit the means by which effective clinicians achieve their results.

It long has been recognized that evaluation of nonverbal behavior is an integral part of clinicians’ assessments of clients’ psychological states (Freud, 1893; Greenberg, 1984; Horowitz, 1987; Reich, 1949; Rice & Saperia, 1984). Of particular interest are Mahl’s (1968, 1977) clinical studies, which indicate that nonverbal behavior may anticipate verbal content. Mahl refers to this as an “A → B phenomenon” in which the

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340